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The COVID-19 Pandemic: Immigration Policy Changes and Challenges

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Introduction

The World Health Organization (WHO) declared COVID-19 a pandemic on March 10, 2020, and countries around the world started implementing restrictions on travel immediately. In total, 208 countries and territories implemented over 122,823 movement restrictions (International Organization for Migration, 2022). These restrictions included border closures, quarantines, entry restrictions, and bans for most international travelers, bringing the movement of people across international borders to a virtual standstill. Together with significantly slower immigration processing in host countries, the restrictions greatly reduced the flow of travelers and immigrants. Compared to pre-pandemic projections, it is estimated that the total number of international migrants dropped by nearly 2 million between 2019 and 2020 (Migration Data Portal, 2022). Permanent migration to Organization of Economic Cooperation and Development (OECD) countries fell by over 30% in 2020—the lowest migration numbers since 2003, with family-based migration showing the sharpest decline (International Migration Outlook, 2021).

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The rising travel restrictions led to a hardening of national borders making the international business environment significantly more challenging for organizations and individuals alike. As immigration levels decreased, the global flow of talent across borders was disrupted leading to skill shortages in critical areas. This had important consequences in the “war for talent” (Beechler & Woodward, 2009; Chambers et al., 1998). Skilled immigrants often create connections between their countries of origin (COO) and countries of residence (COR) using their transnational social networks. These networks can act as conduits for trade, investment, and knowledge flows (Chand & Tung, 2019). Skilled immigrants also bring considerable economic benefits to receiving countries and are an important source of innovation (Blanding, 2018; Scheve & Slaughter, 2018; Norlander & Varma, 2019). International trade increasingly takes place within value chain activities (Mudambi, 2008), and this is where skilled immigrants often add value through their transnational social networks, trust facilitation, and tacit knowledge. The rising barriers to immigration made these connections more difficult and hampered global business activities.

The dramatic decline in travel and immigration flows during and in the immediate aftermath of the pandemic could lead to several challenges for both organizations and host countries. This is especially true in the case of attracting skilled immigrants who bring in much-needed skills and specialized knowledge. As immigration and travel slowed down, skill shortages were often exacerbated, and businesses and organizations had a difficult time in filling all their job openings. From the point of view of immigrants, the response to the pandemic in terms of border closures and longer immigration backlogs meant that both career and geographic mobility was hampered. There were additional issues in terms of family members being stranded and unable to travel to join family, and layoffs which often caused unique hardships to immigrants.

This is especially significant given that over the last few decades, we have seen a systematic rise in the cross-border mobility and migration of both skilled and unskilled workers, through expatriation by multinational corporations (MNCs), as well as through migration (Fitzsimmons et al., 2021). The United Nations Department of Economic and Social Affairs (2021) estimated that there were about 280 million immigrants worldwide in 2020, about 3.6% of the world’s population. This is up from about 173 million in 2000 and 221 million in 2010. To put these numbers into perspective, if all immigrants were a hypothetical country (‘Diasporia’), it would be the fifth largest

in the world (Barnard et al., 2019). Migrants are also vital agents of change in their organizations and societies, and skilled migrants can often provide positive economic outcomes for their host countries (Hajro et al., 2021).

In this chapter, we examine how the pandemic led to changes in immigration policies and practices across several major immigrant countries, how these changes affected immigration and immigrants in these countries, and the extent to which these changes are still in place. In doing this, we will look specifically at three of the largest and most popular immigrant destinations—the United States (US), Canada, and Australia. The US with about 50 million immigrants—around 15% of its population—is the world’s largest immigrant country. Canada and Australia also figure in the top ten, with the proportion of their immigrant populations even higher at 21% and 30%, respectively (World Population Review, 2022). These countries also rank in the top 15 on the 2022 Global Talent Competitiveness Index (The Global Talent Competitiveness Index, 2022). Collectively, the three countries attract about two-thirds of all skilled immigrants worldwide, as well as sharing a common cultural and institutional heritage that make comparisons across their policies easier (Chand & Tung, 2019). Immigrants in the US make up more than a quarter of all STEM (science, technology, engineering, and mathematics) jobs (Van Dam, 2018). About 35% of awardees of Canada Research Chairs (a Canadian government initiative to promote research excellence at Canadian universities) are foreign-born, almost twice the proportion of immigrants in the general population (Conference Board of Canada, 2010). Immigration to Australia is expected to increase average GDP growth by 1% between 2020 and 2050 (The Treasury and Department of Home Affairs, Government of Australia, 2018; Chand & Tung, 2019).

We start by looking at the immigration policy changes in response to the pandemic in these three countries. We compare their responses in terms of how this affected their immigration numbers, how quickly they recovered, and the steps that they took in the immediate aftermath of the pandemic. Next, we look at the healthcare sector to see how it has coped during the pandemic. We use the healthcare sector because of its critical nature during the pandemic as well as the high number of immigrants that work in it in all three countries. We compare the responses for these countries, point out the major challenges in the healthcare sector, and discuss programs and policies developed to deal with these. We conclude by synthesizing some policy recommendations for recovering from skilled worker shortages brought on by the pandemic, discuss some implications for healthcare managers, and point out some possible directions for future research.

Immigration during the Pandemic

The United States: The US has the largest immigrant population in the world in terms of absolute numbers, comprising about 15% of its total population, 17% of its civilian workforce, and about a sixth of all immigrants worldwide. Including children born to immigrants, about 85 million, or 26% of the population, live in immigrant families (Esterline & Batalova, 2022).

At the beginning of the pandemic, the US closed land borders with Canada and Mexico for most travel, while air travel was severely restricted (Passel & Cohn, 2022). Most US consulates closed due to the pandemic and only started gradually reopening in July 2020. Even after the gradual reopening, visa processing remained extremely slow especially in places with high covid cases or low vaccination rates. By July 2021, there was a backlog of over half a million immigrant visa interviews (up from about 61,000 pre-pandemic), and most consulates had very long waits for temporary visa interviews (Gelatt & Chishti, 2022). US Citizenship and Immigration Services, which processes applications for immigrants residing in the US, suspended many services during the pandemic. In addition, most other countries that were sources of immigrants or transit points closed borders, bringing legal immigration to almost a halt (Passel & Cohn, 2022).

As a result, the US saw a dramatic drop in the numbers of green cards (legal permanent residence) granted from about 240,000 in the January–March quarter of 2020 to about 79,000 in the April–June quarter of 2020 (Krogstad & Gonzalez-Barrera, 2022). Overall, the number of green cards issued declined 48% between FY 2019 and FY 2020, while temporary visas declined by 54% (Gelatt & Chishti, 2022). However, legal immigrant numbers recovered rapidly over the course of 2021 and regained their pre-pandemic levels by 2022. About 282,000 people received green cards in July–September 2021. That number was higher than in any quarter since April–June 2017, and slightly higher than the quarterly average for the period from October 2015 to March 2020 (Krogstad & Gonzalez-Barrera, 2022).

It should be noted that the number of temporary legal migrants, such as tourists, business visitors, and international students, while recovering somewhat, stayed significantly below their pre-pandemic levels. Arrivals of temporary migrants, which averaged 19.6 million per quarter from fiscal 2016 through March 2020, fell to about 600,000 during April–June 2020, only 3% of the pre-pandemic average. While tourist numbers have since risen considerably, data from July to September 2021 revealed that quarterly tourism reached less than a fourth of the average pre-pandemic level (Krogstad &

Gonzalez-Barrera, 2022). Student numbers were also greatly decreased, with 69% fewer students granted first-time students permits in 2020 compared to 2019. Temporary workers under the H-2A visa program, especially in the agricultural sector, were however relatively unaffected. These workers helped with seasonal crop harvests and were classified as critical to public health and safety (Migration Data Portal, 2022).

Between 2020 and 2021, partly because of the pandemic, the US population grew by just 0.1%, the lowest growth in over 120 years. Urban areas were particularly hard hit by the pandemic and actually shrank in population (Frey, 2022).

Canada: Immigration to Canada dropped significantly in 2020 due to the travel restrictions put in place due to the covid pandemic. Between 2019 and 2020, the number of immigrants coming in dropped almost by half—from 342,000 to 185,000. Given that Canada’s population growth is largely dependent on immigration, in 2021 Canada recorded its lowest annual growth since 1916 (CIC News, 2022). The effects of the pandemic were felt in all types of migration. Between 2018 and 2021, permanent residence (PR) applications fell nearly 43% and asylum claims by almost 45%. Temporary visitor visas were down by over 80% (Griffith, 2022).

In response to the pandemic, the Canadian government announced a plan to support economic recovery leveraging immigration as a key component. The plan called for increasing the number of annual immigrants to 400,000 by 2021, 411,000 by 2022, and 421,000 by 2023 to help ensure that gaps in the workforce were plugged and Canadian industries remained competitive globally. In 2021, immigration increased about 25% over the 2020 level, though still somewhat below the pre-pandemic levels (CIC News, 2022). In 2022, the plan was revised upwards with a goal of attracting over 1.3 million immigrants in the next three-year period of 2022–2025, about 1% of the total population annually. Both the government and the Business Council of Canada have held immigration as key to Canada’s recovery from the pandemic (Osman, 2022). Canada welcomed over 430,000 new immigrants in 2022, which was in line with its revised immigration targets (Government of Canada, 2023).

Since the pandemic, the Canadian government has modernized the immigration application process to help immigration numbers recover faster. It has prioritized urgent worker needs as well facilitating international students’ entry and stay. Short- and long-term measures taken by the Canadian government to expedite immigration processes include the following (Griffith, 2022):

- Addressing the immediate need for temporary workers in essential sectors by providing exceptions to travel restrictions;
- A special pathway for international student graduates from Canadian institutions, healthcare workers, and other essential workers to become permanent residents;
- Greater flexibility for international students to continue their studies remotely;
- Increase in the number of permanent resident admissions, largely from temporary residents already in Canada;
- Temporary shutdown of the citizenship program, restarting with remote citizenship assessment and ceremonies;
- Major reduction in visitor visas, reflecting travel and related restrictions.

However, prioritizing certain applicants during the pandemic when processing was slower also meant that the overall backlog increased. As of April 2022, about a half million applications each for citizenship and permanent residence and about 850,000 for temporary residence were pending. Applications for permanent residence between 2018 and 2021 declined 43%; however, the number of permanent residents admitted to Canada actually increased from 321,000 to 404,000, reflecting faster processing times for those selected. This was partly done by enabling more temporary residents to become permanent residents in certain categories under the temporary residents to become permanent residents (TR2PR) program, which almost tripled to 279,000 in 2021. Other programs that were expanded during this time were the international mobility program (IMP—mainly intra-company transfers and post-graduate employment), international students, and the temporary foreign work program (TFWP—which includes caregivers, agriculture workers, and skilled workers). The number of agriculture workers rose by 14% and skilled workers by 59%. Study permit applications increased over 60%, reflecting the fact that studying in Canada has increasingly become a popular route for immigration (Griffith, 2022). Canada was the only G-7 country whose population increased from before the pandemic partly due to its openness to global talent and immigration (CIC News, 2022).

In implementing these programs, the Canadian government's priorities were to ensure fulfilling the needs of industry by allowing in temporary workers in specific sectors that needed more labor (e.g., agriculture, healthcare) and supporting educational institutions by allowing in more international students and letting them qualify for post-graduate employment. Reducing the backlog for citizenship applications for permanent residents was a lower priority and this was reflected in longer wait times (Griffith, 2022).

Australia: Australia closed its borders for nearly two years and greatly restricted travel and immigration during the pandemic. The fall in the numbers of immigrants was dramatic: in 2020, 3300 new immigrants moved to Australia, compared to 244,000 in the previous year (Mercer, 2021). There was also a simultaneous exodus of holiday workers and foreign students. Together these led to serious worker shortages after the pandemic as the economy rebounded and left many businesses struggling to find workers, with unemployment at a 50-year low of 3.4% (Jose & Jackson, 2022). For the first time in recent history, there were more jobs in the Australian market than job seekers (Menon & Holmes, 2022).

Between 2013 and 2019, Australia's annual immigration target was 190,000. This was cut by 15% to 160,000 just before the pandemic. In September of 2022, in a bid to attract more workers and skilled immigrants, the annual immigration target was set at 195,000 starting in 2023. Australia has been over the years competing with other industrialized countries to attract more high-skilled workers in a bid to help industry's need for workers and partly to counteract its aging population (Jose & Jackson, 2022). This was especially true in industries where the pandemic forced employers to cut jobs or push staff to work remotely. Over 600,000 temporary visa holders left Australia since the pandemic, creating worker shortages in the health, construction, and hospitality industries (Menon & Holmes, 2022). Immigration numbers started recovering in 2021 and net immigration in the 2022 fiscal year was about 170,000 (Australian Bureau of Statistics, 2022).

Traditionally, more people immigrate to than emigrate from Australia each year. Between 2006 and 2020, most of Australia's population growth was based on net migration rather than natural growth (births—deaths). However, in 2020–2021, arrivals to Australia declined over 70% due to the impact of the pandemic. International students were particularly hard hit (Australian Bureau of Statistics, 2021). The pandemic greatly hampered Australia's efforts to attract global talent. In the 2020–2021 fiscal year, overseas migration led to a net population loss of 89,000, the lowest growth on record since World War I (Jose & Jackson, 2022).

A major challenge for Australia since the pandemic has been the large increase in visa processing times, which has left nearly a million potential workers waiting for work visas while businesses deal with acute labor shortages. About 370,000 of the visas are in key temporary categories of visitors: students and skilled workers. Two major issues that are behind this increase in processing times are (a) resource shortages at Australian immigration offices and (b) a substantial backlog of applications that were not processed for nearly two years during the pandemic (Menon & Holmes, 2022). In a bid to reduce

Table 3.1 Immigration changes during pandemic and steps taken post-pandemic

	US	Canada	Australia
Immigrant visa decline 2019–2020	48%	46%	99%
Pre-pandemic-level immigration reached	2022	2022	Plans to reach pre-pandemic number by June 2023
Measures taken post-pandemic regarding immigration	Visa processing reopened at pre-pandemic levels	Increased annual immigration intake target, prioritized urgent workers and international students, lower priority for citizenship applications	Increased annual immigration intake target, extra resources to clear visa backlogs

processing times, the Australia government has devoted extra resources and increased funding by \$25 million for extra staff to help clear visa processing backlogs (Turnbull, 2022).

Governments in both Australia and Canada expect that their efforts to increase immigration numbers, prioritize immigrants with critical skills, and reduce processing times for certain visas will hasten their recovery from the effects of the pandemic and help in attracting skilled immigrants in the global war for talent.

We summarize changes in immigration numbers during the pandemic and policies enacted in its aftermath in Table 3.1.

COVID-19, the Healthcare Sector, and Immigration

Immigrants are heavily represented in key economic sectors across industrialized countries. About seven in ten of all migrants in the US work in critical infrastructure sectors, while 13% of all key workers in the European Union (EU) are immigrants (Fasani & Mazza, 2020; Migration Data Portal, 2022). Immigrants comprise a critical and growing share of healthcare workers across industrialized countries. Over the past two decades, the shares of foreign-trained or foreign-born doctors and nurses have continued to rise. Across OECD countries, nearly one in four doctors are foreign-born and nearly one in five foreign-trained. Among nurses, nearly one in six are foreign-born and

more than 7% foreign-trained (OECD, 2019). This exemplifies the international nature of the healthcare sector and its importance in the global war for talent.

A shortage of healthcare workers has been present globally for many years, and the demand for skilled health personnel was further exacerbated by the current pandemic. The International Council of Nurses warns of a global shortage of six million nurses, with another four million expected to retire in the next decade. According to the WHO, up to 180,000 health workers died in the first year of the pandemic (Jacks et al., 2022). In addition, stress and burnout levels were high affecting nearly half of US, Canadian, and Australian healthcare workers (Berg, 2021; Wright, 2022; Cabarkapa et al., 2020).

In the US, nearly 25% of doctors were foreign-trained (OECD, 2020). The American Medical Association (AMA) projects that by 2034, the US will face a shortage of between 37,800 and 124,000 doctors. Although bipartisan legislation to use 15,000 unused physician visas and 25,000 unused nurse visas has been proposed, it is as yet pending and has not been passed into law, pointing to the continuing gravity of the situation (Robeznieks, 2022).

The pandemic highlighted a critical shortage of healthcare professionals in the US. In 2018, there were 13 open healthcare job openings for every available unemployed healthcare worker (Liebert, 2021). Immigrants played an important role in alleviating shortages in healthcare: 29% of physicians, 38% of home health aides, 22% of nursing assistants, and 23% of pharmacists in 2018 were immigrants (Gelatt, 2020; Mathema, 2019).

However, it is estimated that as of 2020, there were over 260,000 immigrant physicians, nurses, and healthcare technicians in the US who were not using their training in their jobs (they might be working in different fields because of lack of credential recognition). With appropriate immigrant integration programs, they could be employed in health-related fields and thus alleviate some of the healthcare worker shortages. Such programs could include numerous levels such as assistance with credential recognition, local certification, apprenticeship/internship opportunities, mentoring, language training, and cultural sensitivity. There are, however, currently no formal integration programs for healthcare workers that arrive in the US (Liebert, 2021). Host country acculturation policies are important since they affect how immigrants interact with their host countries and the extent to which they feel at 'home' within them (Chand, 2014).

In spring of 2020, in response to the pandemic, the governors of six states—Colorado, Massachusetts, Michigan, New Jersey, New York, and Nevada—used their executive authority to temporarily suspend or adjust licensing

requirements to increase the number of healthcare workers, particularly targeting internationally trained professionals (Batalova et al., 2021). However, these programs also illustrated the challenges in licensing foreign-trained professionals. For example, a New Jersey program launched in spring 2020 to recruit foreign physicians with licenses valid in other countries resulted in 1100 applications, but of these, less than 45 physicians had gained a license to practice in the state by fall 2020. A particularly limiting constraint for immigrants in the New Jersey program was a requirement that physicians have at least five years of practical experience and have practiced for at least one out of the last five years. Another constraint seen in Colorado was the requirement to carry malpractice insurance which is very expensive for temporary licensees (Batalova et al., 2021).

In Canada, more than 1.6 million people work in the healthcare sector. Almost half a million are over the age of 55, meaning that many will be retiring in the next decade, pointing to continuing and growing shortages in the sector. Immigrants account for one out of every four healthcare sector workers including 23% of registered nurses, 35% of nurse aides, 37% of pharmacists, 36% of physicians, 39% of dentists, and 54% of dental technologists and related occupations (Government of Canada, 2022). The shortage of healthcare workers, especially doctors and nurses, has led the Canadian government to start doing targeted draws for skilled immigrants beginning in 2023. This will allow the federal government to select applicants for faster processing with the most in-demand skills for underserved regions of the country, with a key focus on doctors and nurses. However, this will be done in conjunction only with provinces that make it easier for healthcare workers to validate their foreign credentials and start practicing when they arrive (Gordon, 2022). In addition, the Immigration Ministry announced a program in June 2022 to allocate about \$1.5 million to help new migrants to Canada work in the healthcare sector faster. The funds are intended to promote collaboration and information sharing and help healthcare professionals get their credentials recognized faster (Thevenot, 2022).

Canadian provinces are also designing their own programs to alleviate some of these shortages in critical healthcare sectors. Ontario allowed international medical graduates (IMG) who passed their exams or graduated from medical school in the past two years to apply for a supervised 30-day medical license (called the Supervised Short Duration Certificate) to help fight the pandemic. In British Columbia, IMG who have at least two years of postgraduate

training and who have completed Licentiate of the Medical Council of Canada qualifying exams can work as associate physicians supervised by fully certified doctors (OECD, 2020).

Among OECD countries, Australia is the most reliant on foreign-born healthcare workers. More than half of Australia's doctors and more than one-third of its nurses are born overseas. Their role is especially important in filling vacancies in regional remote hospitals and senior care settings (Jacks et al., 2022). The Australian Health Department modeling projects that an extra 14,000 nurses will be needed to deliver on the federal government's commitment for aged care homes to have a registered nurse on-site for 16 hours a day by October 2023. About 2500 more would be needed for 24/7 registered nurse coverage (Daniel, 2022).

State governments in Australia have also been active in attempting to recruit and retain foreign-trained health workers. In 2021, the Victorian government announced that they would hire up to 1000 overseas health professionals as part of a \$255 million package to support frontline healthcare staff in Victoria. The package also included other benefits, such as relocation support, grants toward accommodation, and childcare in certain specialty fields (Waine, 2022). In 2022, it started a program offering up to \$13,000 in relocation bonuses. Western Australia has a \$2 million recruitment campaign for foreign healthcare workers and New South Wales actively advertises overseas and uses recruitment agents to attract healthcare workers (Jacks et al., 2022). At the federal level, about 4700 additional new immigrants in the healthcare sector will be allowed in from 2023 (Ryan, 2022).

There have also been calls to reform the system of recognizing foreign medical degrees and allowing foreign-trained doctors living in Australia to practice medicine. The Australian government is working on increasing the speed of credential recognition of foreign workers in the country as well as to reduce visa backlogs for those looking to immigrate (Martin, 2022).

We summarize the proportion of foreign healthcare professionals in the three countries, the immigration-related challenges faced by their healthcare sectors, and specific policies and programs adopted in the aftermath of the pandemic to deal with these challenges in Table 3.2.

Table 3.2 Immigration and healthcare challenges during the pandemic

	US	Canada	Australia
Foreign-trained/born doctors and nurses	29% (doctors) 22% (nurses and aides)	36% 23%	50% 33%
Major challenges	Over 250,000 foreign healthcare workers working in other fields, lack of credential recognition, no formal integration program, expensive malpractice insurance	Shortage of healthcare workers, aging population and healthcare workforce, lack of foreign credential recognition	Very reliant on foreign-born healthcare workers, acute need in rural areas, 14,000 more nurses needed for aged care homes, lack of foreign credential recognition
Specific programs to deal with medical professional shortage	State-level temporary suspension of licensing requirement (six states), bipartisan legislation to use unused visas for doctors and nurses (proposed)	Targeted immigration draws for healthcare professionals, faster provincial validation of foreign credentials, federal funding to accelerate information sharing and credential recognition, programs for supervised practice for foreign-trained physicians	State government efforts to recruit more foreign healthcare professionals, relocation bonuses, extra federal quota for healthcare immigrants, speeding up of foreign credential recognition (proposed)

Conclusion

The travel restrictions imposed during the pandemic had the effect of significantly lowering migration flows across borders. This in turn led to shortages of skilled workers in key sectors in immigrant-receiving countries as well as demographic changes. For example, a decline in immigration caused both Australia and Germany to lose population in 2021 and contributed to the slowest population growth of US in over a century. Organizations across industrialized countries had trouble recruiting enough skilled workers in the aftermath of the pandemic as economic activity rebounded and businesses

stepped up operations. Critical areas that are especially dependent on skilled immigrants were affected more than others with the healthcare sector being a prime example.

In our look across the three countries—the US, Canada, and Australia, we see that permanent immigration levels declined markedly during the pandemic but are now close to their pre-pandemic levels. All three countries to a certain extent prioritized immigrants with needed critical skills during the pandemic even as overall immigration numbers dropped. This could have led to a sharper drop among family-based immigrants compared to skill-based immigrants. However, all three continue to see shortages in critical sectors, with healthcare being one of them. We see efforts at both the federal and state/provincial levels in Australia and Canada to help increase the recruitment and retention of foreign healthcare workers. These include dedicated immigration quotas for healthcare workers, recruitment and relocation bonuses, accelerated foreign credential recognition programs, and targeted drawing of immigrants already in the application process. In the US, while there were no specific federal programs to promote the integration of foreign medical professionals into the healthcare workforce, there were some state-level programs implemented on an emergency basis to help with critical shortages during the pandemic. However, their success was limited. Immigration integration programs are an area that could greatly benefit from public-private partnerships and include important stakeholders such as federal, state/provincial, and local governments, diaspora organizations, community colleges and universities, and healthcare organizations. It is important that governments at different levels work with industry and labor groups on a continuing basis to strategically design policies to attract skilled immigrants in sectors with the highest need.

In looking at the overall immigration responses, we can draw some preliminary lessons. Australia and Canada are both devoting additional resources to increase immigration processing in key identified areas (including healthcare). This could be one of the ways in which skill shortages can be overcome using immigration policy. Both countries, especially Canada, have put increasing skilled immigration at the forefront of their economic recovery. The targeted drawing of immigrants based on the skills needs of the host country along with accelerated processing could help with economic recovery from the pandemic and give countries an advantage in the global battle for talent. In the US, political gridlock continues to impede legislative action to deal with skilled immigration potentially hampering the long-term ability to attract needed talent.

Given the overall aging of the population in these three countries, it is important for governments to use skilled immigration as a strategic tool to help maintain or grow the workforce in key areas. This is especially important since skilled immigrants are an important source of innovation and entrepreneurship. In the healthcare sector, there is an additional need for talent as the aging population requires more care while simultaneously healthcare professionals themselves are aging and large numbers approaching retirement age. Targeted immigration quotas, shorter wait times through accelerated processing, ease of credential recognition without compromising quality, integration programs for healthcare workers, and federal/provincial/state cooperation for areas with specific needs should all be part of a comprehensive solution to growing healthcare worker needs. These programs could also help countries get an advantage in the global war for talent as economies worldwide recover from the pandemic and try to attract more skilled immigrants.

For healthcare managers, it is important to work with federal and state/provincial regulators to ensure that foreign credentials and experiences are recognized where appropriate. This should help reduce barriers to entry for foreign-trained workers and help boost the aging healthcare workforce. Healthcare managers should also be engaged in designing programs that help in the integration of foreign healthcare workers. Another possible avenue for healthcare managers to explore is the temporary licensing of foreign healthcare professionals, possibly under supervision of local doctors, as they gain the required experience and credentials. The previously mentioned Ontario and British Columbia programs could serve as useful models for this. These steps would help ensure that healthcare talent is nurtured, and artificial shortages not caused by unnecessary regulatory barriers. The shortage of talent worldwide means that managers should constantly be engaged with public policy officials to communicate the skills that are needed and update these skill needs periodically. They should also be working with federal and state/provincial regulators to design integration programs for skilled immigrants to facilitate their working in professional fields that they trained for. In addition, it is important to ensure that new immigrants get the support that they need in the workplace to navigate a new cultural and institutional environment.

An important area of future research is to study the effect of the slowdown in immigration on major emigrant countries. The World Bank estimated that remittances to low- and middle-income countries fell almost 14% between 2019 and 2021 because of the pandemic, pointing to the effect on millions of migrant families and their countries of origin (United Nations Department on Economic and Social Affairs, 2021). Another research direction is looking at how immigrants in different countries coped with the effects of the

pandemic in their professional and personal lives (e.g., loss of mobility for self and family, family separation, job loss, stress, burnout) and how this affects their careers going forward. Case studies might be particularly suited to this. A further avenue for research is comparing immigration policy changes in response to the pandemic across more countries and how this affected their economic recovery and ongoing immigration. Future researchers should also look at how the shortage of skilled healthcare workers contributed to healthcare outcomes in the three countries. As the global economy emerges from the effects of the pandemic, and as countries step up their efforts to attract and retain skilled immigrants, it is important for policymakers and managers alike to understand the pandemic's continuing effects on the workforce and move proactively to better attract and retain talent that is needed to ensure continued global competitiveness.

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