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FINDING THE GATEKEEPER: CHASING A DISTANT DREAM

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Approval of Dissertation

The undersigned certify that they have read the dissertation entitled

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Dedication

This dissertation is dedicated to my family. It has been a long ten years, and this completed manuscript would not have happened without their continuous love and support. First and foremost, to my husband, John. You have always been my rock, my north star, and the voice of reason. You have been my sounding board, my editor, and my supportive partner. This dissertation has taken a large piece of our lives together and has traveled alongside of us wherever we have gone. I love you, thank you for sharing this journey with me. I share this dissertation and degree with you.

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Abstract

The globalization of nurse migration is an international phenomenon. However, there is a lack of research regarding available education and support for internationally educated nurses during their transitions into Canadian practice settings. Internationally educated nurses must be able to demonstrate the entrance-level competencies in nursing in Canada. They must also meet the provincial or territory regulatory bodies' guidelines for licensure, and this includes a process of credential assessment, competence, and competency assessment. This assessment process for most internationally educated nurses will result in the need for some additional education. In BC, the educational resources available to support IENs are minimal. Accessing these educational resources is both problematic and pedagogically challenging. In this study, using a constructivist grounded theory methodology, internationally educated nurses in British Columbia, Canada, identify formal, informal, and online and distributed learning supports used to support their transition, how these resources are accessed, and what hidden barriers exist that impede ongoing assistance.

Keywords: Internationally Educated Nurses, Education, Online Education, Transition, Nursing Practice, Mentorship

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Glossary

Acculturation.

A process of combining two or more cultures together. For internationally educated nurses this would include learning to provide nursing services in Canada based on their previous education and nursing experience in their home country.

A priori.

A Latin term often used within philosophy to mean that knowledge can be considered true even independent of experience.

Assimilation.

A process whereby a minority group adopts the values, beliefs and principles of a dominant group.

BCCNM

An acronym that is short for the British Columbia College of Nurses and Midwives. The BCCNM is the provincial nursing regulatory body with the mandate to protect the public through the regulation of nurse practitioners, registered nurses, registered psychiatric nurses, licenced practical nurses, and midwives.

BCCNP.

An acronym that is short for the British Columbia College of Nursing Professionals. This regulatory body is now known as the British Columbia College of Nurses and Midwives.

BCNU.

An acronym that is short for the British Columbia Nurses Union.

Blended learning.

Blended learning is an approach to education that includes a combination of face-to-face contact between learner and instructor and online content. This may include attending a classroom seminar or lab followed by activities that are conducted in the virtual online format.

Bridging programs.

A series of courses that are constructed to support the transition from one discipline to another or from one context to another. For internationally educated nurses a bridging program would support the transition from nursing knowledge and skills in their home countries to the practice requirements of nursing professionals in the host/receiving country.

CASN.

An acronym for the Canadian Association of Schools of Nursing. This association supervises nursing education, research, and scholarship in baccalaureate and graduate nursing programs in Canada.

CELBAN.

A nursing specific language assessment examination.

CELPIP-General.

An acronym for the Canadian English Language Proficiency Index Program that examines for English listening, writing, and speaking skills. This program is designated for professional designation or permanent resident applicants by Immigration, Refugee and Citizenship Canada (IRCC).

CELPIP-General-LS.

An acronym for the Canadian English Language Proficiency Index Program that examines for English listening, writing, and speaking skills. This program is designed for professional designation or citizenship applications by Immigration, Refugee and Citizenship Canada.

CNA.

An acronym that is short for the Canadian Nurses Association. The Canadian Nurses Association is a national and global professional association of Canadian nurses. The Canadian Nurses Association represents nurse practitioners, registered nurses, registered psychiatric nurses, licensed practical nurses, and retired nurses.

Clinical coordinator.

A leadership position that oversees the daily activities and operation of a health care unit or facility.

Competency.

Specific and contextual knowledge and skills that are specific and measurable. For internationally educated nurses this would include being able to perform the roles and responsibilities of registered nurse.

Constant comparative process.

Is a process of moving back and forth between data collection, coding, and making analytical decisions from the data. In a grounded theory study a researcher may use inductive and abductive through processes in the analysis phase to make sense of the data.

Constructionism.

An epistemological position whereby individuals are viewed as constructing their own perspectives and knowledge of the world through their daily social interactions. Much of the

development of social constructionism has been attributed to Peter Berger and Thomas Luckmann (1966).

Constructivism.

A philosophical perspective whereby people adopt a relativist ontology. Within this perspective is an understanding that all knowledge is constructed, there are multiple realities, and people internally construct their own perspectives of the world. The term constructivism can be traced back to Lev Vygotsky and Jean Piaget.

Constructivist Grounded Theory.

A qualitative research methodology that looks for the social process in the experiences of research participants. A grounded theory is co-constructed by the participants and the researcher as a new understanding of a social process is revealed. Constructivist grounded theory is attributed to Kathy Charmaz (2006).

COVID-19.

An acronym for the coronavirus disease.

Credential assessment process.

An evaluation process of verifying foreign education, credentials, and experience.

CRNBC.

An acronym for the College of Registered Nurses of British Columbia. This regulatory body is now known as the British Columbia College of Nurses and Midwives (BCCNM).

CRNE.

Is an acronym for the Canadian Registered Nurses Examination. This is the national nursing licensing examination.

Epistemology.

Is the study of knowledge. The fundamental philosophical question is "how do we know what we know?"

Explicit motives.

A measure of motivation that aligns with one's self-image, values, and goals.

First Nations peoples.

A term used to describe Indigenous, or the first people on the land that includes Inuit and Metis peoples in Canada. There are many Indigenous peoples around the world, as this study was conducted in Canada, reference to First Nations peoples is within a Canadian context.

Formal education.

A systematic, structured framework of course(s) to meet the requirements of a specific educational goal. This includes courses toward achieving a certificate or degree.

Frictional unemployment.

Is defined as the time between formal employment (jobs) positions. For nurses this creates a space where nursing knowledge and psychomotor skills (i.e. starting IVs, medication administration, etc.) are not being used and practiced consistently to maintain a level of competency.

Gerontology.

The study of older adults and the socio-cultural, cognitive, and physical nature of aging.

Gerunds.

A process used in grounded theory that takes a noun and adds an "ing" suffix. Gerunds are used to ensure a researcher is looking for the action or social processes that are connected to data segments.

GINE.

Is an acronym for the Graduate Nurse Internationally Educated Re-entry Program offer for internationally educated nurses through Kwantlen Polytechnic University.

Grounded theory.

A qualitative research methodology first developed by Glaser and Strauss in 1967. Guided by specific methods, tools, and processes, data is gathered and analyzed using a rigorous process that results in a theory that uncovers the basic social process of human behavior that has emerged directly from the data. Common variations of grounded theory include Glaserian Grounded Theory (Glaser, 1978; 1992); Straussian Corbin/Strauss approach to grounded theory and constructivist grounded theory (Charmaz, 2006)

HCA.

An acronym for a health care assistant. Health care assistants have a one-year certificate program and are an unregulated health professional.

Host countries.

A country that receives another individual. In the case of internationally educated nurses, a host country would be any country that is different from their home country.

IELTS.

An acronym for the International English Language Testing System. This is a standardized language test that assess four key areas of the English language: listening, reading, writing, and speaking.

IENs.

An acronym that is short for internationally educated nurses. Internationally educated nurses are nurses who have received their basic nursing education outside of the host country where they are intending to practice.

Implicit motives.

Are internal unconscious motivators to meet task specific incentives.

Informal education.

A form of education that occurs outside of formal educational settings such as a classroom. Informal education includes concepts such as peer-mentoring and support from others.

Intensive interviewing.

A process of conducting interviews that includes using open-ended questions and asking questions that shape and focus the topic. Often used in constructivist grounded theory.

Internationally educated health professionals (IEHP).

Is a broad category of health professionals including physicians, dentists, occupational therapists, physiotherapists, registered nurses, and other health professionals who have received their basic education outside of the country they are practicing in. In this study, any health professional who has received their education outside of Canada could be considered an IEHP.

In vivo codes.

In vivo codes are used in grounded theory as a way of ensuring the participants language and the meaning they have attached to their experience is preserved.

KPU.

An acronym used for Kwantlen Polytechnic University.

Landed immigrant.

A person who has been admitted to Canada and holds the title of a non-Canadian citizen permanent resident. This term and classification is now known as a permanent resident.

Licensed practical nurse.

A practical nurse who has completed a two-year diploma or equivalency and holds a license to practice in the province or territory they are practicing.

Licensure.

The use of a formal discipline title and includes a license to practice the roles and responsibilities as outlined within the assigned discipline.

Live-In Caregivers Program.

A formal program whereby a Canadian citizen can employ a foreign national to provide caregiving duties for children or older adults in private households.

LPN.

An acronym for licensed practical nurse.

Marginalization.

The systematic actions of social exclusion that minimizes or restricts the power and positions of an individual or group. This includes social, economic, political discrimination committed either intentionally or unintentionally.

Member-checking.

A qualitative research method that includes reframing and rephrasing information back to a participant, and/or sharing the emerging core category with individuals who may be seen as key experts in the field/discipline to solicit their understanding and experience with the core category.

Memoing.

Memoing in grounded theory is a process of writing about assumptions, new ideas, and what a researcher is thinking and feeling. Memos help a researcher challenge unconscious bias and subjectivity in the data analysis process.

NCAS.

An acronym that is short for the National Community Assessment Services. The NCAS is an organization that conducts competency assessment services for internationally educated nurses and health care assistants who are seeking licensure in British Columbia, Nova Scotia, New Brunswick, or Prince Edward Island.

NCLEX-RN.

Is an acronym for the National Council Licensure Examination for Registered Nurses. The NCLEX-RN is a national examination to test the competency of nursing graduates.

NNAS.

An acronym for the National Nursing Assessment Service. The NNAS is a non-profit organization that collects, verifies, and stores the foreign credentials of internationally educated nurses.

NNPBC.

An acronym for Nurses and Nurse Practitioners Association of British Columbia. The NNPBC is a professional body that represents all levels of nursing within the province of British Columbia.

Online and distributed learning.

An educational method that utilizes online and virtual technology where students can access an instructor from any location.

Ontology.

The study of reality or the nature of being.

Permanent resident.

A non-Canadian person admitted into Canada and has been given the right to live and work in Canada without restrictions.

PRN.

Is an acronym that is short for Pro Re Nata. For nurses, this acronym grants permission to administer a specific medication "as needed" within the parameters of the official physician order.

Purposive sampling.

Purposive sampling is a non-random, deliberate selection of participants with specific qualities that a researcher chooses for a study.

Registered nurse.

A baccalaureate educated nurse who holds active registration and licensure. In the province of Quebec, nurses who hold a three-year diploma can legally use the title of registered nurse.

Registered psychiatric nurse.

Nurses who have completed a two-year psychiatric nursing diploma and have hold active registration and licensure to practice. Registered psychiatric nurses practice in mental health, mental illness, and addiction health areas.

SEC.

An acronym that is short for substantial equivalency competency. This is an assessment and testing process that evaluates the knowledge and skills of health professionals on the entry-to-practice competencies of a specific discipline.

Supernumerary mentorship.

A period of support and mentorship for an individual. This individual is not counted within baseline staffing models thus allowing dedicated time for education and practice with a mentor.

Support.

Participants in this study defined support in a generic manner: to hold up, to keep going, to find strength from an internal perspective. From an external perspective, participants stated support included receiving assistance from others.

Symbolic interactionism.

A theoretical perspective whereby people interpret and ascribe meaning towards things, such as physical objects or other people, based on their social interaction with others. (Blumer, 1969).

Tabula rasa.

A Latin term coined by John Locke to mean the absence of any perceived ideas and notions. This is often referred to as a "clean slate"

Theoretical sampling.

A research method used in grounded theory. A researcher collects data from the first interview and throughout the research process to elaborate and refine categories as they emerge. Unlike population or statistical sampling, a grounded theory researcher continues to gather data until saturation has been achieved.

Theoretical saturation.

The point in the data collection and analysis phase where new data does not contribute or expand upon previously coded data.

Theoretical sensitivity.

In a grounded theory study, theoretical sensitivity is a researcher's ability to identify data that has relevance to the emerging theory while simultaneously being aware of how one's own personal and professional history may influence the data interpretation process.

TOEFL.

Is an acronym for the Test of English as a Foreign Language. This is a formal English language examination for non-English speakers that tests fluency of the English language in reading, listening, speaking, and writing.

Transition.

A general term meaning moving from a place of the known to the unknown.

Unregulated profession.

Is a category of professional individuals who are educated in a specific discipline but do not have a regulatory body or college overseeing the licensure, registration, and continuing educational requirements to maintain competency within the profession. Health professionals in Canada that are unregulated include respiratory therapists, rehabilitation or physiotherapy aides, and care aides.

Workforce integration.

Is defined as a process of securing professional certification and employment in the discipline you have received education. For nurses, this would be completing formal education in the form of a diploma or degree, obtaining a license to practice, and securing a job position as a nurse.

Workplace integration.

Is defined being accepted into a group within the employment setting as an equal member of the group.

Chapter One - Introduction

Setting the Stage

Internationally educated nurses (IENs) are immigrants who have received basic nursing education outside of the host countries where they are intending to practice (Horne, 2011; Lum, 2009; Plante, 2011). IENs who wish to practice in Canada face a complex process, including foreign qualification recognition (Human Resources & Skills Development Canada, 2009; Jeans, 2005; National Nursing Assessment Service [NNAS], 2018), assessment of competency, knowledge, skills, and attributes of a registered nurse (RN), (BC College of Nursing Professionals [BCCNP], 2018; College of Registered Nurses of British Columbia [CRNBC], 2014a), and securing a license to practice in the province or territory of their choosing (Canadian Federation of Nurses Unions [CFNU], 2012; 2013; CRNBC, 2014b). In some instances, this journey is filled with insurmountable challenges (Bourgeault, Neiterman, LeBrun, Viers & Winkup, 2010).

The challenges that IENs face are often reflected in the lack of policies, infrastructures, and lack of collective understanding amongst relevant stakeholders, regarding the hurdles IENs have to jump and processes they have to go through to transition into new practice settings (Association of Registered Nurses of British Columbia [ARNBC], 2018; 2018a) These include accessing assessment processes, English language testing, and in some cases admission to upgrading education in a timely manner. In addition, ongoing support such as mentorship and education are required within workplace settings. This absence of adequate resources, such as educational bridging programs (ARNBC, 2018; Higginbottom, 2011), or the decline of available resources and supports in workforce environments, especially relevant to discrimination (CFNU, 2013) can result in feelings of ethical distress (McGuire & Murphy, 2005). It has been identified

that IENs experience racism, discrimination (Beriones, 2014), and feelings of marginalization (Alexis, 2013). Experiences, such as the ones identified above, are common amongst IENs, transitioning into various practice settings globally, resulting in an international call for action to reduce these negative impacts (International Council of Nurses [ICN], 2014b; World Health Organization [WHO], 2010; 2014b). As a WHO member, and a country that receives IENs, Canada's participation in this call for action is imperative. Education is needed to support transition. I use the term education broadly here as it encompasses providing accessible education for IENs to meet Canadian nursing standards, to understanding the pedagogical principles of how this education is delivered within academic settings, and the ongoing education, support, and mentorship within workforce environments. Thus, education is a core tenet within these challenges and is central to understanding the transition needs of IENs and the stakeholders within these education and practice environments.

My aim in this research inquiry was to examine how IENs in BC are supported through formal, informal, and online and distributed learning education during their transition into Canadian nursing practice. More specifically, I wanted to understand what educational support looks like for IENs in BC to assist them in meeting the knowledge, skills, and attribute requirements for nursing in Canada. I also learned to what extent these educative resources are accessible. Using a constructivist grounded theory approach, the research findings provided evidence on the current status (including existing and identified gaps) of formal, informal, and online and distributed learning programs for IENs in BC. Within these findings I also emphasize the need for all stakeholders to incorporate these recommendations within post-secondary and workplace environments.

I start this chapter by providing insight into the personal and professional experiences that have led to the initiation of this research inquiry. Next, I offer background evidence of the current context and challenges that many IENs may experience as they attempt to transition to Canadian nursing practice. Finally, I provide the rationale on how this research inquiry can contribute to the body of knowledge within the disciplines of education and nursing, and how these can help to inform future policy development.

Personal and Professional Experiences Leading to the Research Inquiry

My interest in understanding the experiences of IENs is an ongoing journey. In 2007, while working as a nursing practice consultant for a health authority, I was asked to consult on several different cases involving an observed lack of safe practice of IENs within the health authority. These IENs were practicing nurses who had successfully obtained their license to practice in BC but were still encountering challenges within their practice environment. Practice consultants are charged with the responsibility of meeting all individuals who are involved in the case. Through a variety of meetings with the inter-professional team and IENs, I noted IENs had gaps in knowledge and understanding of the practice environments and there were issues in the practice environments that indicated others also lacked appropriate knowledge and understanding.

In my conversations with unit managers, clinical coordinators, and clinical nurse educators, I heard about a range of practice situations in which the IENs were encountering difficulties resulting in potential and actual adverse outcomes for patients. Organizational leaders expressed concerns about patient safety and the competence of these IENs in practice. In one case, an IEN lacked understanding of the roles and responsibilities of an RN within the long-term care setting, such as how to read and interpret Pro Re Nata (PRN) medication orders, using

algorithms or care pathways, and enacting policy and procedures (i.e. infection control practices). In an acute care environment, within the post-anesthesia recovery area, an IEN did not monitor a patient's vital signs and did not respond to fluctuations within these vitals, such as a dropping oxygen saturation level requiring an immediate nursing response. These are just two examples, one in long-term care and another in an acute care environment, where critical decisions must be made and are within a Canadian nursing scope of practice. In examples such as these, it becomes important to delineate whether this is an issue of lack of understanding of the role, scope, and function of a RN, or are IENs placed in workplace settings that are not equitable or commensurate with their previous education and experience? Further, an investigation into what supports are in place to act as safety measures, is important.

From the lens of the IENs, I heard about their concerns in working within these new and complex environments. For one IEN this was her first time working within a long-term care setting. For the other IEN, there was new equipment, new protocols, and the role of the RN in the post-anesthesia recovery unit was different from his own experience. Within these conversations, distressed IENs provided narratives of feeling incompetent and unsupported. Nursing-related tasks, activities, and knowledge about how care is delivered in Canada was different for them. Several IENs shared that if they felt confident enough to ask a colleague about how to manage a certain clinical scenario, or the expectations of policies informing a certain procedure, they were met with disdain and made to feel even more incompetent. One IEN simply stopped asking questions and stated he went home after each shift and read every textbook he could get his hands on, in the hope that he could learn more about Canadian nursing practice. Voiced experiences of racism, discrimination, and a lack of organizational support were a common thread expressed by the IENs.

As a part of any practice consultation, a variety of tools and frameworks assist in gaining insights into the root of the problem. In this consultation, I used root-cause analysis frameworks, CRNBC practice guidelines and resources, and institutional competency assessment tools. I conducted a literature review seeking additional research, theoretical frameworks, and even institutional-and practice-based grey literature to help me understand these issues. Although I gained a deeper appreciation for the complexity of these challenges, I was unable to find any recommendations that would be of benefit for IENs working in practice environments in Canada generally, or in BC more specifically.

There are many examples of the challenges IENs face in workplace settings. The outcomes from cases such as those shared in this consultation, are often complex and have significant impact on these IENs. For example, one IEN lost his employer support to facilitate his immigration process. He returned to his country of origin after having suffered significant financial and emotional distress. Another IEN required a four-month extended supernumerary mentorship working specifically with one RN. Two IENs filed human rights complaints and were relocated to another city and provided with an additional year of education, working 1:1 with a clinical nurse educator. Yet, these IENs were experienced nurses with significant clinical backgrounds in their countries of origin and were successful in achieving their license to practice in BC.

The organizational leaders and inter-professional teams' experiences with IENs left lasting impacts. At that time, the health organization decided to temporarily halt any hiring of IENs due to a lack of IEN-specific education and supportive human resource capacities. Some individual team members were subject to disciplinary action related to discrimination; other team

members also left frontline nursing positions. Upon reflection, it was evident that neither IENs, nor the organizations that hired them, understood what supports might be required for IENs.

As a practicing registered nurse, I began to feel a moral and ethical responsibility to learn more about these issues. In 2010, I completed the requirements of my Master of Nursing degree with a focus on nursing education through a project entitled "Support for Internationally Educated Nurses Transitioning into Practice: An Integrative Literature Review." After this review, I recognized that little is known about the experiences of IENs, the support that is needed, or the education they need to be able to access to transition into the role of an RN in Canada.

The experiences I had with IENs, the organizations they worked within, and the educational institutions they accessed, reinforced the imperative to continue to investigate. I have learned that many IENs will face different types of transitional experiences, first, as immigrants to a new country (Baldacchino & Hood, 2008; Government of Canada, 2020a; Meleis, 2010), and second, as nurses integrating into new practice environments (Adeniran, Rich, Gonzalez, Peterson, Jost & Gabriel, 2008; Meretoja, Leino-Kilpi & Kaira, 2004). However, there are gaps in our understanding of what education is available for IENs and the support that is offered in these institutions and organizations. There are questions about whether social, political, economic, and human resource infrastructures are in place to support IENs, in education or the workforce (Ohr, Jeong, Parker & McMillan, 2014). Further, there is a need to hear the voices of IENs to determine the accessibility and efficacy of these same resources.

I recognize the influence of race, class, gender, and sexuality within the concepts of racism, oppression, discrimination, and the marginalized experiences of IENs. There is literature identifying that these issues are global (Aboderin, 2007; Alexis, 2013, Hawthorne, 2016; Ho,

2012; Spetz, Gates & Jones, 2014). I also acknowledge that spatial, historical, and social contexts may foster our interpretation of the nature of knowledge and the world. As I critiqued the literature from this perspective, I was able to reveal how these concepts are taken up within the literature, stakeholders, and the impact this may have on IENs in transition.

There are multiple concepts, competing interests, and varied interpretations when examining the experience of IENs in Canada. Three of these concepts are education, support, and transition. A more thorough examination of the interconnectedness of these concepts is the focus of this research study. IENs must first meet the Canadian entry-level practice competencies of a registered nurse and then the licensing requirements of the regulatory body in the province or territory they wish to practice. IENs who are successful within these two processes will require ongoing support, mentorship, and education as they transition into new workplace settings. However, this process is not linear, and there are many questions as to where there are gaps and potential barriers for IENs along the way.

In this research inquiry, I asked, "how do IENs use formal, informal, and online and distributed learning to support the transition into Canadian healthcare settings specific to BC?" I wanted to know what types of education are available to IENs in BC and the pedagogical choices that guide these education formats. I wanted to know whether these educational supports are accessible, effective, and sustainable. Finally, I wanted to understand the experiences of IENs as they transition through the education process and into workplace settings. I have learned that although there is research, theoretical frameworks, and grey literature about IENs transitioning into practice settings in other countries, there is little knowledge about these experiences for IENs who come to BC, Canada.

Background

Baldacchino and Hood (2008) remind us that, apart from Canada's First Nation Peoples, everyone in Canada can be considered an immigrant. Canada remains a destination of choice for many immigrants, including IENs (Bourgeault et al., 2010; Valiani, 2012). In recent years, Canada has become a destination of choice for many (Government of Canada, 2017a; 2017b; 2018; 2018a). These newcomers find homes in our communities, and they will begin the process of transitioning into Canadian culture and share their cultures with us. Migrants come with unique cultural contributions, have diverse needs, and require support in their Canadian citizenship journey. There has been a heightened sense of awareness regarding the depth of support required to support the transitional needs of migrants in general (Citizenship & Immigration Canada, 2007; Government of Canada – Council of Ministers of Education Canada, 2017, Owusu & Sweetman, 2014).

In examining the concept of transition and transitional theory frameworks, I have learned about the complexity and multidimensional nature of constant change. Transition shifts occur both internally, as personal coping mechanisms evolve, and externally, as physical environments change, they influence how individuals navigate these complex transitions (Meleis, 2000; Meleis, Sawyer, Im, Hilfinger, Messias & Schumacher, 2000). Thus, through an analysis of the literature, transition can be globally defined as any change from the known to the unknown. I provide more in-depth details regarding the concept of transition, the connection between transition and education, and how it applies to IENs in Chapter 2.

The statistical evidence on the number of immigrants entering Canadian borders is well documented. In 2019, the Government of Canada (2020) saw the highest number of permanent resident admissions with 341,180 newcomers; an increase of 6.3% from 2018. Under the

Federal Skilled Worker Program, the Federal Skilled Trades Program and the Canadian Experience Class, Ontario received 64,229 new residents with BC coming in second with 14,928 newcomers. However, in 2019 BC received 12,575 new immigrants under the Provincial Nominee Program (Government of Canada, 2020); the highest of the provinces and territories. Government of Canada (2018) statistical reports that most newcomers in BC have settled within Vancouver, Victoria, Abbotsford, and Nanaimo. The trends of source countries have remained consistent over the last five years, with migrants coming primarily from India, the Philippines, and The People's Republic of China (Government of Canada, 2018; 2020).

For many of these newcomers, a significant component of their transition will occur in conjunction with their move into Canadian employment settings. Understanding the context of labor migration serves several purposes. First, organizations that support immigrants can plan and create support programs to assist in early transition processes (ARNBC, 2018a; 2018b; Government of Canada – Immigration & Citizenship, 2014; International Services Society of BC [ISSBC], 2003; 2014). Second, organizations immersed in human resource planning can use immigration data to project and mitigate frictional, cyclical, and structural employment trends (Dressler & Cole, 2008; Ontario Hospital Association, 2011; 2011b, Villeneuve & MacDonald, 2006). Frictional unemployment trends is defined as the time between jobs and are critical within the nursing profession because knowledge and skills become stagnant over time (Borgfeldt, 2014; CRNBC, 2014c). Frictional unemployment may be a result of family commitments, long term disability, sick leave, or paternity/maternity leave, and in the case of IENs, the time between nursing-related jobs because of the often, time-consuming processes involved in immigrating to Canada and being considered qualified to work as an RN.

Finally, immigrants will often select geographical areas where there are already established immigrant communities (Liou, Tsai & Chen, 2013; Sochan & Singh, 2007). In doing so, they can receive psychosocial support, engage in customary cultural practices, and have access to preferred ethnic foods (Painter, 2013; Xu & Kwak, 2005). As an example, in BC, census data for 2016 revealed that six cities and municipalities are becoming more ethnoculturally diverse. For example, in Richmond (76.3%), the Greater Vancouver area (67.3%), Burnaby (63.6%), Surrey (58.5%), Vancouver Proper (51.6%), and Coquitlam (50.2%), visible minorities now form much of the population (StatsCan, 2016). This does not imply that all people from visible minority groups are classified as immigrants (Government of Canada, 2017b). However, for organizations responsible for supporting immigration transitions, such as the Immigration Support Services of BC (ISSBC), knowing the community's cultural membership is essential in ensuring the services they offer new immigrants are relevant and appropriate. For example, in BC, the ISSBC (2016) the settlement services offered to immigrants include first language settlement support, peer support programs, settlement employment programs, and support for newcomers' children to Canada. These programs' key component involves connecting mentors and immigrants who share similar cultural backgrounds (MOSAIC – Vancouver Foundation, 2020).

As immigrants, such as IENs, begin to seek employment in Canada, additional education and support may be required (Government of Canada, 2014). This education and support may be necessary for the newcomers, their co-workers, and employers who hire them (ARNBC, 2018c). IENs who have described successful integration into new practice settings often articulate the importance of organizational support, such as pre-employment simulation training (Tan &

Alpert, 2013), accurate competency assessments (Xu & He, 2012), and integrated bridging programs (Atack, Cruz, Maher & Murphy, 2012).

IENs may also enter Canada and initially choose not to follow through with licensure processes in nursing. Many IENs come into Canada through the Live-In Caregiver Program (Citizenship & Immigration Canada [CIC], 2014;), and then seek Canadian licensure after their arrival (The Canadian Information Centre for International Credentials [CICIC], 2017; Blythe, Baumann, Rheaume & McIntosh, 2008; Ronquillo, Boschma, Wong & Quinney, 2011). As a result, the actual number of IENs coming to Canada and working in Canada and working in different roles may be grossly under-estimated. A further complication in understanding migration trends is that not all IENs choose to immigrate, instead electing to enter Canada under the temporary foreign worker program with the intent of returning to their home countries. The June 2014 legislative changes to Canada's Citizenship Act includes new residency requirements and new authority and prohibitions to either fast track or revoke applications, as an attempt to increase the efficiency and integrity of the foreign worker program. However, there is no research data available to examine the impact of these new changes, if any, on IENs.

The most recent statistics available identify that 8.9% of registered nurses in Canada have self-identified as having received their primary nursing education outside of Canada (Canadian Institute for Health Information [CIHI], 2020). In 2016, 26,710 registered nurses and nurse practitioners in Canada were identified as IENs (CIHI, 2017, p. 11). It is essential to recognize that these statistics reflect only those IENs who have successfully achieved licensure to practice and those choosing to work in the profession (Baumann, Blythe, McIntosh & Rheaume, 2006). It does not reflect the number of IENs who, for various reasons, have been unsuccessful in their attempt for licensure, or those IENs who have left the profession (Baumann, Blythe, McIntosh &

Rheaume, 2006; Government of Canada, 2014). However, these statistics provide a starting point to bring attention to the growing number of immigrants and IENs in Canada.

The active recruitment of IENs is not as prevalent today, as seen historically (Dewan, 2014; Valiani, 2012). However, immigrants, including IENs, continue to migrate to Canada for implicit or explicit reasons. IENs will migrate for implicit motives, such as opportunities for professional development and advanced practice opportunities (Dewan, 2014; Philippine Nursing Association, 2010; Pearson & Peels, 2001), economic benefits (World Bank, 2011), improved standards of living (Tregunno, Peters, Campbell & Gordon, 2009), and employment opportunities (Ronquillo, Boschma, Wong & Quiney, 2011). The ability to send remittances back to a home country is viewed as an implicit and explicit motivator in the decision to immigrate (Hawthorne, 2001; Xu & Kwak, 2005; OECD, 2014b). Large remittances sent back home by IENs, and other immigrants (International Center on Nurse Migration, 2012; 2014b; International Council of Nurses, 2007) contribute to the GDP of many of these source countries (Valiani, 2012).

This moving wave of internationally educated professionals from one country to another has resulted in tensions between international, national, provincial, and territory stakeholders and IENs themselves (Dewan, 2014). These tensions include the home country's needs related to the loss of educated professionals versus the benefit to the host country (WHO, 2006), and the personal and fundamental human rights of individuals (Organization for Economic Cooperation & Development [OECD], 2014b; WHO, 2014b). Challenges arise when there is a disconnect between the allure and promise of a host country versus the lived realities of complicated immigration processes, and lack of integration supports for immigrants (Aboderin, 2007; Dewan, 2014; Sochan & Singh, 2007; Stankiewicz & Am, 2014; WHO, 2014b). In instances where an

IEN's professional and economic needs are unmet after migrating to another country, they face unintended consequences (Boese, Campbell, Roberts & Tham, 2013). Some of the consequences include becoming under-employed and deskilled (Blythe et al., 2009), unemployed (Hawthorne 2001), underestimated in their knowledge and skills (CARE, 2014; Gerrish & Griffith, 2004), and their ability to transition successfully into new practice settings without additional integration supports, or being overestimated (British Columbia Nurses Union [BCNU], 2018; 2018a; Blythe et al., 2009; Edwards & Davis, 2006; Xu, 2010). These issues have presented as reasonably common, regardless of home countries (Adams & Kennedy, 2006; Dewan, 2014), although some countries, such as Australia (Hawthorne, 2001) have led the way in their inquiry process and infrastructure development related to IENs. Other countries, such as Canada, have much to learn.

Purpose of the Study

Through a review of the literature, I identified gaps in knowledge and research related to IENs in education, support, and the broader concept of transitioning into Canadian practice settings. Using a grounded theory research design (see Chapter 3), I examined how IENs in BC use education to support their transition into these new practice environments.

Nationally, Ontario has demonstrated leadership in its efforts to understand the needs of IENs, including educational support and integration processes into practice settings (Baumann et al., 2006; Bourgeault, Atanackovic & LeBrun, 2010; Higginbottom, 2011; Murphy, 2008; Ontario Colleges, 2014). Unlike Ontario, minimal relevant research has been conducted in BC. Furthermore, there has been a lack of integration of understanding the various processes in BC, where multiple stakeholders are procured through a bidding process to deliver various compartmentalized components of support or research respecting IENs. In 2014, the BC Ministry

of Health solicited requests for proposals from stakeholders to develop inter-professional competency mapping, tools, and educational resources for internationally educated health professionals in BC. Other stakeholders are contracted to deliver small-scale feasibility studies (Western and Northern Health – Human Resource Planning Forum, 2006). As recently as 2018, the BC Ministry of Job, Trades, and Technology (2018) responded to tender to provide the labor market and language services to skilled immigrants. This approach leaves IENs, educators, and various organizations in BC trying to piece together loose frameworks of support from fragments of information or by drawing from other stakeholders' experiences in other provinces and countries. Given that BC remains one of the top three provinces that receive immigrants (Government of Canada, 2017; 2018; 2020), it is imperative to increase the research agenda into IENs in this province.

Primary Research Question(s)

My primary research question(s) for this study are:

- How do IENs use formal, informal, and online and distributed learning to support their transition into Canadian healthcare settings specific to BC?
- What does educational support look like for IENs in BC?
- Are these resources accessible, and if so, how are they being used?

To address these questions, the lived experience of IENs were explored through personal interviews (see Chapter 3) to understand their integration experiences and learn how IENs access required or necessary education.

A total of nineteen (*n*=19) IENs and individuals supporting IENs were interviewed. IEN participants came from six different countries: Costa Rica, India, Italy, Philippines, United States, and the United Kingdom. In addition, IENs came from many different practice

backgrounds including general duty nursing, private home care, psychiatry, critical care areas, neonatal ICU(s), cardiac care, and the operating theatre. More information on the participants of this study can be found in Chapter 4.

Significance of the Study

Research in Canada, where IENs have been the subject of inquiry, have focused predominantly on the geographic location of settlement, sociodemographic characteristics, and the educational qualifications of IENs (Brush, 2008; Chui, Tran & Maheux, 2007; CIHI, 2012; 2014; Hawthorne, 2016; Horne, 2011; Plante, 2011). Sociodemographic information is used to broaden our understanding of the migrant movement that also exists internationally. Understanding the intrinsic and extrinsic motivators of why IENs migrate is only one piece of information. Sociodemographic data such as this comprises a small portion of information, and researchers cannot gain any detailed insight or findings in relation to the lived transition experiences of IENs. My study will focus solely on IENs who are currently involved, or have been involved, in the transition process into practice settings in BC.

Understanding the immigrant movement's geographical location, especially IENs, allows examining what resources are available and accessible. An examination of the literature shows that support organizations and programs for immigrants are typically located within larger metropolitan areas. For example, in Ontario, the CARE Centre for Internationally Educated Nurses is used by IENs as an ongoing resource and provides services to IENs in Toronto and surrounding areas. This government-subsidized program uses a case management program model, and IENs are assessed and supported individually. Educational programs, such as workplace communication and mentorship, are offered to participants. In the year-end report, this organization indicated that it provided 260 new IEN participants in Ontario (CARE – Centre

for Internationally Educated Nurses, 2014). Similar programs of support of this magnitude are not available to IENs in BC (BCNU, 2018; 2018a) or Quebec, where IENs receive support through immigration support organizations (Accueil aux immigrants de l' Est de Montreal, 2016; ISSBC, 2016).

In many situations, IENs may choose, or be required, to upgrade their nursing education (Government of Canada, 2014). The geographical location of nursing education programs for IENs can present additional challenges of accessibility and affordability. For example, Ontario has fourteen programs that can be categorized as nursing refresher programs (Ontario Colleges, 2014). However, only three of the programs have a curriculum appropriate for IENs. For IENs in BC seeking post-secondary education programs, there are only three post-secondary institutions endorsed by the BC College of Nurses and Midwives (BCCNM) with ongoing educational refresher courses/programs for IENs: Kwantlen Polytechnic University (KPU) in Surrey, Langara College in Vancouver, and Thompson Rivers University (TRU) in Kamloops (CRNBC, 2014c). These courses must be taken in the classroom in a face-to-face mode of delivery, and IENs need to be on campus for some or all these courses. What is unclear is what, if any, course or course content is delivered in a hybrid or online and distributed teaching and learning modalities. Once again, the lack of access to educational programs is a barrier for IENs who live outside of these metropolitan areas.

Although the context of the 2020 COVID-19 Pandemic has brought about shifts in educational delivery for most post-secondary programs nationally, the context of this study and research data collected has occurred prior to March 2020. I recognize that many post-secondary programs and assessment centers relevant to IENs has either suspended services and programs or has moved to various modes of online and distributed learning modalities. There will be many

lessons that will help to inform the potential future delivery of all post-secondary programs and this will be the focus of future research agendas.

In the form of bridging programs, education and practice support are described as critical components to successful integration for immigrants. The Organization for Economic Cooperation and Development (OECD) (2014b) states that bridging programs are essential to assist any migrant in employment situations in a new host country. Bridging programs are variable, and IENs can face different experiences that range from small independent programs to large-funded infrastructures of support, either hosted by hiring organizations or formal educational institutions (Atack, Cruz, Maher, & Murphy, 2012; Gerrish & Griffith, 2004; Lum, 2009; Lurie, 2016).

It is estimated that 8.9%, or 37,370 registered nurses in Canada have received their education in a country other than Canada (CIHI, 2020). However, little is known about what support or resources these nurses have used as they transitioned into various practice settings nationally. Various studies conducted over the past ten years focused on understanding the experience of IENs, these studies have primarily involved IENs in the province of Ontario, Canada (Blythe, Baumann, Rheaume & McIntosh, 2009; Bourgeault, 2006; Bourgeault & Baumann, 2011; Flynn, 2011; Hearnden, 2007). A research study conducted in Atlantic Canada looked at internationally educated health professionals; however, although the participants were all categorized as internationally educated professionals, only five participants were IENs (Baldacchino & Hood, 2008). Out of the 33 participants in this study, 13 were identified as family physicians, 12 medical specialists, and five respondents were grouped and amalgamated into the nurses and occupational therapist category. Three participants' disciplinary background remained unspecified. This highlights that research on IENs is still underrepresented in the

research. Although dated, a research study conducted outside of Ontario, as a focused ethnography looked at the transition experiences of IENs in Alberta (Higginbottom, 2011). This dearth of evidence leaves large gaps in our understanding about how IENs transition into practice settings across Canada generally and in BC specifically.

There is a lack of research and coordinated resource planning to support IENs at both the federal and provincial levels. Between 2006 and 2014, isolated pilot projects and contracted studies in BC have provided an environmental view of internationally educated health professionals (IEHPs) in Western and Northern Canada. For example, in 2003, members of the Ministry of Community, Aboriginal and Women's Services, and the University of British Columbia, Continuing Studies Division conducted a small-scale pilot project. In this pilot project, thirteen participants were offered a six-week, part-time education and support focusing on culture, communication, and preparation for the national Canadian Registered Nurse Exam (CRNE) registration examination. The participants all lived in the Vancouver area. Within this group of IENs, six participants had nursing degrees, four participants had diplomas in nursing, and the remaining participants had extensive work experience in nursing-related activities but had not successfully obtained a nursing license to practice in BC. Out of the 13 participants, only five went on to write the CRNE examination. However, there is no evidence on the outcomes for these five participants regarding the examination or in securing a nursing-related job.

In 2006, the Western and Northern Health and Human Resource Planning Forum conducted a literature review of the issues related to integrating all internationally educated health professionals (IEHP), including IENs, within the Western and Northern provinces of Canada. Findings in this study are consistent with similar studies conducted internationally

(Adams & Kennedy, 2006; Adeniran, Rich, Gonzalez, Peterson, Jost & Gabriel, 2008; Alexis, 2013). Integration challenges, such as accessing useful pre-immigration and licensing information, language, and communications differences, are consistently described as occurring in the pre-licensure phase. Integration challenges are also visible after licensure, as IENs struggle to understand inter-professional competencies and the roles, scopes, and functions of Canadian RNs.

In 2011, the Sierra Systems Group, Inc. was contracted to conduct a feasibility study of the assessment services and processes in place for IEHP in BC to fill a gap in our understanding of how IENs' credentials were being assessed this province. However, this feasibility study did not include input from IEHPs. In 2012, the Sierra System Group, Inc. was further contracted to conduct a survey regarding the assessment and recognition process of IEHPs and how these professionals become qualified to work within the Western and Northern regions of Canada. A questionnaire was emailed to 112 stakeholders representing the provinces/territories of BC, Alberta, Saskatchewan, Manitoba, Yukon, NWT, and Nunavut. Of the 112 surveys distributed, only 28 IEHPs responded, and of these 28 IEHPs who responded, only four were midwives, and three were RNs (Sierra Systems Group Inc., 2012). With the total number of RNs working in these provinces and territories, the nursing discipline is severely under-represented in these findings. My study used a qualitative grounded theory research design and was solely focused on IENs in BC.

The OECD (2014) has challenged all countries that receive immigrants to consider the necessity of developing integration supports and to design tools that support this integration. Creating systems of supports for IENs should be viewed as sound financial investments so migrants can achieve success and contribute to the overall cultural and economic growth. The

findings in my study exploring how IENs manage the transition into new practice environments, will contribute to a better understanding of what supports are currently used, what supports can be enhanced, and where there are gaps that require infrastructure support and development.

Summary

In this chapter, I provided a brief introduction about the need to conduct further research and investigation into the education, support, and integration of IENs in practice settings within BC. With limited educational opportunities available for IENs in BC, there is a need to understand how these resources are accessed. There is also a need to examine what support looks like, whether that support comes from post-secondary institutions or health care organizations, and how these may impact the transition of IENs in BC. The findings of my research go towards providing some answers to these questions. These will help inform policy and curriculum development for post-secondary institutions, health care organizations, other researchers, and those who support IENs as they transition into Canadian practice settings.

In Chapter Two, I provide an analysis and critique of the research that has been conducted on IENs over the last fifteen years. I identify that IENs have described their initial transition experiences as including feelings of being incompetent and inadequate, as they struggle to locate themselves, first as immigrants, and second as nurses (Alexis, 2013; Ho & Chiang, 2015; Jose, Griffin, Click & Fitzpatrick, 2008; Kishi, Inoue, Crookes, Shorten, 2014; Lin, 2014; Meleis, 2010; Ronquillo, 2012). I identify that there is a lack of published research on education for IENs in BC. In the absence of this data, education and transition resources are drawn from national and provincial resources primarily for immigrants. Furthermore, I reveal that many of these resources have hidden barriers and eligibility requirements that may exclude

IENs. Finally, I summarize the educational organizations and institutions that offer support to IENs in BC.

In Chapter Three, I provide a detailed description of the methodology and methods used in this study. In this chapter, I also provide a review of the philosophical underpinnings of a constructivist grounded theory and of the rationales respecting the selection of the qualitative framework of inquiry for this study. The research design elements will be described and embedded within epistemological, ontological, and axiological precepts.

Chapter Four provides a detailed description of the methods used in the data collection and analysis process. A total of nineteen semi-structured interviews were conducted with IENs and those who support IENs in BC. A detailed explanation of each phase of data collection and analysis is provided.

In Chapter Five, the findings of this study are highlighted. I provide a description of the current practice environment for nurses in BC. Then I provide a detailed description of how a grounded theory has evolved. This grounded theory, called *Finding the Gatekeeper: Chasing a Distant Dream*, is presented. In this chapter, I reveal the overarching core category of education. With education, there are a total of five categories. In this chapter I provide an explanation for the four categories of *Professional Identity*, *Sense of Time*, *Power/Powerless*, and *Transparency of Process* and provide a description of the significance of these categories. The fifth category is presented in Chapter Six.

In Chapter Six, I share the narratives of the participants in this study as they describe their experiences of formal, informal, and online and distributed learning education in BC. In addition, I provide an explanation of the fifth category of how participants *Normalize the Struggle* as they move through the various phases of transition.

In Chapter Seven, I conclude this study by discussing the implications of this research on education and nursing disciplines. Findings can be used to influence policy and curriculum development. Further, I offer some recommendations for future studies and reveal the limitations of this research study.

Chapter 2 - The Literature Review

Overview

A review of the literature is an essential component of every research project. In this chapter, I present a synthesis of the literature to gain a deeper understanding of internationally educated nurses (IENs), the type of education they access, and how they use this education to transition into new practice settings. For this study, I have adopted a global construct of education to include both the formal and informal learning methods that IENs use to modify their nursing knowledge and skills to fit with new practice environments (Hall & Comeau, 2018).

It is critical to identify and locate the literature review within the study's methodology. The timing, format, and functions/intents of the literature review process depend on the research methodology and guiding theory (Polit & Beck, 2008). I provide a brief acknowledgment of the discourse surrounding a literature review's location and timing within a grounded theory study.

Several key concepts are considered in this chapter to situate, contextualize, and clarify the research. Following the literature review in grounded theory, I provide some context to the concept of transition and identify how nurses, as immigrants, will experience both internal and external shifts as the environment changes (Meleis, 2010). Meleis' (2010) Transition Theory is discussed as one example of the complexity and depth of newcomers experiences. Although considered, following grounded theory, Transition Theory is not proffered as an a priori theoretical foundation for this study, as the theory will be co-constructed from the lived experience of participants and the researcher (Charmaz, 2006; 2011; Glaser & Strauss, 1967; Strauss & Corbin, 1998). I present a brief overview of Meleis' transition theory in this chapter. Further exploration of transition and how it applies to this study is discussed in Chapter 3.

I then introduced the scope of the problem and some of the challenges IENs in Canada, and more specifically, BC, can experience. For example, IENs wishing to apply for registration and licensure must be Canadian citizens or have landed immigrant status (Canadian Nurses Association, 2018; College of Registered Nurses of British Columbia, 2014; Xu & He, 2012). In addition, Canada does not have a national nursing registry, such as exists in the United Kingdom and Australia (Xu & He, 2012): hence, the registration process rests with individual provinces and territories (Canadian Nurses Association, 2014). The risks are higher for IENs hoping to practice in Canada, as they must move here without confirmation of registration or licensure and may not complete the credential assessment process.

For these reasons, IENs in Canada begin their transition into practice by first facing the typical newcomer experiences of most immigrants (Messias, 2010; Taylor & Foster, 2015), some of which are described herein. The concept of transition is further aligned with a symbolic interactionism perspective, whereby individuals interpret and modify their understanding of the world around them based on interaction with others (Blumer, 1969).

In addition to Meleis' Transition Theory, there are other theoretical frameworks, such as Social Networking Theory (Fredericks & Durland, 2005; Pappi & Scott, 1993), or Communities of Inquiry (COI) frameworks and models (Akyol & Garrison, 2013; Vaughan, Cleveland-Innes & Garrison, 2013) that could enhance understanding of the education and experiences of IENs. Theories such as these are examined in Chapter 6, the final chapter of this dissertation, to support or refute the results of this research study.

Next, I identify the literature review process that I use to examine the literature on the topic of IENs. I provide some context around the scope of issues IENs commonly experience from a national and provincial perspective and highlight the literature and research results to date within

the province of BC. The migration of IENs, how they transition into practice settings, and the type of education and support they access to support these transitions is an international phenomenon (International Centre on Nursing Migration, 2012; 2014; 2014a; 2016; 2016a). In Canada, there are predicted nursing shortages due to: (a) retirements; (b) changing employment status from full-time to part-time or casual; (c) maximum nursing entry seat caps from post-secondary institutions; and (d) older students entering nursing programs as second or third-career students and subsequently joining the workforce for a short period of time (Canadian Nurses Association (CNA), 2002; CIHI, 2020; Cruz, Felicilda-Raynaldo & Mazzotta, 2017). IENs will continue to migrate to Canada as the demand for nursing services in health care is consistent and an essential component of health human resources (CIHI, 2001; 2020; CNA, 2002; Health Canada, 2008).

I then provide a synthesis and critique of the research that has been amassed through a formal literature review process. Finally, I identify gaps in the research investigations and distinguish how my research study will contribute to this growing body of knowledge.

The Literature Review in Grounded Theory

The literature review's timing and location within grounded theory have been a topic of debate amongst different theorists (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1998). Glaser and Strauss (1967), as the original theorists of grounded theory, suggested that the literature review should occur at the end of the research study after the data have been analyzed.

In contrast, researchers using constructivist grounded theory comes from the philosophical standpoint that the knower cannot be separated from the knowing and therefore a literature review is a regular part of the process from beginning to end, as researchers are deemed

to be co-constructing knowledge with the participants (Charmaz, 2006). As individuals, we come into the research project with our own philosophical understandings (Strauss & Corbin, 1998), disciplinary knowledge and experiences (Charmaz, 2006), and personal theories (Schreiber, 2001). In grounded theory, bias and potential theoretical influences are addressed using researcher reflexivity, memoing, and theoretical sampling (Charmaz, 2006; Strauss & Corbin, 1998), further explored in Chapter 3.

Transitions Theory

Meleis' (2010) Transitions Theory offers insight into the experience of IENs who move from one country to another to practice nursing. This middle-range theory offers a comprehensive framework that is viewed as central to nursing practice, whether for exploring the transient nature of a client's health and wellness experiences or the transition experiences of health care practitioners themselves (Meleis, 2010). Built into Transitions Theory is an understanding of the complexity and multidimensional nature of constant change and how individuals navigate these complex transitions, both internally, as personal evolving coping mechanisms, and externally, as physical environments change (Meleis, Sawyer, Im, Hilfinger, Messias, & Schumacher, 2000).

Meleis et al. (2000) identify four critical transitions: developmental, situational, health/illness, and organizational. These transitions occur when there are changes within an individual or their environment. Developmental transitions occur when an individual enters a life event, such as becoming a parent, entering menopause, or becoming a widow. This theory describes how an individual will cope with and adapt to these new changes (Meleis, 2010). Health and illness transitions are similar in nature and refer to changes within an individual's existing health pattern. Events prompting this transition may include receiving a new diagnosis,

a surgical intervention, or an episodic health event. In both the developmental and health/illness transitions, nurses recognize the biophysical, socio-cultural, and behavioral changes a client could be anticipated to experience, thereby enabling nurses to design and implement interventions to support healthy outcomes (Meleis, 2010).

Meleis (2010) also hypothesizes that an individual may experience situational transitions and further describes two different situational transition structures: immigration and education. Situational transitions specific to immigration are triggered when there is a change in geography or spatial environments. Messias (2010) further adds to the understanding of this type of transition by suggesting that transitions initiated by migration stimulate further transitions in an individual's social, cultural, economic, and social networks. As the physical and spatial environments change, an individual will also engage in the process of self-redefinition (Messias, 2010) within these new contexts. Messias (2010) reports that many immigrants see this process of continuous re-definition as a life-long process. Education can also be viewed as a situational transition (Meleis, 2010). An individual may encounter challenges as they shift from one professional role to another (Brennan & McSherry, 2007; Ramji & Etowa, 2018), or as additional academic education and experience are acquired (Chen, Spaling & Song, 2013; Delaney & Piscopo, 2007; Xu & He, 2012). Role identification (Brennan & McSherry, 2007; Garside & Nhemachena, 2013), professional socialization (Cohen, 1991; Sellman, 2018), and patterns of normative behaviors (Meleis, 2010) evolve as an individual transform their everyday practice in nursing (Cruz, 2011; Delaney & Piscopo, 2007; Murphy, 2008; Salami, Meherali & Covell, 2018).

Meleis (2010) also identifies organizational transitions as another critical type of transition nurses will experience. Organizational transitions occur when there are changes within

policy or practice, including models of care delivery and changes within leadership or staffing patterns. Meleis (2010) further asserts that everyday events, such as technology changes, can also trigger a transition process for nurses. Other researchers have drawn on Meleis' Transitions Theory to explain the environmental and socio-cultural shifts experienced by float pool nurses (Rich, 2010), nurse practitioners with new models of care delivery (Chang, Mu & Tsay, 2006; Simpson, Butler, Al-Somali & Courtney, 2006), and changes in leadership or governance models (Eriksson & Engstrom, 2018; Ponte, Gross, Winer, Connaughton & Hassinger, 2007; Sellman, 2018). These organizational changes can further induce experiences of role insufficiency in IENs, thus requiring additional support from other individuals, groups, or through formalized education to navigate these transitions. In addition to the transitions suggested by Meleis (2010), other researchers offer both similar points of view in the literature, including generalizing common ethnic culture and traits (Collins, 2004), migrant occupational communities (Nowack, 2016), and the transferable nature of nurses and nursing knowledge (Garside & Nhemachena, 2013; Ramsden, 2014; Sellman, 2018).

Scope of the Problem

The migration of health care professionals has become an important global trend impacting health care worldwide (Connell, 2010; OECD, 2010; 2014b; Valiani, 2012, WHO, 2010; 2014a; 2014b; 2018). Although the goal of every country is to create a sustainable health care workforce to meet the health needs of the populace, according to the World Health Organization (WHO), it was estimated that there was a shortage of more than 4.3 million health care workers around the world (OECD, 2010, WHO, 2014; 2018). To address these human resource gaps, health care professionals are recruited (Bourgeault & Baumann, 2011; McGuire & Murphy, 2005; Murphy, 2008; Runnels, Labonte & Packer, 2011) and migrate for employment

opportunities (OECD, 2014a; Xu, Zaikina-Montgomery & Shen, 2010). Approximately 8.1% (CIHI, 2017) of registered nurses in Canada have received their professional nursing education in a country other than Canada.

The global trends of nurse migration have been described as an intricate, "social phenomenon" (Kingma, 2006), but little is known about the psychosocial processes of how IENs establish practice in a new country, and what educational support they may require, especially in Canada (Bourgeault, Neiterman, LeBrun, Viers & Winkup, 2010; Montegrico, 2021). IENs may experience challenges in their transition into new practice settings (Alexis, 2013; Sellman, 2018), even if they migrate to a country with a similar language and culture (Adams et al., 2006; Lum, Dowedoff & Englander, 2016).

Several barriers to transition for IENs are identified within the literature. Examples include learning a new language (Alexis, 2013; Brunton & Cook, 2018; Magnusdottir, 2005; Shen, Xu, Bolstad, Covelli, Torpey & Colosimo, 2012; Staples, 2014). Other scholars have identified additional challenges for IEN's related to the understanding of role expectations (Alexis, 2013; Njie-Mokonya, 2014; Sellman, 2018; Withers & Snowball, 2003), and the complex nature of working in teams and the relationships within these teams (McGuire & Murphy, 2005; Neiterman & Bourgeault, 2015). As individuals strive to acculturate to this diversity, they often experience discrimination (Beriones, 2014; Neiterman & Bourgeault, 2015; Prendergast, 2014; Puzan, 2003) within their host countries, as evidenced by a lack of support, including both formal and informal resources, surrounding their immigration processes and integration into the workplace settings (Covell, Primeau, Kilpatrick & St. Pierre, 2017; Neiterman & Bourgeault, 2015; 2015a; Njie-Mokonya, 2014; Sochan & Singh, 2007; Stankiewicz & Am, 2014; WHO, 2014b).

Researchers have also identified that nurses' fundamental human rights as individuals are being compromised, and people's lives, those of nurses and clients, are at stake (Baldacchino & Hood, 2008; Sherwood & Shafer, 2014). For example, IENs have described experiences of being racialized/racism (Higginbottom, 2011; Tregunno et al., 2009), discrimination (Beriones, 2014; Wheeler, Foster & Hepburn, 2013), and marginalization (Alexis, 2013). IENs also report racism by colleagues and patients, who demonstrate resentment and a lack of trust in their nursing practice (Dennehy, 2013; Tregunno et al., 2009). Despite attempts to integrate into these dominant cultural norms, many IENs continue to identify themselves as "being the outsider" (Tregunno et al., 2009), or the "forgotten nurses" (McGuire & Murphy, 2005), even after many years in Canadian practice.

The safety of the public and determining the scope and standards of nursing practice, including baseline education and preparation through gaining experience, is the core foci of nursing regulatory bodies (British Columbia College of Nurses and Midwives [BCCNM]; CRNBC, 2014). The ability to have an active voice and advocate for patients' care and safety is a core part of nurse training in Canadian academic settings (Canadian Association of Schools of Nursing [CASN], 2014). IENs may have different interpretations of the roles within the nurse-client-physician relationship, which may be perceived as not taking action as patient advocates in challenging physicians concerning their clinical decisions (Blythe et al., 2009; Covell, Neiterman & Bourgeault, 2015a).

Scholars have identified that IENs may find that specific skills and activities they were permitted to perform in their home countries, such as intravenous therapy, are deemed outside of the scope of an RN in a new practice setting, often leading to role confusion and possibly to compromised patient care (Gerrish & Griffiths, 2004; Newton, Pillay & Higginbottom, 2012;

Sellman, 2018). IENs can experience challenges in understanding the client/resident/patient to nurse relationship (Ramji & Etowa, 2018; Tregunno et al., 2009), the care of specific populations, such as the care of the elderly (Tregunno et al., 2009), and delivering holistic care (Garside & Nhemachena, 2013; Gerrish & Griffith, 2004). IENs have stated that patients and families in Canada are more involved with their clinical care decisions and exercise more rights than other parts of the world. Here, patients have the right to refuse treatment and live at risk, whereas in other countries, patients and families must adhere to healthcare professionals' directions, including the nurse (Tregunno et al., 2009). In Canada, this type of adherence could be viewed as abusive behavior on the part of the nurse and infringing on the client's rights in client-centered care.

In Canada, over the last fifteen years, research on IENs has been focused on various phases of an IENs integration into practice. These phases can be categorized into the pre-employment, employment, and post-employment stages (Tilley, 2010). Pre-employment challenges include issues such as migration (Blythe, Baumann, Rheaume & McIntosh, 2009; Bourgeault, 2006; Little, 2007; Valiani, 2012), recruitment (Bourgeault & Baumann, 2011; Runnels, Labonte & Packer, 2011), and securing licensure (Human Resources & Skills Development Canada [HRSDC], 2009). The pre-employment phase also includes how IENs may enter Canada through the Live-In Caregivers Program as an entry point into nursing practice (Ronquillo, 2012; Salami, 2014). Issues related to both the pre-employment and employment experiences of IENs include quality of life indicators such as being able to secure well-paying jobs, career advancement, and the ability to send remittance incomes back home (Bourgeault, Atanackovic & LeBrun, 2010; Cruz, 2011; Murphy, 2008; Valiani, 2013). Other concerns during the employment phase include communication problems (Baumann & Blythe, 2013;

Hearnden, 2007; Lum, Dowedoff & Englander, 2016; Xu, Staples & Chen, 2012); workplace integration challenges (Baumann & Blythe, 2009; Baumann, Blythe, McIntosh & Rheaume, 2006; Covell, Primeau, Kilpatrick & St. Pierre, 2017; Higginbottom, 2002; Jeans, 2005; Njie-Mokoya, 2014; Plante, 2011; Ramji & Etowah, 2018), and difficulties with professional integration/socialization (Covell, Neiterman & Bourgeault, 2015a; Neiterman & Bourgeault, 2015). Post-employment challenges for IENs include those associated challenges with assimilation and acculturation (Idedura-Anderson & Wahi, 2018; Sochan & Singh, 2007); and challenges with post-hire transition programs (Eriksson & Engstrom, 2018; Zizzo & Xu, 2009).

Other research in Canada has focused on the challenges of IENs from specific ethnic backgrounds (Collins, 2004; Flynn, 2011). A study in Manitoba examined the psychological acculturation of Filipino IENs (Dennehy, 2013). In Nova Scotia, the transnational experience of migration, the ability to submit remittances, and the personal costs for Filipino IENs were examined (Tubo, 2010). In each of these studies, only Filipino IENs were studied.

Embedded within the results of this research are clues that point to the need for education, education for IENs, clinical managers/supervisors, and domestic RNs found on any nursing unit in Canada. A need for education, training, and support are often reported in the recommendations for future research (Murphy & McGuire, 2005; Xu & He, 2012), and to date, only a few studies have taken up these research recommendations (Caidi, Komlodi, Abrao & Martin-Hammond, 2014; Smith, 2012).

As our communities and workforce become more diverse, there is a growing need to understand what resources and infrastructures, including policy development at a federal and provincial/territorial level, are required to support the delivery of health care moving into the future (Larkin, 2010; Njie-Mokonyo, 2014). This need includes understanding the diversity and

cultural needs of both clients who receive care and those who deliver this care. In general, all stakeholders, including policy/organizational leaders, educators, and all members of a health care team, must acknowledge the need to become more culturally aware and culturally sensitive to others' needs. One of the most effective ways to instigate this type of change is through education and research (Baldwin-Bojarski, 2016; Dennehy, 2013; Hathiyami, 2017; Smith, 2012).

Literature Review Process

The literature review process for this study was comprised of multiple strategies conducted over different periods. An initial search was conducted using key search terms and synonyms related to internationally educated nurses, education, and British Columbia, Canada (BC). These search terms were applied to an advanced search in the Athabasca University (AU) Discover databases, ProQuest, and Google Scholar. An additional search was conducted to review literature starting from the year 2000 to provide historical context on the research trends specific to IENs and the core literature that has guided these inquiry processes. The following inclusion criteria were used for this review: (a) specific to IENs in Canada; (b) specific to IENs in BC; (c) key researchers/stakeholders cited in articles, but may/may not be specific to Canada; (d) key researchers/stakeholders that compare experiences across health disciplines; (e) peer-reviewed; (f) primary or original publications; (g) literature that has implications for theory and practice; (h) empirical studies; (i) dissertations; (j) books and reports; (k) web pages; (l) and grey literature that has been drawn from federal, provincial/territorial stakeholders to provide the context of the nursing practice environment.

In the literature search process, various articles focused on areas or health professionals outside this research project's scope. For example, there was a plethora of literature around the

transition experiences and support required for new graduate nurses entering into practice (Innes & Calleja, 2018; Tiew, Haw, Catherine, Creedy & Tam, 2017). Unlike new graduates, IENs are nurses who may have multiple years of nursing experience. However, this literature was reviewed to identify gaps in knowledge, skills, and educational preparation for transitioning into an RN role in a new practice setting. Given the context of a new practice environment for IENs, some employers believe that new graduate nurses' transition experiences are the same as IENs. While there is no literature to support this assumption, employers have demonstrated that the educational onboarding of both IENs and new graduate nurses is similar; by providing the same orientation process to IENs and new graduates (Lurie, 2016). This generalized assumption is incorrect and can lead to compromised quality of care and safety issues (Lurie, 2016; Runnels, Labonte & Packer, 2011).

Transition experiences extend to other health-related disciplines, such as internationally educated social workers (Sansfacon, Brown, Graham & Michaud, 2014), physiotherapists (Grieg, Dawes, Murphy, Parker & Loveridge, 2013), and registered practical nurses (Cooney, 2011). Other studies have examined combined groups of internationally educated health professionals such as physicians, nurses, teachers and engineers (Cheng, Spaling & Song, 2013); physicians and nurses (Hussey, 2005); and physicians, midwives and registered nurses (Neiterman & Bourgeault, 2015), as homogenous groups. The experience of travel nurses is outside the inquiry of this research study. However, it could help inform or provide ideas as to the preparation that these nurses engage in to prepare for these assignments (Ramsden, 2014).

Finally, literature specific to the migration of IENs were reviewed for relevance to IENs in Canada and, more specifically, BC. I will not attempt a full and exhaustive review regarding the migration of IENs into Canada. Key organizations, such as the Canadian Institute of Health

Information (CIHI) and the Canadian Nurses Association (CNA), collect and collate this national data. In the literature, theorists identify that the initial migration and immigrant settlement processes take considerable time, finances, and the skill and ability to navigate complex and evolving processes. Academics have already engaged in the specific studies of nursing labor markets (Valiani, 2012) and the historical migration of nursing groups (Bourgeault, 2006; Flynn, 2011; Little, 2007). Although IENs experience significant challenges in obtaining licensure to practice in Canada (Baldacchino & Hood, 2008; Bourgeault, Atanackovic & LeBrun, 2010), there is little research about whether and how these processes, and the transition experiences into practice settings, are connected. Connell (2010) also notes that migration and credential recognition processes can become a dehumanizing experience undermining IENs' confidence.

Literature Within BC

The literature review results did not find any research specific to IENs within the province of BC. However, within the comprehensive national review of the literature, two studies revealed IEN participants who live within BC. Each study was conducted in Ontario.

Covell et al. (2017) examined IENs experiences to identify predictors of workforce integration. This cross-sectional, descriptive, correlational survey design consisted of 2280 IENs representing all provinces and territories, excluding the Yukon. In this study, the term regulated nurse was applied to include employed nurses who were registered nurses, licensed practical nurses, and registered psychiatric nurses. Two sample groups were established based on IENs who migrated before 2002 and those who migrated after 2002. The parameter and selection of the year 2002 were based on the changes to the Canada Immigration and Refugee Protection Act in that year. A closer examination of the sociodemographic characteristics of all participants identified IENs who held a license to practice in BC (n=305) both before 2002 and after (Covell

et al., 2017, p. 8). However, it is difficult to extract what category of nursing - RN, LPN, or RPN - the BC participants belonged to, as the remainder of the data is presented as a homogenous group. What is interesting to note in this study is the overall age of the IEN participants and the type of both formal and informal assistance that was used to support workforce integration. It should also be noted here that Covell et al. (2017) differentiated between workforce integration and workplace integration. Workforce integration included the mechanisms of securing professional certification and employment, whereas workplace integration was viewed more from a socio-professional perspective where an IEN gained membership within a workgroup (p.3). There appears to be consistency between the two participant groups related to accessing both formal and informal assistance in the integration process in the data presented.

The majority of IENs in this study, ranging in age from 41 to 54 years old, identified that they did not participate in a formal bridging program; both IENs who immigrated before 2002 (78.7%) and IENs who migrated after 2002 (67.2%) (Covell et al., 2017, p. 9). The age of these IENs is consistent with the sociodemographic data collected by CIHI, which reports that the average age of regulated nurses in BC is 43.5 years old (CIHI, 2017a, p. 18). In addition, the majority of IENs in the two participant groups also: (1) did not have prior professional work experience in Canada (55.9%); (2) did not have any help studying for the nursing exam (47.2%) as compared to those who did (42.5%); and (3) did not have any help in finding their first job (47.9%) as compared to those who had support (20.1%) (Covell et al., 2017, p. 9). While most participants reported having successfully passed the national licensing examination on the first attempt (65.7%), most of these licensed nurses also had trouble securing their first job (53.4%) (Covell et al., 2017, p. 9). Covell et al. (2017) report that statistically significant differences were noted between the two participant groups, noting that IENs who immigrated after 2002 were

more likely to have participated in bridging programs and received support in studying for the national licensing exam and in finding the first job. Further, Covell et al. posit that IENs who seek assistance with preparing for the licensing examination would have a 2.4 more significant chance of successfully passing the examination on the first attempt, especially if they had 3 – 5 years of professional nursing experience (p. 12). The researchers identified both the strengths and limitations of this study. The strengths included using a well-designed and piloted questionnaire that provided a current view of IENs in Canada. The limitations included sample selection bias and a recognition that not included in the study was the number of potential IENs who have either not achieved licensure or who are unemployed. The researchers' recommendations included the need for understanding the unique characteristics and needs of IENs and the risks associated with presenting them as a homogenous group of nurses. While this study does provide a current snapshot of IENs in Canada, IENs in BC are still under-represented within these statistics.

A secondary analysis by Neiterman and Bourgeault (2015) considered facilitators and barriers within organizational and policy environments for IEHPs, involving 71 IENs across four provinces, including BC. The findings were consistent with previous studies (Covell, Neiterman & Bourgeault, 2016) respecting the workforce integration challenges met by Internationally Educated Health Professionals (IEHP), in areas such as; the Canadian expectations and standards in roles and responsibilities (Murphy & McGuire, 2005; Prendergast, 2014); communication (Hearnden, 2007); learning and adapting knowledge and skills (Cruz, 2011; Krinsky, 2002); cultural competency (Nowack, 2016); and the psychological process of adjusting to the elitist point of view and power imbalances with their Canadian counterparts (Dennehy, 2013; Njie-

Mokonya, 2014). This study suggests that professional socialization for transitioning IEHPs occurs over time and with support.

Covell, Neiterman, and Bourgeault (2016) conducted a scoping review of published literature from 2000 – 2012 that focused on IEHPs' workplace integration, professional recognition, and bridging programs in Canada. The results suggest that for IENs, the research has focused primarily on pre-immigration activities and professional certification, whereas physicians' emphasis has been on workforce integration. Of note, Covell et al. (2016) highlight a lack of evidence supporting the effectiveness of bridging programs and policies to support IEHPs. A second observation is the absence of literature on internationally educated allied health professionals. The allocation and availability of funding, and researchers will impact research agendas, explaining the limited research in BC.

Support for IENs in BC. Given the lack of published research into the BC context, it becomes necessary to look at the national and provincial stakeholders supporting IENs in BC. From a national perspective, there are resources available to immigrants in immigration and citizenship (Government of Canada, 2018; 2018a). Individuals preparing to come to Canada will find the information and resources to support the immigration and citizenship process. From a provincial perspective, the Government of British Columbia (2018) provides information and connects immigrants with resources, organizational groups, and community resources to support foreign qualification recognition, supporting immigrants in the workforce, and settlement services offered throughout different communities in the province. Settlement services offered in a smaller community setting are often immigrant welcome centers (Immigrant Services Society of BC, 2014; Immigrant Welcome Center, n.d.) and offer newcomers community connections and opportunities to learn English, support with finding a job, and information about living in

Canada. Developing connections within a community, including ethnically similar communities, has been identified as a strategy that IENs use to support their transition into Canada and into workplace settings (Dennehy, 2013; Nowack, 2016; Salami, 2014; Tubo, 2010). In BC, the provincial government also has initiatives and programs for newcomers offering personal services, support, and self-directed options to secure employment.

In 2017, the Career Paths for Skilled Immigrants Program was initiated in BC (Province of British Columbia, 2018). This program's focus is to provide information and support to newcomers on the assessment of skills, the Canadian workplace culture, certification requirements, and the language skills that may be required for different professions while supporting the development of a career plan. Where applicable, the career plan may include opportunities for hands-on practice or financial support for upgrading. However, newcomers hoping to access these resources must meet eligibility requirements and live close to the centers that offer this support level. Although these resources appear accessible, there are hidden barriers for many newcomers, including IENs, who may not meet eligibility requirements. For example, to access the Career Paths Program (Province of BC, 2018a), applicants must be landed immigrants, unemployed, and between the ages of 19 – 30. A closer look at the sociodemographic profiles of IENs in Canada reveals the average age of IENs ranges from 41 – 54 years of age (Covell et al., 2017), thus disqualifying most IENs.

Hidden barriers also exist in accessing the financial resources required for educational upgrading. To access the Career Paths for Skilled Immigrants Program (Government of BC, 2018), individuals must be unemployed or working more significant than 20 hours at a job that is not within their profession; being a full-time student is not considered being unemployed. Previous research in Canada has identified that many IENs will work in a lower-level

occupation, such as a live-in caregiver (Ronquillo, 2012; Ronquillo, Boschma, Wong & Quiney, 2011; Salami, 2014) or low-paying service jobs (Baldacchino & Hood, 2008) to meet their basic living needs. In some instances, such as the Live-In-Caregiver Program, there are restrictions on education opportunities, and individuals are not permitted to take courses unrelated to their work (Salami, 2014, p. 243). IENs in BC who do not qualify for provincially funded programs must seek traditional forms of educational financing, including student loans, and these loans often do not cover the full expense of educational programs. Private educational institutions in BC, such as OMNI College in Vancouver, are specific to the educational needs of IENs. However, tuition can exceed $22,000, without any guarantees, they will be successful in passing the national nursing licensure examination, and participants must attend face-to-face classes on campus. Face-to-face classes will bring additional costs to IENs, including transportation, childcare, and the loss of viable employment hours. This leaves many IENs facing difficult choices regarding whether they can achieve licensure and employment as a nurse in this province.

This could further imply that given these imposed barriers and access issues, including ageism, the very institutions tasked with supporting immigrants, and IENs, are the same institutions fostering institutional discrimination. Stakeholders involved with these programs, including the Government of British Columbia (2018b), are also clear in stating that immigrants who are unsuccessful in having their foreign qualifications recognized should consider seeking alternate careers, in either a lower qualification of a regulated profession or seek employment in an unregulated discipline. The de-skilling of IENs in the Canadian workforce is well documented in the literature (Baumann, Blythe, McIntosh & Rheaume, 2006; Bieski, 2007; Bourgeault & Baumann, 2011; Bourgeault, Neiterman, LeBrun, Viers & Winkup, 2010; Salami, Meherali & Covell, 2018) and this does little to fill the registered nurse vacancies in BC. A

recent CIHI (2017b) report indicates that the number of self-identified internationally educated nurses continues to grow in Canada and that the largest growth is within internationally educated licensed practical nurses; a 21.1% increase since 2009, as compared to 8.1% of internationally registered nurses (p. 11). Reported only as overall growth, statistics such as these could offer additional evidence that some IENs will seek lower professional levels of licensure to practice in Canada.

Until my study, a gap remained in understanding what kind of education IENs in BC access when they do not meet government programs' eligibility requirements. As such, a closer look at post-secondary institutions, affiliated nursing unions, and the professional associations that support nurses in BC was warranted. I provided a brief overview of these institutions and programs as it relates to inherent barriers for IENs, hoping to access educational resources to assist with securing registration and licensure in BC. In addition, I provide information on how IENs in BC use formal, informal and online and distributed learning and the challenges they face in pursuing their dream to practice nursing in Canada.

In Canada, educational funding for IENs before successful registration and employment is the sole responsibility of the IEN. In the UK and Australia, the regulatory body finances education pre-registration, and the employer funds education after they have been hired (Xu & He, 2012). For example, the United Kingdom's Overseas Nurses Program is employer-funded, with IENs working as care aides while completing the educational program (Xu & He, 2012). In the United States (US), educational support is the employer's responsibility after an IEN is hired, and these programs are grossly underfunded (Xu & He, 2012). In the absence of these same educational support types for IENs in BC, the question remains as to where IENs may start to inquire about educational resources and how to access these supports.

There are currently five post-secondary programs in BC that identify programs to support IENs: (1) Kwantlen Polytechnic University; (2) Langara College; (3) OMNI College; (4) Thompson Rivers University; and (5) Douglas College. Accessing these programs may be problematic for IENs based on the varied eligibility requirements and the campuses' geographical location. For example, access to the "Internationally Educated Re-entry Certificate" (Kwantlen Polytechnic University, 2018) program at Kwantlen Polytechnic University requires a letter of assessment from the College of Registered Nurses of BC (CRNBC) stating eligibility for nursing registration, in addition to a substantial equivalent competency assessment process by the National Community Assessment Services (NCAS). Further criteria are then applied to the assessment score parameters for eligibility and acceptance, which may also be based on individual interview results. This 1.5-year program is full-time and based on the Langley campus. It has a limited intake program and identifies that although an IEN may meet the eligibility requirements, it does not guarantee admission into this program. Similar admission criteria are applied to other post-secondary programs such as at Thompson Rivers University.

The "Return to Registered Nurse Program Certificate" (Thompson Rivers University, n.d.) program can take from 1 to 3 years to complete, and the campus is in Kamloops, BC. This program's primary focus is for RNs with previous Canadian nursing experience and clearly states this program may not be appropriate for IENs. This program's eligibility requirements include providing evidence of RN employment and proof of current employment as an LPN or HCA. Applicants are also screened through an admission interview. An additional challenge for applicants comes from the fact that course delivery is flexible in nature (online), versus being designed as full/part-time studies, thus making the program ineligible for any type of loans or grants from Student Aid funding sources. IENs who do not meet the eligibility criteria for

provincial newcomer programs could face substantial barriers, including program access and funding for these programs.

Douglas College offers a "Career Paths for Skilled Immigrants" (Douglas College, 2018) program. There are no fees for this program if eligibility criteria are met. Eligibility criteria include being under-employed and working greater than 20 hours a week or unemployed and not receiving financial assistance from employment insurance benefits or BC employment assistance. In addition, applicants must have already started the process of securing employment or licensure in the same discipline as in their home country. For IENs, this would mean that an application for credential assessment with the NCAS must have already been initiated. This program, based out of New Westminster, BC, links IEHPs with a career coach to develop a career plan. Langara College and OMNI College are both based out of Vancouver and advertise programs that prepare IENs for licensure.

Langara College in Vancouver, BC, has two programs for IENs. The first is a 1-year post-degree certificate in nursing leadership and management. This program's core objectives are to foster critical thinking, clinical judgment, and decision-making processes as IENs prepare for licensure. The focus of this program is important, as there is literature to support the IENs experience of being excluded from leadership roles and management positions (Eriksson & Engstrom, 2018; Dennehy, 2013; Njie-Mokonya, 2014).

Langara College also offers a 2-year post-degree diploma, "Nursing Practice in Canada" (Langara College, 2018). This program's focus for IENs is to address educational gaps in knowledge, skills, and competencies necessary to be successful in the national licensing examination. Courses in both programs are delivered through various educational modalities, including online, simulation technology, practice placements, and direct face-to-face classroom

instruction. Eligibility requirements include providing evidence of a nursing diploma or degree outside of Canada and basic English criteria. Given that each of these programs is offered on a full-time basis, traditional student funding formats are available.

OMNI College is a government-approved private institution in Vancouver that solely focuses on IENs wanting registration as either an RN or LPN. Through an 18-month long process of lab classes, case-study scenarios, classroom instruction, and a 1-week practice experience in a long-term care setting, IENs are prepared, but not guaranteed to pass, the national licensure examination. Upon closer review, OMNI College is clear in stating that although students are prepared to take the licensure examination, the NNAS may still require IENs to undergo further assessment or courses that extend beyond OMNI's program. Given that this program is offered at a private institution, basic tuition starts at 22,000 dollars (Canadian).

The onus of responsibility and risk lies with the IEN in each of these programs. While the expectations are similar to any student entering a post-secondary program, the risks appear to be higher for IENs, as there are no guarantees of success and may lead to IENs having to redo a nursing program fully. Further, there is little evidence to suggest the effectiveness of these programs as data on the success, failure, and attrition rates of students in these programs are not readily available. However, once IENs become licensed to practice in BC, they gain membership to the nursing association and union, and other support services can be accessed.

The British Columbia Nursing Union (BCNU) has the mandate to represent RNs and LPNs in BC. As a union member, IENs can access a 3-day communications skills course to help IENs develop their communication with managers, colleagues, clients, and families. These courses are offered free of charge, but nurses must apply for union leave to attend. In addition, the BCNU has a variety of support groups, including the "Mosaic of Colour" Caucus, where

members support one another when faced with racism or discrimination in the workplace or the community. This support group also provides information about transitioning into BC. On a similar thread, the Nurses and Nurse Practitioners Association of BC (NNPBC) acts as an advocacy association for nurses and nursing-related activities. NNPBC provides information to IENs by identifying relevant associations and social supports, including a new support group for IENs, available in BC. As demonstrated throughout this literature review, there is strong evidence both nationally and internationally that highlights the importance of peer-mentorship, social supports, and access to education as factors that influence the transition experience of IENs. An examination of the immigration or newcomer resources and the post-secondary programs for IENs in BC also reveals barriers in accessibility, funding, or guarantees of successful licensure. In this research study, I will examine what type of education and supports IENs in BC use and how these resources support their transition into Canadian nursing practice.

Summary

Through the purposeful investigation and synthesis of the literature, gaps in research related to IENs in Canada are explicitly identified in BC. Despite BC's ranking as the third-highest for IEHP incoming populations, there is a dearth of research on critical elements of the process, such as foreign credential recognition, securing a license to practice, workplace transition/integration, and costs (to the individual and the system). Moreover, there are unknowns specific to what education and social supports are accessed by IENs in BC.

Much of the research that has been conducted to date in Canada has focused on the pre-employment challenges internationally educated professionals may experience. The range of these experiences includes immigrating to Canada and the difficulties in obtaining foreign credential recognition to secure licensure to practice. Within these various research bodies, IEN

participants have disclosed some of their challenges associated with workplace integration. Some Canadian researchers have only addressed one aspect of transition, such as the educational support required for IENs in their communication methods and interactions with others (Hearnden, 2007; Lum, Dowedoff & Englander, 2016). At the time of this literature review, only one published Canadian grounded theory study has been specifically conducted on IENs, and this study focused on Ontario IENs (Murphy, 2008).

There are still gaps in Canadian research, specifically from a grounded theory perspective, as to how IENs who have already successfully obtained a license to practice in BC manage the transition into practice and what education supports they have accessed and used to assist with this transition. In this study, I have aimed to expand our understanding of the IENs practicing in BC and examine the formal and informal education, including open and distributed learning, that they have used to support the transition into their new nursing practice areas.

As demonstrated through this literature review, there is strong evidence both nationally and internationally that highlights the importance of peer-mentorship, social supports, and access to education as factors that positively influence the transitional experiences of IENs. This literature is varied and, in many instances, contextual to either the geographical location of the study, the experiences of the IENs in different circumstances, or represented as a homogenous or specific ethnic group. An examination of the immigration or newcomer resources and the post-secondary programs for IENs in BC also reveals barriers to accessibility, funding, or guarantees of successful licensure.

In this research study, I have examined what type of education and supports IENs in BC use and how these resources support their transition into Canadian nursing practice. More specific to BC, I have identified the changes that have taken place in the trends in the literature

and that are occurring within the health care infrastructure, regulatory body, nursing practice roles and responsibilities, and the impact these have on patient safety. Many of these changes are new and evolving. Changes, such as the new educational requirements for LPNs, and the introduction of HCAs into acute care practice, have occurred within the last six years. There is no research published to date on the efficacy or impact these changes have and whether these changes will become insurmountable barriers for IENs wishing to practice in BC. This grounded theory study will contribute to the body of nursing knowledge by uncovering nurses' needs, specifically IENs, who are in these complex, dynamic systems.

Resource availability, allocation, and sustainability are significant concerns that require further research. Research conducted in other countries can be a starting point for Canadian policymakers to support the development and implementation of integration programs and transition programs for Canadian IEN's. However, it will be at best a cookie-cutter approach, given the differences and needs specific to IENs in BC and their workplace environments. With the current budgetary and fiscal cutbacks within BC, it remains unknown as to the full impact these factors, or the lack of resources, will have on integrating IENs into BC workplaces. In this grounded theory study, I came to understand how IENs manage the transition into practice, often without these resources.

As health care environments change, there is also a need to re-examine the essential educational preparation that health care providers receive in post-secondary programs. Because there is little research conducted on the impact of the current health care changes, it may appear premature to endorse wide-sweeping provincial curriculum changes this early in the transformation process. While the discussion focuses on Canadian educated health providers,

there should also be discussions about developing ongoing and sustainable educational programs for IENs entering these same practice environments.

With recent changes and the implementation of a more Pan-Canadian approach to credential recognition, IENs could experience a decrease in the amount of time required to secure a license to practice. However, there are gaps in understanding what education IENs use to help them transition into workplace settings. In the same way that regulatory bodies have become a collective, there are strong recommendations for organizational stakeholders to develop continuity and consistency in understanding and implementing assessment processes and designing educational support.

Finally, despite the many challenges that all stakeholders may experience in their attempts to include IENs in practice settings, there is a strong moral, ethical, and practical responsibility to maximize the benefit of incorporating diversity within nursing practice environments and ensuring patient safety simultaneously. IENs bring a wealth of cultural understanding (Njie-Mokonya, 2016). IENs also bring a depth and breadth of non-Canadian nursing experiences that can add richness to the discipline and the units where they are employed (Neiterman & Bourgeault, 2015).

In this grounded theory study, I contributed to the body of knowledge about IENs that is specific to BC. As I have pointed out, the cultural landscape in BC and Canada, in general, is changing. Immigrants and refugees will continue to integrate into our Canadian communities. What has been highlighted in the literature is that integrating into these new cultures presents challenges and that ethnically diverse individuals may struggle to fit in. Eurocentric ideals must shift to reflect a more Pan Pacific and international perspective. These new points of view must

be used to create integration support programs for new immigrants and the organizations that will support them.

In Chapter 5, I provide more detailed information on the practice landscape for RNs in BC. I also provide a grounded theory, "Finding the Gatekeeper: Chasing a Distant Dream" that demonstrate where IENs face challenges, or "gates" in accessing the education and support that is required to be successful in achieving licensure.

In Chapter 6, I reveal how IENs in BC use formal, informal, and online and distributed learning to support the transition to Canadian practice settings. Within these various modalities of teaching and learning, IENs have shared additional "gates" they must pass through and the short and long-term impact these challenges have on their body, mind, and soul.

Finally, in Chapter 7, I discuss the findings of this study, identify the limitations and recommendations that have emerged. These recommendations are presented as "gatekeeping" activities that have implications within the discipline of education and nursing.

Chapter 3: Methodology

Overview

> *"There is no way in which any social scientist can avoid assuming choices of value and implying them in his [sic] work as a whole (Mills, 1959, p. 177) … no one is "outside society;" the question is where each stand within it" (Mills, 1959, p. 184).*

My intent was to develop an understanding of how IENs in BC are supported through formal and informal education as they transition into Canadian nursing practice. For the purposes of this research, I proposed a constructivist grounded theory as the research methodology to examine IENs' experiences of integration into Canadian practice settings, generally, and with specific consideration of the context of BC.

In this chapter I provide the rationale for using grounded theory and explain how it affords a distinct advantage for this type of research inquiry. First, I provide a description of the historical development of grounded theory and the influential theorists who have contributed and expanded upon this methodology. Through a consideration of the philosophical underpinnings of a constructivist paradigm and grounded theory, I highlight these methodologies' potential to move beyond the verification of an existing theory and move into the development of a new theory that emerges specifically from the data (Glaser & Strauss, 1967). Finally, I provide a description of the methods applied within grounded theory and present the proposed study design for this study.

Research Question(s)

For this study, the core research question and subsequent questions are:

- How do IENs use formal, informal, and online and distributed learning to support their transition into Canadian healthcare settings specific to BC?

- What does educational support look like for IENs in BC?
- Are these resources accessible, and if so, how are they being used?

Little is known within BC about the social and subjective meanings IENs assign to their experiences of transition, or the education they access and utilize to enable them to integrate and problem-solve those experiences. Further, embracing the fluidity and emergence of grounded theory as a research methodology, combined with a process of theoretical sampling, will enable me to remain flexible and to be led by the data rather than any preconceived ideas. As a result, the focus of this research inquiry may change (Strauss & Corbin, 1998) as my understanding evolves.

Historical Overview of Grounded Theory

With the publication of "*The Discovery of Grounded Theory"* in 1967, Glaser and Strauss challenged the common philosophical underpinnings of positivist sociological research conducted by their peers by proposing that qualitative research and theory development and analysis are rigorous processes that should emerge from, and be grounded within the data (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967). This transpired during a period in the 1960s when the tensions between qualitative and quantitative research in sociology was at its peak (Charmaz, 2014) and the interest in qualitative research was increasing in North America.

Glaser and Strauss' (1967) presentation of grounded theory was pivotal in demonstrating that those engaging in qualitative research, specifically grounded theory, were involved in a rigorous process of validation throughout the data collection and analysis phases by remaining immersed and guided by the data (Charmaz, 2014).

In contrast with positivist and post-positivist research methodologies where researchers form an *a priori* hypothesis then used to verify an existing theory through data collection and

analysis, Glaser and Strauss (1967) posited that grounded theory *starts* with data (Charmaz, 2006; Strauss & Corbin, 1998), which are gathered and simultaneously analyzed (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967). Each new piece of data is compared against other data using a process of constant comparison, and this iterative method of comparison continues throughout the research process. Grounded theory also uses inductive and deductive logic in the analysis process (Charmaz, 2006; Glaser, 1978; Strauss & Corbin, 1998) to provide an explanation of the basic social process under investigation and to form a new theory (Glaser, 1978; Glaser & Strauss, 1967).

The development of grounded theory is also a representation of how two distinct and contrasting research traditions have been articulated. Grounded theory as a methodology was a result of research collaboration between Glaser and Strauss in their examination of the "*Awareness of Dying*" 1965) in hospital settings (Charmaz, 2006; Glaser 1978; Glaser & Strauss, 1965; Glaser & Strauss, 1967). This partnership brought together two researchers with diverse philosophical and academic upbringings – positivism/post positivism and pragmatism. Positivism is often connected to empirical science with the ontological claim that a true reality exists that is ordered and predictable; researchers simply need to reveal it (Crotty, 1998).

Glaser was educated in the research tradition of positivism under the influence of Merton (Birks & Mills, 2011; Charmaz, 2006; Glaser & Strauss, 1967) and Lazarsfeld (Charmaz, 2006). Under Lazarsfeld's influence, Glaser drew on this quantitative upbringing, and strove to develop explicit coding strategies and methodologies within quantitative research traditions (Charmaz, 2006).

Conversely, Strauss was influenced by pragmatists such as Blumer (Charmaz, 2006; Hall, Griffiths & McKenna, 2013). It is understood that George Herbert Mead first developed the

concept of symbolic interactionism from what he described as the development of self in reference to childhood. However, he never published these ideas, and his student Herbert Blumer (1969) introduced and is often credited with the development of symbolic interactionism. Within symbolic interactionism humans are viewed as active agents who assign, interpret, and modify the meanings that are placed on objects or other human beings within their environments (Blumer, 1969; Hall, Griffiths & McKenna, 2013). Within the rubric of pragmatism, one seeks to identify the truth as you see it, interpretation is by free will, and that interpretation must hold meaning, thus resulting in multiple and different kinds of "truth" (Crotty, 1998).

Strauss (1991) strove to understand actions and interactions within a social order and how humans engage in negotiation processes to navigate these complexities. The evolution of grounded theory as a methodology is a result of different collaborations (Strauss & Corbin, 1998), the advancement of theoretical concepts such as theoretical sensitivity (Glaser, 1978), and differing epistemological and theoretical approaches to basic grounded theory principles (Charmaz, 2006; 2014).

In 1992, with the publication of Glaser's "*Emergence vs. forcing: Basics of grounded theory analysis"* Glaser publicly accused Strauss of misconceiving grounded theory and further suggested Strauss' proposed version of grounded theory was a, "forced, full conceptual description" (Glaser, 1992, p. 5) of data, rather than remaining true to the emergence of data as proposed in the original conception of grounded theory (Birks & Mills, 2011; Boychuk-Duchscher & Morgan, 2004; Charmaz, 2006; Melia, 1996). Glaser (1992) stated that Strauss should remove his publication, as in his view it was not a true representation of grounded theory (Melia, 1996).

Much of the academic discourse surrounding the philosophical split between Glaser and Strauss lies within the interpretive stance; emergence versus what Glaser called 'forcing' in the data analysis process and procedures (Bryant, 2009; Charmaz, 2006; 2011; Corbin & Strauss, 1990; Kendall, 1999; Wasserman, Clair & Wilson, 2009). Glaser (1978; 1992) aligned with a model of theory generation, whereby the theory must evolve directly out of the data and must be devoid of any form of forced interpretation by the researcher. Glaser (1978; 1992) further posited that grounded theory is a general method involving a constant comparison of data, especially in analytical coding, and that the researcher should not become attached to any one theoretical perspective, in order to allow for theoretical sensitivity, and thus for the theory to emerge organically as compared with using Strauss and Corbin's (1990) analytical tools. In fact, Glaser (1992) saw that his way was the only correct way to conduct grounded theory research (Melia, 1996).

Strauss and Corbin (1990; 1998) proposed a more conceptual approach by developing a conditional matrix to guide data analysis. The use of the matrix as an analytical tool involves directive questioning and recognizes that exposure to existing literature is unavoidable. This earlier exposure to the literature fosters the development of sensitizing concepts and further guides the researcher in considering questions that may guide the study (Charmaz, 2014). Using a process of inductive logic, developing sensitizing concepts gives the researcher a starting point (Charmaz, 2003), or sense of direction (Blumer, 1954) in the analysis process. This, in turn, supports an interpretive stance by the researcher, which suggests it is impossible for any researcher to be a *tabula rasa* while fostering emergence in the data (Strauss & Corbin 1990; Walker & Myrick, 2006). Today, Glaser (1978; 1998) remained firm in stating that a researcher

must enter the research with as few preconceived ideas and hypothesis as possible, to remain open to all possibilities within data.

Grounded theory continues to evolve as a research methodology, as various theorists apply different philosophical and epistemological paradigms. Common variations of grounded theory include: Glaserian grounded theory (Glaser, 1978; 1992); Straussian Corbin-Strauss approach to grounded theory (Evans, 2013; Strauss & Corbin, 1990; 1998); and constructivist grounded theory (Charmaz, 2006; 2014; Charmaz & Bryant, 2010). While constructivist grounded theory is most commonly used (Charmaz, 2014), other researchers have proposed a modified grounded theory format (Sulick, 2011) and a feminist grounded theory (Wuest, 1995) approach to name a few.

Constructivism/Constructionism

The terms constructivism and constructionism are often used interchangeably within the literature and grouped together under a constructivist label (Andrews, 2012; Charmaz, 2014; Ghezeljeh & Emami, 2009). Notably, there are several distinctions and areas of philosophical overlap between these perspectives, including how various theorists tend to employ the use of epistemological and ontological positioning within those viewpoints. It is imperative to note where the differences rest between these two perspectives.

Constructivism is a philosophical perspective whereby people adopt a relativist ontology (Denzin & Lincoln, 2011). Within this outlook is an understanding that all knowledge is constructed and individualized (Mills, Bonner & Francis, 2006). Accordingly, people internally construct their own perspectives of the world and these constructs may differ from another individual's constructs (Andrews, 2012). People who come from a constructivism perspective, recognize that there are multiple realities as opposed to a single objective reality. Within this

paradigm, the role of the researcher is to interpret and gain an understanding of the participant's subjective understanding (Guba & Lincoln, 1994). Some of the earliest presentations of constructivism can be traced back to Vygotsky and Piaget. While Vygotsky died at an early age, Piaget went on to advance his theory of constructivism, particularly the differences related to communication and the use of language within social interaction. (McLeod, 2012).

Constructionism, on the other hand, is an epistemological position whereby individuals are viewed as constructing their own perspectives and knowledge of the world through social interactions (Berger & Luckmann, 1966). Here, the role of the researcher is viewed as inseparable from the participant's, and the formation of a new reality is a result of this collective construction (Guba & Lincoln, 1989). Much of the development of social constructionism has been attributed to Berger and Luckmann (1966), who posited that all knowledge is constructed within social interactions, and this eventually becomes our internalized reality. Of note, Berger and Luckmann were clear in identifying that social constructionism, as they conceptualized it, does not align with any ontological perspective (Andrews, 2012) and remains firmly rooted in epistemology. The above historical overview is a good starting point into a further discussion on constructivist grounded theory, the process of inquiry, and why a constructivist grounded theory approach not only aligns with the focus of this research inquiry but is also the best fit with my own personal philosophy.

Grounded Theory and Constructivist Grounded Theory

The philosophical underpinnings selected by a researcher determine how knowledge, social interactions, and data are viewed, analyzed**,** and interpreted. Such is the case with grounded theory. Grounded theory, as conceptualized by Glaser and Strauss (1967), is rooted within the ontological perspective of realism and within an objectivist epistemological stance

(Charmaz, 2006). This ontological view emphasizes that an objective reality exists and is waiting to be discovered (Tarnas, 1991). This ontological perspective is present in Glaser and Strauss' (1967) version of grounded theory, wherein they sought to uncover the basic social processes of human behavior that could be revealed and verified from within collected data.

Charmaz (2006), a student of Strauss, has drawn upon the methodology and methods of grounded theory from her mentors, and has contributed to the development of grounded theory with the application of a constructivist perspective. Charmaz (2014) describes that her understanding of constructivism, and how she applies it to grounded theory, has evolved over time.

A constructivist perspective as applied to grounded theory remains rooted within the ontological perspective of relativism (Charmaz, 2006; Denzin & Lincoln, 2011). Within this perspective, the basic grounded theory constructs of using inductive logic, a constant comparative method, and a fluid, emergent approach to data collection and analysis, remains consistent (Charmaz, 2006; 2014). However, adopting a constructivist perspective fosters the understanding that social reality is complex and is co-constructed between and among the participants, the researcher, and the data.

Within a constructivist perspective, Charmaz (2006; 2014) reinforces the idea that the collected data, especially from participant interviews, has already gone through a layer of interpretation, as participants share their narratives of the phenomenon under study. In a constructivist grounded theory, the researcher's role is to navigate these various interpretations of the phenomena (Polit & Beck, 2008), to draw on the inductive, deductive and abductive reasoning reflected in the researcher's perspectives (Charmaz, 2006), and co-construct a new reality with the participants (Charmaz, 2006; Schreiber, 2001).

Within a constructivist grounded theory paradigm, the basic understanding of the process individuals use to interpret and act within their environments draws on Blumer's (1969) symbolic interactionism. Here, individuals interpret and assign meaning to the many social interactions they encounter in their environment and use this interpretation of their experiences to act according to these assigned meanings (Blumer, 1969). Using the methods of constructivist grounded theory, Charmaz (2006) posits that these intersubjective and interpreted narratives necessitate further analysis. The result is a newly co-constructed reality and understanding of the phenomenon. Specifically, within constructivist grounded theory, the researcher's position, experience, and interactions with participants form part of the newly co-constructed reality. Rather than avoiding subjectivity within the research, constructivist grounded theorists embrace this reality and incorporate it into the data, by using reflexivity and memos.

Research Design and Rationale

There are two primary research approaches, quantitative and qualitative research, each representing diverse philosophical and methodological differences (Denzin & Lincoln, 2011). Prior to any research investigation, every researcher must reflect on their own philosophical, ontological, and epistemological beliefs and come to foundational decisions on the direction of the proposed research inquiry. Further, researchers must examine what they want to know and then determine how best to seek out the answers to their inquiry.

The focus of my research inquiry was to develop a greater understanding of how IEN's transition into Canadian practice settings and what type of education they use to support this transition. More specifically, I focus on IEN's within the province of BC. Existing research on the topic of internationally educated nurses and the transition process experience to other countries, demonstrates the influence of cultural dissonance (Lin, 2014), and the

acculturalization and socialization developmental shifts that occur (Ho & Chiang, 2015) for these nurses. The need to recognize and respect this diversity has led me to a constructivist grounded theory research investigation, because this experience can only be described by the individuals who live it. Grounded theory is often conducted when little is known about a particular concept or process, and there is a quest to extend beyond any specific disciplinary boundaries (Charmaz, 2014).

The relativist ontology and the interpretivist epistemology rooted within constructivist grounded theory fit and are congruent with my own philosophical worldview. Within these philosophical underpinnings is an understanding that reality has multiple constructions and is highly contextualized (Charmaz, 2006; Corbin & Strauss, 1990). Inside of these philosophical perspectives is a further opportunity to co-construct meaning between and among the researcher, the participants, the data, and the theory that emerges from within these relationships.

Within constructivist grounded theory it is important to note that a researcher cannot come into the research without an *a priori* perspective. Charmaz (2006) highlights that it is necessary for a researcher to acknowledge preconceived bias, preconceptions, and prior knowledge about the participants and the study. I have been involved with IEN's since 2005 in a variety of capacities: as a registered nurse (RN), as a clinical nurse educator, and as a practice consultant with a local health authority. As a registered nurse I am compelled and ethically bound to become curious and investigate the social process of integration into practice settings. My intent is to gain a deeper understanding of where there are opportunities to influence human resource policy, social and educational policy at all levels of stakeholder involvement, with a view to minimize or address the negative impacts of transition for IENs. I began this work as part of my Master's degree in 2010, which now forms the impetus for my doctoral studies.

Philosophical Underpinnings

Researchers embarking on a study must identify the congruency between the various steps (Crotty, 2009) or phases (Denzin & Lincoln, 2011) within the research process. The aim of this process is to ensure congruency between and among the ontological, epistemological and theoretical perspectives within a selected methodology (Crotty, 2009).

Theoretical Perspectives

I am guided by the theoretical perspective of symbolic interactionism, whereby people interpret and ascribe meaning towards things, such as physical objects or other people, based on their social interactions with others (Blumer, 1969). Individuals are active participants in creating and assigning meaning to the objects within their social interactions with others (Blumer, 1969; Charmaz, 2006). Through this internal interpretive process, individuals transform their understanding of the interaction and act accordingly. For example, Blumer's (1969) description of these objects, or things, includes categories of human beings, such as friend or foe. For IEN's, categories of human beings can include the inter-professional and multidisciplinary team with whom they work. In different countries there are varying levels of assistive nursing personnel. In Canada, members of an interprofessional team may include members such as, licensed practical nurses and health care aides, with the roles, scopes, and functions of these support people being unfamiliar to the IEN's, which can impact their ability to effectively and safely delegate tasks and care activities. Similarly, IENs must also learn the role, scope, and function of an RN in the country and practice setting of the host country. From a symbolic interactionism perspective, IENs will draw on the meaning they currently hold and through the interaction with others, interpret and adapt their meaning of the objects within these interactions.

In this constructivist grounded theory, I created an opportunity for IENs to share their social interactions and interpretations of these experiences, using an open-ended interview (Charmaz, 2006). I started each interview by asking a few prompting questions to invite the participant to share their story, and asked additional questions for clarity, or to elicit additional information.

Charmaz (2014) supports a process of "intensive interviewing" (p. 85), that includes a combination of using open-ended questions and asking questions that shape and focus the topic. There are two rationales for this approach. First, during the interview process, participants can express their current concerns, provide historical accounts or justifications of actions they may have enacted or offer carefully selected reflections. Second, within these discourses, a participant may share "multiple identities and social connections" (p. 85) that can become relevant to understanding and defining what is happening for that participant and when it is happening. In order to capture and understand what is going on within these discourses, a researcher should immediately pursue these ideas, by asking direct questions, in order to capture and explore a participant's assumptions or taken-for-granted ideas, in order to identify or expand on analytical concepts or properties of a process. I remained open to learning and sharing in this collective experience and used the method of member checking to ensure my understanding of the phenomena under study.

Member checking within grounded theory is conducted in several different ways: by reframing and rephrasing the information back to the participant; by introducing a category from previous interviews into an existing interview for additional clarity and information; and by seeking input from additional participants who can provide further explanation.

Ontology. Ontology is the study of reality or the nature of being (Crotty, 2009). Philosophers ask the fundamental question, "What is the meaning of being?" (Patton, 2002). From a constructivist perspective, ontology is located within the relativist paradigm (Charmaz, 2006; Hall, Griffiths & McKenna, 2013), which is based on the concept that there are multiple realities, both local and context specific (Charmaz, 2006; Hall, Griffiths & McKenna, 2013). Constructivist grounded theorists gain insight into participants' multiple constructions of reality through observation, interviews, and by exploring the many factors influencing participants' realities (Charmaz, 2006; Patton, 2002), as they seek to understand the basic social processes with which participants engage. IENs have experienced realities both inside and outside of the Canadian health care system, therefore this relativist ontological perspective is relevant to this study.

Epistemology. Epistemology is the study of knowledge (Crotty, 2009). The fundamental philosophical question is, "How do we know what we know?" This epistemological question further prompts us to ask how individuals have come to the knowledge they have acquired, and what the relationship is between the inquirer/knower and what can be known (Patton, 2002). Constructivist grounded theorists view knowledge as complex, subjective, and co-constructed (Charmaz, 2006), as individuals engage with objects, including the researcher, within their environments. Open, unstructured interviewing is one method employed by grounded theorists to elicit insight into the ontological and epistemological influences of research participants (Charmaz, 2006; Patton, 2002).

Grounded theory is co-constructed by the participants and the researcher, as a new understanding of a social process is revealed. To acknowledge this interrelationship and co-construction of knowledge, grounded theorists use reflexivity (Charmaz, 2006; Strauss & Corbin,

1990) and memoing (Glaser, 1978; 2013), as two methods to recognize and reveal the influence of the researcher. Adopting a reflexive perspective requires the researcher to acknowledge what they bring into the relationship and into the research inquiry and analysis process. For example, as a researcher in this inquiry, I must acknowledge that I come from a place of power, position, and privilege as a Canadian-born and educated registered nurse. I must also recognize the influence this may have on how research participants respond and participate in the co-construction of the grounded theory. Reflexivity is the rigorous process of capturing my internal thoughts and reflections, written as purposeful memos that are later incorporated into the data analysis. As a way of further ensuring the data analysis is grounded in the data, rather than my influence on or forcing of an interpretation, I used memos throughout the research process. Memos can be case-based, conceptual or theoretically based. In case-based memos, I captured what I learned in each interview, my interpretations of the participant's experience, and captured any pre-existing ideas that may have formed. I used conceptual memos to record my thinking as codes developed and about the meaning that I may have been assigning to these codes. Finally, I used theoretical memos as a way of recording the data analysis process that lead to the core categories.

Drawing on a constructivist viewpoint, I recognize that recorded narratives from the interview process reflect the interpretation and construction of the situational contexts of each individual participant. Using methods within grounded theory, including constant comparison of data against data, theoretical sampling, and member checking (Charmaz, 2006; Strauss & Corbin, 1990; Schreiber, 2001), I gathered, analyzed and constructed a preliminary understanding of what was occurring within the data through these individualized interpreted experiences.

The co-construction of knowledge is fostered when data are collected, analyzed and shared with participants, as a method of member checking (Charmaz, 2006; Strauss & Corbin, 1990). Data were shared as either transcribed interviews, or as my preliminary conceptualizations, and were refined, amended or modified, as the theory unfolded, and a new shared and collective understanding of the phenomenon emerged.

Principles of Grounded Theory Methodology

Literature Review

The timing and location of a review of the literature, in grounded theory research has raised much discussion (Charmaz, 2006, 2014; Glaser, 1992). Those using, 'classic' grounded theory posit that a researcher should wait until after the analysis phase before conducting any investigation of the literature (Glaser, 1978; Glaser & Strauss, 1967), to avoid imposing any preconceived ideas or theories upon the data. However, Strauss and Corbin (1990, 1998) identified that all researchers come into a research study with their own content expertise, knowledge, and familiarity with the phenomena under study, and so exposure to the literature beforehand is impossible. Finally, academic committees and funding agencies require doctoral students to complete a robust literature review prior to initiating new research (Charmaz, 2006; Patton, 2002; Schreiber, 2001). Prior to the commencement of this research project, I completed a robust literature review of the phenomenon under investigation. Drawing on a constructivist grounded theory point of view, I recognize that inherent knowledge of the phenomena under study exists, and I further understand that by using the methods of theoretical sensitivity, memoing, reflexivity, and the constant comparative method of data analysis, this knowledge and previewed theories are challenged. The connection to prevailing theories, whether emic or etic, must still earn its way into the grounded theory study by comparing these theories against existing data (Charmaz, 2006).

Data Sources

A unique characteristic of grounded theory is that all information can be considered potential sources of data and used within a research study (Glaser, 1978; Schreiber, 2001). Typical sources of data include interviews, observational data, documents, and memos that cross all philosophical and theoretical boundaries (Charmaz, 2006; Strauss & Corbin, 1998). Using multiple sources of data, a researcher can use inductive, deductive and abductive logic throughout the collection and analysis phases of a grounded theory study (Charmaz, 2012). In this study the initial source of data was gathered from the first unstructured interview and proceeded throughout the study using the grounded theory method of theoretical sampling.

Theoretical Sampling

Theoretical sampling is another key tenet of grounded theory and is not the same as population or statistical sampling (Glaser & Strauss, 1967). Many quantitative research paradigms focus on population or statistical sampling and gather data from predefined samples until saturation has been achieved and the data provide an explanation of the original research inquiry or confirms/refutes the predetermined hypothesis (Denzin & Lincoln, 2011). Within grounded theory, a researcher cannot identify or come into the research with pre-conceived categories (Glaser & Strauss, 1967). Instead, the aim of theoretical sampling is to continue to gather relevant data to elaborate and refine categories, their properties, and characteristics. The analyzed data remain at the conceptual or theoretical level of explanation within the emerging theory (Charmaz, 2006, 2014; Corbin & Strauss, 1998; Denzin & Lincoln, 2011). Theoretical sampling commences after the first sample or interview, and proceeds throughout the rest of the research process (Charmaz, 2006).

In this study, the primary source of data came from voluntary participants who responded to research recruitment advertisements. As these interviews were conducted and coded, I elicited further data, guided by theoretical sampling that assisted me in the development of categories until such time as no new information emerged. Additional data was also derived from various documents, such as a competency assessment, or planning and evaluation (CAPE) tools used by clinical nurse educators as benchmarks for competency; government agencies involved with IENs; and organizations that employ them. Further, it was noted that the emergent and iterative design of a grounded theory study led to the exploration of the experiences of other individuals or areas of interest, which in turn, yielded additional data regarding the social process of integration of IENs into BC practice settings.

Data Collection Process

Recruitment of research participants and the collection of additional data was conducted through a process of theoretical sampling as previously identified. Data in grounded theory can come from personal interviews, observations, and document reviews (Charmaz, 2014). In what follows, I identify the process for recruitment of research participants and how data was collected and protected.

Recruitment

Initial recruitment started with posting a recruitment invitation to all registered nurses in BC, by posting an electronic notice on the Association of Registered Nurses of British Columbia (ARNBC) website. Information on this website is shared through other social media platforms such as Facebook, Instagram, and Twitter and as such, recruitment information was widely available. Within BC, three nursing regulatory bodies: The College of Registered Nurses of BC (CRNBC), the College of Licensed Practical Nurses (CLPBC), and the College of Registered

Psychiatric Nurses were amalgamated as of September 4, 2018 and became known as the BC College of Nursing Professionals (BCCNP). While this amalgamation brings together multiple levels of nursing professionals it does not impact the advocacy role or mandate of the ARNBC.

In addition to posting a formal recruitment notice, I anticipated that additional participants might be recruited through the process of snowballing. Snowballing is when additional participants may be recruited by a third party, often one who has either participated in the study, or has seen the recruitment materials (Morse, 2005). I hoped to achieve the snowballing recruitment by purposefully asking participants if they knew of anyone else that I should speak with to contribute to the understanding of this research inquiry. A sample of the recruitment advertisement is located in Appendix A and a sample recruitment letter can be found in Appendix B.

Sampling

I used purposive sampling to start the initial data collection process for this study. Volunteer participants were IENs currently employed in BC and who had self-identified as having received their basic nursing training outside of Canada.

Consent

I created a consent form (see Appendix C – Sample Participant Consent Form) and the study was submitted to the Athabasca University Human Research Ethics Board prior to the data collection phase to gain approval before proceeding. As potential research participants saw the recruitment advertisements and determined their interest, they would notify me either by email, or through direct phone contact that they would like more information about the study. I made efforts to contact potential participants within 24 hours, to respond to any inquires and/or to plan for a follow up phone conversation or email. In this follow up phone conversation and/or email, I

screened the potential participant to determine eligibility for the research and, as appropriate, provided basic information about the research project and invited the individual to participate in this study.

Upon receiving a valid email or mailing address, I sent a copy of the consent form to the potential participant. Research participants were asked at the time of the interview if they had received the content form, and if they had had an opportunity to review the form. I further asked if there were any questions about the study or the consent form that the participant had, allowing time for the participant to ask questions, and to provide responses to their questions. A signed consent form had been submitted, and I asked for their recorded verbal consent before proceeding. This verbal consent would be recorded at the start of the interview.

Interviews

Participant interviews occurred in one of several different formats: through a digitally recorded phone or Skype interview, or through a personal face-to-face interview. I asked participants to devote one hour of uninterrupted time to participate in this interview. I conducted interviews at a date, time, and place that was convenient for the participant. Interviews took place at the convenience of participants, which was usually within their own home environments. Each of these strategies and considerations further reduced barriers to participation by reducing for potential participants the; (a) costs associated with travel, (b) duration of required childcare, and (c) difficulty in locating a common meeting area.

For participants who preferred a personal face-to-face interview, the location of the interview was determined by the participant and me. The physical environment of the interview setting was within a quiet room to ensure privacy and to facilitate a clear audio recording of the interview. There are small meeting rooms in every post-secondary campus that are available for

this purpose. Alternately, I asked for a space within the participant's home that would provide a quiet and uninterrupted opportunity for our interview to occur. The audio recorder was situated between the participant and the interviewer, (PI) in a manner which was not obvious or distracting.

I was also attentive to the issue of gaining the trust of participants by being aware of the style of my dress, the tone and speed of my speech, the nomenclature that is used in informal conversation and by being respectful of customs and the schedules of the participants. My purpose in being attentive to these factors was to promote comfort and lessen the potential anxiety of the participant. Participants may have experienced overt racism and power-over situations (Puzan, 2003) and I wanted to create an inviting and welcoming atmosphere to elicit conversation.

Use of an Interview Guide

A grounded theory interview is an invitation for a participant to tell a story and to share experiences from his or her perspective (Charmaz, 2006). While experienced researchers can enter these interview conversations with ease, novice researchers may require a more structured approach.

The use of an interview guide has been recommended for beginner researchers (Charmaz, 2006; Schreiber, 2001). Within a grounded theory study, the initial questions should be framed as an invitation for participants to share their experiences, as opposed to a structured interrogation (Charmaz, 2006). As I am a novice researcher, a draft interview guide was created to start the conversation with the IEN's, which contained some additional prompting questions that I could ask to solicit further conversation (See Appendix D – Interview Guide). Basic demographic questions were saved for the end of the interview.

Protection of Data

All data, both hard copy and electronic are kept in a locked office at my private residence. I have further protected hard copy data by enclosing all documents in a locked drawer. As required by the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (Government of Canada, 2011), all data will be kept for a period of five years, after which time all hard copies will be shredded and electronic copies will be permanently deleted.

Collected data were imported into the NVivo Data Management System (QRS International, 2014). The NVivo system was used in the coding process as transcribed raw data were coded. A new NVivo program was purchased on Jan 1, 2016 for the purposes of this research project and was loaded onto a password protected personal computer. I am the only person who knows this password and who has access to this computer. To further protect the identity of the participants, each participant was assigned a random numerical code and given a random pseudonym. The list of pseudonyms was also constructed using a variety of culturally diverse names, or by asking the participant for a preferred name or title.

Analyzing Data

Within grounded theory, the process of constantly comparing data, while simultaneously collecting new data, is seen as an essential and rich component of the data analysis process (Glaser & Strauss, 1967). Grounded theory researchers use inductive, deductive and abductive reasoning, as data are coded and categorized and eventually reveal the basic social process within the phenomena of study (Charmaz, 2006). Although various theorists use different coding processes, grounded theories remain consistent in the viewpoint that codes, concepts and theories must emerge from and be grounded in the data (Timonen, Foley, Conlon, 2018).

Constant Comparative Process

The constant comparison of data begins early within the analysis phase and is a process that compares emerging codes with other codes, incidents with incidents, and categories with categories (Charmaz, 2006, 2014; Glaser & Strauss, 1967). Data are compared against one another, compared against new data collected, and with previously analyzed and coded data, which eventually results in defined properties and dimensions of categories, as higher-level abstract concepts emerge (Charmaz, 2006; Glaser & Strauss, 1967). In this study, the constant comparative process started with the comparison of the first two participant interviews.

I also used memos in this constant comparative process; memoing of analytical decisions and observations was required (Glaser & Strauss, 1967). I also used these memos as a source of data, and I coded these along with other data collected in the study.

A grounded research inquiry is inherently inductive, as it starts with data as opposed to a hypothesis. As new data are collected, and simultaneously coded, grounded theorists continue to seek out additional data, employing a process of theoretical sampling (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967) to further guide the study.

Grounded theorists also engage in deductive reasoning as they move through the analysis and coding process (Charmaz, 2006). As data are coded, grounded theorists look for additional data to support the code and/or properties of the code. Grounded theorists seek to define the properties of emergent phenomena to answer the “what” and “how” questions that will shape theoretical analysis (Charmaz, 2014).

Finally, grounded theorists also employ abductive reasoning. When concepts appear in the analysis phase, and a clear explanation for the presence of the data is not discernable, the use of abductive reasoning encourages the researcher to shift beyond what may be obvious and to introduce new ideas into the analysis and eventual theory (Charmaz, 2014). The fluid nature of

this inquiry process relates to a constant review of the data, which may guide the researcher into areas previously unconsidered (Glaser, 1978).

Glaser and Strauss (1967) posit that concepts must earn a place within the analysis and eventual theory. As codes are constructed, Glaser (1978) reminds grounded theorists to pay attention to the emerging data, to reveal the tensions that may exist within the events as described by participants and the observations and analytical insights of the researcher (Charmaz, 2014). Researchers will shift between data collection and concurrent analysis to achieve this level of understanding.

Memoing

Charmaz (2006; 2014) and Strauss and Corbin (1998) suggest that memoing is a technique used to enable a researcher to develop their thoughts, and that memos are also a valuable source of data in a grounded theory study. Writing memos involves a process of the researcher stopping and purposefully analyzing their interpretations of the codes and the emerging categories they are seeing. As this process continues, a researcher can remain grounded within the data and analysis process and this process helps a researcher to increase the level of abstraction of the categories that are emerging. The process of memo writing begins from the time the study has been conceptualized through to the conclusion of the research study (Charmaz, 2006; Strauss & Corbin, 1998). Memos are comprised of good ideas (Glaser, 1978), analytical or coding notes (Strauss & Corbin, 1998), methodological decisions, and relational concept diagrams (Strauss & Corbin, 1998). With the use of memos, a researcher can construct and refine data and codes to identify congruency, relationships, or gaps in the data (Charmaz, 2006).

Memo writing for a researcher must occur frequently and be purposeful (Charmaz, 2014; Glaser & Strauss, 1967). Often written in the margins of documents (Strauss & Corbin, 1998), the free-flowing thought process captured in narrative notes forms an important component of data that reveals the researcher's decisions and the pathway taken to reach those decisions, throughout the research process (Charmaz, 2006; Strauss & Corbin, 1998). As a novice researcher, my memoing process started with the conceptualization of this research study and continued beyond the end of this study.

Coding

Coding data is an essential component of data analysis in any research project. Coding involves segmenting or fracturing (Glaser, 1978) collected data, grouping and labelling it into codes, categories or properties of categories, as they emerge (Glaser & Strauss, 1967). Theorists using grounded theory identify that there are multiple methods of coding data (Corbin & Strauss, 1990; Glaser, 1992; Glaser & Strauss, 1967). As I would be conducting a study using constructivist grounded theory, I adopted the coding process as outlined by Charmaz (2006; 2014).

Charmaz (2006; 2014) suggests a two-phased analysis process that includes initial and focused coding. The process of initial coding starts with a transcribed version of an interview, an observation, a memo or a selected document. Initial coding involves a word-by-word, line-by-line, incident-by-incident coding of data that reveals patterns or direction on where to move to next in the analysis process (Charmaz, 2006). These segments of data may be labelled initially, however a grounded theorist moves beyond simple labelling and strives to make analytical sense of the data by constantly asking the question, "what does this mean?" (Charmaz, 2014). The

primary goal within initial coding is to remain open and flexible to seeing what is presented in the data.

Initial codes are constantly reviewed and investigated as a part of the simultaneous process of more data collection and analysis. As more data is analyzed, initial codes are collapsed and clustered into more purposeful focused codes (Charmaz, 2014). Although rarely linear in nature, the dynamic process of initial coding eventually moves into the development of a more focused coding process (Charmaz, 2006). It is at this phase in the coding process where dominant or more prevalent codes can be seen (Charmaz, 2006) and where decisions regarding analysis are made about the relationship within and among these codes (Charmaz, 2014). In the focused coding phase of data analysis, a researcher must find an explanation for the data and identify under what conditions that explanation makes sense (Charmaz, 2006). As decisions regarding analysis are made, and theoretical categories emerge, the process of focused coding can also lead the researcher to discover unanticipated directions in the data or reveal gaps that need to be investigated further (Charmaz, 2014).

Charmaz's (2006) method of data analysis also draws on Glaser's (1978) process of coding with gerunds. Glaser (1978) describes gerunds as action words, nouns that are coded to indicate process and action that further reveal a participant's understanding of their experience, rather than an explanation of it. This process of coding with gerunds is an opportunity for the researcher to further reveal the actions and processes occurring in the data, to remain grounded within the data, and to reduce the risk of the researcher's own meaning or interpretation of the process or code, from taking over (Charmaz, 2014). A second method used to protect the meaning assigned by participants to their experiences, is using in vivo codes (Charmaz, 2006). In vivo codes are categories that are formed directly from the participants words.

Grounded theorists use in vivo codes as a way of capturing and preserving the essence of participant language and the meaning ascribed to their experiences (Charmaz, 2014). In vivo codes can help a grounded theorist to reveal implicit meaning and assumptions and expose how participants view the social world around them (Charmaz, 2006). In many instances, in vivo codes are transcribed verbatim and brought into the final grounded theory as clear statements that summarize an experience of the phenomenon under study (Charmaz, 2014).

In vivo codes can be used as initial codes. As each new interview is coded, initial codes are compared against each other and are clustered together (Charmaz, 2014). Researchers can use these initial codes to provide further analytical direction and as the constant comparison process continues, a researcher begins to develop more focused codes that are useful and make sense. Focused codes are then compared against one another as a researcher is guided further into the analysis process.

Development of a Core Category

Researchers using grounded theory have as a goal the generation of a theory that provides an understanding of the phenomena under study (Glaser, 1978). Using the methods within grounded theory, a core category or central idea, or basic social process emerges from the data. All other categories developed in the study are then seen as supporting and linking with the core category (Charmaz, 2006, 2014; Glaser, 1978).

Data analysis does not end with the identification of a core category (Charmaz, 2006). Researchers become sensitized to the concepts within the data by continuing to test and scrutinize the core category, in order to eliminate preconceptions and biased interpretations that may have arisen in the analysis process (Charmaz, 2006; Glaser & Strauss, 1967). This is the point at which grounded theorists invoke inductive, deductive, and abductive logic by

continuing to ask questions about the data until all hypotheses about the data are supported by additional data. In addition to the internal questioning process that a grounded theorist will use in this stage of data analysis, a researcher can also test the core category by using a process of member checking (Charmaz, 2006).

Member checking can be conducted in several different ways. The first method is by sharing the emerging core category with participants in the interview process and inquiring as to whether the category is a true representation of their experience (Charmaz, 2006). Secondly, researchers can share the core category with individuals who may be key experts in the field and solicit their understanding and experiences with the emerging core category. Key experts can be nurse leaders who support IENs, IENs who have gone through the process of credential review and licensure or IENs who are still in the process of securing licensure. Regardless of what method of member checking is used, the category must be fully supported by the data (Charmaz, 2006). In this study I used member checking in several different ways. First, after the interview had been conducted, I showed the participant my notes and offered to send them an electronic copy of the interview transcript. As the core category emerged, I shared this data with subsequent participants and asked if this data fitted their experience. Finally, as an additional method of member checking I asked other content experts if the core category fitted with their experience.

Theoretical Saturation

At some point in the analysis process, a researcher will discover that new data collected do not contribute or expand upon previously coded data (Charmaz, 2006). It is at this point in the analysis phase that theoretical saturation of a category and its properties have been achieved (Glaser & Strauss, 1967). In a grounded theory study, after theoretical saturation has occurred

within the data, researchers then engage in the second literature review process, also referred to as the discussion chapter within a dissertation and locate the study within previous research on similar phenomena (Charmaz, 2006).

Rigor in Grounded Theory

Validity and reliability reflect a positivist paradigm in judging the worthiness of a research study. In a grounded theory study, the trustworthiness of a study can be examined using the four standards or criteria of "fit," "work," "grab," and "modifiability" (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2006). Data and the categories emerging from the data must freely "fit" the categories and theory and should not be forced to fit a preconceived category (Glaser & Strauss, 1967). Glaser (1978) reinforces that data must earn a place within a category and that these categories are subject to further modification as new data are analyzed.

"Work" refers to the understanding that a grounded theory should be relevant to the topic, and that the results of the study help the researcher to explain the phenomena under study (Glaser & Strauss, 1967). When decisions regarding analysis are guided and emerge from the data, the theory remains firmly grounded within the phenomena. A grounded theory must be easily recognizable by individuals in the same field of study, or by those who can relate to the experiences explained within the phenomena under study (Charmaz, 2006; Glaser, 1978). In this manner, the relevance and utility of a theory has "grab" (Glaser 1978). Finally, grounded theory and the process of theory development remain fluid, even after the study has been completed. Rather than viewing a grounded theory as a fixed and final explanation of a phenomenon, "modifiability" within a grounded theory study is demonstrated by recognizing that over time new data will surface that could lead to modifications of an original theory (Glaser, 1978). My

study design used the four standards of “fit”, “work”, “grab” and “modifiability”, in conjunction with specific data collection processes (Maher, Hadfied, Hutchings & deEyto, 2018).

Summary

In this chapter I have described and justified the use of a constructivist grounded theory approach to investigate how IENs manage the transition into practice settings within British Columbia. Within my grounded theory research, I used the theoretical framework of symbolic interactionism which is important because it helped me to understand how IENs interpret and modify the meaning they have assigned to objects, as they engage with others in a new Canadian practice setting.

I have identified that a qualitative research design is appropriate for this inquiry and have further demonstrated the important methodological considerations of grounded theory. In order to understand the transitions that IENs will encounter, I had to gather the narratives of those who have lived this experience. Finally, I have provided evidence of the study design and show how data were collected and analyzed. In Chapter 4, I provide a comprehensive description of how the research was conducted for this study.

Chapter 4: Conducting the Research

"When international students, when nurses come to Canada, they are our peers, and they need to be treated as such. They are not BSN students, they are nurses" (Maria, 2019)

Overview

In this chapter, I describe the research methods, the recruitment of participants, data collection, and analysis phases of this study. I also discuss moving from initial coding to focused coding and the constant comparative method used throughout this process. A discussion of how coding, memoing, and theoretical sampling led to theoretical saturation also be provided. I conclude this chapter with a summary of my position as a researcher within this study.

Process

Ethics Approval

The Athabasca University Research Ethics Board (AUREB) reviewed and approved this research project (Appendix E). All recruitment materials, interview guide, and additional resources were included in the ethics approval process. Each of the requirements of the ethics application were maintained throughout this study.

Recruitment

A research study poster was used in the initial recruitment process (Appendix A). This recruitment poster was shared electronically on several social media platforms, including Twitter and Facebook.

In the initial recruitment process, I had anticipated placing a recruitment poster on the website of the Association of Registered Nurses of British Columbia (ARNBC). The choice of using ARNBC as a starting point would have provided access to the social media distribution network connecting nurses throughout BC. Initial approval to share my recruitment information

through the ARNBC network was secured early in the research process. At the time of receiving ethics approval, ARNBC amalgamated into the Nurse and Nurse Practitioners of BC (NNPBC). The governance of nursing practice in BC continues to go through several phases of organizational realignment and restructuring. The regulatory bodies and nursing associations within BC and all nursing designations are being combined to create one unified professional nursing association (Nursing Policy Secretariat, 2020). As such, the research poster was submitted to NNPBC and was widely shared amongst the association membership on Twitter at several different points in time.

The second recruitment strategy was to use the electronic distribution process within the British Columbia Nurses Association (BCNU). This distribution would ensure that members within BCNU, those being practicing nurses, would have the opportunity to participate in this study. BCNU represents nurse practitioners, registered nurses, registered psychiatric nurses, and licensed practical nurses in the province. This strategy was included in the original ethics application for this study as I had received previous verbal and email confirmations and permission for my recruitment request. However, after receiving ethics approval, the BCNU leadership denied my request to distribute the recruitment poster. The rationale for this decision was based on the high number of nurse-focused research projects currently being conducted with or on nurses in BC.

Snowballing provided the third strategy of recruitment. Snowballing is when a research participant identifies and recruits additional participants. The first research participant suggested sharing the recruitment information specifically with IENs. This participant belonged to the internationally educated nurses (IENs) in BC and IENs in BC Facebook social media groups. I contacted both Facebook groups' administrators seeking permission to post my recruitment

information to the closed membership in these groups. Permission was granted, and additional participants volunteered to participate in this research study. The internationally educated nurses (IENs) in the BC Facebook group have 159 members, whereas the IENs of BC maintains a membership of 1,294 nurses in BC.

A final recruitment method occurred through an additional level of snowballing as participants shared recruitment information and offered suggestions of individuals to contact who might be interested in participating and met the inclusion criteria for this study. The process of recruitment continued until theoretical saturation was achieved.

Purposive Sampling. A process of purposive sampling was used to guide the recruitment of participants.

> Purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses. It is a non-random technique that does not need underlying theories or a set number of participants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Etikan, Abubakar, Sunusi, 2016, p. 1).

The inclusion criteria for this study were voluntary participation, working in the province of BC, and those who self-identified as having received their basic nursing training outside of Canada.

I chose to keep the criteria for working in BC at a macro level for several reasons. IENs may work in lower-level nursing jobs or non-nursing related service positions while working towards securing licensure. Applying for licensure in BC starts with an application assessment from the National Nursing Assessment Service (NNAS) and can take 12-months or longer to

complete (NNAS, 2020). Securing employment to meet daily living expenses is a basic requirement to maintain the necessities of life.

Secondly, a component of securing licensure involves credential recognition, the assessment of knowledge and skills, and in some instances, the need to upgrade, refresh, or access additional educational support. Understanding where IENs are in this process of transition and what they are using to support this transition is the basis of this research study. IENs in this study voluntarily agreed to participate and met the inclusion criteria as stated.

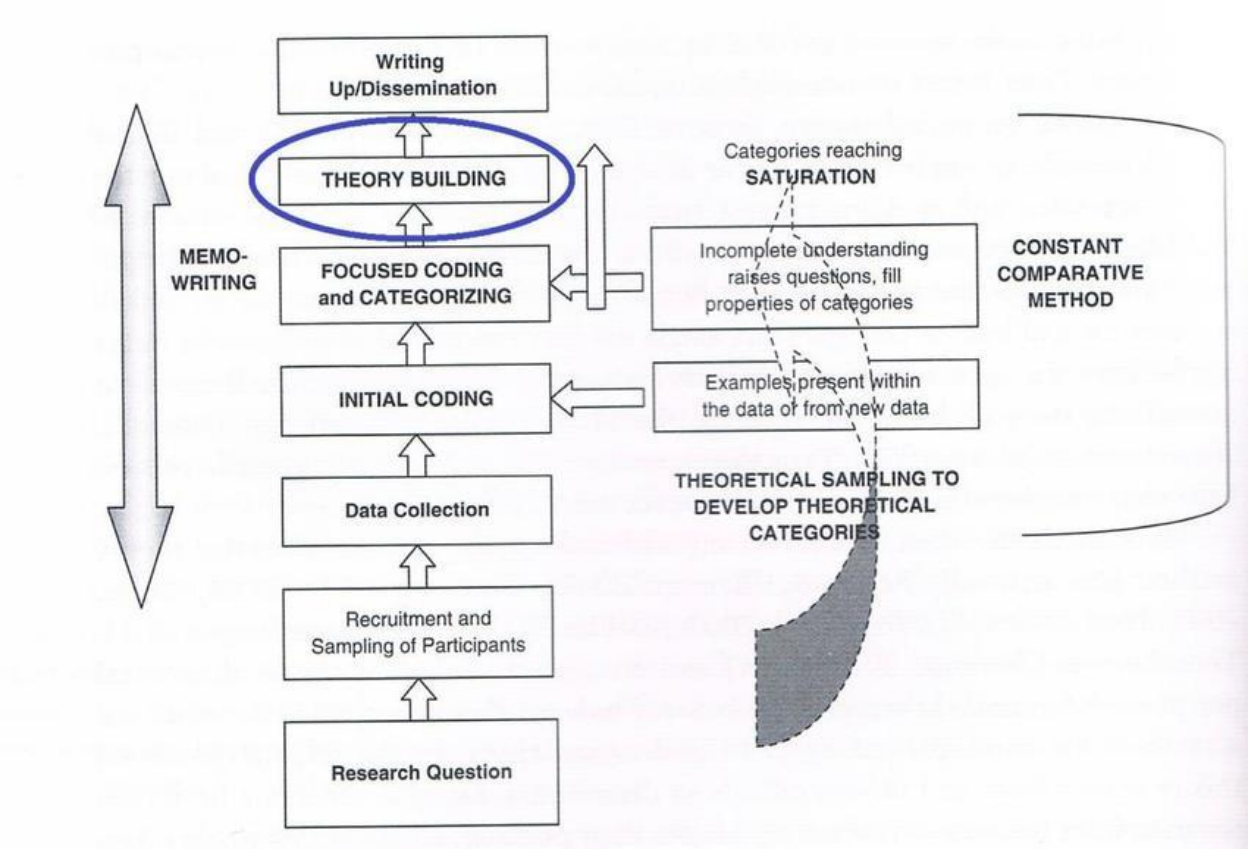
Data Collection Process

In this section, I outline the components of the data collection phase of this study. This includes how consent was obtained, the interview process, and the process of theoretical sampling.

Charmaz (2014) offers a visual representation of a grounded theory study to illustrate the iterative, constant comparative method of data collection, initial and focused coding, and how these processes lead to the construction of a grounded theory.

Figure 1

A Visual Representation of a Grounded Theory



Note. A visual representation of a grounded theory (Charmaz, 2014, p. 18)

Constant Comparative Analysis Process

Within grounded theory, the constant comparative analysis process is described as an iterative back and forth motion between data collection, coding, memoing, and making analytical inquiries or decisions from the data (Charmaz, 2014; Glaser & Strauss, 1967). Underpinning this process, the researcher engages with inductive and abductive thought processes and continuously asks questions about what is seen in the data. This eventually leads to high-level abstract categories with robust properties that have fit and grab, and work to explain the phenomena under study (Glaser & Strauss, 1967).

Throughout this study, I was guided by the constant comparative analysis from the initiation of the first interview to completing this research inquiry. Although validity and reliability in research are positivist constructs, rigor in grounded theory is demonstrated through trustworthiness (Charmaz, 2014; Glaser & Strauss, 1967). Trustworthiness is gained by demonstrating how data has earned a place within the categories and properties and that the theory is easily recognizable by those who can relate to the experiences of the phenomena under study (Charmaz, 2014; Glaser, 1978).

Consent Process

IENs, who expressed an interest in participating in this study, responded to the recruitment information either through my Athabasca University email or through a text message to my personal cell phone. My personal cell phone number was listed on the recruitment poster. In these initial email and text messages, potential IENs self-described how they met the criteria for participating in this study.

I replied to the respondent's initial requests with 24-hours, asking for an email where I could send additional information about the research (Appendix B), including the consent form (Appendix C). If I had any preliminary questions about eligibility, I included these questions with the opening email exchange. Participants were asked to review the information and ask any additional questions about the research. Participants were then asked to sign and return the consent via email and provide a date and time appropriate to conduct the interview. Signed consents were reviewed and stored in individual folders both in an electronic format and a printed hard copy. These consent forms remain stored in a locked cabinet and a password-protected personal computer.

Interview Process

Interviews were conducted over a six-month period. Participants selected the date and time for the interview. Participants were also offered different options as to how the interview would be conducted. These included personal face-to-face meetings, by Skype, or through a phone conversation. Each participant committed to a 45- 60-minute uninterrupted conversation, and on average, interviews lasted 50 minutes. Only one participant selected a Skype interview. All other participants identified that a phone call at a designated date and time would align with their personal schedules.

In advance of each of the interviews, I prepared a file folder that included their initial email responding to the recruitment advertisement, a copy of the signed consent form, a numerical identifier, and a fresh copy of the prepared interview guide (Appendix D). Having a fresh copy of the interview guide provided the opportunity to memo and diagram essential information as the participant was sharing it. It also provided an opportunity for me to review any questions that I may have had about any statements and return to these questions before ending the interview. Charmaz (2006) suggests that novice grounded theorists have an interview guide prepared to initiate the conversation with a participant and then allow the participant to tell their story and take it where it may go. After the sixth interview, I began to see a consistent pattern within some of the experiences that had been shared. As another form of member-checking, I added an additional question in the process as a way of confirming, clarifying, or adding different context to an evolving concept.

On the designated date and time, I called each participant. The initial conversation started with a general introduction and thank you. I initiated casual conversation to promote comfort and to lessen any potential anxiety a participant may have felt. This included asking for an address where a Tim Horton's gift card could be sent as a token of appreciation for their participation.

Each participant was also asked if they wanted to receive a copy of the transcript of the interview and a copy of the final research study. I emphasized the transparent process of collecting their story and ensuring the accuracy of the transcription process.

Prior to starting the formal interview, I confirmed whether the time and space was still appropriate for the participant and that they were still willing to participate. I asked them if they had reviewed the consent form and if they had any questions regarding the research study or the consent form. I then repeated key information from the consent form, including the process of confidentiality, use and storage of data, and the interview process. I asked participants if they wished to self-identify a pseudonym for the interview or if they agreed to one being assigned for them. All participants agreed to an assigned pseudonym.

Then, I reiterated that participants did not have to answer any questions that I asked, and they could stop the interview at any point in time without any consequences. I then asked for verbal consent to proceed with the interview and their additional consent to be audio-recorded for the interview. Only one participant indicated they did not wish to be audio-recorded but would like to participate in the study. In this instance, I took notes throughout the interview and repeated these back to the participant at the end of the interview to ensure accuracy.

Two data recorders with USB files were used to record the interviews. To allow for data recording to occur, phone calls were placed on speaker mode, and data recorders were located around the speaker. In the case of the one participant on Skype, audio recorders were placed beside the computer speakers to ensure shared information could be recorded. To preserve the integrity and confidentiality of participants, as an interviewer, I ensured that I was in my personal office space, with a locked door, where conversations could not be overheard, and where I would not be disturbed for the duration of the interview. Recordings were started only

after participants had agreed to the audio-recording process. Verbal consent to proceed with the interview was recorded on each audio file. The data recorders were stored in a locked cabinet in my personal office, and mp3 files were stored on a personal, password-protected computer.

Research Participants

In grounded theory, a pre-determined sample size is not decided upon. Instead, a researcher continues to gather data until a saturation level has been achieved (Charmaz, 2014; Glaser & Strauss, 1967). In this study, a total of 25 participants agreed to participate. Out of 25 participants, 19 participants were interviewed, and six failed to be interviewed. Three participants identified dates and times for the interviews out of the failed interviews but did not answer their phone. A total of three attempts were made to reschedule dates and times, and these same participants did not answer the phone on the re-scheduled dates. Two participants expressed interest in participating but would not commit to a date and time for the interview to occur. Three attempts were made to arrange for the interviews, and this was unsuccessful, as I did not receive a response to my email requests. One participant had agreed to participate and then withdrew, stating that increasing work responsibilities left little time to participate in the study.

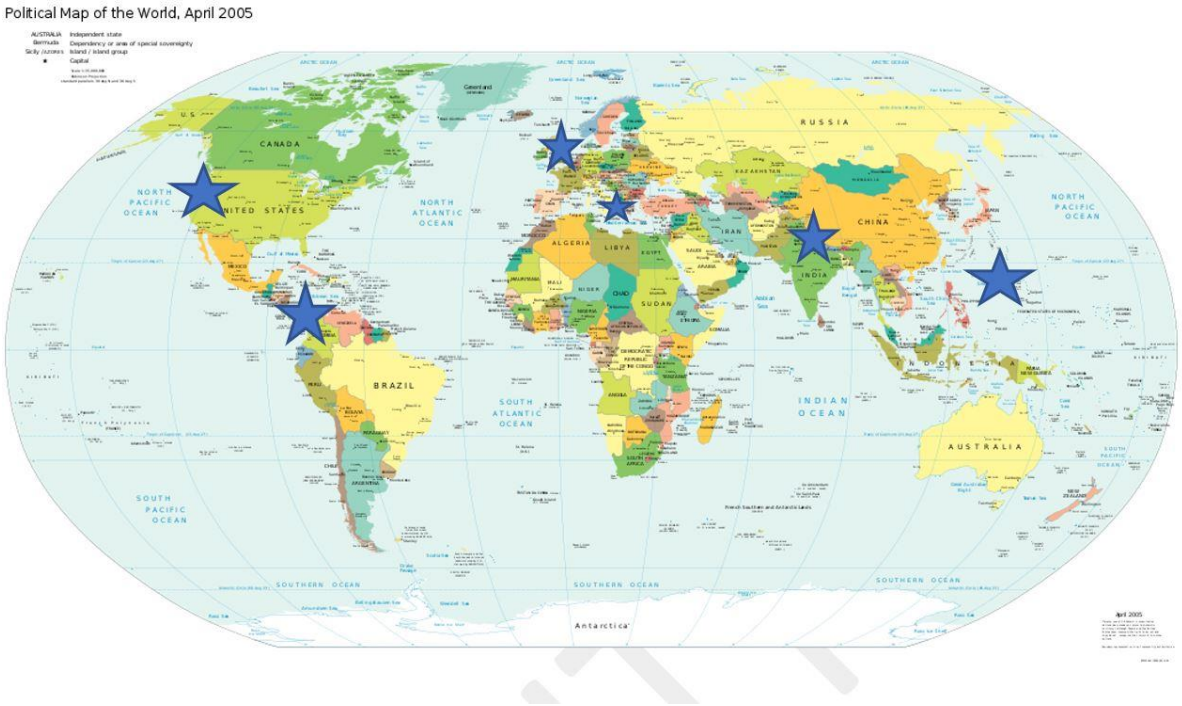
The literature review (see Chapter 2) reflects that the population under study for this research inquiry is vulnerable for many different reasons. These reasons include discrimination, fear of reprisal, and fear of power infrastructures that place them at a high risk of being unable to achieve their dreams. This level of vulnerability and risk was acknowledged at the onset of this study. I recognize that although initial agreement may have been provided, on reflection, the risk of participation for some individuals, for the reasons noted above, may have outweighed the benefits of the opportunity to add their voice to this study. For this reason, I only made three

attempts to reschedule or contact research participants. In my final attempt, my email included a note of gratitude and thankfulness for their consideration of participation and that my final research study would be available within the public domain and could be freely accessed. I also expressed that I hoped that those IENs who shared their stories would carry at least a small part of their voice forward into print.

To ensure the confidentiality and anonymity of all research participants, collected data were amalgamated, and pseudonyms were assigned to all participants. It was necessary to remain at a high level of abstraction so that individual research participants could not be identified. Demographic questions were asked at either the start or the end of the interview, depending on where a participant started the conversation. The purpose of these questions was to understand where IENs have come from, how many years IENs practiced in their home country, their role and responsibilities, and to identify if IENs have worked outside of BC. Registered nurses and licensed practical nurses can simultaneously hold licensure in multiple provinces, while the provincial or territory practice requirements are met annually (CNA, 2020).

Figure 2

Participants Countries of Basic Nursing Education



Note. Blue stars indicate the countries where participants have completed basic nursing education.

IENs who participated in this research study came from six different countries and these were the countries where they received their basic nursing education: Costa Rica, India, Italy, the Philippines, United States, and the United Kingdom (Figure 2). Participants identified as either male or female, and there was a good balance of both genders. I did not ask the age of participants as it was not relevant to this research study. Years of nursing practice in these home countries ranged from moving to Canada immediately after graduation to eight-years of practice. An additional level of diversity within research participants was seen within the primary practice areas of these nurses. These practice areas included general duty nursing in government or state-run facilities, privately operated hospitals and facilities, private home care, psychiatry, critical

care areas, neonatal ICU(s), cardiac care, and the operating theatre. Some participants had held leadership roles such as a head staff nurse or as a clinical nurse educator in various units and facilities. Two participants held nursing registration outside of BC.

Analyzing Data

Within grounded theory, there is an iterative process of data collection and analysis that occurs simultaneously (Charmaz, 2006; 2014; Glaser & Strauss, 1967). In this study, this process emerged as each interview was transcribed, and initial categories were revealed. I now describe the constant comparative process, interviewing, memoing, initial and focused coding process, member checking, theoretical sensitivity, theoretical sampling, and how theoretical saturation was achieved.

Transcribing Interviews

I transcribed each of the interviews manually. Each mp3 recording was reviewed a minimum of three times. On the first review, I listened to the recording and the participant's story. In the first few interviews, I found that as I listened to the participant's responses, I was also looking at the interview guide to see if I had remembered to ask questions relative to my research focus. Although this process became smoother as I went through each interview, I wanted to review each interview with a deep level of purpose and to create space for additional memoing and analytical thoughts to emerge before proceeding into the next interview. On the second review, I began the transcription process of typing out the interview, line by line. This process of ensuring accuracy in the transcribed information required three or four reviews of each mp3 recording.

Interview transcripts were sent electronically to all research participants who wanted to review the story they had shared (n=17). I asked participants to review the transcript for any

inaccuracies in the transcription process, add or clarify any of their comments if they wanted, and reply to me within a 2-week time frame. Participants were reminded that they could still withdraw from the research study and that I would delete any data that had been collected up to this point. At the end of that two-week time frame, I would incorporate their story into the research study. Three research participants responded with points of clarity. These additional points were added at the end of the transcription and were coded. Two additional research participants responded, confirming their agreement with the interview as transcribed. All participants who responded within the two-week time frame expressed their appreciation for being able to tell their story and be heard.

Asynchronous e-Interviews

Permission to follow up with a subsequent interview was sought from each participant in the initial consent process. This process of follow-up email interviews was conducted to try to reduce the sense of vulnerability with a second telephone interview. As research participants shared their stories, it was very evident that time management was challenging, and I did not want to contribute to the sense of time as a barrier.

A second rationale for conducting re-interviews was to allow participants the time and space to reflect on the additional questions that I wanted to ask. An email was sent to four participants asking follow-up questions to clarify some terms and processes. In this request, I offered to connect with them by phone for an additional conversation or respond by email exchange. All follow-up conversations were conducted through email.

Memoing

Memo writing in grounded theory is an important step in moving through the data as it leaves a pathway of the analytical decisions that supported the development of categories and

properties (Charmaz, 2014). Writing memos creates a place and space for the researcher to have a conversation with themselves about assumptions, new ideas, and to engage in the process of reflexivity. Engaging in systematic reflexivity in memoing records actions and feelings and what is influencing thinking and helps to challenge unconscious bias and subjectivity in the data analysis process (Birks & Mills, 2011; Charmaz, 2014).

In this study, I used memos to guide my evolving thoughts, inquiries, and analytical thinking. Memo writing was initiated at the time this research inquiry was conceptualized and continued throughout the research process. I have employed different methods of memo writing throughout this process. This included keeping a hard-copy methodological journal, scribing in my interview notes' margins electronically in an open, and minimized word document on my computer, and voice memos on my iPhone. The process of constantly thinking about and asking questions about the data was not a separate or prescribed process; I thought about the data every day. Memo writing is subject to a constant comparative process (Charmaz, 2014; Glaser, 1978; 2013; Glaser & Strauss, 1967), and my analytical questions or insights would occur at any time. It became necessary to have some mechanical form of capturing this evolving understanding of the data so that I could return to these as I went through the multiple iterations of theoretical sampling to develop the categories, properties, and dimensions as they emerged. Glaser and Strauss (1967) suggest that data analysis and theoretical sampling occur simultaneously so that the theory will emerge and become visible to the researcher.

Memos can be categorized as case-based, conceptual, or theoretically based. A review of my memos identified that my analytical inquiry and analysis process could be seen in these types of memos. My case-based memos reflected what I heard in each of the interviews and captured some of my initial thoughts about what I thought was going on in the data. Early case-based

memos were rudimentary and helped me to understand what preconceived ideas I may have brought into the research study (Appendix F). As more interviews were conducted and the memoing continued, later case-based memos reflected a deeper understanding of the process and emerging concepts.

I also identified that many of my memos were more conceptual in nature (Appendix G) and reflected my growing understanding of the codes I was assigned to the data I was collecting. As the data analysis process continued, I would flag and highlight potential concepts or categories and add some reflective statements on what I heard in previous interviews. Within these conceptual memos, I would leave questions for myself. These questions acted as signposts to help me move into either a phase of deeper reflexivity, sensitize myself to the new concepts emerging, or utilize theoretical sampling. Finally, some of my memos were more theoretical in nature (Appendix H). In these memos, I began to see how some of my codes were emerging as categories, and preliminary properties of these categories were seen.

Throughout this research process, memos guided my next point of inquiry and created a place and space to reflect on the narratives, my interpretation of these emerging concepts, and to challenge my own assumptions. Using these memos, I have moved back and forth in the data, used theoretical sampling to refine categories and their properties, and used a process of member-checking to reach theoretical saturation.

Coding

In this research study, I selected a constructivist grounded theory approach, and I used a two-phases analysis process that involves initial and focused coding, as outlined by Charmaz (2006; 2014). I describe my process of creating initial codes, moving into focused coding, and

how theoretical sampling and member-checking fostered the development of these codes, categories, and subsequent properties and dimensions of these categories.

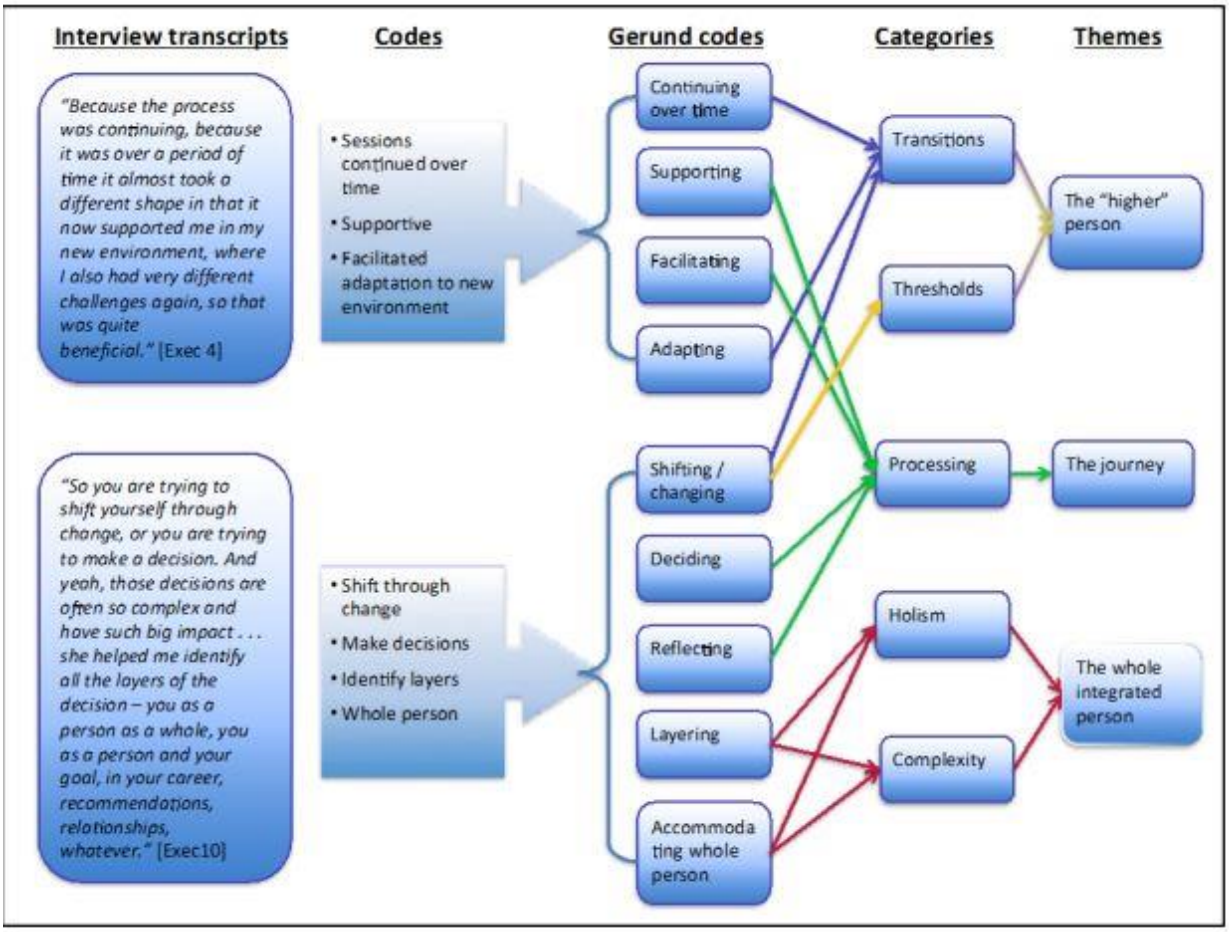
Initial Coding

Initial coding starts by examining the data that has been collected. This data can be a transcribed interview, a memo, or a selected document relevant to the research study. In this initial coding process, I started the initial coding process using a word-by-word, line-by-line, incident-by-incident coding of the data (Charmaz, 2006; 2014). Charmaz (2014) highlights that although labeling these segments of data in this initial coding cycle may begin to reveal patterns, grounded theorists must remain open and flexible to see what will emerge from the data. Initial coding is reflexive in that the researcher needs to continually question their early analytical decisions (Strauss & Corbin; 1990).

To support the coding process, I used NVivo software. Interviews were transcribed and formatted with numerical indicators for each line of text. Then, I read through each line of text and assigned an initial code to a word, a line, or an incident. I was purposeful in naming the segments of data by way of using gerunds. Gerunds are verbs (actions) that are used as nouns by assigning an "ing" suffix (Charmaz, 2014). Coding with gerunds helped me stay focused on what was happening in the data versus concentrating on the individual. Bryant (2017) notes, "The key point is that the gerund form invokes the idea of a process, which is one of the prime aims of grounded theorizing" (p. 114). Charmaz (2014) adds that "…coding for actions curbs our tendencies to make conceptual leaps and to adopt extant theories before we have done the necessary analytic work" (p. 117).

Figure 3

Coding Process in Grounded Theory



Note. Coding process in grounded theory (Carmichael & Cunningham, 2017, p. 68)

In this way, I remained grounded within the data and allowed the emergence of the data to guide my continuing reflexivity, as I asked: what is happening here? And under what conditions does this apply? This constant process of asking questions of the data ensured that I avoided confirmation bias in what I was seeing. This was especially important given that I hold dual disciplinary backgrounds as a nurse and as an educator. Simultaneously, and throughout the coding experience, I would create memos so that I had an analytical pathway to follow while focusing on the participants' words as they described their experience.

In the coding process, I also used in vivo codes. In vivo codes are categories that have been assigned directly from participants' own words, verbatim (Charmaz, 2006). In vivo codes were used when an experience of an event revealed implicit meaning or assumptions about how IENs experience the social world around them. In these instances, maintaining the integrity and essence of a participant's own language was an important part of the process in understanding the lived experience of IENs. Some of these in vivo codes remained consistent throughout the initial and focused coding process and have been brought forward in this study, as they provided a clear statement of how IENs in BC are supported through formal and informal education in their transition into Canadian practice settings. I repeated the process with each subsequent transcript, and data were sorted according to previously identified initial codes, or new initial codes were developed. I remained in the coding phase moving back and forth between assigning initial codes and collapsing codes to develop more focused codes, as each new interview guided the emergence of both initial and focused coding.

Focused Coding/Categories

Focused codes begin to emerge from the data at any point within the coding process. Identifying focused codes does not follow a linear pattern and does not constitute a thematic analysis. Instead, through a constant comparative process, focused codes emerge from the data as initial codes may be collapsed, and when decisions are made about the relationship between, within, and amongst codes (Charmaz, 2014). Within the focused coding phase of data analysis, a researcher begins to make sense of the processes that are being seen and can begin to identify the conditions under which these processes occur. Within this phase of coding, theoretical categories may also emerge, and a researcher must remain open to the direction that data goes, including exploring unexpected findings (Charmaz, 2006; 2014).

To guide my focused coding process, I drew on Charmaz's (2014) series of questions a researcher should use to draw awareness to the direction the analysis is going:

- What do you find when you compare your initial codes with the data?
- In which ways might your initial codes reveal patterns?
- Which of these codes best account for the data?
- Have you raised these codes to focused codes?
- What do your comparisons between codes indicate?
- Do your focused codes reveal gaps in the data?

(Charmaz, 2014, pp. 140-141)

Focused coding happened when I stepped away from the computer and away from the data. I was often engaged in other psychomotor activities, such as gardening, and I would think about data, repeatedly challenging my own assumptions and trying to understand and put language to what I saw in the data. I also engaged in a manual process of analysis. I created hard copies of all the initial and focused codes and placed them on a chart, whereby I could view the context of all the codes simultaneously (Appendix I). Within this phase of data analysis, I was able to collapse codes into categories and label the properties of those categories. As this constant comparative process continued, I was able to move to develop the core categories related to this research inquiry (Appendix J; Appendix K).

Consistent memoing in the coding phase would force me to stop and write down the connections I saw. Recognizing sensitizing concepts, such as power, marginalization/vulnerability, fear, agency, and self-identity, helped as provisional starting points within my analysis phases. These iterative processes of inquiry, inductive, deductive, abductive, kept me in the data analysis phase and also guided me where I needed to go next to

fully understand the connections in the data that I was seeing. This included using member-checking and theoretical sampling as additional strategies to help me make analytical sense of the data and processes.

Member-checking

Member checking within grounded theory can occur in several ways: By sharing the emerging core category with participants and by sharing the core category with subject matter experts in the field (Charmaz, 2006; 2014). The intent of this process is to ensure the emerging categories are a true representation of their experiences. Several methods of member checking have been used in this research study.

As each subsequent interview was conducted, emerging categories were shared with the research participants. This was achieved by asking additional questions in the interview process, such as, "I am hearing that some nurses are feeling that … how has your experience been with …?" This process was repeated throughout the interview process, as subsequent categories emerged.

The second process of member checking was conducted when the emails with the transcripts were sent to participants. With two interviews, I did ask additional questions to help me understand a couple of comments from their stories that emerged as categories.

A final process of member checking occurred after the data analysis phase was complete and preliminary categories were identified. A visual diagram of these preliminary categories was emailed to each participant for their confirmation and feedback; three out of 19 responded.

Theoretical Sensitivity

Developing theoretical sensitivity in a grounded theory study is infinite; once the process begins, it remains in continual development (Glaser & Strauss, 1967). Theoretical sensitivity is

related to a researcher's ability to identify data that has relevance to the emerging theory while considering how one's personal and professional history may impact the data (Birks, Mills, 2011). As a researcher moves through the data analysis process, they must avoid subscribing to any specific preconceived theory not to miss emerging data. Instead, a researcher must begin to identify segments of data that are significant to the emerging theory (Birks & Mills, 2011; Charmaz, 2014). In the data collection and analysis phase of this study, I was purposeful in stopping at multiple points to make comparisons with the data, ask questions of the data, and memo these emerging thoughts.

Charmaz (2014) also stresses the importance of using gerunds as another activity that supports theoretical sensitivity. Using gerunds helped me shift from a static position of labeling data to looking for the actions or social processes that may underpin data segments. As such, I remained grounded in the process of analyzing actions and extended beyond a simple process of thematic analysis.

Theoretical Sampling

In grounded theory, theoretical sampling is guided by the emerging categories as a researcher may select comparison groups, participants, or documents that will help to generate properties of categories and the diverse conditions under which these properties may be relevant (Charmaz, 2014; Glaser & Strauss, 1967). Conlon, Timonen, Elliot-O'Dare (2020) note that theoretical sampling "…involves identifying emergent concepts in data being generated which are then used to guide where, how, and from whom more data should be collected, and with what focus." (p. 947). These forms of theoretical sampling are fundamental when a researcher has primarily focused on interviews and has not engaged in any direct fieldwork or

observations with research participants (Glaser & Strauss, 1967). In this study, I employed several different strategies of theoretical sampling.

As categories emerged in the data analysis phase, I had questions about the circumstances of specific categories and under what conditions these categories would be seen. I needed to understand whether these categories were core categories, categories that could be collapsed into other categories, or whether these categories were simply properties of a category. For example, the experience of "supporting" emerged as a category. Looking at the data and using deductive reasoning, IENs provided different definitions, contexts, and levels of support. Drawing on inductive reasoning, I was seeing that support, or the lack of support, did influence various aspects of an IEN's experience of being able to practice nursing in BC. Using abductive reasoning, and by going back into the data, it became apparent that the category was more about accessing support, and under what conditions access was either granted or denied, that influenced the experiences IENs were describing. To understand "accessing support" even further, I used theoretical sampling to elaborate on this category and define the properties that support it.

One theoretical sampling method that I used to advance the analysis process was to add to the study BC registered nurses who have supported IENs in their educational pathways. A total of four additional interviews were conducted, recorded, transcribed, and coded. In addition, two additional educators offered informal telephone and e-interviews to support my inquiry.

A second strategy for theoretical sampling occurred by reviewing documents and websites specific to the categories I was investigating. A further description of the core category, sub-categories, and the properties of those categories is discussed in more detail in chapter five, the findings of this research study.

Theoretical Saturation

Theoretical saturation is achieved when new data that has been collected does not contribute or expand upon previously coded data (Charmaz, 2006). This includes saturation within the categories and their properties (Glaser & Strauss, 1967), as subsequent interviews do not introduce anything new to the category's understanding.

Theoretical saturation was achieved after a series of subsequent interviews (*n*=13). At this point in the data collection and analysis phase, new information had not been identified. However, I decided to proceed with the data collection process for two reasons. First, I had scheduled interview appointments with other IENs (*n*=2). Recognizing the vulnerability within this participant group, I could not ethically or morally cancel the interviews. I had committed to hearing the voice of IENs, and this was important for myself and the IENs who had agreed to participate. I did not disclose this information to the IENs. I conducted the interviews, coded, and analyzed this information and their stories are a part of this research study. Finally, additional interviews were conducted through a process of theoretical sampling (*n*=4) to complete the theoretical saturation process.

Rigor in Grounded Theory Research

The concepts of validity and reliability remain rooted within a positivist paradigm and are used to determine a study's worthiness. However, in grounded theory, the trustworthiness of a study must meet the four criteria of "fit," "work," "grab," and "modifiability" (Glaser & Strauss, 1967, Charmaz, 2006; Strauss & Corbin, 1998). I address each of these individually to demonstrate the trustworthiness of this research study.

Glaser and Strauss (1967) identify that data and the categories that emerge within the data analysis phase have earned a place within these categories. This means that data and categories

have not been preconceived or that a researcher has not remained fused too early categories. Instead, data and categories have emerged directly from the data. Using tools and processes such as memoing and member checking ensured that I drew my analysis directly from the data.

The concept of "work" refers to the understanding that the new grounded theory must be relevant to the study's topic or focus and that the results can be used to explain the phenomena under study (Glaser & Strauss, 1967). In this study, I asked how IENs use education, formal, informal, and online and distributed learning to support their transition into Canadian practice settings. The results of this research study provide an explanation of the social processes of support and transition and highlight the core categories within these processes.

"Grab" refers to whether or not the new grounded theory makes sense and is easily recognizable by individuals who are in the same field of study or who have had similar experiences with the phenomena under study (Charmaz, 2006; Glaser, 1978). The grounded theory must have relevance and utility to the discipline or field of study.

In this research study, I interviewed IENs and those who support IENs. I collected and analyzed data relevant to the process of support within education. This study has relevance to the discipline of nursing and the discipline of education. This study's results can be used to inform policy development in nursing, education, and the various stakeholders where IENs practice.

Finally, "modifiability" is a process of recognizing that over time, new information or processes will occur, and this will lead to modifications within an original theory (Glaser, 1978). Policies and practices within nursing and education disciplines are subject to constant evaluative review and external accreditation processes. As such, how IENs use education to support their transition into Canadian practice settings should also evolve to reflect a new time, place, and space in history.

Position of Researcher

It is essential to recognize that within a constructivist grounded theory research process, a researcher cannot come into the inquiry tabula rasa (Charmaz, 2014). Rather than attempting to delineate and suspend a researcher's influence, it is preferable to be transparent and acknowledge what you bring into the research study (Chiovitti & Piran, 2003). This is my statement of positionality:

I start my statement by recognizing my own position of privilege. I am a Caucasian woman, a second-generation Canadian, and I am blessed to have my family and friends geographically close. I have never experienced racism or discrimination based on my race. I have experienced discrimination based on my gender.

I am a second-generation settler. I acknowledge the unceded territory of the First Nations Peoples wherever my travels take me. I am grateful for the opportunity to learn, to grow, and to live on these lands. As a part of Truth and Reconciliation, I will continue to learn about the history of the First Nations Peoples here in Canada and around the world.

I locate myself within two distinct disciplines: nursing and education. I am a Canadian educated registered nurse. I am an advanced practice nurse with a diverse and broad range of experiences that extends caring for all clients throughout the lifespan. I have held many leadership positions, including senior leadership roles in supporting policy and practice development.

I am also an educator. I currently hold a professional position as a professor in a post-secondary institution within BC. In this position, I support students within the BSN program. Given the nature of education, I recognize that I inherently hold power within this role.

In addition, I hold several leadership roles, some of which include curriculum development and revision. I am also an educational consultant. In this role, I support other post-secondary programs in curriculum development and educational support. Within these various roles and responsibilities, I hold inherent and subscribed power of influence within nursing education. I have also studied and worked with internationally educated nurses over the last ten years.

At my core, philosophically, I am a constructivist. I am guided by the theoretical perspective of Blumer's (1969) symbolic interactionism. I believe that nurses draw on their personal meaning of caring and nursing through the interactions they have with others and that these interactions help interpret and adapt our meaning based on any new context or experience.

From an ontological perspective, I firmly locate myself within the relativist paradigm. I believe there are multiple constructions of reality. Each of us will hold our truths, our reality. From an epistemological position, I believe that knowledge is complex, subjective, and is co-constructed as we engage in the world around us.

I recognize that my duality and perspectives are relevant to the topic of inquiry in this research study. As such, I was purposeful in using grounded theory methods so that I remained in the data, was guided by the data, and present the data as shared by the IENs and those who support them within BC.

Summary

In this chapter, I have described how I collected and analyzed data for this research study. I demonstrated how I used grounded theory tools, including memo writing, theoretical sampling, theoretical sensitivity, and member checking to achieve theoretical saturation and the development of a core category and sub-categories in this study. Finally, I explained how I

maintained the rigor within this study to ensure this grounded theory's trustworthiness and utility. In the next chapter, Chapter 5, I begin to identify the findings of this research study by providing the context of the environment where nurses in BC practice. I then reveal the five categories, or themes, that participants identify as a process of "gatekeeping" that occurs prior to accessing any education or assessment processes.

Chapter 5 - Research Findings

Finding the Gatekeeper

Overview

My purpose in this study was to explain how IENs in BC use formal, informal, and online and distributed education to support their transition into Canadian health care settings and to understand what educational support looks like. I used a constructivist grounded theory methodology and methods to analyze nineteen semi-structured interviews with IENs and nursing professionals who support them. As a result of this analysis, the overarching category of education emerged and five major categories supporting education were identified: professional identity, sense of time, power/powerless, transparency of the process, and normalizing the struggle. Each of the five themes was reflected in three sections: formal education, informal education, and online and distributed learning, as support, looks different within these varying contexts. Overlying these themes and sections is the global concept of transition. One theme emerged from the data outside the scope of the original research question, and it is important to bring forward in these research findings, namely, IENs in long-term care settings. I provide the context of this theme and how it is relevant to IENs in BC.

In this chapter, I will present the five categories from this study: *professional identity*, *sense of time, power/powerless, transparency of the process*, and *normalizing the struggle*. These themes emerged as "*gates*" or barriers and challenges that IENs must navigate through to access education or begin any part of the licensure process. Finding the "*gatekeeper*" within these systems often determined the success or failure of achieving the goal of becoming a registered nurse in Canada. In addition, I will highlight the unanticipated finding related to long-

term care and IENs. Further, I will discuss the researching findings for the three sub-categories of formal, informal, and online and distributed learning in Chapter 6.

Prior to discussing the research findings, I provide a geographical context of this study. It is critically important to understand this context, as the ability to access education is impacted by where IENs choose to live, learn, and work in BC. It is critical to understand the socio-political and geographical background of nursing and nursing practice in BC and how this has influenced the access IENs have to the education to support their transition into Canadian practice environments. I also provide a brief environmental scan of the post-secondary institutions in BC, as these institutions are critical determinants regarding the support IENs need as they seek equitable Canadian nursing education. I also provide an overview of the governance structure of nursing practice in BC. The infrastructure of governance of nursing practice has had several significant changes over the last ten years, and these changes have impacted how IENs have been supported as they strive for licensure and eventual employment. Drawing on this current environment, I then present the findings of this study. To ensure the anonymity of the research participants, pseudonyms are used, and in vivo quotes have been included in the summary.

Location and Geographical Context of This Study

Location is temporal; it is a temporary place and space for IENs. In this study, I interviewed IENs who are currently located within the geographical context of British Columbia (BC). It is important to note that I have purposefully selected the word "located" as not all IENs interviewed in this study were permanent residents of BC at the time of this study. Some IENs held study permits (Government of Canada, Immigration & Citizenship, 2020), visitor visas (Government of Canada, Immigration & Citizenship, 2020b), were in the process of immigrating to Canada through a variety of entry points (Government of Canada, 2020a), or were in various

stages of becoming permanent residents in Canada (Government of Canada, 2020c). What connected them together was the common goal of becoming a registered nurse in British Columbia, Canada.

Melanie identified the movement between Canada and her home country as she worked towards accessing the resources she needed to secure a license in BC, while simultaneously trying to balance the practice requirements in the UK to maintain her license to practice:

> *I am in the process of applying for residency, so I am technically, I don't live here, but I'm kind of here for months at a time, and then I go back to the UK and I work a bit and come back.*

Location is also ecological. The land and the people who are on this land have a relationship to one another. The province of BC is 944,735 square kilometers and is bordered by the Pacific Ocean to the west, the Rocky Mountains to the east, the United States to the south, and Yukon's province and the Northwest Territory to the north. BC includes the Lower Mainland and over two hundred Gulf Islands, including Vancouver Island, the largest of these islands (Government of BC, Welcome BC, 2020). The Lower Mainland of BC is comprised of 60% of the population dispersed amongst multiple cities located within the southwest corner of the province (Government of BC, 2020). BC is also home to over 200,000 Indigenous Peoples (Government of BC, Welcome BC, 2020) and settlers for an overall general population of 5,110,917 people (Government of BC, BC Stats, 2020). Most of the population growth in BC is attributed to immigrants, with 11,778 newcomers in the fourth quarter of 2019 (Government of BC, BC Stats, 2020).

IENs are practicing throughout BC. Robert was one of a group of IENs that was initially recruited to work in a rural health authority. Robert highlighted the importance of connectivity with one another when his group was geographically dispersed:

> *All of us, probably, I could speak for them, we are just so grateful with the health region, with the communities that we are assigned, and they make sure that, 'cause somehow, we were separated for nurses for small communities, they will make sure that we are all connected, at least once a week. We visit each other, so that we would be connected, you know, we felt alone, you know, because we were, obviously newbies, uh, yeah, so, it was very, very nice.*

In this study, participants were geographically concentrated, but not exclusively, in the Lower Mainland of BC. BC has 25-public funded post-secondary institutions within these geographical boundaries, over 479 certified private training institutions, and six health authorities that include the First Nations Health Authority (FNHA).

Educational Institutions in BC

BC is home to 25-publicly funded post-secondary institutions, including 11 universities, 11 colleges, and three institutes (Government of BC, 2020a). BC also has over 479 certified private training institutions. Only eight private institutions in BC offer nursing-related programs or courses. Out of these eight institutions, only six are endorsed by BCCNP. These academic institutions can be found throughout BC, with most of these located within the Lower Mainland of BC (Appendix L). Two universities and one college, and affiliated sites are located on Vancouver Island.

It is essential to recognize the educational institutions within BC for several reasons: (a) access to these institutions is based primarily on geographical location, especially with formal

educational programs; (b) not all educational institutions offer nursing-related programs; (c) IENs may consider applying for other categories of nursing, such as a practical nurse or health care assistant; (d) access to nursing-related post-secondary programs have varying entrance requirements that can limit the accessibility of these programs; (e) access to private institutions is based on the availability of a seat and an ability to pay the fees.

Out of these publicly funded post-secondary programs, 20 institutions offer health programs relevant to nursing education. These include programs such as health care assistant (HCA), practical nursing (PN), or a Bachelor of Science in Nursing degree (BSN). Only three accredited post-secondary institutions hold designated learning institutions status from the BC Ministry of Education and offer formal educational programs directed explicitly at IENs.

There are general admission criteria that are shared amongst health-related programs. These include a criminal record check, up-to-date immunization requirements, current First Aid with CPR-C, TB skin test or chest x-ray, and the physical capability to perform the roles and responsibilities of the job. The BCCNP (2020) identifies that registered nurses' fitness to practice includes the physical, psychological, and emotional capacity to engage in the daily roles and responsibilities of a nurse. A nurse's fitness to practice is also referred to as the requisite skills and abilities that all categories of nurses, NP, RN, RPN, and LPN, must demonstrate, often at the time of application to a nursing program, and is a core requirement at the point of licensing (BCCNP, 2020a).

Alex emphasized the challenge many IENs in BC experience when filling out application forms:

> *And one institution is asking for some sort of requirements, and the other institution is asking for other requirements, and yeah, it's just so confusing and complicated, for we,*

for us, to navigate in the process. There is information but it is just so complicated from one institution to the other institution.

There are also varying application processes, entrance requirements, and timelines associated with accessing post-secondary programs. These will be discussed in further detail as I share the findings of this study.

Governance of Nursing Education and Practice in BC

Within the Health Professions Act (RSBC, 1996), the BCCNP is the only college, or body, that regulates four professional categories of nurses: licensed practical nurses, registered psychiatric nurses, registered nurses, and nurse practitioners. These are also the only professionals who may legally use the title of "nurse" (BCCNP, 2020). On September 1st, 2020, The College of Midwives of BC (CMBC) amalgamated with the BCCNP and formed a new regulatory body called the BC College of Nurses and Midwives (BCCNM). Health care assistants registered care aides or community health workers are considered an unregulated profession and require a certificate from the BC Care Aide and Community Health Worker Registry to work in BC. The BC Care Aide and Community Health Worker registry is a centralized database of health care assistants or aides who have met the certification's core qualifications.

At the time of application for licensure, IENs must declare what nursing level they are applying for. This can be problematic for many IENs because the language and categories of health care education vary around the world. IENs grapple with where their knowledge, skills, and experience would "fit" within a Canadian nursing framework. Josie drew attention to one example of these differences:

Yes, I was a healthcare aide, and then I work up to a practical nursing, which we call super healthcare aid; that's the way we call it. And then I graduated from university as an RN on 2017, November.

The depth and breadth of health care education around the world varies. However, those IENs wanting to practice in Canada must demonstrate how they meet the basic educational qualifications, licensure, and practice experiences as outlined by the governing body of the category they hope to practice within (Table 1).

Table 1

BC Requirements for Education and Licensure Processes (at the time of writing)

Health Care Professionals in BC	**Educational Qualifications**	**Licensure Process**	**Governance**
Nurse Practitioner (NP)	Master's Degree – NP specialized stream of education / practice in one of three areas: ▪ Family ▪ Adult ▪ Pediatric	Completion of degree National licensing examination – three categories of licensing examination options based on area of specialty Successful completion of an Objective Structured Clinical Examination (OSCE)	BCCNP
Registered Nurse (RN)	Bachelor of Science in Nursing degree (4-years)	Completion of degree National licensing examination – National Council Licensure Examination for Registered Nurses (NCLEX-RN)	BCCNP
Registered Nurse with certified practice (RN-C)	Bachelor of Science in Nursing degree (4-years) Additional formal education and practice in one of four areas: ▪ Remote nursing practice	Must have RN license Must successfully complete formal and practical education in specialty area	BCCNP

Health Care Professionals in BC	Educational Qualifications	Licensure Process	Governance
	▪ Reproductive health, contraceptive management ▪ Reproductive health, sexually transmitted infections ▪ RN First Call		
Registered Nurse (RN) in specialty practice areas	Bachelor of Science in Nursing degree (4-years) Additional formal education in specific practice area (21 specialties)	Must have RN license Must successfully complete formal and practical education in specialty area RN's who have completed additional education in specialty areas (21-specialty areas) may write a national examination with the CNA. Successful completion of this exam legally entitles nurses to use specialty designations after their RN designation https://cna-aiic.ca/en/certification	BCCNP
Registered Psychiatric Nurse	Diploma in Psychiatric Nursing (2.5 years)	Completion of diploma National licensing examination – Registered Psychiatric Nursing in Canada Examination (RPNCE) RPN's who have completed additional education in specialty areas (2-specialty areas) may write a national examination with the CNA. Successful completion of this exam legally entitles nurses to use specialty designations after their RPN designation https://cna-aiic.ca/en/certification	BCCNP
Licensed Practical Nurse	Practical Nursing Diploma (2-years)	Completion of diploma	BCCNP

Health Care Professionals in BC	Educational Qualifications	Licensure Process	Governance
		National licensing examination – Canadian Practical Nurse Registration Examination (CPNRE) LPN's who have completed additional education in specialty areas (2-specialty areas) may write a national examination with the CNA. Successful completion of this exam legally entitles nurses to use specialty designations after their LPN designation https://cna-aiic.ca/en/certification	
HCA	Certificate Program length varies between educational institutions and mode of delivery (6 – 12 months)	Completion of HCA program or equivalent experience Certificate to practice provided through The BC Care Aide & Community Health Worker Registry	Employer The BC Care Aide & Community Health Worker Registry
Midwife	Bachelor of Midwifery Degree in BC (4-years) Internationally Educated Midwives Bridging Program in BC (8-months)	Completion of recognized midwifery program National Licensing examination – Canadian Midwifery Registration Exam (CMRE)	College of Midwives of BC **In September 2020, the College of Midwives of BC amalgamated with BCCNP to form a new governance structure*

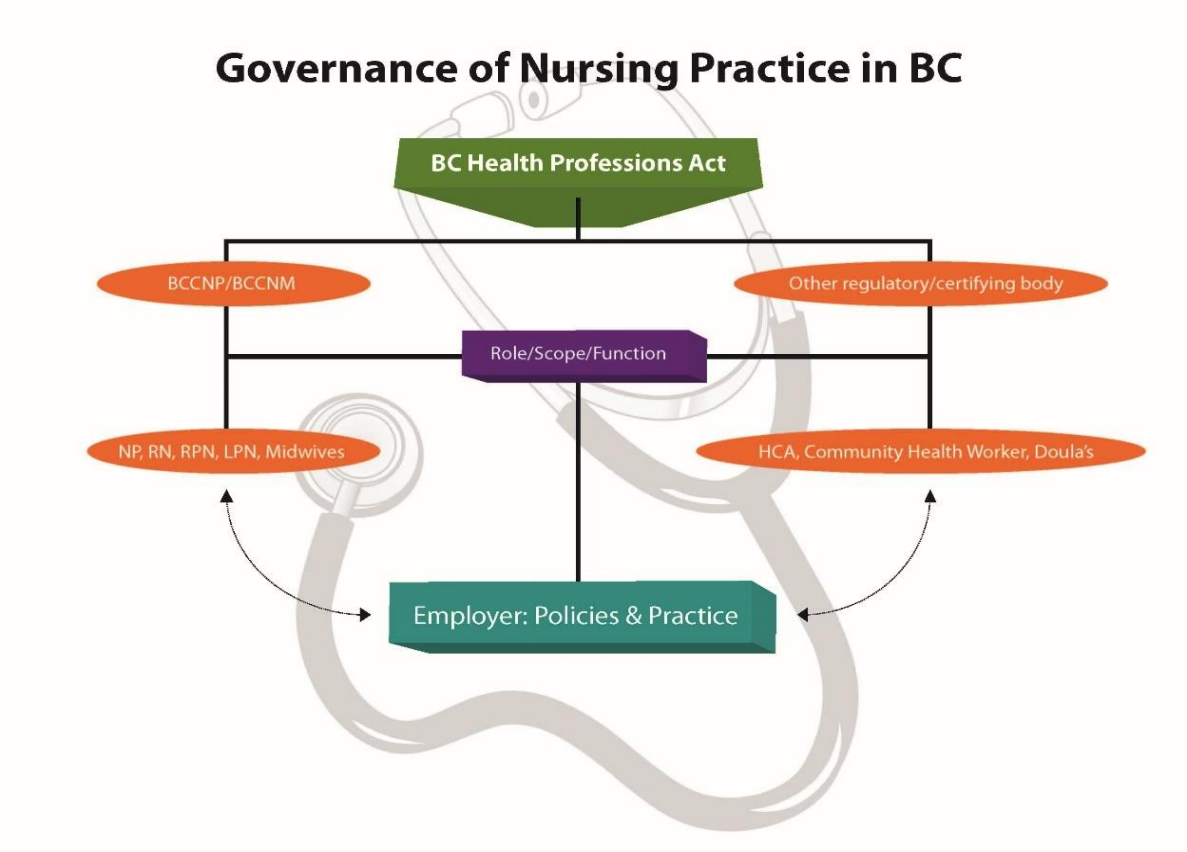
Note. BC Requirements for Education and Licensure Processes (at the time of writing)

While the BCCNP and other regulatory or certifying bodies outline their membership's role, scope, and function, health employers can apply additional restrictions that limit the role,

scope, and function of its employees in different clinical settings. In addition to employer limits on what health care employees may or may not do, individual competency in performing skills, tasks, and activities may also restrict what can be done. Nurses in Canada are a self-regulating profession, and there is a legal, moral, and ethical responsibility to ensure a level of personal competency and currency in all knowledge and skills. This is an important distinction to make as some participants in this study had not experienced the level of autonomy in practice that is afforded to Canadian RNs. Peter shared, *"In the Philippines, it's mostly, you get you know doctors order, you transcribe it, you follow it, and that's it."*

Figure 4

Governance of Nursing Practice in BC



Note. Governance of nursing practice in BC

Health Authorities in BC

In the province of BC, health services are provided by six health authorities: (a) Interior Health; (b) Fraser Health; (c) Vancouver Coastal Health; (d) Island Health (formally known as Vancouver Island Health Authority); (e) Northern Health; and (f) the First Nations Health Authority (Appendix M). The Provincial Health Services Authority (2020) coordinates and evaluates specialized health services to all British Columbians and includes such services as the BC Transplant Society, the BC Cancer Agency, and the BC Centre for Disease Control (BCCDC), to name a few. These agencies are responsible for planning, managing, and delivering health care programs and services to all British Columbians.

In 2013, in collaboration with BC First Nations, the province of BC, and Canada's government, the First Nations Health Authority (FNHA) became the only health authority in Canada focusing on the health needs of First Nations People. The FNHA is responsible for planning, managing, and delivering health programs and services to improve over 200 First Nations people's health outcomes in BC. Community-based services emphasize health promotion and disease prevention. Nurses, including IENs, may be employed within any one of these health authorities or may find employment within the many private long-term care institutions located throughout BC.

Coming to Canada and securing employment in a Canadian health care system is bound by consistently evolving federal, provincial, and employer policies. Participants in this study have been subject to these changing policies over the years, and how these policies have been enacted has contributed to their challenges, success, or failure. Participants shared their experiences along a time continuum ranging from 25 years ago to recently arriving in Canada. Some participants provided a retrospective narrative of their experience and compared this to the

challenges they saw today. Other participants shared real-time experiences. What bound them together were the visceral impacts of their journey and the collective desire to change a system for future IENs coming to Canada. I now present the findings of this research study, as described by these participants, the *"gatekeeping"* that occurs as participants seek to become RNs in Canada.

"Finding the Gatekeeper" – An Emerging Grounded Theory

At the beginning of this research inquiry, the intent was to learn more about what types of education IENs in BC used to support their transition into Canadian practice settings. As participants shared their stories, as the data was collected and coded, and as this grounded theory began to emerge, I was able to identify the hidden social processes that were deeply embedded in the process of having one's credentials assessed, accessing remedial education, and eventually trying to secure a license to practice. Participants found themselves bound within an iterative loop of trying to find the gatekeeper, trying to find the answers or direction they required to proceed to the next step in their journey's. Participants identified these as barriers or gates they must pass through to achieve their dream of being able to practice nursing in Canada. In this chapter, I will identify these hidden gates and how participants sought the gatekeeper along the way. I start by identifying and providing a definition of the concept of support. Participants highlighted the importance of support from the gatekeepers and the consequences of what would happen if they did not have support.

Defining Support

In the early phases of this research inquiry and throughout the literature review process, I used the term "support" in a generic manner, meaning: to hold up, to keep going, to find strength from an internal perspective. I also viewed support from an external perspective, as individuals

may receive assistance from others: support for immigration, support from the community, support in education, and support from employers. However, when participants in this study were asked, "What was this experience like for you?" I heard that support for IENs is multifactorial, viewed as transactional, and comes with risks. Support also looks different in formal, informal, and online and distributed learning contexts. As such, it becomes necessary to delineate these experiences of support by expanding on what support looks like within each of the larger concepts identified in this study.

Finding the Gatekeeper: Chasing a Distant Dream

In this study, it is important to ensure that the voice of the participants who generously shared their experiences with me is reflected throughout this study. This is their story, their experiences, and their history. This includes the selection of the title of this research study. One participant described going through the assessment processes and accessing education as "*gatekeeping*" finding the gatekeeper determined your success or failure in accessing the resources you needed. Another participant shared that she felt she was "*chasing a distant dream*" hence, *Finding the gatekeeper: Chasing a distant dream*.

The following diagram is a visual representation of the grounded theory that emerged from this research study. In this theory, the concept of education, or support in accessing education, remained at the core of these findings. What emerged from the data was the understanding that accessing education is more complicated and multifaceted than I had anticipated. As a result, five core categories came forward: *Professional identity; sense of time; power/powerless; transparency of process;* and *normalizing the struggle*. These five categories are identified as the green boxes in Figure 5. Given that the concept of support was defined by the participants in this study as different within different contexts, the sub-categories of formal,

informal, and online and distributed learning are represented. These sub-categories are represented as the orange circles (Figure 5). Moving through formal, informal, and online and distributed learning is an iterative process, an ebb, and flow, as participants reconciled their experiences as *"normalizing the struggle"* and a part of the transition to practice in Canadian health care settings. The purple boxes (Figure 5) represent the properties of formal, informal, and online and distributed learning as identified by participants. Finally, the pink box highlights the larger concept of transition and the turquoise circles identify that participants will go through this transition in three distinct phases. Each of these categories, sub-categories and properties will be discussed in further detail in Chapter 6 and 7.

Figure 5

Finding the Gatekeeper: Chasing a Distant Dream. A Grounded Theory.

Note. Finding the gatekeeper: Chasing a distant dream. A grounded theory.

IENs in this study referred to a person, a network, an organization, or a process as an entity that controls access to resources, education, or information that was needed to help them achieve their dreams of practicing nursing in Canada: a gatekeeper. *Finding the gatekeeper* was an important component of finding the support they needed.

Barbara shared her challenges of getting beyond the application to the interview process and how she was able to secure her first RN job by connecting with an individual person:

> *But then through, ah, my husband's business partners, his wife is a physio. She was physio, physiotherapy at *the hospital* and she connected me with a person to talk to in the department that she was working in, which was the rehab unit. So, um, that's how I kind of got my first interview, then ended up getting a full-time position on another floor*.

John highlighted how experiences with a person within a larger network can also influence whether you feel supported in your new RN role:

> *So, I think back then, my preceptor was very supportive, um, with all the questions I got, and she helped me with all the new equipment I was not familiar with, and like most of the staff, there were really helpful. So, I guess I am lucky to have a work with a lovely team and supportive mentor.*

Barbara also highlighted how belonging to an organization, and the processes within an organization can impede professional mobility as you try to achieve your own personal goals and dreams:

> *I was never going to really have the job that I wanted because I was never going to have enough seniority. It didn't matter if I was good, bad, or indifferent; I was never going to have enough seniority…And just because I had so little seniority, I mean I was just trying to get a full-time line that belonged to me as opposed to always being filled in. My supervisors were really good because they really encouraged me because they kept me working because I think they did like my work ethic, and they did like that I didn't call in sick and that kind of thing. I was reliable and dependable, that kind of thing. Um, so that whenever something would come up and they needed it filled, I would be getting those*

> *jobs, which was lovely. But they could only do so much. They couldn't you know, um, every time a new full-time line would come up, there was someone with more seniority than me that wanted that line. So, so I was just going to end up being, for a very long period of time, casual. And I might be working full-time, but I was just casual.*

In the following section, I describe in more detail the five categories, and subsequent sub-categories and describe the participants' experiences and insights within each of these.

Professional Identity

Professional identity is one of the five core categories identified within this grounded theory. Supporting this theme are the sub-categories of intrinsic and extrinsic motivators. The explanation of intrinsic and extrinsic motivators identified by participants demonstrated the importance of and links to achieving professional identity as a nurse in Canada, how education could support that goal, and the global impact of the risks that would be assumed if they were unsuccessful in achieving this goal. The following is an explanation of the sub-categories of intrinsic and extrinsic motivators as identified by participants.

The professional identity of registered nurses is hard-earned and valued. In Canada, nurses are held in an informal but prestigious position of value and respect in society. Nurses are viewed as trustworthy and hold inherent power. Combining the philosophy, science, and culture of caregiving, RNs take a leadership role within the interprofessional and interdisciplinary teams in Canadian health care settings. The uniform and the credentials of RN after our name on a nametag is a physical symbol of the knowledge, skills, and attributes that distinguish us from anyone else. While this level of respect is afforded to Canadian RNs, the same cannot be said of RNs around the world.

When participants in this study were asked, "What made you come to BC, Canada?" they identified many different reasons, represented as intrinsic and extrinsic motivators (Table 2). They came with dreams, aspirations, and goals of being able to achieve their purpose of becoming an RN in Canada.

Table 2

IEN - Intrinsic/Extrinsic Motivators

Intrinsic Motivators	▪ Wanting to be a Canadian RN ▪ Expanding role & scope ▪ Wanting to contribute to Canada ▪ Wanting an education ▪ Wanting a different life / an adventure
Extrinsic Motivators	▪ Finding freedom & safety ▪ Moving away from a system ▪ Making more money ▪ Connecting / bringing family

Intrinsic Motivators

Intrinsic motivators for wanting to come to Canada were often expressed as participants identified the characteristics of a nurse in Canada. Josie stated: *"While I was studying as a nurse, while I was a student, I often heard about Canada being like a leader in nursing in the world."* Michaela also offered this statement about being in Canada: *"we, I feel proud that I'm in Canada, and I'm going to be a nurse here."*

Coming to Canada was also viewed as an opportunity to grow and develop personal nursing roles and responsibilities. Alex said:

> *I wanted to continue my career in Canada because I knew if I got a license as a registered nurse in Canada, I was going to be able, first of all, to practice independently, more so that in Costa Rica… my situation was okay… you know, I was working, I have my license, I completed my education, I have a permanent position, but I wanted more. So, that was, that's why I came to Canada.*

Wanting to add to her critical care experience, Ashley stated, *"Yeah. And I – I really want to be a nurse here. Um, I'd like to work in, you know, in critical care where I worked for eight years of my experience"*. For Jason, coming to Canada to practice as a nurse was a dream he held for many years *"It was, I would say, it sounded like a plan, like something that was planned for me. But, in the beginning, I thought I'm gonna move here right now as I was younger".*

Intrinsic motivators came with a level of vulnerability and personal risk. Participants also shared extrinsic motivators for starting this journey.

Extrinsic Motivators

Participants also expressed there were many benefits of coming to Canada that extends more broadly to include socio-cultural and socioeconomic goals. Finding a level of freedom and safety included personal physical, and psychological safety. Maria highlighted that some of these extrinsic motivators are invisible to all except those who are experiencing them:

> *And-and so this was, uh, you know, through this process to this place that they could actually come out. We actually had multiple people, um, that sort of came out in Canada. Couldn't come out in their home country. So, there's a lot of these social issues… sort of*

cultural issues, that really had to be dealt with. We had … who could not be photographed because they were basically here, I think to protect them.

The desire to find socio-cultural safety was expressed as participants made comparisons between nursing in Canada and nursing in their home countries. For many participants, moving to Canada meant moving away from a system that was viewed as oppressive, abusive, and limiting. Amanda described her experience as a nurse in her country:

So that that was the reason I was like, okay, I'm done out of here now, it's never going to end here. Like it's always going to be same, and I just thought like, and when you work in hospitals there, you're not treated that good, like they don't treat you with respect. …So, their government system and everything is so corrupted, like you don't get jobs, and anything based on your, you know, based on your abilities, or based on your skills.

Participants highlighted that respect for a nurse and the profession were also motivators to leave their home countries. John reinforced this understanding when he stated, *"I think the answer would be because of how they treat the nurses back home… and I see that I personally feel that they don't value us as much as they do here in Canada".*

Improving one's own socioeconomic standing was also identified by participants as another motivator to come to Canada. Julie stated that one of her reasons was, *"The living status ... like it's far better than in my home country."* With a similar understanding, Amanda described how she accomplished another one of her dreams of owning a house and becoming a mother that she felt she was unable to do back in her home country; *"The money … I was just going to work and coming home, that's it. So, there was nothing I was saving or anything. So, imagine what would have been my life there."* To provide some context of comparison, John identified that his nursing salary in his home country *"would be about $384.00 Canadian a month." For Amanda,*

she stated, "I was making 7000 or so in rupees, which was just 100 dollars a month," employed as an RN.

Finally, participants expressed the importance of family; family living in Canada, bringing family with you, and family living back in their home countries. Some participants, such as Margaret, were moving to Canada to join family who was already residing here. Margaret stated:

> *I was a nurse back home, so yeah, my sister was a nurse here. She started nursing care; she's a registered nurse. And I did nursing there, it was, like a couple of months difference. When she got registered, she did hers in 2016, same as me. I was working there … some of my family was there … so it was like I will come in the future … and be a nurse like my sister … in Canada*

Robert first came to Canada by himself; *"all of us started…we arrived all by ourselves, probably within a year, or two years, we could bring our family right away."* Other participants such as Ashley hoped to bring her family to Canada sometime in the future:

> *I knew that, it's, uh, quite hard to become a nurse here, uh, but still, uh, I thought like, uh, okay, I can just restart my some education here and I will bring my family here so that I can, yeah, pursue my career here. So that's the reason I chose Canada.*

Achieving the status of a registered nurse in Canada remained the primary goal for all participants in this study. Their reasons and rationale, expressed as intrinsic and extrinsic motivators, are identified above. Underpinning these stories was also a dichotomy of emotions that were expressed as though moving along a continuum: hope-fear, confidence-incompetence, resilience-despair, risk-reward. These emotions' descriptions and experiences were recalled and

remained as moral residue even after IENs had successfully integrated into Canadian practice settings.

Sense of Time

Sense of time is the second of five categories identified within this grounded theory. Within this category, participants defined the boundaries of how they experienced time: time seen as a barrier, time in the process, time running out, time away from the bedside, and confidence drifting with time. A definition and conceptual description of each of these sub-concepts and properties follow.

Time Seen as A Barrier

For participants in this study, time was characterized as a step or benchmark that they needed to achieve. Time was also distinguished by either the prolonged length of time certain events were taking or by not having enough time to complete these same steps. In this way, time was equated to the segments of activity or steps that needed to be completed before proceeding forward in time. How you encountered the activity and the length of time that each of these segments took were encompassed by both systemic and individual factors each individual participant faced. Michaela explained:

> *When we were recruited to this college, they told us within six months, you can write the NCLEX RN and become a registered nurse. Which was actually the opposite side when we, when we actually reached here. So, it was like, uhm, I did like, as an international nurse we have to undergo NNAS. We have to do all our verification. And when NNAS was done I already started my NNAS when I was in India. Then when I came to Canada within seven months, I wrote my CELBAN.*

Participants also identified that securing the documents they needed to support various application processes also took time. In the process of reflection, Amanda offered some words of advice to future IENs based on her own experience; *"I would tell her to be patient because the process is longer and to gather as many documents before landing here. Gather all the documents while you are at home."* Margaret also recalled how time was a barrier in retrieving and processing required documentation:

> *They just, uh, mention in the website like, yes, the NNAS handbook says everything that you have to submit the documents, you have to send the form back to your home country, get it directly from them, and the other problem is like they ask you to directly mail them. And, you know, international post, I know it costs money, but that's fine. People want to do it because it's worth sending money for your accreditation … And, you know from college back home too, you can't ask them every time like just send please again. Even like at the end because what happened is that twice, that I have send them an email saying can you please directly authorize the college to send you an email instead the scanned copies because it's not getting here and my expiry time was almost near it was just a month left. So even if it's a registered mail from India, it takes more than a month, so, I don't know until you get it…will get it by the time or not.*

Amanda shared a similar experience:

> *Even for my own documents, I have to give them a lot of money to send them and they don't reply easily. You have to wait; you have to wait again and that takes so long. That's the hardest thing I find, like you know, to get documents from back home. Like if I had, if I would have known that I would have sent the stuff months before. I wasn't sure if I could*

start this process from back home. Well I didn't, so I didn't even know how the profession is here, right?

Participants also stated that each time documents were requested money was also required and IENs in this study stated they felt that money was also running out.

Time in Process

Time was also seen as a barrier when it came to apply for licensing and accessing education programs, and the high risks that are associated with these processes. Amanda explained:

And the waiting period for all of these things. To apply to BCCNP there is time. Like one year I lost because of NNAS and then NCAS I have to wait. Even with the NCAS, I don't know if I lack, they are going to give me different causes, and even if I try, I go for it, and I have to do a course, there is no availability for it. Many people have told me they are waiting for a year or so to do those courses. So, you can imagine, like, we were practicing, we were nurses back in India and we are coming here, and we can't do any job, even a job as a home care nurse. And so, we have to support our family, and everything is very difficult. Ah, so I think … now I am fear for this NCAS. I don't know what I am going to do in NCAS. So, if someone was giving us a bridging course or something like that and after that we can write NCLEX, that would be fine. And, ah, that is my concern always. You don't know the scenario and you are getting into that scenario and you have to do that and someone is going to be assessing you and be telling you, yeah, you are lacking these sorts of things and you have to do all these things And we are putting our whole life savings, all savings.

Many participants also feared that the time on their documents and in the time to secure a license would expire before they could complete everything.

Time Running Out

For some participants, they felt as though time was running out. One IEN chose to leave the nursing profession altogether. Others found themselves trapped in the process of downward mobility, and some chose to abandon the process of licensure at various points along the journey. Barbara was one participant who chose to leave the profession after becoming an RN in BC and she shared:

> *I stayed at the *hospital for about two and a half years and just decided not to do it anymore because it was killing me. And, you know, maybe when you are younger, and if you are accustomed to doing that, then you can live with it better. But, I, I just found that, because I am in my 50's, So, I was like, oh my God, no. I am not happy at all doing this and made the conscious decision that I wasn't going to do it.*

As this time progresses, Michelle shared that many IENs are *"working at Tim Hortons or McDonald's"* as a means of survival as they wait to be assessed or to be accepted into an educational program. Or as Amanda stated, *"Before Tim Horton's, I worked with some local store from my own people, so they just paid me like $9.00 something."* Participants described time as fragmented and moving at a slow pace. In the meantime, some participants tried to use these blocks of time to gain Canadian nursing experience.

Some IENs experienced downward mobility and became HCAs or community health workers. In this study, some IENs identified these were temporary roles so they could gain additional experience within the Canadian health care system or simply to earn money to support themselves and their families, as they continued to pursue the activities related to becoming an

RN. Margaret was one of those IENs, and when asked if she was learning about the roles of other members of the health care team in Canada and if she was keeping her own nursing skills current, she stressed her loss of knowledge and experience:

> *So, care aides have no relation to assessment. Yes, the skin assessment we do all the time. And the basic, yes, ABC [Airway, Breathing, Circulation] would be if any changes, because I have nursing knowledge. So, I know I can see if they have any problems. I-I do make suggestions with my LPNs — this is this, this is this. But still, its, no, care aide has a different job role. So . . . you are not learning as a care aide.*

All participants had identified that the longer they were away from their nursing skills, the longer it would take to refresh those skills and feared they would lose them altogether.

Time Away From the Bedside

Nursing in Canada is a self-regulated discipline, and consistent practice of knowledge and skills are essential in maintaining currency and competency in practice. Some participants expressed concern about the time away from the bedside and how this would impact their competency and confidence in practice. Julie described her experience and concerns:

> *Because you can't move forward. You can't work in nursing, and, ah, other nurses have shared that they are starting to lose their skills. They feel like their knowledge, and, ah, their actual skills begin to fade off into the distance. And, um, they are feeling worried in the same way that you are around the assessment process*.

Michaella echoed this experience when she shared her own fears over losing her skills:

> *There, I was a resident that is giving putting 10 to 12 intravenous catheters per day, and here now I'm not doing anything, not even, not even administering medication, oral medication. Like we are losing our skills. So, I had this like, and everything should be a*

> *little faster, we are ready to take it. And while studying for our re-entry program, like doing an online course, or go to *** and do a face to face course. During that time, we should be given a permission to do our NCLEX RN, because we are already studying, we are into books during this one year of course. So, why should the NCLEX RN be delayed to the, to after doing our preceptorship and everything? Why can't it be pre-port? Why shouldn't we write an NCLEX RN before?*

Participants also stated that as time progressed, they were losing their skills and their practice. This resulted in feeling that their confidence was also drifting with the time lapses.

Confidence Drifting With Time

For participants who were working in non-healthcare related positions or in long-term care settings, some sensed their confidence was drifting with time; the longer away from the bedside, the harder the transition to settings such as acute care. Jason shared his experience of first transitioning into long term care and then to acute care. Jason recalled how he felt during those periods of transition:

> *It took me time to, ah, get confident. And part of that is working in long term care, I am getting used to the routine. I'm getting to know my residents. Then going to acute care … I felt so stupid when I, when I initially work in acute care like I was seeing all the IV pumps and I was saying what the hell are all these pumps. vectors like what I learned, I learned back when I was in nursing school, I was like, I was telling my friends I was like, seven years old. And that's why they tell us, well, with some nurses who are trying to start their RN license process, if there's a chance for you to do the program, do it because you wouldn't want to experience what I experienced. It creates a lot of self*

doubt, you're putting yourself down you're doubting your confidence or your judgment. It's just a domino effect.

A smaller and different construct of time was described by participants in this study. Those participants who went through the immigration, assessment, education and licensure process five or more years ago disclosed that time was "different" for them. Even though systems and processes were different, time was still attached to various benchmarks within a process. Peter shared:

Um, right now it's, it's way different right now, so it's hard for me to give them the advice because I know there's a lot of changes it's so hard right now to get them here even though we are experiencing nursing shortages I think, but, it's, it's, it's so hard you already have the the visa to overcome, plus, you have your licensing now, and before you get your license there's a lot of, uh, exam and requirements you need to submit, and it does, and it's not cheap, it's a lot of money to, get those, and coming from the Philippines, I don't think it's doable right now, it's so expensive that, again – if we are, if they are only earning eight hundred a month . . . yeah I don't think they'll be able to kind of like, uh, do it, like come here and take those uh registered, take the exam.

On reflection, Janice also stated:

I do share with people, the studentship, the two years of studentship, was hard for me because I was studying and my husband was working overtime time but I was looking for part-time but finding part-time work doesn't help me to focus much on study so I really worked but by the fourth semester, some people work like 20 hours a day to have their livelihood. But my husband was working two jobs while I was more focused on school. Everything was hard, but it helped me to become a registered nurse, but it wasn't easy.

Time was also seen as an investment, either good or bad. These statements were shared as a process of reflection for participants and is discussed in greater detail in the fifth category in this grounded theory, normalizing the struggle.

Throughout this process and as time was seen as a variable that was outside of an individual IENs locus of control, they also began to feel powerless. The gatekeepers held the power and as one individual IEN they felt there was no opportunity to alter or change the power infrastructures they must face.

Power/Powerless

Power/powerless is the third category in this study. Participants in this study expressed the duality of power and powerless in the narratives of coming to Canada, the assessment process, the education process, and the eventual transition to employment. These words are selected with purpose; Power to reflect control and utilizing strength, and powerless as without ability or influence. Participants used powerless as an adverb; they felt helpless and weak in their nursing knowledge and skills as compared to how they felt in their home country. In contrast, the concept of powerlessness, the definition of which suggests an individual is lacking in ability or influence. Powerlessness was used more as a noun; it was a space, a holding pattern, and it was seen as outside of their locus of control. Participants in this study were very clear; they did not lack the ability in their nursing discipline, including the ability to recognize where there may be gaps in knowledge or skills, nor did they lack in their ability to grow and learn how to apply their existing nursing knowledge and skills within a Canadian context. Participants knew they would need to be assessed and take additional education to work within Canadian health care settings. They did articulate that they were often unaware and unprepared to face immovable barriers that would prevent them from fully demonstrating their knowledge and skills in nursing.

Some of these barriers included being unsuccessful in the assessment process, the timelines associated with the testing process, and being told they would have to take the full nursing program again, essentially ending their journey to become an RN in Canada.

This distinction is important as participants provided descriptions of internal, external, perceived, and real power. Knowledge and respect were described as interconnected and related to both inherent and ascribed power. Participants described systemic and institutional racism and systemic educational barriers and articulated that they had to "play by the rules" and were unable to influence or change these systems. Participants identified the fear and high risk associated with systems and people within the system that perpetuated cycles of oppression through overt and covert racism rooted within societal norms, both in their home countries and in their new home in Canada. Finally, participants identified processes of reclaiming their power through advocacy after having achieved their goal of becoming an RN in Canada. Julie shared one example of feeling caught up in these processes:

> *So, you can imagine, like, we were practicing, we were nurses back in India and we are coming here, and we can't do any job, even a job as a home care nurse…I know that all this process, the process is in everything that I read, the process is in the public safety. I know that because Canada needs skillful nurses – I know that. But, um, I know nurses, at least in Canada, we should consider that we all are nurses back in our country. We all are treating and taking care of patients … I need like a bridging thing, but I don't think like before NCAS and all these things are not necessarily needed. Because we are wasting our money, we are wasting our time. And, ah, by the end of all this process, we may be away from our clinical practice for more than three years.*

Identifying and recognizing the power infrastructures, or gatekeepers, that are relevant to IENs is only one component of feeling powerless.

Feeling Powerless

Feeling powerless is carried as moral residue and is connected to powerful emotions often expressed as fear. Participants identified fears of deportation, failure, family repercussions, exploitation, financial implications, and the consequences of advocating for oneself. Mia identified how the fear of deportation exemplifies feeling powerless. Mia stated:

> *I think the biggest fear and I saw this to the fear in in ****, as well as here in Canada, is they don't know who else is in that classroom, who might be, quote-unquote, spying on them, so that it gets back to their family, and in ****, they could be deported. And if they were the sole dependent on remittance, that was something that they would not take. So, they would take the crap that's necessary to uhm, stay in *** or stay here in Canada.*

Ashley shared a similar experience concerning the fear of deportation:

> *Yeah, so like me, many are came on the same scenario, uh, but uh, some are really um, moved to another coast, they are literally, uh safe in the sense that they will be getting the post-grad work visa permit also for another three years. But there are some people, uh, their life is really in distress now.*

Fear was also expressed as a failure or a missed opportunity. Josie disclosed:

> *I felt a little bit abandoned, as well as professionally in this country. Not that I'm expecting everything to be given to me, but like, I was expecting a little bit more like, clearer information, or more even, you know, more respectful relationship with the people who are handling my situation. Such as not making me wait way longer and under that line for absolutely no reason. Which is, I think, I believe it's just a matter of, of like,*

> *respect and like, I do believe that international nurses can contribute a lot and that they, many of them have great abilities. I'm not just talking about myself in this situation. I have met people who are extremely knowledgeable and experienced, but they have given up on becoming nurses in Canada, just because the process is so hard and expensive, that they just feel it would mean that they have to give up on the rest of their life. And the other thing somebody wants to pursue these dreams. And I do think that's really bad. That's really a sad outcome.*

These feelings of fear and oppression are internalized and foster despair. Melanie shared:

> *I know I'm a very good nurse. I know I'm very good at my specialty. But I came away from it feeling like very, very bad about myself. And, like,[they] told me I'm incompetent, which I know isn't true.*

Maria highlighted that the sense of internalized oppression can also be expressed externally and can impact how we interact with others. Maria shared:

> *What really came out of that was, culturally, … there was a real prevalent saying, "Don't share this with the instructors because you will be sent back to India, or the Philippines, or wherever." Like there was a real fear of-of people finding out and-and thus, keeping the power, right?*

In their stories, many IENs shared examples of the various power hierarchies they have experienced in other practice settings in other countries. What was difficult for some IENs was reconciling that in some instances, there was little difference between their previous experiences and those they were encountering in Canada. It was a recognition that systems hold power, and this can and does happen anywhere.

Systems Hold Power

Woven within the fabric of the narratives from participants were descriptions of systemic power, such as the inferred power of regulatory bodies, health care systems, educational systems, and the institutional racism within these systems that were viewed as prevalent by participants. Some participants, such as Michelle, stated that one of the challenges for IENs is trying to identify the gatekeepers and what authority they hold. She shared: *"now there are so many bodies that I feel that nobody is overseeing those bodies, and they all do their business a different way."*

Regulatory bodies and assessment centers hold significant power as the outcome of these assessments will determine if an IEN may progress any further in their journey to become an RN in Canada. Josie shared:

> *Uhm, why I'm saying is when you go online, and you go to like the NNAS official website, or like the BCCNP website or everything, every kind of website that you can go to. I believe the information is extremely simplified, and it does not represent the reality of what we actually go through once we reach Canada…because all the information that I found, maybe it sound like if you had a proper education and proper training and you are really, you know, willing to relocate and move to another country, somehow it's manageable to obtain your credentials in here… that the information that I found was not really, not really accurate at all… before coming here, I was almost certain that once I finally sent my application to BCCNP, I would be able to fit the national examination and just become a nurse in Canada.*

Julie expressed her fear of the assessment process, as the whole simulation would be set up as a Canadian hospital setting. She stated:

> *The NCAS is really threatening for me because I'm not like a nurse in Canada; I was practicing back in India. And what the assessment is trying to assess is whether I can be a nurse in Canada with all their skills. The knowledge is okay because we can just brush that up. But the set up is like in a Canada hospital so I have to prove my skills there without any exposure to a Canada hospital environment. I do not know how I am going to perform in that.*

As with any health care system, there are policies to guide the practice of health care employees. For IENs who are transitioning into these new health care settings, learning how to navigate these systems is new learning, and there is a level of apprehension that accompanies this new learning. John shared an example of completing an incident report when there is a near miss or adverse event that has happened within the practice setting. He recalled:

> *We don't have as much power (back home). So, if the patient is complaining about something, then the management will throw the blame to us. And when they do like the incident report, it's like you're trying to explain and you're trying to, um, what do you call this thing…trying to help yourself. It's like if you're doing an incident report, you are indicating like you did something. When here, when nurses hear about an incident report its like way different because in here when making an incident report, they are asking what happened and are looking to improve the situation so that it does not happen again. Right? In the Philippines like when they hear about the incident report, they, ah, it sounds like they did something wrong. And the blame is to them.*

Withholding information is considered institutional racism (Harper, 2012; Jones, 2000; Razack, 2002). Communication, the lack of communication, or unclear processes perpetuated the feelings of the participants being powerless. Several participants in this study highlighted the

time delays with getting responses back from various authorities. They further stressed that these time delays only contributed to their sense of time running out. Josie shared:

> *Yeah, I left voice messages because you're supposed to leave a message, but they never ever called me back. I've requested information through email, but I got like a copy and paste email that never really answered to what I was asking. I never thought that it was going to take so long.*

Withholding information was also seen in the application process for some post-secondary programs. Margaret brought forward the following experience:

> *They don't keep any waitlist, that just like I feel like they're just making money. People have applied every semester every semester. It's even if it's $40 for the application, but you're applying for a year. Maybe you have applied four times. Just one student is applying four or five times, so you can imagine how many international nurses are applying. Why don't you just keep the waitlist? it's easy for the college. Easy for everybody. Fair for everybody, whoever meets the requirements they have applied first. They have their first choice to go in the program.*

When asked if she reapplied every semester, Margaret replied, *"If you don't apply, you are not considered even if you have applied before, you don't know what time you will be considered."*

Several participants also identified that many communication processes are one-way. You submit your application, you are assessed, and when you receive your assessment report. What is missing is an opportunity to discuss the results and to ask what recommendations or options might be available. Margaret shared her experience:

> *It was different even when I was there, of course, might be some changes then the level of education so I tried both, but then I after the NNAS evaluation, I-I got the results, and*

those, if you see just the results, it just says everything, but it's like more kind of negative to you. You will think I just got for me for RN I just got 49%— like the, it says, non-comparable to RN And LPN was no, LPN was 49 and I think RN was 43. So, it was like, LPN they said somewhat comparable to LPN, according to the Canadian system. So, it's like I don't stand even in the 50's, it's lower. So, I was like, disappointed for a day or two, but it was thinking me, that means I have no further progress in this because the way they send you the report is just is this. They don't tell you that, uh, yes, this doesn't mean that you can't apply. There is a further process or something. Then I just contacted my friends, and there were some people like here in Canada. I knew they have started, but they're not family to me from back home. So, I just asked them, like, what was your report people don't like to share. But some of them they just said like, you know, it's almost same for everybody in BC, non-comparable, somewhat comparable. So, it doesn't matter, you have to apply that, that doesn't mean that you can't go further you have to apply for the province.

In each of these narratives, participants described feeling powerless. These are the very systems they must engage with to move towards their goals. However, the policies and practices embedded in these systems appear fragmented and foster feeling powerless. When asked what information she shares to support others, Michelle stated, *"Not much because there are confidentiality agreements we have to sign, so we don't say anything."*

Educational Systems and Power

Covert and overt racism are prevalent within our educational systems. There is significant research to support how the visible and invisible infrastructures of education foster systemic inequality and social exclusion (Harper, 2012; Museus, Ledesma & Parker, 2015). This is not the

basis of this study; rather, participants have shared how they experience exclusion that is bound up with timelines, delays, unclear processes, and the high risks they may face, such as deportation or having to start their nursing education from the beginning. This is not to suggest that all educational systems are deliberate in imposing barriers to accessibility or that information is secretly hidden away. On the contrary, at times, the information you need can be accessed online, but it may be buried or obscure, and if you do not know what to look for, it can be easy to miss. There are always gaps and assumptions in understanding the linear steps that must be completed to gain entry and successfully complete educational programs. The Euro-centric language that is found on websites and in brochures can present challenges and add another layer of confusion for IEN's. In the same way that we, as nursing educators, are required to review and revise curriculum, this should also be an invitation to examine how learners can or cannot access the very programs designed for them.

All educational institutions engage in exclusionary discrimination in the form of admission requirements (Harper, 2012). Put simply, those who meet the entrance requirements have a higher chance of successfully securing a seat in their preferred educational program. Those who do not meet the entrance requirements or are assessed "differently" are subject to a separate level of scrutiny, whereby gaining access to a program appears to be shrouded in subjectivity, bias, and results in institutional racism (Gillborn, 2008; Harper, 2012; Museus, Ledesma & Parker, 2015). Maggie identified that Kwantlen Polytechnic University programs for international nurses are only accessible with *"recommendations from NCAS."* This means that IENs cannot apply to this program until after they have completed the assessment process. This implies there is a one-way movement between assessment and application. Other countries such as the UK and Australia offer IENs a bridging program (Hawthorne, 2016) first, as a component

of assessment, and then they secure a license to practice. In this way, IENs have an opportunity to use what they already know and apply or expand on their knowledge and skills to fit the context of the health care system they will be employed in. Mia shared:

What we expect anybody who's coming to Canada to want to become, a nurse and then a registered nurse…so equivalent. What I think we don't take advantage of is truly looking at what they're, working knowledge, their own historical knowledge, and translate that into formal knowledge. Uhm, I find that we don't tend to … do that at an institutional level.

Along the same lines, Maria reinforced how normalized and overt institutionalized racism is within some nursing educational systems in BC. Maria disclosed:

We tend to equate your ability to write with your IQ… Or your knowledge. And-and so what we have is, we have peers that have been taught a very different type of nursing, um, and they are coming to Canada, and they are not fluent in the academic realm… It is really only, look at what's on paper, which is called the transcript.

Michaela added to our understanding of institutionalized racism when she stated:

There are nurses who are very skillful and who are excellent in their academics in India, but, uhm, they may not pass their CELBAN or IELTS with just 0.5 score or just a one, just one score. And they are not allowed to take up nursing, or they are not having a path, ah, to take up nursing in Canada, which is absolutely, absolutely not fair.

In this context, it could be argued that the racism is related to the lack of English language training for these nurses as compared to failing an English language benchmark examination. The question ultimately comes down to the context of practice and client safety.

Being Set Up to Fail

When you consistently face obstacles and what is perceived as insurmountable challenges, it is a normal human emotion to feel as though you are being set up to fail. Participants in this study expressed this emotion as another form of powerlessness. Melanie shared:

> *So, yeah, that's I guess my biggest takeaway is it was a huge investment that didn't pan out. And I think it wasn't, I don't think it was a gamble. If I would have had all the information, if NCAS had been clearer about what they expect and what they're testing you on, or if they been more specific, I think it would have put me off doing it. Now having done the Canadian version, I'm like, I would go to Australia 100 times. And, you know, like I said, in Australia, they recognize that a degree obtained from a university in England is good enough. They just put a caveat on my license, saying, only work in pediatric wards, it was, it was that simple.*

When asked if she was still pursuing her RN licensure in BC, Melanie went on to say:

> *Uhm, yes and no, I, like I said, essentially, I've been given two options, and they're both very long and they're both very expensive. And I'm not really in a position to do either of them at the moment. I am in my early 30s, and my priority now is to start a family, and going and doing a degree is not conducive to that*.

Some participants describe how their hope and optimism in coming to Canada resulted in facing a harsh reality. Michelle shared:

> *It is so depressing no one is telling the people who are coming; they hear that there is a big opportunity for registered nurses, and that is why they are quitting their jobs and coming here, and they think there are jobs. But no one is telling them they are in it for the long haul. There is no money, no support. There are a lot of them that are really*

> *depressed. So that's the story about the permanent residents. It's a catch 22. They can't get hired because they have been away for 3-years because of the process of registration; it's not because they want to. So that's what I am hearing from many of these people. We hear all the time that people are short, and people are working all the time like crazy, and these people want to be in there, but they are not allowed.*

Michelle also went on to say that even after some IENs have their license, they are set up to fail in other ways:

> *They need to give opportunities for IENs to survive that ...now they get only 3 days or maybe 4 days of orientation, and they are kind of judging them. So, these people have to perform to impress them. So, I know people who got fired after 3 days of orientation, which is absolutely ridiculous… That I am hearing that the students from here they are getting 14-days of orientation. How anybody can expect an IEN from outside of the country to perform and getting judged sometimes by unsupportive mentors, you know who are doing the orientation, you know some people are supportive, some people are not supportive they would put them into trouble*.

For some participants in this study, the feeling of powerlessness was a familiar experience as many were trying to escape oppression in their home countries. They were hopeful and optimistic that their experience in Canada would be different. For some, it is, and for others, there are still obstacles to overcome that were viewed as an extension of the oppression they were trying to escape.

Perpetuating Powerlessness – Continuing the Cycle of Oppression.

Participants often shared they needed to be constantly aware of the places and spaces where oppression, abuse, and racism were hidden in plain sight. Some participants used the

services of an immigration consultant in their home countries as a way of gathering information about the processes of becoming a nurse in Canada. This information was often misguided, and immigration consultants benefitted financially from referring individuals to specific educational programs in Canada. The impact for migrating nurses is two-fold. First, they enroll in programs that will not move them closer to securing a license to practice, and second, they are placed into a level of financial debt that is hard to overcome. Michelle shared:

> *There are so many courses I could easily see happening here, and some of them offered by the non-accredited private colleges, and it is just a cash grab. But nobody is saying that to these people. They spend the money after they find out it is useless right. There should be a body who would know what part they would have to take…because I see so many they do their placement in the Philippines and India and they say those kind of things you come here and take this course, and then you will become a registered nurse in Canada and it is a lot of money. But then they come here, and the story and that's not the story at all. That's what I am saying that it is becoming a cash grab for them. You know most of those people they are not capable of paying that kind of money, they take out loans, they come here, and then they struggle. They don't have that money. So, they borrow it, and then the interest is so high. And then they are struggling to pay that off. So, they don't have that option of, you know, they cannot get out from here. They will be working two jobs, three jobs to pay that loan off.*

Participants also stated that feeling powerless also stemmed from being viewed as a homogenous group, whether for their perceived racial similarities or being educated outside of Canada. Systems and the individuals within these systems would often perpetuate these stereotypes, and these are difficult for IENs to overcome. Robert shared his experience in his

educational program: *"So what I'm saying is all of IENs, even then, when we are, we came from the Philippines, we have different experiences depending on the setting."* Having come from a different country, Melanie also shared how she experienced filling out the required documents for licensure:

> *It's very basic, and it seems to be the information is presenting in a way, like it's black and white, but it really isn't in that they were educated in the UK, degrees in children's nursing. And I felt my situation was so unique that it wasn't that simple … but there was no place to put that on the form.*

Michelle also shared a collective experience, her own, and the experience of other IENs she has mentored over the years. She shared:

> *Maybe one IEN has a problem; you cannot be saying that this is affecting all of the IENs. And I am talking to different people, and they are saying oh, they have all these problems and …that Nurse has a problem, you cannot say all IENs got a problem, right? You cannot just blame or label all IENs in the same group; that is why all these things are in place.*

Finally, Josie shared a sentiment many other participants held when it comes to facing powerlessness and wanting to practice in Canada. Josie stated:

And I'm pretty sure that's not what Canada needs, right. I think that they need nurses in this country, and I just wish there was some more ways, or some more help for, for, like, anyway, professionals who really are willing to contribute to this place.

Participants in this study shared multiple different ways that they experienced feelings of power or feeling powerless at various points along their own personal journey. These experiences were often only relayed to close family or friends and were not shared with the

people who work in these systems where change could happen. Participants shared that there were risks with advocating for change, and for some, the risks were far greater than the needed systemic changes. Emanating from these feelings of powerlessness was also a sense of unclear processes and a lack of transparency of processes. The transparency of the process is the fourth category this grounded theory.

Transparency of Process

Transparency of process/processes emerged through participants' narratives and is the fourth category in this grounded theory. How participants understood and experienced this process aligns with a general definition and understanding that "if a situation, system or activity is transparent, it is easily understood and recognized" (Collins Dictionary, 2020, p.1). In this study, participants shared common experiences of the lack of transparency in three defined processes: (1) testing for English proficiency; (2) skills assessment processes; and (3) wanting equal opportunities but being denied these experiences. These three processes were viewed as hurdles or *"gates"* IENs must face, whether it is to gain access to education or complete licensure requirements. Each of these systems is discussed below in further detail.

Testing for English Proficiency

There are different tests assessing English proficiency, and different systems may require different tests for different reasons. I highlight the use of the word "different" here as this is how participants in this study described this experience; it is always different. Differences also exist in what various institutions will accept as passing benchmarks, and the length of time certificates are considered valid. At first glance, this process of completing an English language test may appear clear, but most participants experienced challenges along the way.

In this study, IENs had completed a variety of different English language examinations: IELTS, CELBAN, CELPIP-General, and TOEFL. There was a multitude of reasons for these variations that appeared to hinge on where they started the process of inquiry in coming to Canada. The pathway to licensure was decidedly different for IEN's, dependent on whether they started with immigration versus English language requirements. For example, applicants seeking Canadian citizenship through permanent residency processes have one of three testing options: Canadian English Language Proficiency Index Program (CELPIP) General, the CELPIP General-LS, or the IELTS-General. There are some additional options for testing language proficiency in French. The CELPIP and CELPIP- General examinations are used to meet immigration purposes only, whereas the IELTS-General can also be used for post-secondary education applications, but only in some instances. Some participants, such as Julie, completed their IELTS assessment in their home countries, but others waited and completed their examinations once they arrived in Canada. Julie reflected on her experience and her conversations with others who faced similar circumstances:

> *Like about the IELTS. I did the IELTS for India for the process for the NNAS, and it will only have two years of validity… So again, they write IELTS here, many people telling me that the IELTS here …is difficult …because they are expecting Canadian accent and everything.*

Although the IELTS examination process is consistent in assessing the listening, reading, writing, and speaking levels of English, participants completing their IELTS examination in Canadian testing centers had different experiences.

The process of meeting English Language requirements from Citizenship and Immigration Canada (2020) is clearly stated. Testing for English proficiency is conducted

through: (1) approved third-party testing centers; (2) government-funded language training programs; or (3) the completion of secondary or post-secondary education conducted in either English or French in Canada or abroad. However, there are discrepancies as to whether the third option is available to applicants beyond the immigration process as proof of their proficiency in the language. For some IENs, this is where another layer of confusion exists, especially if their basic nursing programs were taught in English. What is an unknown for many IENs at the point of applying for immigration is whether or not they will require additional education after their assessment and, if so, what entry requirements will be required for those programs. In other words, if you did not complete an English language examination through a third-party testing center upon coming to Canada, you would need to complete one before applying to most post-secondary programs in BC. Access to preparatory courses is freely available as Alex shared, *"I noticed that there were many universities and colleges offering preparation for the CELBAN and IELTS tests."*

To add to this seemingly simple process, some exceptions can, and have, introduced confusion. While Citizenship and Immigration Canada (2020) documentation note that having attended an English taught post-secondary program abroad is an acceptable form of demonstrating English proficiency, several post-secondary programs in BC (BCIT, 2020; Capilano University, 2020) and the BC Health Care Aide and Community Health Worker Registry (2020) will only accept this deferral if that education was from a list of pre-approved English language speaking countries. Neither India nor the Philippines are on this list even though for some individuals coming from these countries, English is their first language, or as identified by IENs in this study, their nursing program was conducted in English. Thus, IEN

applicants whose country is not on this list are required to provide additional third-party language assessment results.

In general, most participants recognized the need to ensure their level of language would be appropriate for clinical settings in Canada. Robert's home country is not on the list of approved English-speaking countries, and when asked to describe one of his biggest challenges in getting his license, Robert shared his own experience and also the challenge of communication with other international members of the healthcare team. He stated:

> *I guess because the challenge will also be language. Language is also a concern because I would say for—I'm speaking for myself— English is my, still my second language. Uh, but I have to tell you … in the Philippines, uh, the nursing, uh curriculum is based in the States, and the mode of teaching is still in English. But still, because I still consider myself like English is just my second language, so sometimes it is a challenge. Especially when you're working with international doctors… in Canada.*

Although participants recognized the need and importance for English language testing, there were gaps in understanding what test is required for what purpose. What was also unclear for some participants in this study was the different benchmark scores for different applications, including post-secondary programs and the completed language test's accepted expiry date. One area where transparency is assumed to be visible is on the BCCNP website directions for international applicants.

The BCCNP (2020) website states that both the CELBAN and the IELTS would be acceptable forms of English proficiency for applying for a license to practice nursing in BC. Heeding this advice, Janice shared her experience with her first attempt with the CELBAN exam:

> *I was lucky enough to get my language part report in the first exam in the CELBAN. I was just okay. I didn't have any education or preparation documents or anything. So, I thought, let me go and write it, how is it. If I get an idea, I would just focus and give a second attempt… But lucky I was successful. It was pretty easy during that time, so it's all nursing related topics, so, they will tell us we are not focused on the knowledge that you have, we are just focused on the vocabulary and the fluency that you have on the mastery of the language. We won't look at your knowledge. All the questions were nursing related. How do you educate a myocardial infarction patient? So, it helps me to understand rather than the general topics in English right.*

Michaela also shared her experience with writing the CELBAN, but with a different outcome:

> *When I came to Canada, within seven months, I wrote my CELBAN, which is a language assessment test instead of the IELTS… but one more thing is the language score, the benchmark they put in CELBAN, we need 10 out of 10 in listening. I totally don't believe even a Canadian or an American may not get 10 out of 10 in listening, even if you are given an audio and ask us to write answers to it and getting a full score in CELBAN listening. Like we are, our mother tongue is not English, but still, we try to grasp English very well, and still the Canadian uhm, system is asking us to get 10 out of 10 in CELBAN for listening. Which is absolutely unfair. Are they thinking it properly? Are they thinking we are speaking English since the time we were born in India? If that is so, then it is totally wrong.*

The feeling of inequality and undue hardship is shared by other participants as they compare and shared their experiences. Alex offered his point of view:

> *However, I think, for example, the CELBAN, let's break this down …*

when you go and take the English test, I'm not sure it is a good reflection of your English. People don't pass the English test, because the listening part is, you, you need to get a perfect note, you need to get a 10 out of 10. But people are saying, or some people advocate for other things, is that the English test, you need to test people about their English. And I know many people who can perfectly, like properly communicate in the language, but when they go and take the test, they don't pass the test because the test is not a good reflection of their English. I think the English test should be reviewed because I think we're not native speakers. So, a 10 out of 10 I think is not fair for a person whose first language is not English. I think that should be check or reviewed.

An additional point to note here is that if any IEN is required to take some additional education, CELBAN test results are not accepted as meeting the English proficiency requirement to access the two post-secondary institutions in BC that support IEN education; Kwantlen Polytechnic University and Langara College. Coming full circle, an IEN would not be able to access the education they require to apply for a license. This process remains unclear for some participants as they spend significant time trying to achieve the benchmark scores for CELBAN. This time delay seems to have added to participants' experience of running out of time. Ashley is one of those IENs as she shared:

I have the language proficiency still to be completed … and the last August, I have attended . . . you know, CELBAN exam… but, unfortunately, I couldn't reach the score . . . is ten out of ten. But I could grab only eight in ten, …, so I'm just planning to take my exam again on this coming … November 17th, working hard to it so that too…the biggest challenge, uh, I would say, is my language. Yeah, that's the biggest part. Then, in especially in BC, after submitting the language proficiency only, our paper- we will be

> *ineligible . . . not like any other province. There, even without language proficiency, they will give that language report, and we can write the other part and the OSCE at the end, we will submit the language, but in BC, they are little different. That's the biggest challenge I feel like, and also one more thing is like this CELBAN, everyone can only write … three times in two years.*

Having completed his English testing several years ago, Jason noted the requirements have changed over the years. He commented:

> *I know someone who did their IELTS probably three times with just missing a mark. Five-point something, probably point two. The scores in this course back then when I started was pretty average, or I would say like just standard passing mark for, um, for a college admission. And then they increase the scores to I think seven.*

Michaela shared a similar experience and compared the language requirements to other countries:

> *So, people are almost stuck. They are stuck there with that CELBAN and IELTS, as they are not able to clear their language. And because of this high score demand, they need high score. If they bring it down, or lower it down, like how it happened in UK and Ireland, they brought down the score down, because they are requiring nurses, they want nurses, and they realized, like nurses, Indian nurses can speak, and they can grasp English, then why should we ask them to clear, ah, why should we asked them to pass IELTS with such a high score?*

The English proficiency requirements, the benchmark scores, and the expiry time for submitting these documents vary across post-secondary institutions in BC (Appendix N). Another challenge participants faced was the timing of completing the English language testing

and gaining entry into a post-secondary program. In the absence of a waiting list at the two institutions providing support for IENs, the timelines would expire, and several participants were required to repeat the English language testing. Robert stated, *"It has become, I shouldn't say a business, but uh but once it's expired you have to take it again because you won't be considered even with your application."* Having to repeat the language testing because it has expired also comes with a financial cost; Amanda shared she paid to take the preparatory course and the test; *"I also pay *** $200.00 because I want to get this test in one shot. The thing expired, so I have to redo it for another $230.00 or something."*

Some participants viewed the process of English language testing as complex and unclear. The lack of transparency and a clearly defined pathway contributed to participants' sense of powerlessness, experiencing time as running out, and delays in accessing the education they required to process their application for licensure. In addition to trying to meet the English language proficiency benchmark scores, participants were all required to go through an assessment of their knowledge and skills.

Being Assessed

Some participants in this study identified a lack of transparency within the assessment process. The process of being assessed revealed how the experience was internalized as a lack of awareness. The process of assessment all added to the sense of lack of transparency. Finally, participants identified that you could be successful in your assessment but unsuccessful in being able to practice within your specialty area in Canada. IENs are assessed as entry-level generalist practice and are not assessed on their knowledge, skills, and attributes in a specialty area such as pediatrics or ICU. Although different outcomes were shared, participants identified the lack of transparency within the process of assessment.

The assessment center for IENs applying for BC licensure is the Nursing Community Assessment Service (NCAS) (2020). The steps and processes for how applicants are referred to NCAS are identified on the BCCNP website. Applicants go through an initial assessment process with the National Nursing Assessment Service (NNAS), make an application to the BCCNP for licensure after all other pre-requisite activities have been completed; most applicants will then be referred to NCAS for competency assessments. Participants identified the process of how they reviewed the NCAS website for information on how the competency assessments would be conducted. When asked about the process, participants in this study were able to articulate the three core assessments that include: The computer-based assessment (CBA); the simulation lab assessment (SLA); and the final oral assessment (OA) or interview with an assessor. Although the process appears linear and clear, the lack of transparency was internalized as a lack of awareness and was experienced in different ways. Having gone through the assessment process, Melanie shared:

> *I'd anticipated it would be like, clinical skills, like, you know, drawing up medication, taking vitals, like kind of physical skills, as opposed to critical thinking. And the kind of, the instructions they gave at the site I went to, like I said, I did the tour beforehand and they kind of give you an example of like, okay, you'll go in the room, and you'll read the patient's file and read their chart. And then there'll be a box that says, kind of what's expected of you in this station, right. And in our example, it was like, a very, very thin chart, there wasn't very much information. And it was like, uhm, give the patient the medications, that you do a neuro assessment, kind of quite obvious, like, okay, this is what I have to do. Whereas in the actual test, there was nothing that specific, it was like, I can't even think now, but it was like demonstrate what you would do when you get*

> *hundreds of sick patients. And the chart, there was like a huge amount of information in the chart, and I, my main struggle, was picking out what information I actually needed from the chart. Like it was just, it was just so outside of what I was used to doing. Yeah, so, I, I felt like even though I'd worked really hard and studied really hard for a good few months, I felt like any amount of studying like self-study I did, didn't help me.*

In a further reflection, Melanie also shared:

> *That moment highlighted to me how, not just between countries, but between, certainly in the UK, between different hospitals, how you know, policies are different and protocols different and, you know, where I work, or in my training, we weren't really taught to use the dressing pack in the way that she was she was demonstrating, and I thought there must be like, I don't think any, anyway is particularly, I mean, there is a wrong way, but there's lots of different right ways. And I felt like in the SIM lab, they kind of only had one right way in their mind, and if you did it in your own right way, then it might still not be good enough.*

Alex shared a similar experience when identifying how he prepared for the NCAS assessment:

> *I'm thinking of probably checking some basic information, well, not basic information, maybe reading for a little bit, different topics about, you know, mental health, maternity, operation interventions and try to be, you know, refresh a little bit in my knowledge. But I need to definitely get a better idea of the NCAS because at this point, I'm not totally sure. The tutor where we were working on the English test. But she told me once your English is not is out of the way, I can continue working with her and help you to prepare for the NCAS. So, I know I have this option with her for in order to prepare for the NCAS. Every pass is going to be another option, so I'm going to take all of the preparation there and,*

> *and I have actually visited the NCAS, you know, they have a web, a website and I go and check out all the information trying to see, you know, about updates or have a better understanding of the test.*

Although the information on a website may appear clearly laid out, Josie shared how this information is not an accurate reflection of the complexity that is hidden within each of these steps. She stated:

> *Uhm, why I'm saying is when you go online, and you go to like the NNAS official website, or like the BCCNP website or everything, every kind of website that you can go to. I believe the information is extremely simplified, and it does not represent the reality of what we actually go through once we reach Canada. Because all the information that I found, maybe it sound like if you had a proper education and proper training and you are really, you know, willing to relocate and move to another country, somehow it's manageable to obtain your credentials in here … the information that I found was not really, not really accurate at all. Before coming here, I was almost certain that once I finally sent my application to BCCNP, I would be able to fit the national examination and just become a nurse in Canada.*

It is important to note that NCAS has made three YouTube videos available on its website. One video demonstrates the process and procedures of the SLA. A second video walks applicants through the process of the OA component of assessment. A third video is available and is geared to the knowledge and skills of international HCAs. These videos were produced in 2018 and recently updated as of July 23rd, 2020. It is unclear as to when these videos were posted to the website, and as such, participants in this study may or may not have accessed these resources depending on the date of their assessments.

Practicing From Experience

Participants in this study shared a third process that is unclear and lacks transparency, being able to practice their own expertise in clinical areas. As identified earlier, participants in this study come from many different clinical areas of practice, including pediatrics, critical care areas, OR, teaching, and leadership roles. However, once securing a license to practice in Canada, these same clinical specialists could not return to these practice areas and instead were relegated to either an adult medical unit in acute care or typically in a long-term care unit. When looking for jobs, Barbara shared how her options were restricted; *"Even though I was doing surgeries in the States, and I could have worked labor and delivery. And they were no, that's a whole other class."* Jason had a similar experience in his employment journey:

> *So, I started in long term care. I worked full time for three years. I had an experience in working in management, similar to a patient care coordinator. Then I thought it was a good time for me to leave after three years. I've been trying. I've been trying to get a job in acute care. But no luck because they wanted. They wanted nurses to have that acute care course.*

Janice also described her experience of trying to get back to the practice area she is most comfortable in:

> *The last two years I have been in long term care. Because I tried in BC to work in OB/GYN, but you need Canadian education, perinatal education, to work at Women's in BC. Looking at my education in obstetrics in nursing in India, I am not getting any benefits after reaching in Canada. So, considering my education from India, they can make it easy for a labor room nurse, at least get oriented or trained, in a hospital-like BC*

> *Women's or any other hospital or ward. It would help us to work in the same interested area as ours, so, otherwise, we will be ending up or change of focus in area of care.*

Finally, Michelle shared that even if you are an RN in BC and you wanted to take some specialty courses, you are faced with more obstacles, especially if you have been limited to work in long-term care. She stated:

> *Because in acute care they tell them you have been away from nursing for three years so they cannot get hired in acute, even though they have a lot of experience and then if they go for some specialty, they go to take something, and if you are not working in acute care, you cannot take those specialty courses.*

Stemming from these experiences are additional feelings of frustration: a loss of the time, education, and experience these nurses have spent their careers in only to face additional limitations. Melanie shared:

> *I'm now looking at potentially three years, either whichever kind of way I choose. It's going to take me three years at least to become an RN in BC. And what I find so frustrating about it is once I've done that, if I do that three years, or if I take that degree, I need to negotiate and try and get a job in neonates, I don't want to work in any other area of nursing. And it's, it's incredibly frustrating, and without sounding arrogant, I know I'm a very good neonatal nurse. And I'm not an adult nurse, I never have been, and I've never trained in it. Uhm, So, I just, I feel like there's a flaw in the system. I think that makes it very, very difficult for people, for internationally trained nurses to have been working in a specialty for 10, 20, 30 years, then come and try to work in that specialty here.*

Melanie also went on to share her experience working in Australia as an IEN:

> *I worked in Australia for a year. And I know that they certainly went over there, this was six years ago. I don't know if they changed the system; I don't know how it is now. But when I was there, I applied for my license; I filled out all the forms, I sent them all the documents, they wanted the same thing, except I didn't have to do any kind of assessment. They essentially said to me, we are going to license you, but we're stating on your license that you can only work with children. In Australia, they also do a general nursing degree. They don't specialize like we do in the UK, but they recognize that we do. And it still allowed me to practice there. And that's what I did; I worked in children's intensive care. So, I don't know; I just feel like if one country can do that, then why, why is it so difficult to do it in BC?*

In these examples, participants shared that the lack of transparency is not only experienced in the assessment process, but also in understanding that if you have been successful in the assessment, your opportunities to practice in specialty areas may be limited. In the next section I will provide the results of the fifth category, *normalizing the struggle*.

Normalizing the Struggle

Participants in this study shared their stories, whether they were actively going through the assessment phase, waiting for education, or engaged in an educational course, or were employed and had gone through the full process of becoming licensed to practice in BC. At the end of each interview, participants were asked to share their words of advice, their pearls of wisdom for any other IEN who might be considering becoming a registered nurse in BC. Responses to this question revealed three different types of reflection or phases: *Anticipating the process, going through the process, and/*or *reflecting on the process*. I now share the findings for these categories as told by the participants.

Anticipating the Process

A component of hindsight for some participants was recognizing that they did not anticipate the challenges they would face in securing a license to practice. For many IENs, an assumption was made that there would be a level of equity in education and practice experience. Amanda shared, *"so basically, I didn't have any information before, like what is going to be there, how I'm going to be a nurse there or anything like that."* Michelle also did not investigate what nursing would be like in Canada, *"I had no idea about Canada."* John stated he also did not look into what nursing in Canada would be like when he shared, *"I had no idea because most of the nurses in the Philippines, they either go to the USA, the UK, or in the Middle East."*
For other IENs, even though they anticipated there would be some challenges and hurdles to overcome, they underestimated these struggles. IENs such as Josie noted, *"and I know that I'll have to figure out how I'm gonna do it. And I did not really think it was gonna be like, so long and so hard to get to this point."* Janice stressed that many IENs such as herself underestimated the time they would need to balance education and work, *"some people work like 20 hours a day to have their livelihood."* Janice also went on to share some advice with other IENs:

> *Actual focus on study really. What I find with others, ah, and I am not generalizing but, the few people that I know they are much focused on the work and immigration process when they come as a student. Where I tell them to focus on where you want to be. If you want to be a registered nurse, well, then focus on that. But if you are focusing on permanent residency, you may end up not getting permanent residency, and you won't be a registered nurse. So, focus to study and, ah, hard work is very important.*

Throughout this study, participants shared their challenges, strategies, and successes along their journey. Some participants conducted their own inquiry as to what would be required

to use or transfer their knowledge, skills, and experience to practice nursing in another country. Others did not. Underestimating the complexity of these processes manifested itself - in different ways for some IEN's, and these have been identified within the other categories or subcategories within this research study. I now identify how some participants normalized the struggle as they were going through the process of assessment and licensure.

Going Through the Process

Participants in this study also shared their reflections on going through the process of either assessment, licensure, accessing education, or all of these. At the same time, as participants remained hopeful, some participants remained skeptical. Michelle stated that many people within these systems say the right words and show empathy, but the system never changes. Michelle shared:

> *But there are a lot of, you know there are a lot of persons that care, but they cannot change the system…Somebody has to challenge the system so those people who are responsible they say they care but are they doing enough? That is the question, right?*

Along the same thought process, Ashley was engaged in her Master's program and was focusing her own research on supporting other IENs like her. She stated:

> *It is, um, it is discouraging when there are processes that are preventing you from being able to, uh, to use all the knowledge and skills that you already have that you're bringing with you. So I, that's one of the reasons that I'm doing this research ****, is there are some, uh, problems in the system, and we really need to look at those problems, because they are barriers, they're not helping anybody—they're definitely barriers.*

For IENs, such as Melanie, the hardest part of these processes was being told that you were qualified but could not get a job. Melanie shared:

> *One thing I didn't mention in the beginning, and actually, it was almost like my first step in this. I contacted, I think I went through the BC Children's website, something like that. And I just emailed someone and said, is there any kind of programs within the hospital, within recruitment, that can help international nurses get their license? And essentially, I was told, no, you've kind of got to do it all here and back. And then I spoke to someone who worked for the Provincial Health Services Authority and recruitment and, essentially, she, I sent her my resume, and she said, this is incredibly frustrating for me because I need neonatal nurses. We've got a brand new neonatal unit in Vancouver, and we need to staff it with people that have experience. I don't want all my nurses to be newly qualified or have limited experience. And she says, I'm looking at your resume, and I want to interview tomorrow, but until you've got your license, I can't. And she said, you're very specialized, and that's great for me, but the licensing body won't see it like that. And that, that has stuck with me since the moment she said it to me and I almost kind of, not wanting to prove her wrong, but I, I wish, I guess it gave, I anticipated that I might not get my license the very, from the get-go, but I still tried.*

There are many different impacts for IENs as they go through the processes of moving to Canada and starting the process of becoming a practicing nurse in BC. These impacts have included the visceral and emotional toll on the body, mind, and spirit. They have included the financial burden and reliance on a community of support to move through the process. Some IENs, having endured these challenges, have shifted into a place of reflection and advocacy for those who might be considering following in their footsteps. *Reflecting on the process* is the final sub-category of normalizing the struggle.

Reflecting on The Process

IENs in this study have had different experiences. Some of the differences were contextual and a reflection of where they did their basic nursing education and what type of clinical experience they brought with them. Reconciling these differences is difficult. As Ashley reflected on her experience, she shared:

> *And also one more thing I would like to, uh, share with you, is like, uh, I-I told you I'm not praising myself I just want to give you the, uh, factual idea of the, like I-I got my eight years of experience, I got all my eight years of experience in, uh, cardiac ICU, uh and in Saudi the same as critical, because we got, uh, medical and surgical both in one ICU. So, I-I have so much of experience in my hand, and I-I worked as a team lead of the department. So, suppose, uh, if this, uh, um, things like the program language processing report and everything is steadier, so ultimately, the health care system is losing, um, you know, the capable, um, uh candidate to work in the health- you know like the health care system always need the capable persons to work in the particular department, right? Yeah, I don't know, like, um, and my cousins they are there in Australia and New Zealand, so they went there, and they completed their language back from India, but still, they have only six months program, just an adaptation program, six months, and right after that adaptation program, uh, they got their, you know like their registration, and now they're working in the hospital.*

Alex's reflection on the process is reflected in many of the stories shared in this research study. Alex wanted to share his words of advice for others. He shared:

> *First of all, I have to clarify. I totally agree with the process. I'm not against the process. I believe the process is fair, is fair enough, because first of all, nurses are medical professionals or healthcare professionals who work with people. And we're not working,*

not working cats, not working with dogs, we're working with people. And that College of Nurses, no matter where, need to double-check that you are, that people are completely prepared and ready to work with other people regarding their health. So, I totally agree with the process. And one of the things I always say is, it is fair, that we have to go under these assessments, that we have to prove that we can properly communicate in English, that we have the skills to do the job and that we complete the vocation that we weren't supposed to complete and we are ready to work in this role in Canada. However, I think, for example, the CELBAN, let's break this down … when you go and take the English test, I'm not sure it is a good reflection of your English. People don't pass the English test, because the listening part is, you, you need to get a perfect note, you need to get a 10 out of 10. But people are saying, or some people advocate for other things, is that the English test, you need to test people about their English. And I know many people who can perfectly, like properly communicate in the language, but when they go and take the test, they don't pass the test because the test is not a good reflection of their English. Ah, uhm, so I think uhm… think the English test should be reviewed because I think, we're not native speakers. So, a 10 out of 10 I think is not fair for a person whose first language is not English. I think that should be check or reviewed. Secondly, uhm, well, excellent, some people at some point, people pass the test and go through the process and what happens is, you go and register with a college, but now you have to wait and wait and wait and wait and wait for a long time …and wait and wait and wait long time, uhm, for the college to review the process. So, I think, I believe that there are normally people working on this and the time that you have wait is a really long time. Then, okay, the college reviews everything, and you are sent, you are asked to complete the NCAS. And

you go and there's just one, college I think, I think just one test location and then you have to wait a year, or a year and a half, to try to take the assessment. And then, when you take the assessment, you have to wait for the results. And when you got the results, and the college reviews your results, they tell you, oh, you have to accredit your education. And there are just two institutions where you can go, and these institutions don't have many intakes. Now you have to wait a couple of more years. So, it's pretty much like okay, I agree to the process. I think we should review the process, but the waiting time is ridiculous. So, we know, I would say we know, that people need to go and upgrade in locations, we should have more institutions. Or if the college knows that, you know, where so many applicants, well, maybe there should be more people checking the applications. And try to make this easier or pretty much just easier. Mmm, cause at the end of the day, people wait two years, four years, six years. And some people don't even make it. Well, I can tell you many people just give up, give up. Because it's expensive, because you know it takes so much time and because it's so challenging. So, I agree with the process, but I think many things are just ridiculous. And probably the process is completely out of control at this point. And another thing is, there's no, I think there's no, I think there is no many communication between one institution to another institution. And the requirements for every single process, for every single thing that you're doing is different. Like when you go, you cannot fill out the application if you are not a permanent resident. But you can apply for you, can place an application to the college if you are not a permanent resident. So, at some point, there's no, there's no, there's not a connection between the college and the other organizations working with the college, to try to make, you know, working in the process. There's no connection at all. And one institution is

> *asking for some sort of requirements, and the other institution is asking for other requirements, and yeah, it's just so confusing and complicated, for, for, for we, for us, to navigate in the process. There is information, but it is just so complicated from one institution to the other institution.*

Those IENs who have had complicated and complex experiences, and have shared their stories, hold these experiences close to their heart. While their inner circle of family and friends share their lived experiences, IENs have articulated the risks they face in sharing their experiences. Melanie stated, *"I'm only just kind of in a headspace where I feel like I can kind of revisit the trauma of the last two years and actually, start writing to people."* Participants in this study expressed gratitude for having a space to share their stories. Yet it is I who hold gratitude to them for the trust they have instilled in me to honor and respect their stories.

Thus far, I have provided a summary of the five categories as shared by participants. These categories are viewed as the "*gates*" or barriers that impact how IENs can access the education and support required to transition into a Canadian RN role and secure discipline relevant employment. As identified, IENs identified the need to find the "*gatekeepers,*" those individuals who could provide the right information and support at the time it was needed. As I have shared, some participants in this study are still seeking out those "*gatekeepers*", some have successfully found their pathway to becoming an RN in Canada, and some have simply given up altogether. However, bound within these stories, an unanticipated finding emerged in the data. In the following section, I identify this finding and present the data supporting it.

Unanticipated Finding – IENs in Long Term Care

There was diversity within this participant group of IENs: those who were successful in obtaining the supplementary education they required and had successfully transitioned into

practice, those who were currently engaged in an educational program or course they required prior to applying for licensure, and those who were at the beginning of this journey and were going through the preliminary processes of assessment in order to access an educational program or course. Woven within these narratives was a common thread. This common thread is that all IENs are assessed based on the Canadian knowledge skills and attributes of caring for an adult or older adult population. Further, most IENs who are successful in obtaining licensure begin their careers in long term care settings and usually within private institutions. This history, habit, and tradition of placing IENs in these environments should present concerns.

It is a common, albeit incorrect assumption, that caring for older adults in long term care is a safe practice area; that the health trajectory of this population is stable and therefore seen as low risk. Caring for older adults is a specialty area of nursing practice in Canada and requires additional education to provide a high client and family-centered care standard. Participants in this study identified that although caring for adults may have been an element of their basic nursing education, caring for the older adult or gerontological care principles was not. I provide more discussion of this findings in Chapter 7.

Thus far, the five core categories of *professional identity, sense of time, power/powerless, transparency of process,* and *normalizing the struggle* have been identified. The sub-categories and properties of these categories have been shared through the narratives and experiences of the participants in this study. In the next section, Chapter 6, I identify the over-arching theme of education and the sub-categories of formal, informal, and online and distributed learning. I will also identify the properties of these sub-categories. Finally, I discuss the findings of how participants in this study used these three types of education and what support they received in the process.

Chapter Six - Research Findings

"Educating IENs"

Overview

My primary intent in this research inquiry was to determine how IENs use formal, informal, and online and distributed learning to support their transition into Canadian practice settings. As identified in Chapter five, participants identified there were challenges, seen as a process of *"gatekeeping"* that impacted their ability to access the supports they required to either access the assessment process or education.

In the next section, I identify the over-arching theme of education and the sub-themes and properties of formal, informal, and online and distributed learning. I discuss how participants in this study used these three types of education and what support they received.

Formal Education

Within the sub-category of formal education, participants revealed three distinct and important concepts, seen as properties of these categories, connected to finding and drawing on the support that is needed within the process of formal education. These three concepts or properties are: *building trust, accessing education,* and *exposing vulnerabilities*. Each of these concepts is explored in more detail. In this next section, I begin by exploring the importance of building trust within formal education processes.

Building Trust

Participants in this study shared collective experiences around two concepts: truthfulness and trustworthiness. For participants, truthfulness was connected to an individual; someone was telling the truth and being realistic in the information that was being shared. On the other hand, trustworthiness appeared to assign a level of trust and validity, and this was connected to systems

and processes. I now provide the narratives from participants that exemplify how they experienced the distinction between truthfulness and trustworthiness.

Truthfulness

Within education, one form of trust is associated with truthfulness. To determine what was the best pathway forward in the choice of an educational stream, participants identified they would have conversations with other individuals. These individuals included conversations with others who have taken a similar pathway or program, or with representatives from a post-secondary institution, or with other individuals such as immigration consultants. Participants have also stated that while some shared information in these discussions was helpful, at other times, the information was misguided and came with unanticipated consequences.

Several participants shared experiences of working with immigration consultants in their home countries. In addition to supporting the immigration process, many consultants also provided direction on what post-secondary colleges to apply to gain their Canadian RN certification. Ashley shared her experience of working with one immigration consultant. She shared:

> *Yeah. I- I can tell you. That is bit, a little bit story on there, because, um, uh, the thing is of when I came back from Saudi um, uh, I got information from one agent in India, uh, so, he was actually recruiting staff to, uh, Canada, you know? Like um, because, uh, why I approaching him is that I really didn't have much knowledge about the Canadian system, but uh, you know like other than the permanence, permanent residency application, I um, only knew about the student visa. But I, um, my, uh, thought was like, uh, I wasn't uh, uh, an eligible person to come to Canada as a student because I completed my graduation in 2009. And so its' almost like a ten year, those who've, uh,*

> *are, under, uh, five years, five then – less than five years – are able to come to the public ho-, uh, I mean the public colleges in Canada. So, when I went to him, he said, uh, there is no issue, uh, you'll be getting admission in one of the colleges here in Canada. So I, uh, I mean like I searched it in Google, I found the college name, so, uh, really I didn't know about uh, designated learning institution number, no information about that because I didn't know what is that and or after I come here only I , uh, I know that these things have to be checked, and post-graduate have to be checked . . . I didn't know about all this, and so, what I do this like I applied to our agent uh, the service he asked, uh, and he processed our paper, visa came for two years, and I came here, uh, so it was a private college.*

For Ashley, the consequences of this decision were financial, delaying her ability to practice as an RN in Canada, and her access to a credible post-secondary program. Ashley reflected on these consequences when she commented:

After I came here only, I really understood, uh, what was the consequences, like, uh, I won't be able to get the post-graduate work permit. And then, yeah, tons of problems even though after paying so much of fees and all, so what I did is after couple of months in last September, as it said, like, September I came, then I moved from the college, yeah now from my last number I moved from there then I mean I return my program, then I got admission in, FDU. So, I lost almost like a ten thousand dollars in that college which I paid.

Michaela shared her first educational experience with a private college. She had also been directed to enroll in a private program. She stated:

> *So, when I came here, I came to a college named Omni College. Omni College in Richmond, which is a private college, who told us like when we, when we were recruited*

> *to this college, they told us within six months, you can write the NCLEX RN and become a registered nurse. Which was actually the opposite side when we, when we actually reached here. Omni's plot show you a lie. These kind of colleges, they just bring us, we spent, I spent 19,000 only for paying for the one-year fees. 19,000 Canadian dollars to Omni college … and Omni college don't give any work permit after study.*

Not all interactions with others giving advice were negative. On the contrary, some participants used private tutors to support their initial learning. In these instances, participants stated they were truthful with their tutors about their learning needs, and this was reciprocated by their tutors. John was recruited to work in Canada, and his employer provided a tutor for him. He stated, *"my employer supported me, and they actually get me a private tutor for the board exam. And after that, everything went well."* Alex shared his experience with a private tutor:

> *I ended up contacting people, and somebody recommended me a private tutor, and that person was able to take me and to help me with the completely and independently to prepare for the test until I pass the test. I talked to people who have actually completed the NCAS. The tutor where we were working on the English test. But she told me once your English is not is out of the way, I can continue working with you and help you to prepare for the NCAS. So, I know I have this option with her for in order to prepare for the NCAS. Every pass is going to be another option, so I'm going to take all of the preparation there.*

It is critical that IENs recognize that there are differences in the context of how the nursing role and responsibilities in Canada may be different. IENs and those who support IENs must be truthful about these differences. Participants such as Julie recognized some of these

differences when she shared her experience with engaging with a client while performing a wound assessment and dressing:

> *In some competent patients, ah, when we are doing the procedure, we are talking to the patient, and at that, the time we will communicate like "I see that the slough," "if I cut that your blood supply will improve and heal your wound" and not. But not like always. It's not a mandatory thing there. But what I observed in the books and all, like, I think that's an important part in Canadian nursing.*

The majority of information an IEN will access will be new, especially on what educational pathway would be the most appropriate for them as individuals. Participants expressed the importance of trusting the information they are provided with so they could move towards achieving their goals. A level of trust and trustworthiness was also described as an essential component of accessing an educational program and finding the support from other organizations to facilitate their transition to practice. I now discuss how participants in this study experienced trustworthiness.

Trustworthiness

Participants in this study often assigned a level of validity, credibility, and trustworthiness to organizations and systems. Specifically, accredited post-secondary programs and the BCCNP were seen as trustworthy, even though participants faced challenges within these institutions. Amanda stated, *"I don't want to go somewhere like, blindly to go for my training and go for it. So, I chose like a proper institute to get my training and my assessment, and this helps a lot."* Participants also shared that they put their trust into educational programs to help them transition into Canadian practice. Julie stated:

> *Some bridging courses, of course, I know for me personally I need because I need to know how things are going on like here. And I need to brush up all my skills so for after that patient, I know the environment in a different country hospital. So that's a little bit different.*

When asked about his experience and the trust he placed in his program and instructors, Jason had recommendations for other IENs; *"I would say being open with the Canadian culture. Knowing that I'm in a different country and working in different health care system I have to be open to these learnings"* In addition, Michelle highlighted that trustworthiness goes both ways and encouraged instructors and those who support IENs in practice to trust that these individuals are RNs; *"If you are supporting and if you can show them, without judging, they will pick up very fast. And when they ask questions, it's not because they don't know, it is because they are wanting to be thorough, that is why they are asking questions."* Interestingly, trustworthiness often did not extend to other IENs who may be providing private educational support. Amanda highlighted:

> *But these nurses, those who give trainings, I have heard like there's some of them do online and some of them they do in person as well. Because I know like, I want someone Canadian to do it for me rather than someone from back home. Just because a person who is Canadian knows a lot better than this system then a person coming from back home, right?*

Participants in this study highlighted that accessing education also meant ensuring that the learning environments were safe and trustworthy. At times participants would describe either the characteristics of a teacher, facilitator, or leader in a formal setting (Table 3) or the strategies that helped them achieve success in their academic studies (Table 4).

Table 3

Supportive Characteristics of Teachers/Facilitators/Leaders

Characteristics of individuals that create a safe and trustworthy learning environment
Must collaborate well with other teachers, students, and community partners
Must understand multiculturalism, cultural safety, cultural humility
Must be flexible and understand how to incorporate cultural considerations (i.e. prayer time) into learning spaces
Must understand adult learning principles; shared decision-making
Must adopt different pedagogical approaches including how to flip a classroom
Must have the ability to work with people in a clinical setting with learners who have varying levels of skills and adaptability
Must recognize different philosophies and different ways of thinking
Must have the ability to adapt to different learners/needs and not the instructor's needs
Must foster an atmosphere of cohesiveness and team spirit
Must know how to build from a learner's strengths; drawing from other's experiences

Table 4

Formal Learning Strategies for IEN Learners

Strategies that foster a safe, trustworthy learning environment
Having lots of practice exams
Instruction on how to write a multiple- choice exam
Creating hands-on-learning opportunities as much as possible
Building accountability in learners and with one another (group work)
Learning about academic integrity – cheating, plagiarism
Creating opportunities to return to and practice the basic skills in nursing
The importance of starting with simple questions and moving towards more complex, critical thinking, comprehension, and application questions
Creating an environment that encourages asking questions and highlighting the importance of asking those questions
Creating the opportunity to keep repeating knowledge, skills, and practice experiences to reach success

Academic programs, individual instructors, facilitators, or leaders do not often clearly identify the rationale for the way content is delivered. Participants have shared how they experienced these courses; the emotions connected to their learning. The pedagogical approaches, learning theories, and frameworks underpinning these experiences are discussed in further detail in Chapter 7. In the next section, I will identify the second sub-category and properties of formal education; how participants accessed education.

Accessing Education

There is a limited number of formal education programs that support IENs to bridge into Canadian nursing practice. Although there are post-secondary institutions throughout BC that offer nursing programs, including HCA, LPN, and RN, most of these are not accessible to IENs for a variety of reasons (Appendix N). These reasons include immigration or permanent residency status, regulatory body permission to apply for a program, the choice of programs within institutions, varying English benchmark assessments, and the availability of a seat within a program. Any one of these entry points, or gates, caused delays for participants in this study, and accompanying these delays were significant consequences.

Immigration Status. All publicly funded institutions with nursing programs require applicants to be either Canadian citizens, permanent residents, or landed immigrants. For IENs wishing to obtain licensure to practice in BC health care settings, they must first have an RN license. Josie stated she was still in the immigration phase and could not apply for post-secondary programs at the time, but she had made her preferred choice of an educational program; *"Hopefully, I would apply to KPU, once I get my permanent residency status."* Alex anticipated he would have to take some additional education and started researching programs while waiting to go through his immigration process. He stated:

> *I was not a permanent resident when I was looking for resources. So, and I only had a work permit, which didn't lead me to go and take any formal education at a university or a college. So, I had a lot of challenges trying to enroll in a program like VCC, Vancouver Community College. They were not really accepting me as a student to take that CELBAN prep test preparation. So, you know, on the going on the internet, I was able to find many different resources or programs like "ELLA's program" by Douglas College, but I was not able to access these programs because of my current situation and my situation at that time.*

Some IENs had also started their formal education in Canada through Master-level programs delivered in an online and distributed learning format that is available to any student. Michaela shared, *"I'm doing my master's with children at Trinity Western University."* Ashley was working on a different program, *"I am doing my Masters in Global Health and Human Services Administration."* Margaret stated, *"I did the post-graduate diploma and gerontological nursing, but I did just a one-year program."* In each of these instances, these IENs had hoped that by taking these courses, they would increase their success in the NCAS assessments, help to support their applications for permanent residency, and their eventual employability status. Janice shared, *"Whereas other students in my batch in Langara, they got it wasn't comparable. So, I realized that my Master's education helped me to get a comparable report."*

There are two private post-secondary institutions offering nursing programs; OMNI College and Sprott-Shaw College. Both institutions are accredited as educational institutions in BC. Both institutions offer IENs an opportunity to apply for the program and then apply for a visa/study permit. This is after the program fees have been paid. Graduates from the programs are not eligible for a post-graduate work permit (PGWP), as neither institution has been granted a

designated learning institution level of authority (Government of Canada – Immigration & Citizenship, 2020). Graduates from these programs are unable to apply for open work permits to gain additional Canadian work experience, nor are they eligible to use their Canadian education to help support and qualify for permanent residency. Several IENs in this study shared their experiences in dealing with private institutions. Michaela shared:

> *Omni College in Richmond, which is a private college, who told us like when we, when we were recruited to out this college, they told us within six months, you can write the NCLEX RN and become a registered nurse. Which was actually the opposite side when we, when we actually reached here.*

Ashley shared her story and her experience for others to understand the complex and interconnected nature between immigration and accessing education. Ashley highlighted:

> *Yeah. I- I can tell you. That is bit, a little bit story on there, because, um, uh, the thing is of when I came back from Saudi um, uh, I got information from one agent in India, uh, so, he was actually recruiting staff to, uh, Canada, you know? Like um, because, uh, why I approaching him is that I really didn't have much knowledge about the Canadian system, but uh, you know like other than the permanence, permanent residency application, I um, only knew about the student visa. But I, um, my, uh, thought was like, uh, I wasn't uh, uh, an eligible person to come to Canada as a student because I completed my graduation in 2009. And so its' almost like a ten year, those who've, uh, are, under, uh, five years, five then – less than five years – are able to come to the public ho- uh, I mean the public colleges in Canada. So, when I went to him, he said, uh, there is no issue, uh, you'll be getting admission in one of the colleges here in Canada. So I, uh, I mean like I searched it in Google, I found the college name, so, uh, really I didn't*

know about uh, designated learning institution number, no information about that because I didn't know what is that and or after I come here only I, uh, I know that these things have to be checked, and post-graduate have to be checked . . . I didn't know about all this, and so, what I do this like I applied to our agent uh, the service] he asked, uh, and he processed our paper, visa came for two years, and I came here, uh, so it was a private college. After I came here only, I really understood, uh, what was the consequences, like, uh, I won't be able to get the post-graduate work permit. And then, yeah, tons of problems even though after paying so much of fees and all, so what I did is after couple of months in last September, as it said, like, September I came, then I moved from the college, uh, like, uh, yeah now from my last number I moved from there then I mean I return my program, then I got admission in, uh, FDU.

There are many different pathways to access educational programs in BC, and potential applicants must be aware of the processes, explicit or implicit, to gain entry. Potential applicants must also be aware of the outcomes and consequences. As participants in this study shared their experiences of accessing education, there was also a sense of fear in sharing their stories. Fear of consequences, fear of looking foolish for having made the choices they did, and fear in advocating for changes to these very same institutions. This is not to imply that private educational institutions in BC are not legitimate. The BC Ministry of Education has accredited these institutions, and they fill an education void that is not often offered through public-funded post-secondary institutions. The participants in this study highlighted a cautionary tale to other IENs to make sure the decisions they make will garner them the outcomes they are hoping for. These private institutions offer an opportunity to access nursing-related education and English language support before going through the NCAS assessment process.

Regulatory-Body Permission. There are currently only three post-secondary programs in BC offering specific nursing education for IENs recognized by the BCCNP as a regulatory body: Kwantlen Polytechnic University, Langara College, and Thompson Rivers University (BCCNP, 2020). Before IENs can apply for a license to practice in BC, they must first go through two assessment processes, or *"gates"* as they have been described by participants. The first gate is to apply to the National Nursing Assessment Service (NNAS). This organization validates and collects proof of identity, nursing education and experience, and English Language testing. Documents are submitted, reviewed, and compared against equivalent Canadian requirements for the discipline an applicant is applying for (NNAS, 2020). An advisory report is prepared, and applicants can make decisions to proceed in their application for that discipline or choose alternate pathways.

Some participants were aware that the NNAS would be the first step in this process and had initiated the NNAS processes while in their home countries. Julie identified, *"I just handed in my NNAS back in India."* Michaela also submitted documentation while she was home, *"I did like, as an international nurse, we have to undergo NNAS. We have to do all our verification. And when NNAS was done, I already started my NNAS when I was in India."* Whereas Amanda did not start the NNAS process until she was already in Canada, *"I don't know if they can start the NNAS process if they are back home."* Once the NNAS application process has been completed and IENs have an advisory report indicating they qualify to meet the Canadian equivalency in nursing education and experience, they can apply to BCCNP. However, some IENs, such as Margaret, had indicated the way the report is shared out can still be confusing. She stated:

> *There is a website she showed me, but after that, I have started on my own, looking for the info trying, whichever I got, contacted NNAS support team for if I have any doubt . . . they have the handbook thing for the documents, but for further process, as I said, it's a 49 course say somewhat-comparable. Yes, they do give you the whole further assessment, but they don't mention to you that, yes, the result doesn't say clearly that you can go further.*

While the BCCNP may have the application in hand, all internationally educated nurses must go through a second assessment process, another gate, the Nursing Community Assessment Service (NCAS). This assessment center determines the competency of IENs' previous knowledge, skills, and attributes and benchmarks these against Canadian entry-level practice competencies. IEN applicants go through three assessments: computer-based assessment, simulation lab assessment, and finally, an oral assessment (NCAS, 2020). After completing all three assessments, applicants must wait a minimum of 60-days for a compiled report (Appendix O). The outcome of the advisory report indicates whether an applicant must take a re-entry to practice program, individual courses, or qualifying courses or doesn't need to take anything further.

Several points were highlighted by the IENs who participated in this study. First, there are a lot of gates they must pass through in the assessment process. Attached to each of these assessment processes are timelines and as IENs have described, the sense of time is imperative to achieving their goal of licensure. Second, the BCCNP must receive the NCAS results and then further determine the suitability of the application. The BCCNP then issues an assessment letter outlining the registration requirements, including any additional education that may be required.

Third, IENs cannot apply to any of the three recognized post-secondary programs without having completed the NCAS process and having received an assessment letter from the BCCNP.

There are two streams of thought around this process. BCCNP's primary mandate is to protect the public. Having a process of credential assessment to ensure that anyone carrying the title of RN has met basic standards is one way to ensure public protection. No one would disagree here, including IEN applicants. Michelle stated:

> *To me, it should be BCCNP that should be taking the responsibility to tell the IENs about what they have to take. They should be the one approving the bridge course because there should somebody looking after this, right?*

What is in question is at what point in time can an IEN access education, especially when the BCCNP has clearly identified that some form of education will be required from all internationally educated applicants? John shared his story:

> *My wife is an RN too in the Philippines, so she got her Master's degree. Okay, so here is our story. So when, ah, I had my documents processed in the Embassy, I told my wife to go and apply to the CRNBC already, while we are here in the Philippines so we could go to our nursing school or board and get the papers submitted directly to the CRNBC and then she said oh, I can just do that when we get into Canada. And so by the time we arrived here I think that was in December 2008, ah, we were just waiting for our papers, our Visa papers then, and that's where the nuisance, where the process of assessing the papers changed and she did hers that was already the different way. Like you had to go, to undergo that assessment and not only that assessment you had to go onto the CRNBC assessment, I don't know if you heard about the SEC? So, and that one there, when she applied because I was the one processing her papers when we were here then, its like, ah*

> *um, their checking, ah, how readily they can be working in the Canadian setting right? But the waiting period for that one is really brutal cause you have to wait for like three years before you can get a spot for that one. Yeah, so that kind of make her nursing RN dream into a step back so, she applied for the CLPN back then, and she got her papers processed right away.*

John's story and his experiences are examples of how participants in this study experienced one form of gatekeeping; the process of assessment, time delays, and waiting for the authority to proceed forward in accessing the education they need to achieve the goal of being a licensed and practicing RN in Canada. For those IEN applicants who have successfully come this far, the next hurdle is choosing a program based on individual needs and geographical location.

Choosing a Program. All learners will choose educational programs that will align with their learning needs, and that will help them to achieve their goals. Ashley stated, *"I am doing my Masters in Global Health and Human Services Administration."* Margaret chose a different path; *"So, I did the post-graduate diploma and gerontological nursing, but I did just a one-year program."* Janice shared her decision-making process in choosing an educational program:

> *Among the nursing diploma programs for internationally educated nurses, I preferred the post-degree program for nursing at Langara College in Vancouver… Because it included the clinical practice. So, that is how I ended up in Langara in the post-degree diploma in nursing practice, which was two years, four semesters, including the final semester, which was the clinical education.*

Amanda noted that one of her decisions in choosing a program was based on the one she could access. She stated:

> *And so, in VCC they give you a choice of three schools they have. So, you will have to choose from any of those wherever you get admission. You have to wait that long to get into like one-year program vision program, and there's only three options Langara, there's KPU program, and the third is TRU, where I applied Kamloops, right. I have to complete one- year program my preceptorship and also complete NCLEX before 2022. So, I just wanted to go where, wherever I can find… I always plan for this thing that I started with my second time, I always plan B, I had like what all I need for TRU I had like one option where I could have gone to Langara for another one year because we had had this community program.*

Josie expressed similar concerns and experiences when she stated:

> *Oh, well, before coming here, I was almost certain that once I finally sent my application to BCCNP, I would be able to fit the national examination and just become a nurse in Canada. But after speaking to many international nurses and knowing how the whole process is, I know that the luckiest outcome would be getting a bridging course. So, uhm, yeah, actually, I think that's the only thing I can hope for is to, you know, go on a bridging course and hopefully do it.*

The challenges with choosing a program that meets an individual's needs and goals are the same, whether you are an IEN or a Canadian citizen choosing to enter a program. IENs articulated the challenge is the intersection between limited availability of seats, no waiting lists, and the looming expiry dates of assessment reports, language tests, and documentation submission. Participants in this study expressed their frustration with the unknown, the ambiguity, and the costs associated with applying for post-secondary programs and never knowing when and if they would get a seat.

Availability of Seats. There are more applicants than there are available seats for most post-secondary programs in BC. This applies to those programs offering education specific to IENs. Maria stated, *"we always have more applications than we can support,"* and further identified that *"we do not have waiting lists."* The challenge for IENs is ensuring all requirements for admission, including current reports and documentation, remain current while they are waiting for a seat. Participants in this study shared some of their frustrations with the impacts of this process. Josie shared:

> *There is the one in KPU, the one in Thompson Rivers University. Ah, but I do also believe that having only two bridging programs that people can join is just, is just impossible for international nurses, like, besides the requirements for each of these region courses are already very hard for anyone to fulfill, in my opinion. Yeah, just two courses makes it, so nurses have to wait even longer because everybody's waiting to get into the course. So, luckily, if you're lucky once you get your report, you still have to wait about a year just to join the bridging course. And joining the bridging course, one of those requires you to have healthcare experience in Canada, which is hard. It cuts off quite a number of international nurses because working in healthcare requires further assessments, as well. So, it would be, again, hard to get to join that bridging course. The other bridging course require you to be a permanent residence, but as an international nurse, it is obvious that many of us may not have permanent residency in Canada. So, it makes it, it's already like cutting away like a huge, I believe a huge number of international nurses. And once you finally have all the requirements, you still need to wait for another eligible seat for you to join the course. So, I do believe it's even longer than I expected once I did it.*

Julie related a similar experience:

> *And the waiting period for all of these things. To apply to BCCNP, there is time. Like one year, I lost because of NNAS, and then NCAS I have to wait. Even with the NCAS, I don't know if I lack, they are going to give me different causes, and even if I try, I go for it, and I have to do a course, there is no availability for it. Many people have told me they are waiting for a year or so to do those courses.*

Michaela has also expressed how delays in getting into a program have impacted her and her family:

> *But if this is the case, if this is the delay, like eight months of my time, like after I got my report from CRNBC saying I should be, I should do my re-entry. I waited for, like, December to September, which is how many months, like eight months……yeah, eight months of my time, it just a waste. I didn't do any course. Neither I worked. I had to wait for the re-entry. Which is eight months for being an international student coming from a developing country, where our parents are paying for our money, for our livelihood here in Canada. It is not easy.*

Some participants, such as Margaret, considered other options that would allow them to gain entry to a specific program. Margaret shared:

> *I just did this year, so I got the results . . . for . . . my LPN is all emergent, that I performed. It has-it has only two categories, I think you would know — as you have . . . so I was in the middle for LPN for all. And then RN, I got about five or four undemonstrated skills and knowledge. So after that I got the-the thing like I have to do the re-entry or BSN . . . for RN and for LPN also, I just got it last week, it says I have to go for . . . the whole program — LPN program —because they, they consider, yes, I have some competencies, but still it's not safe to go in the public and do practice. Again, give*

> *me registration and . . . it just like a complete course they mentioned. So, I'm not thinking of doing it. I'm just continuing with my RN goal, I — they have a . . . wait, long wait, but they actually don't keep any waitlist. So . . . I'm just going further with that. Let's see.*

Jason shared a similar experience when he mentioned:

> *At that time, I had friends who took the one-year program, the one-year GINE, GINE refresher program. Uhm, which, in the end, my other friends who took the field courses feel like I should have taken that program, cause at the end, those that took the one-year program got jobs right away. Whereas those who took the few courses, it made it difficult for us to get a job.*

In sharing her story, Georgina expressed her wish for herself and for other IENs thinking about coming to Canada. Her wish was:

> *One of the best thing you could do is, ah, like we already, like we international students, we totally agree that we need to get adapted to Canadian nursing. So, like can serve as maybe a voice for most of the South Indian or Indian nurses, maybe if, this is all over, like I hear from my own friends. So, we, we want, we are ready to do a re-entry program. We are ready to do absolutely because we want to know what is Canadian nursing, but it should be like, we should get an admission into some program, we should have more, more colleges first. First of all, giving this mentoring program and then practice placements, like preceptorship placement, should be at least a little faster. We don't want to waste our time being in Canada because we are losing our skill, like a nurse will only develop skills only if she works. We, it's now my life itself, three and a half years. I didn't even touch a syringe or injection tray.*

All participants in this study indicated that they required some form of formal education to support their application to the regulatory body for licensure. Although their pathways to accessing formal education varied, they shared common experiences unique to IENs: having to obtain permission from the regulatory body and maintaining the currency of all pre-requisite reports and documentation. Unlike domestic students applying for nursing programs in BC, IENs are further inhibited by the low number of post-secondary programs applicable to them and the number of seats that come available with each new intake of students. Within these stories and lived experiences, IENs also shared how these processes exposed their vulnerabilities, both internally and externally. In the following section, I identify how participants expressed these vulnerabilities.

Exposing Vulnerabilities

Exposing vulnerabilities is the third sub-category of formal education in this grounded theory. Participants identified that going through the application and assessment process left them feeling vulnerable, and these vulnerabilities were expressed as either internal or external in nature (Table 5).

Table 5

Internal and External Vulnerabilities Experienced by IENs

Internal Vulnerabilities	**External Vulnerabilities**
Fear of asking questions	Competent vs. competency
Fear of deportation	Critical thinking vs. rote learning
Fear of family repercussions	Metacognition vs. practice focused
Fear of exploitation	Practice-based program vs. academic program
Fear of failure	Gaps in knowledge: gerontology, Indigenous ways of knowing and being
Fear of financial implications	Psychomotor skills vs. context surrounding psychomotor skills

Internal Vulnerabilities	External Vulnerabilities
Fear in advocacy	Siloed practice vs. interprofessional/interdisciplinary practice

The lived experience of navigating these vulnerabilities occurred at different phases of the process for participants. However, the impacts were similar in nature. Patrick summarized his lived experience as he grappled with his own vulnerabilities:

> *When I, at the end of the day when I noticed okay, now I have the whole picture of the situation. So, I was questioning myself, do I really want to do this? Or is this the right time to stop? But I continue, I continue with the process. And I still continue on the process, to see if I can get my license at some point.*

Margaret shared her own vulnerabilities:

> *I have to do something . . . maybe job there for a while. So that's why I thought it's better if I want to stay in BC. Just continue here rather than like I'm not sure in future I would be . . . going to move to do practice even if I got the license, there might be some circumstances, like it's all possible like I— because I was married like, then, maybe I would just let go or then I just don't want waste my money. So, I just carried on only with BC.*

In describing her sense of vulnerability, Melanie stated that even after a year had elapsed after her giving up on trying to get into an educational program to move towards getting her license, she was still feeling vulnerable but wanted to advocate for other IENs thinking about coming to Canada. Melanie shared:

> *It might help me mentally… is that I'm gonna start writing to people who are like the policymakers and just try and bring some awareness to it … and who were like the higher-ups that need to kind of be made aware of this.*

There is also some tension within the data between IENs' lived experiences and those who support them. The lived experience and the impact of these vulnerabilities are visible to IENs and their support systems. However, woven within the academic institutions and programs supporting IENs, some underpinnings are taken for granted that seem to expose these vulnerabilities even more so. Mia shared:

> *Uhm, well, I guess I see in any academic institution is that many, even though they might have problem with the degree from their own home country … the philosophical tenants I believe, of the curriculum are really, is what varies. Like we've gone to that, sort of that end of the continuum of being a profession, which requires not only a degree but has writing skills, as well as self-direction.*

Maggie shared her experience in supporting IEN learners. She shared:

> *There's a difference in the academic side versus the practice side. So, often we'll see nurses that teach other nurses who are academically stronger … but generally are-maybe better at studying, maybe better at understanding concepts, maybe better at figuring out the critical thinking pieces, but then that doesn't necessarily transfer over into practice… They may not have been in practice, um, and when we see them for the re-entry program, we need to bring them up to a competency of an entry-level graduate, which is generally somebody who can function at a med-surg experience. So it doesn't matter that you can take of one very, very acutely ill patient in a critical care unit, um, that doesn't always transfer over to being able to carry 85 percent of a general duty RN's*

workload. And so for their competent and confidence, they would be very competent and confident trying to go back into a critical care, um, place probably faster than a general med-Surg unit, but the standards are that we need to bring them to a general med-surg, with a bit of —you know—smattering of peds, and maternity, and all that other stuff in there too.

Several participants also alluded to the notion that nursing has a culture and that teaching nursing culture is also different within Canada. Mia shared:

But there was another big thing. There was two more things, as far as first formal learning, that I think were really important. And one is that um, one of the things that I found is, of course, the program went on, is that there are different levels of nursing around the world.

Maggie stressed this understanding when she shared:

Canadian culture, even down in the States, they're different from what we are, um, and we live in the same scope of the world, but I think for them, it's very entrenched, and you just don't know what you don't know.

Mia also highlighted that IENs may not be presented with all options in the decision-making process. Some of these decisions are related to what program and what discipline might best support an IEN in meeting their goals. Mia shared her experience and stated:

So, if you don't have permanent residency, you can't apply. Yeah, I think they should go the LPN, you know, or like, why are we not, ah, getting them to apply to the the health care agency registry first so that they are working, and we're doing the school part-time. Like, again, I don't think we have the right model yet for them to succeed…Because if they knew they could get money right away because that's what they're here really for, is

> *money. Ah, they could see then our health care system, ah, and get that street smart and then make sense to, you know why, you know, we're saying this and why writing, oral speaking and you know is an independence, and all that stuff are really critical to working at any level, even at the care aide level, uhm within our health care system. But again, I don't know how to get around that because it's too layered and complicated.*

Maria shared a similar response when she stated:

> *And so . . . that was one of the pieces that they had wanted to share is that . . . it would be easier, I would say for 75% of the nursing students that came into our program, would have been far more successful if, if this had been an LPN program.*

Maria had also identified that post-secondary programs should support IENs by also offering varied options within programs. Maria shared:

> *Um, the other thing that we did, which I thought was really, really, valuable was, um, the, the students had the opportunity to become care aides after their first term. So, what we did is we actually took the lab of the first term and geared it around meeting the care aide competencies in British Columbia as a formal part of their education, and then we said to them very clearly, we know you need to work, but go out and work as a care aide. And this will get you Canadian experience, Canadian references, and a better understanding of the Canadian healthcare system. And, um, and so this became a really, really, important part of their education. Because as we found them going through the three-year program, those who worked as care aids were leaps and bounds ahead of the rest. So, it-it turned out to be really, really, instrumental.*

Regardless of what pathway an IEN may choose, Maggie reinforced the valued contribution these nurses bring to our Canadian practice settings. Maggie shared: *"I hope they're*

supported well, and I hope people understand the background the IENs are bringing with them so that they understand the strengths they're going to bring."

Some form of formal education will be required for every IEN who applies for licensure in BC. What pathway an IEN will have access to is based on availability, eligibility, and choice. While formal education is an essential step in learning the knowledge and skills to practice in Canada, informal education in this study was viewed as just as important in the learning process. In the following section, I present the research findings for the second sub-category and properties of education, *informal education*.

Informal Education

Informal education is the second sub-category of education. Participants identified areas outside of formal settings where additional learning helped them to understand more about Canada, more about nursing in Canada, and more about where there were opportunities to grow into new roles and responsibilities. Within this sub-category, three properties emerged from the data: *learning through experience, finding support from the community*, and *drawing on internal/external resources.* I discuss each of these three properties separately as participants have characterized these as separate and distinct. I start with discussing how participants shared their learning through the experiences they have encountered.

Learning Through Experience

Experiential learning in nursing is one of the cornerstones of developing nursing knowledge, skills, and attributes. In nursing programs in Canada, students engage in theory classes, practice psychomotor skills in laboratory and simulation lab settings, and then participate in clinical experiences outside of post-secondary classrooms to engage with clients, their families, and communities. All participants in this study identified a similar linear process, albeit

with different skill sets, timelines, and exposure to different categories of clients in their experiential learning.

Learning through experience emerged in two different manners: learning through the experience of others and subsequent learning that is purposeful but outside of the classroom. Margaret shared how she drew on the experience of others when she stated:

> *And the beginning I didn't knew much. I just heard from my sister that she knew like international students have to go for their NNAS. So I just started on my own like, gathering info from here and there . . . from like, either by nursing as Marlin as a module, so for my college, I have so many like, seniors, and so many batchmates who have been in Canada or US, but most of these nursing here only those who are in U.S., Northern Canada.*

Maria suggested that to learn how to be a nurse in Canada, experiential learning needed to extend beyond the classroom. Maria shared some strategies that fostered this development. Maria stated:

> *And, and one of the things that we did, maybe a little bit differently, is we looked at some concepts that, historically, I think we thread through education. And we took these threads out, and we actually made them stand-alone courses… one of them was… sort of the culture, health care culture… And, um, what we did is we looked at Canadian concepts around very specific cultural things that were really important for international nurses to be able to provide. The one of them like we start with things like, you know, in Canada, you would have, uh, y-you know, we are supposed to, we are trying to, um, afford you the-the right to maintain your language, your religious beliefs, your dress, your food, all that stuff, right? Um, however, as a professional nurse, the minute you get on the unit, that's now your responsibility to afford this to other people. So, looking at the*

> *values that people bring in from their cultures and where they came from, often determine their nursing practice. So, what we did is instead of threading through, we created a course, and we looked at things like women in poverty, um, elder abuse, all these different kinds of things, First Nations, other cultures. And so, we would do presentations, we would, you know, have these experiences, I took them on field trip up to the, um, museum of anthropology, in BC. You know, so we-we did things that really kind of forced them to come out of their little world, and look at Canada, from that sense of what does, um really cosmopolitan living look like. Okay, so-so that was one of the things, and we got a lot of positive feedback on that course. It really challenged them. And I, I actually always started the course with, I'm going to challenge your views, and I'm going to challenge your values. What I will not challenge is your religious beliefs.*

Other individuals who support IENs also shared similar strategies of experiential learning. These strategies included workshops on building resumes and practicing interviews, hosting a Canadian Christmas event with Canadian food, and reading a newspaper including The New Yorker to practice English and to expand worldviews. In each of these instances, a supportive environment was fostered to allow for growth and experimentation. Some support came directly from those who support IENs as a part of their daily roles and responsibilities, and at other times, support came from a broader community.

Finding Support From Community

Participants defined community in several different ways and provided different contexts around various communities. A community appears to be any group of like-minded individuals who share a common set of goals. Some participants identified a sense of cultural connectivity as they shared similar experiences, whereas other participants identified nursing as a culture and

drew on shared nursing experiences. In each of these, there was a sense of belonging, and with that came a level of trust and safety. For Jason, the community was a group of IENs all taking the same program. He stated:

> *With my classmates, for sure. We would spend time together, studying, doing the assignments. We shared time reviewing for the CRNE any a lot of my support system was from my classmates. At that time, there were not a lot of nurses who was doing the program, so it's a very small community. My sister being in healthcare helped a lot because she, she knows she know some other nurses who have gone through the same process. I actually got some review materials from my sister's coworkers.*

Jason also went on to describe his strategy when he transitioned into an acute care role. He shared:

> *That's when I started working in acute care. It was a very, very, um, challenging experience. When moving from long term care …With all the supplies and medications, it's really different the pace, the pace itself, the conversations are different. The context of the conversations were different. Again, with the support system from the coworkers and education provided by, by our leadership that helped a lot with the transition… I'm just gonna, I have it like this. Like in one shift, I always choose one person. In my mind, I choose one person who will be my resource person.*

Barbara also drew on the resources within her new practice setting, *"I got a week to make sure I was safe and that I knew were everything was um, that kind of thing…having the nurse educator was really great."*

There were two other mentorship experiences that some participants identified within their stories: Facebook groups and the British Columbia Nurses Union (BCNU). Of interest, as

participants were asked about these two groups, most did not find value or feel supported by either of these. When asked if she used any of the IEN Facebook groups to find out about support and resources, Ashley stated:

> *Internationally educated nurses, those who are in uh, student, you like uh, student status. How can they access to the system, you know? Then the last time I didn't really have much idea about the things I know, but I saw in Facebook that someone is training, so, giving online training, I enrolled with him, I pay money, and he was continuously asking more money, then I paid whatever he asked, uh, he didn't give me any, uh, proper class and all, and then for exam, I really uh, got, uh, speaking and writing and reading and clear, but on listening I failed. Now, then I came, uh, I got some information, my friend's like, there is one person I told you, like, in Surrey, she is giving practice tests, so I'm going there right now. I started to go to the last class. . . costs six hundred dollar.*

Josie also did not find the IEN Facebook group helpful to her. She stated:

Oh, I would honestly say that I did not receive any, any type of information or support from them. Because every time I had a question, I felt like people would never really answered to me, even though they already, maybe they knew the answer, but I feel like there is something like we are all left alone by ourselves. So, I think many people are not really willing to help others either. Because I mean, they were not helpful. Probably they just don't feel that they should help others. So, I did not really meet many nurses from Europe as well.

Jason shared his experience with the Facebook groups and the BCNU:

> *A few Facebook groups that focus on internationally educated nurses. I know ARNBC, now NNPBC, um they have a community of practice for the IEN. But I'm not sure if they are still very active as before. The BCNU is starting to be more active in terms of*

supporting IENs. I attended two meetings with them with IENs and challenges their frustration. Ah, I think some of the nursing organizations are starting to realize and see that it is an existing problem.

To access the resources provided by the BCNU, IENs would have to be a member of the union, and currently, there is no process of joining the union without being employed as an RN or LPN in BC. Michelle shared her experiences with the BCNU; *"Yup, that's the problem. The members like us we are advocating for them and they and because they are not BCNU members how can they justify to spend the money for them?"* In the same way that IENs have articulated the challenges of gaining access to formal education programs, some participants identified the same challenge with seeking support in the form of mentorship. Other participants actively sought out this mentorship and built a network of support. What also appears to be evident is that level of confidence, and internal motivation are factors in determining whether an IEN feels supported or not. *Drawing on internal and external resources* is the third property in informal experiences.

Drawing on Internal/External Resources

Drawing on internal and external resources emerged from the data in several different ways. Internal resources included the dichotomy between hope/resilience and giving up. Participants identified how they moved back and forth between these emotions. *External resources* emerged as participants identified the amount of money they were spending within these various processes, how they worked at basic-service entry jobs to meet their daily living expenses, and how family both in Canada and abroad tried to support them financially and emotionally. Participants also freely expressed the toll this has taken on their sense of value and worth and the guilt they carry in having to use family and friends for financial support over an

extended period of time. Josie is one participant who faced the challenge of trying to remain optimistic when facing these challenges. Josie shared, "*Actually, I think that's the only thing I can hope for is to, you know, go on a bridging course and hopefully do it."* Ashley shared her hope and her resilience when telling me about how she tried to fit everything she had to do in her day-to-day activities:

> *Yeah, and uh, also just imagine like I particularly don't have much time because the college is, I mean classes are going on, uh duties there, and I have to commute to Surrey, you know? It's a three-hour class on Monday and Wednesday, and but still, I'm okay with that because I, you know, like, uh, how much importance I'm giving to the, uh, profession. Once we give up, like we cannot, you know?*

Alex also articulated the strength he had to draw on to continue with the process of trying to become licensed to practice. He shared:

> *When I, at the end of the day, when I noticed okay, now I have the whole picture of the situation. So, I was questioning myself, do I really want to do this? Or is this the right time to stop? But I continue, I continue with the process. And I still continue on the process, to see if I can get my license at some point*.

Ashley also continued to draw on her personal strength to achieve her goals:

> *That's the primary requisite there. So, uh, this, uh, little bit, uh, difficult, um, you know, like, this is really challenge us now, because I know, uh, some people who came in 2015 same as like my- uh, like me, as a student, they still are in their process of doing … I mean like doing the uh, the registration and um, you know these programs and all. So, yeah, anyway, I'm just giving my try… I'm trying like I want to become (a nurse); that's my ultimate day.*

Michaela relied on financial support from her family in her home country while she was a student here. She shared, *"Eight months for being an international student coming from a developing country, where our parents are paying for our money, for our livelihood here in Canada. It is not easy."* Charlotte also revealed that there may also be expectations and conditions that come along with family support. She shared:

> *Like a lot of them will live with family, extended family, etc. to, to bring down the cost. A lot of them, it seems like the expectation is they will get a job. Uhm, so, not only is school a stressor, but they also have to go out there and work at Starbucks or pump gas, or, or whatever…Yeah. And I mean, you don't, you know, with, with women being the way women are, they don't speak up for themselves. If you're told by the head of the household, or a male, that you have to do this, you do it.*

Jason also shared the importance of family support when he stated:

> *In starting my, my role as a nurse or as a new nurse at that time, I have the financial support for my family and supports my friends and support from my family. So, I would have done it in a heartbeat. I knew I would be more, more desirable as an employee.*

Others, such as Michelle, stated that many IENs underestimated the required level of support, including financial costs. Michelle shared:

> *Because I see so many they do their placement in the Philippines and India, and they say those kind of things you come here and take this course, and then you will become a registered nurse in Canada, and it is a lot of money. But then they come here, and the story and that's not the story at all. You know most of those people they are not capable of paying that kind of money, they take out loans, they come here, and then they struggle*

They don't have that money. So, they borrow it, and then the interest is so high. And then they are struggling to pay that off. So, they don't have that option of, you know, they cannot get out from here. They will be working two jobs, three jobs to pay that loan off.

Jason also echoed Michelle's experience when he stated, *"They want to move forward, but financially speaking, they're still tied up with their student loans. For them, they want to start a family they want to buy a home or a new car… but they can't."*

What has been consistently shared in these narratives is the understanding that support is required to become successful in pursuing the goal of becoming an RN in BC. IENs must draw on both internal and external resources for the support they need. Participants have shared that, at times, there are conditions and limitations to this support. This is where personal resolve and resilience have been demonstrated, as IENs have demonstrated they are willing to use these resources regardless of the cost if it means they can continue to chase that distance dream of becoming an RN.

Thus far, I have shared the participants' lived experiences as they have identified how informal education is used to support the process of becoming an RN in BC. This has included learning through their own experience or the experience of others who have gone before them. It has also included the importance of finding support from the community, whether that community comes from culturally similar individuals, from individuals sharing a collective experience such as attending the same educational program or drawing from a community of nurses and interprofessional and interdisciplinary team members on a unit. Finally, participants have articulated how they have relied on their internal resources, such as hope, and resilience and the external resources provided by family and friends to move through the various stages of

becoming an RN in BC. I now move into sharing the research results on the third sub-category and properties of education, online, and distributed learning.

Online and Distributed Learning

Participants in this study were asked what online and distributed learning they used to support their education and transition processes. What was notably absent from these responses were the vast capabilities that online and distributed learning could offer these learners. Perhaps my surprise is not fully warranted as there are limited programs for IENs offered either in a fully online and distributed nature or even in a blended format using online technology. This holds true for all nursing related programs in BC and not just for those supporting IEN learners. A deeper discussion and reflection of online and distributed learning is explored in Chapter 7. However, three smaller properties emerged from the data: How IENs went online to hunt for resources, how those who support IENs drew on blending learning pedagogies to support these learners, and the importance of creating a community of inquiry. I now identify the participants' narratives within these three properties.

Hunting for Resources

When participants were asked if they use any online resources to support their education, most participants immediately thought about using search engines to find relevant information. Julie shared, *"I think if somebody tells me like a site or something, I can go to. So far, I don't know anything about that. Still, I am studying the Potter and Perry and Canadian Clinical Skills textbooks."* Along similar lines, Ashley shared her experience of learning the infrastructure of the CELBAN examination process and then went looking for more information online. She shared:

> *I just want to tell you one more thing, like CELBAN, um, uh, you know there is after I come here only, I-I, you know, I-I really got an idea what is CELBAN, uh, so, um, I*

asked, uh, some of my, uh, friends, uh, do you have any material or any, how can I practice, I'm gonna, so mostly, uh, they, you know like they gave answer that "we don't have material for that" it's quite hard to get the material

Other IENs such as Barbara highlighted the choice of continuing educational opportunities that were available once you gained employment with a health authority in BC. She stated, *"And you know there was always stuff, and you could take lots of stuff if you wanted to, especially that online kind of thing."* Jason also accessed online education once he began his employment. He stated, *"One of the information is when I started working in **** I started my online program at UVic, which is the RN BSN program."* As a student, Michaela expressed, *"I had to do everything online, and we only went for like, um, only the practicum lab practicum, for three, like four, four days…otherwise, everything is online."* For other participants, they shared that they did not know what to look for or had contacted educational programs to ask what they needed. To clarify my own assumptions, when asked if using technology was the problem, Maggie reinforced, *"No, not at all. Our students are very tech-savvy. I would say ninety, ninety-five percent. The ones who aren't are the ones who are . . . significantly older."*

Some of the hunting, seeking, and gathering activities that IENs participated in have been discussed within the context of what they were looking for and in the larger categories of professional identity and transparency of the process. Although online educational programs for IENs in BC are limited, online courses are available within programs offering blended delivery formats.

Blended Learning

As a general construct, blended learning is an approach that includes a combination of face-to-face and online content and can include other modalities of learning or ways of

connecting with learners (Cleveland-Innes & Wilton, 2018). This definition is underrepresenting the complexity of this teaching and learning approach. Herein lies the challenge: There are many definitions and applications of blended learning, and participants in this study only shared two smaller examples of how they interpreted and used blended learning approaches. One of these examples included constructing a semester format that included classroom and clinical experiences. Maggie shared:

> *And then in semester three, for theory, we pick up everything else, um, half of its online and half of its in classroom, and its peds, mental health, maternity, community, um, and then sort of, um, leadership, delegation, that sort of stuff as well. They move into a practicum for semester three, which is a one to twenty ratio, one instructor to twenty students, and all twenty students are in one hospital, but on about four to five different units, so they can carry eighty-five percent-ish of an RN's workload. So the instructor is there in the hospital, they have a buddy nurse, and if something comes up, the instructor goes and helps, or, helps with the decision-making process, or, if there's a skill that they haven't had the chance to do up to this point in time the instructor will be there for them.*

Maggie's concerns around the availability of clinical placements, units where IENs can practice, and preceptors who can support them within these clinical environments were also shared by Mia. Trying to find clinical experiences within health authorities is the second example of blended learning used to support IENs. In order for IENs to understand the context of practicing nursing in the Canadian health care system, they need the direct experience to do so. Mia shared:

> *I would still have to start them off in extended care just because of the stability of it and just, uh, uhm. I guess just the fear of them making an error, you know, because of the changing dynamics that go on in acute care. I wouldn't want to put them in that*

> *position… Ah, and rightly so, I don't know if I want to put myself in that position. So extended care would be okay, but I would like to actually see that we do extended care and maybe move into acute care before they graduate…the biggest, biggest challenge from all that stuff is our regulatory bodies and our, our health authorities. I just don't think, ah, it's like the burden of adding that many people into acute care would fly very well because it's such, it's such a competition here in Metro Vancouver, all the schools and I'm not just nursing, but you know, with the OT, PT, medicine. Uhm, you know, we, we've, we've heard many times (from clinical placements), and I don't know if it's the same experience, "but I'm sorry, but we have to take breaks from students," uhm you know, and it's, hard.*

Participants shared how they hunted for resources when they needed to look for information. Participants also shared examples of some of the online learning they used to support both formal and informal education that was required to move forward in their academic studies or to enhance their practice once they are employed. Those who support IENs in various formal and informal settings shared some of the online and blended learning processes they use to support IENs. What has also emerged from these narratives is how a community of inquiry needs to come together to support all stakeholders in this collective process. I now identify the property and examples of creating a community of inquiry shared by participants.

Creating a Community of Inquiry

The Community of Inquiry (COI) framework is currently composed of three processes that support meaningful, purposeful, and deep learning. These three processes include social presence (Garrison, 2009), teaching presence (Anderson, Rourke, Garrison & Archer, 2001), and cognitive presence (Garrison Anderson & Archer, 2001). There is research being conducted that

is looking into a fourth process; emotional presence (Cleveland-Innes & Campbell, 2012; Majeski, Stover & Valais, 2018). A more robust discussion of the COI framework and the application of this framework to the context of IENs are discussed in Chapter 7. However, what emerged from the data in this study is how the social, cognitive, and teaching presence was experienced differently for individuals who support IENs. I now identify examples from the participants' narratives of how these processes were interpreted.

Social Presence. Many of the strategies around building trust and trustworthiness have already been presented within the context of formal education. However, creating a trusting environment and fostering interpersonal relationships presents unique challenges for those involved in supporting IENs. Maria shared her experience:

> *So, stuff that we dealt with outside of the class?... abuse... We had several incidences where, uh, nursing students who'd never met each other both show up in Canada, they'd got an apartment, and, um, one comes from a very violent part of India, the other did not. And so, there was physical abuse. She actually came to school bleeding, hair messy, bruise on her face. I pulled her in the hallway, and I'm like, "What the heck is going on?" So, the sort of, those sorts of things, uh, we had students who were put up in crack houses, because that was a family . . . place? Family in Canada, um, so she's like 23 years old, just been married, this is her in-law's family in Canada. And it turned out to be a drug house. She's 23 years old, it was men coming and going, she almost got killed, like, she almost committed suicide. So, we had some . . . sort of cultural issues that really had to be dealt with. We had students who could not be photographed because they were basically here, I think, to protect them. Um, and so there was a lot of that kind of stuff that actually was more prevalent than I would have anticipated. Uh, we had, you know,*

> *students who, I think, actually came to Canada because they were gay. And-and so this was, uh, you know, through this process to this place that they could actually come out. We actually had multiple people, um, that sort of came out in Canada. Couldn't come out in their home country. So, there's a lot of these social issues. …instructors just literally unprepared to deal with this kind of stuff like they didn't even know where to start.*

Maggie shared her experience when confident IENs have been unsuccessful in their practice experience. In these instances, recommendations for additional practice support are requested. Maggie shared how she navigated these issues and tried to build trust:

> *They are very bitter in the beginning. Um, usually, by the time they've finished their first clinical, they're coming back in going, "okay, I think I really need this, I get this, I need this." Um, so, it's a rough six, six months or so until they-they settle a little or may-maybe less than that – four months until they settle, um, and I think the best thing is, is their clinical experience with their instructor and having, finding out what it's like to have an instructor there who's going to support you, who's – you know – allowing you to learn rather than chastising, and why don't you know, and making you feel like you're not competent.*

Additional examples of how individuals supporting IENs foster social presence has been identified as the supportive characteristics of teachers/facilitators/leaders in Table 3. What is important to acknowledge is that not all facilitators are prepared for these challenges and building trust and interpersonal relationships within these contexts requires awareness and community support. There are also unique challenges in fostering cognitive presence with IEN learners.

Cognitive Presence. Engaging in the reflection process presented challenges for some IENs, as they may initially struggle with understanding differences between nursing practices in Canada versus their country of origin. When asked if she saw anything new or different in Canada, Michaela stated:

> *It's absolutely the same. Our, only thing I find is, uhm, Canadian, like in the textbooks, like in India when we learn, we still followed, ah, what is the international textbooks. We didn't study only about India, or anything. We, like our body system, is same for all people. So, for me, it doesn't make sense, why should, I don't know, I just, okay, the only difference I find is here, we have, registered nurses have more scope of practice than registered nurse of India. In India, we are more or less kind of a hierarchy system, we have to only obey the doctor's orders and just follow what they say, and we don't have a voice to speak up or, like, identify something new in a patient. But here, we still have that chance, like RN's can do a management role, she, RN can assess, as well as be a part, or advocate for the client. Which is, which is actually good. So, we, I feel proud that I'm in Canada and I'm going to be a nurse here.*

The challenge for individuals supporting IENs is to draw awareness to what may be the same and what is different regarding nursing practice in Canada. Maggie shared, *"Canadian culture, even down in the States, they're different from what we are, um, and we live in the same scope of the world, but I think for them, it's very entrenched and you just don't know what you don't know."* Mia shared an example of how some IENs struggle with understanding and reconciling the hierarchy in Canadian nursing contexts. She shared:

> *Ah, whereas you and I know both, you'd be at the staff level for your entire life even though you still have a, you know, a Master's degree. Uhm, so that's, I think, a really*

> *hard thing for them to adjust to that if they've come with a head nurse level and now we're asking them, uhm, not only is your education from an academic, it's substandard, is now that we can't put you in a head nurse position.*

Some IENs also grapple with critical thinking processes and the reflection that is required to engage in this level of learning. In supporting IENs, Mia shared her experience:

So, you know, many of the nurses from the Philippines, from India, China, they, they do not critically think — that is not a part of their role. They're not taught to do it. They are not expected to do it . . . and that was probably the most challenging piece to teach because we actually had to start teaching it. It-it could not be an assumption. Um, however, there are other nurses that are coming that-that can and do, and that did not require that…. But I do know that it's something we spent a lot of time on.

For some IENs, there is a process of deconstructing what is known and then trying to rebuild upon what is familiar and what they can bring forward into their new practice within a Canadian context. IENs shared their stories of how this impacts their professional identity, how they feel powerless, and how they remain hopeful all at the same time. For those supporting IENs, whether it is learning and adapting in the moment or whether there are purposeful strategies in place, having an awareness of teaching presence is critical to the success of these learners.

Teaching Presence. Participants in this study shared examples of teaching and learning strategies that were viewed as helpful in navigating the transition into new Canadian practice settings. Some of the specific strategies have been identified in the formal learning strategies shared in Table 4. In addition to these strategies shared in this research study, other examples

exemplify and add another layer of complexity. In sharing her story, Maria speaks to the hidden realities that some IENs face and the importance of recognizing these challenges. Maria shared: *You had to be really aware of the behaviors and watching change in behaviors, and things like that…For you to pick it up. Um, there was a lot of grief. Um, there was a lot of people that were sent literally right after they got married. And, um, and they would have to be on their own . . . and-and they really struggled. You know, and, um, women were coming in they were leaving their children behind because they saw this as an opportunity for their family, and— I mean literally it took three, four years to get their children . . . so, you know stuff like that was the stuff, some of the stuff that came out that you just don't typically see.*

Maria expanded on this experience and went on to say:

> *I don't think that we identified it as trust. I think we identified it as relationship building more. And so, for us, I think we came from a, from that place of building a relationship. And, um, and we did a lot of work around building a relationship. And part of that, I think, was the . . . getting them to understand, um, how education in Canada was different…think we did a lot of workaround, um, building experiences that showed them, we were invested in them being successful…So if there was an Indian festival, we would participate in it. Uh, when it came to their graduation, we all dressed in suits. Even though we were at the nurse's graduation, the Indian program, w— it was predominantly Indian in the beginning — um, the instructors, we all dressed in suits. So, you could actually tell the instructors who were teaching in which program. They found that really meaningful.*

Maria went on and identified how teaching presence even extended to new faculty members. Maria shared:

> *We created a very cohesive sort of approach to teaching that differed significantly from the BSN program. And so, when-when new instructors came on, we-we created a um, the package of, basically, for instructors on how to teach these guys looking at these cultural things, looking at teaching strategies, looking at all of them. And, and so we did a lot of work around relationship building.*

In some of these instances, participants shared strong examples of values and ethics bound within their own personal teaching philosophies. What I was unable to discern in this study was whether these values and strategies were sustainable and if they extended beyond the individual. What also remains unclear is whether these teaching/learning supports extend from the individual and are reflected in the philosophy of a program. These questions remain unanswered.

Conclusion

Thus far, I have shared the experiences of participants as they sought to become nurses in BC. For some of their journeys, this included accessing some form of education: formal, informal, or online and distributed learning courses or programs. Bound within this were the hidden processes revealed within *professional identity*, *sense of time*, *power/powerless*, and the *transparency of the process.* Participants in this study have highlighted that there are "*gatekeepers*" along the journey of coming to Canada, having your credentials and practice assessed, and being able to access the post-secondary education you may require before you ever reach the licensure phase of becoming an RN in Canada. This journey is costly and takes a considerable amount of time and in most instances IENs are not prepared for these additional challenges. However, some IENs are successful in achieving their dreams of becoming an RN in

Canada and these are the ones who have found the “gatekeepers”, the support they required and have demonstrated resilience in this pursuit.

In this chapter I have also revealed how IENs in BC access education and what that education looks like; *formal, informal,* and *online and distributed learning*. I have shared the participants experiences within these forms of teaching and learning. In many instances, the pedagogical principles of instructing and supporting IENs is ad hoc and connected more to individual relationships with instructors and mentors as compared to formalized infrastructures. While there is a benefit to individualized approaches in teaching and learning, there is also a wisdom in providing some continuity and consistency especially for vulnerable learners who face high risks with failure. In Chapter 7, I will summarize the implications, recommendations, and conclusions of this research study.

Chapter 7: Discussion, Implications, Recommendations, and Conclusion

Overview

My purpose in this study was to identify and explain how the IENs use education to support their transition into Canadian practice settings. The research question guiding this study was: "How do IENs use formal, informal, and online and distributed learning to support their transition into Canadian health care settings, specific to BC?" A subsequent question was: "What does educational support look like for IENs in BC?" In Chapter 5, I provided an overview of the findings after analyzing 19 semi-structured interviews with IENs and the health professionals that support them. I provided a summary of the lived experience and the social and subjective meanings IENs assign to their experience of transition as they access education in BC. I also provided definitions of how participants define the support needed to gain entrance into education programs and courses. A visual diagram of a grounded theory was constructed to illustrate how participants described the experience of trying to find the gatekeeper to achieve their goal of becoming a registered nurse in Canada.

In this chapter, I connect the findings of this study with the literature on formal, informal, and online and distributed learning, support, and transition. I discuss the implications of this study on research, the field of education, and the discipline of nursing. Finally, I identify the limitations of this study and offer some recommendations for future research.

Discussion

There is a vast amount of literature that examines formal, informal, and online and distributed learning. There is also literature that explores the concepts of transition and support, both as global concepts and, more specifically, to nurses. However, there is minimal research on IENs in BC that connect education, transition, and support in a manner to inform curriculum

development and policy initiatives. The findings from this study helped to increase our awareness of education, support, transition, and the experience of IENs in accessing these resources. Within the findings, new information about IENs in long-term care has emerged. In this next section, I discuss and summarize each of these findings.

Education

There is a plethora of literature on pedagogical approaches within education. There is also an equal amount of literature on nursing education in Canada, the guiding principles, essential components, and the heuristic structure of nursing knowledge and practice domains (CASN, 2016). At a national level, there is also a Pan-Canadian framework for IEN bridging programs that inform the development of curriculum, course content, and the best practices in delivering these programs (CASN, 2012). These frameworks provide direction for formal, informal, and online and distributed models of delivery.

Formal Education

There are only three accredited post-secondary institutions in BC: Kwantlen Polytechnic University, Langara College, and Thompson Rivers University. The programs or courses available to IENs in these institutions appear to vary in the English language entrance requirements, the admission processes, and the content's delivery within these programs. Emerging from the participants' narratives, the concepts of building trust, accessing education, and exposing vulnerabilities were identified as important in understanding what IENs must go through before accessing any formal education programs. Although the guiding principles in the curriculum for IENs from the CASN (2012) endorse a clear and transparent process, participants in this study articulated a complex, confusing process, bound up in timelines that delayed or inhibited access to the education they require to become RNs in Canada. What is not identified

within these processes are the high-risk, high-stakes activities, and processes that IENs must navigate to access these formal education programs. This includes the assessment process that determines whether an IEN has the competency to meet the expected equivalency of a Canadian educated RN to qualify for additional formal education.

Credential assessment and a determination of equitable knowledge and experience is a requirement for IENs around the world (Alexis, 2013; Chang, Mu, & Tsay, 2006; Hussein & Deery, 2018; Jost, 2016; Murphy, 2008; Xiao, Willis & Jeffers, 2014; Xu & He, 2012). Underpinning the assessment process is the dichotomy between competence and competency. Moghabghab, Tong, Hallaran, and Anderson (2018) define competency as the important skills that are required to do a job. In nursing, to practice a skill, you require the background knowledge of why you are performing the skill, what are the various steps of completing the skill or task, and what activities are required around monitoring and maintaining the skill that has been performed. Moghabghab et al. (2018) describe competence as the ability to do something well. Centrum Talent Management (2020) offers a similar definition of these two concepts. Competence is (as a noun) more skill-based, and an individual must have sufficient knowledge and skills to be effective in many different situations. Competency (as a verb), on the other hand, is more behavior-based and is more a reflection of how the standard is achieved. As participants shared their stories of being assessed, many felt exposed, vulnerable, and identified they did not do well under these high-risk, high-stress processes. This does bring up an even larger question about nursing education programs and the difference between a practice-based program vs. an academic-based program and if these differences are reflected in the competent versus competency debate. What is known is that the majority of IENs coming to Canada must be assessed and take supplementary education in order to meet Canadian RN practice standards

(Allan, 2014; Baldwin-Bojanski, 2016; Hathiyam, 2017; Murphy, 2008; Peters, 2011). However, not all learning takes place within the formal structures of a brick and mortar institution. Informal learning comprised a large part of what participants in this study used to support their transition processes.

Informal Education

Defining the scope and characteristics of informal learning is challenging in that there does not appear to be a standard set of activities or practices (Anderson, 2008; Hall & Comeau, 2018). Perhaps this can be attributed to the context in which informal learning takes place. From a constructivist perspective, the context in which we find ourselves offers many opportunities to identify what is familiar, what is new, and what we must re-frame in order to fit the context we are in (Blumer, 1969; Geertz, 1973). In this study, participants identified they learned through experience, found support from the community, and drew on their internal and external resources.

Participants shared both positive and negative experiences as a component of their informal learning. Some participants identified that mentorship was an important part of their journey. The importance of mentorship for IENs, formal or informal, is well-documented in the literature (Dennehy, 2013; Peters, 2011; Squires, 2017; Tubo, 2010). However, mentorship remains ad hoc, transactional, and sporadic at best. Although several organizations within BC have identified mentorship opportunities, gaining membership to these same organizations does not occur until after an IEN has become licensed. Although ongoing mentorship is important as IENs transition into the workforce (Kingma, 2008; Njie-Mokonya, 2014; Quinio, 2015), IENs require mentorship in the early part of their journey that includes more than family and friends. In this study, participants who sought out their own mentors and maintained those relationships

felt their transition to practice settings was less fraught with fear, apprehension, and the sense of failure.

Online and Distributed Learning

The definition of online and distributed learning has evolved over time with new technology and paradigm shifts in how education is delivered (Anderson & Dron, 2011; Bozkurt et al., 2015; Garrison, 2009). Sound pedagogical principles of education remain consistent while there is a growing need to understand the socio-emotional contexts in online learning environments (Bakhtiar, Webster & Hadwin, 2018; Cleveland-Innes & Campbell (2012). In many instances, there is incongruency between best-practices in online learning regarding what should be happening and the learner experience of what occurred. Although outside of the context of this study, the presentation of COVID-19 and the impact social distancing requirements have had on post-secondary institutions in BC is a good example of the haphazard approaches to placing educational content into the online environment. Reactionary in nature, many programs, including those supporting IENs, have articulated the need to "pivot" or "shift" to online delivery. This has resulted in the form of panic pedagogy whereby best-practices in online and distributed learning have gone by the wayside. This is happening despite the availability of best-practice principles in instructional design and delivery (Bates, 2014; Campbell & Schwier, 2014; Conrad, 2014). The timelines and impact of COVID-19 on post-secondary programs occurred after the conclusion of this research study's data collection and analysis phase. Although there have been recent developments and a period of growth in online and distributed learning with COVID-19, these topics remain outside this study's context. However, what was interesting to note was that most participants initially struggled with a response when questioned about what types of online learning they may have used. This often

prompted the need to simplify my questions to focus on what information or courses were accessed online either through a Google search, through the program of study, or how they accessed the instructors or mentors other than by a face-to-face method. Although some basic educational content is provided to IEN learners through various learning management systems (LMS), the benefits of online and distributed learning in IEN education are grossly under-utilized. Although unclear about online and distributed learning modalities of learning, participants often described blended learning environments.

There is a strong body of literature supporting the core principles of teaching and learning within blended learning environments (Cleveland-Innes & Wilton, 2018; Vaughan, Cleveland-Innes & Garrison, 2013). Participants in this study identified characteristics of a blended learning environment in classroom settings, clinical practice, and outside of regular programming. Individuals supporting IENs who were familiar with the pedagogical principles of blended learning environments used creative strategies, such as ordering items off a menu, or reading a newspaper, as a way of acculturating IENs to life in Canada. Cultural integration, including psychological acculturation (Dennehy, 2013), is an important phase of transitioning to nursing in another country (Brunton & Cook, 2018; Ea, 2018; Goh & Lopex, 2016). Other blended learning experiences, such as the use of simulation technology (Olivet-Pujol et al., 2018), nursing preceptors (Hoot, 2017), and well-defined orientation experiences (Pasila, Elo & Kaarianen, 2016) offer other forms of blended learning approaches. However, to maximize the benefit of blended learning experiences, participants must demonstrate a level of engagement, curiosity, and vulnerability to learn. As some participants in this study revealed, this sense of safety and security in learning is difficult. Identifying, acknowledging, and accommodating the emotional context in learning applies to all learners. However, in the case of IENs, the need appears to be

heightened, and this can be attributed to the high risk that is associated with achieving successful learning outcomes (Prendergast, 2014; Squires, 2017).

Support

The definition of support is value-laden, individualized, and contextual. IENs need support with the immigrant transition (Allan, 2014; Salami, 2014), support within education (Peters, 2011; Smith, 2012; Squires, 2017), support from the community (Chatalalsingh, 2011; Cruz, 2011; Larkin, 2010), and support from employers and co-workers (Dennehy, 2013; Njie-Mokonyo, 2014; Ryan, 2010).

Nursing is inherently a multidisciplinary and transdisciplinary discipline. Although nursing is a self-regulated profession in Canada, nurses do not practice in isolation. Nursing education in Canada is primarily structured as cohort models of teaching and learning (CASN, 2016). Different types of support are required at different stages of an IEN's journey. In this study, support was also described as transactional, and IENs needed to find the gatekeepers who held this support to proceed to the next step, in whatever processor stage they were currently experiencing. Although some of this could be explained simply through gaps in communication (Brunton & Cook, 2018; Shan et al., 2012; Staples, 2014), what emerged in this study were the predominantly colonialist perspectives still found within education and workplace settings (Puzan, 2013). Physical buildings, policies, curriculums, and the delivery of education continue to reveal the underpinnings of overt and covert racism (Razack, 2002).

Transition

The concept of transition in this study emerged as three distinct phases: anticipating the process, going through the process, and reflecting on the process. Participants identified that anticipating the process began the moment they started to consider immigrating to Canada.

While some participants identified the sources of their information in preparation for this new transition, others shared that their initial motivation was to come to Canada as a family or to be with family. This basic process of coming to a new country, the challenges this presents, and the amount of new learning in this process cannot be underestimated (Allan, 2014; Aroian, 1990; Chui, Tran & Maheux, 2007). In some instances, this initial period of transition for a new immigrant to Canada can take four or more years (Citizenship & Immigration Canada, 2007).

The second phase of transition identified in this study is when IENs are going through the process. Going through the process included the difficulties with securing an adequate English benchmark for entry into a post-secondary program or the licensure requirements. One of the core admission requirements to any post-secondary program in Canada is an appropriate level of English language proficiency (CASN, 2012; Kwantlen Polytechnic University, 2020; Thompson Rivers University, 2020). In this study, participants shared the difficulty and complexity of achieving these core benchmarks and maintaining the certification long enough to gain entry to a post-secondary program. Participants also described going through the process of credential assessment. Camparas (2013) describes this as a process of ethnification and recredentialling that many immigrants will experience.

The third phase of transition experienced by IENs occurs as they began reflecting on the process. For IENs who are successful in achieving the dream of becoming an RN in Canada, there is a sense of gratitude and relief (Murphy, 2008). For other participants in this study, there were experiences of single-instance, repetitive, and even historical trauma (BC Provincial Mental Health & Substance Use Planning Council, 2013) that linger. While some IENs draw on these experiences and commit to supporting and mentoring other IENs, others abandon the dream and caution others to do the same before even getting started.

Strengths and Limitations

As with any research study, there are strengths and limitations. Issues of rigor, validity, and reliability must always be critiqued. In this constructivist grounded theory study, one strength is the methodological approach to data collection and analysis. The participants' narratives are represented here and the theory, Finding the Gatekeeper: Chasing a Distant Dream, has emerged from these narratives. Member checking, theoretical sampling, and memoing occurred simultaneously with data analysis, and the interview questions evolved as the theory emerged (Charmaz, 2006). In comparison with similar constructivist grounded theory studies, the total number of participants (n=19) is strong. In addition, these 19 participants were diverse. There was a balance of gender equity, countries of origin, nursing education, and nursing practice experience.

As this theory evolved, by constantly comparing new data to existing data, participants at the later stages of this inquiry were asked additional questions. Charmaz (2006; 2017) highlights that this is the process of evolution within the data and is a method of ensuring data has earned a place within the new theory. As such, this new theory has met the criteria of "fit," "grab," and "modifiability" (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2006). It is important to recognize the difference between modifiability as described by Glaser and Strauss (1967) and the criterion of generalizability within other research studies (Canella & Lincoln, 2011). In a grounded theory study, modifiability is demonstrated by acknowledging that new data will become available over time, which could lead to modifications of an original theory (Glaser, 1978). As new policies and curriculum development evolve over time, how IENs access education will also change. My research will provide a foundation for other studies to follow.

There are also some limitations to this study. Although the sample size of participants in this study is large, the relatively small sample size (n=4) of other stakeholders supporting IENs could be considered a limitation. However, there are only three programs in BC that offer education for IENs and a small number of instructors within these programs. Participants in this study represent two out of the three programs. Absent from this study are other stakeholders, such as clinical nurse educators in health authorities in BC. These stakeholders did not respond to the call for participation. However, clinical nurse leaders within these health authorities, who are also IENs, participated, and their identities and narratives were amalgamated with other participants to preserve their anonymity.

A second limitation can also be seen within the diverse timelines associated with the assessment, education, and licensure process. Participants in this study represent two different timelines in the licensure process. There are participants who were a part of the IEN recruitment period, where employers actively sought to fill RN vacancies with IENs (Bourgeault, 2001; Brush, 2008). Other participants came individually or with their families and independently tried to navigate the required steps towards licensure. While this can be viewed as a limitation, this also provided an opportunity to use this data as a basis for comparison, especially when examining the concept of support. As with any research study, the findings can only present a snapshot in time of what is going on.

In addition, during the data collection process, I relied on the retrospective insights of participants. Policies, procedures, and processes change, and given the diversity within participants in this study, some of the challenges IENs have faced in the past may have been resolved. Using methods such as member-checking with emerging themes and categories addressed this limitation.

Although there are limitations in this study, additional strengths include data saturation, a diverse sample of IENs in BC, and rich descriptions of IEN experiences of how they use formal, informal, and online and distributed education and learning in BC. These strengths increase confidence in the rigor of the findings and how they can inform policy development in assessment processes, in education, and especially within nursing education. Furthermore, these findings can be used for further research and to inform education for nursing practice.

Implications

The results of this research study can be used to inform future policy development in education and in nursing practice. Policies guiding the assessment process are dated and are not reflective of the current state of RN licensing processes in BC. As of September 1, 2020, BC's nursing regulatory body has amalgamated with the College of Midwives and is now known as the BC College of Nurses and Midwives (BCCNM). This is the third core strategic shift in the last five years. Time delays with updated website information and processes have led to gaps in communication and process confusion for IENs.

These findings can also be used to support ongoing education and curriculum development within BC. There are areas of strength in IEN programs; however, the implementation of course content appears to be limited to the pedagogy espoused by individual instructors. Programming such as this is not sustainable and introduces levels of risk, including perpetuating the marginalized experiences of IENs by new faculty or support individuals.

In addition, these results can be used to inform future nursing practice. IENs are registered nurses that can contribute their knowledge and expertise to our practice settings. We have much to learn from them. Employers and workplace settings need to acknowledge the

significant impact of informal learning and create supportive and safe environments. In the following section, I offer some recommendations gathered from this study.

Recommendations

Participants in this study viewed the various stages of becoming an RN in Canada as trying to find the gatekeeper; those organizations, agencies, or individuals who held the key to information or access. To honor the participants' narratives, I offer these summaries in the same format as offered by the participants. In conclusion of this study, I offer the following recommendations:

Gatekeeper #1 – Immigration policies and the use of immigration consultants should be reviewed. This study is not a policy brief. The depth and breadth of such a study have not been undertaken here. However, this recommendation comes from the IENs who were misguided or misunderstood the processes by which to come to Canada under different visa applications. Nurses who are intending to come to Canada to practice nursing must have their credentials assessed and will require some form of educational upgrading. Access to post-secondary institutions will vary depending on your immigration status. IENs have an obligation to ensure they understand these processes.

Gatekeeper #2 – Credential assessment policies, processes, and procedures for assessing IENs must be reviewed and updated. The format for assessment must be clear, visible, and easily accessible. Although this is a formal testing process, assessors should engage with applicants with humility, humanity, and with a purpose to ease the high-risk, high-tension environment. The current environment is oppressive, further marginalizes high-risk applicants, and instills fear. Further, assessment reports should provide recommendations for the next steps.

Gatekeeper #3 – Access to education for IENs needs to be evaluated. Suppose the majority of IENs coming to BC require additional education. In that case, the infrastructures of support should be built to accommodate this need in the same way as cost-recovery programs are developed within educational institutions. Access to these bridging programs should be available before the formal assessment processes and designed with the intent of setting IENs up for success versus experiencing high rates of failure. Waiting lists should be kept so that IEN applicants can anticipate an entry date and can plan their day-to-day life, including financial responsibilities.

Gatekeeper #4 – Create more diverse bridging programs and streams of nursing practice in BC. There should be five bridging streams for health care professionals in BC: healthcare aide to licensed practical nurse, licensed practical nurse to registered nurse, IEN to healthcare aide, IEN to licensed practical nurse, and IEN to registered nurse. These programs should maximize the opportunities provided by online and distributed learning. In addition, education should be more affordable, and one way this can be supported is through the development and adoption of more open education resources, especially resources supporting nursing education.

Gatekeeper #5 – Educators who teach in bridging programs require additional education and support. There is a need for more diverse pedagogical approaches to support diverse learners, including IENs. Programs and curriculum for IENs should be structured to incorporate and sustain pedagogical strategies to ensure consistency for all learners.

Gatekeeper #6 – Regulatory bodies, health care unions, clinical nurse educators, clinical nurse leaders, and mentors require more information and education on the importance of informal learning, including mentorship. IENs in BC should have access to formal mentorship programs pre-employment and as they enter the workforce.

Gatekeeper #7 – Regulatory bodies should provide a roadmap, an algorithm that identifies the process for licensure. This should include the various pathways for success and what next steps to take when an IEN experiences failure. This roadmap should also include contact information for the gatekeepers at each step.

Gatekeeper #8 – Professional associations need to participate and/or increase the advocacy for IENs. Given the high-risk associated with assessment, education, and licensure processes in BC, IENs need to know whom they can turn to for information, support, and advocate for themselves and future change.

Gatekeeper #9 – Provincial governments and regulatory bodies need to invest more time, funding and development in education, especially during the various phases of transition for IENs. Education is a lifelong process of learning, growing and developing.

In addition to these recommendations, there is a need for further research on IENs in BC that expands on workplace integration. In this study, it was identified that each of these IENs started their first employment within a long-term care setting, either as a health care aide or an RN. There is a false assumption that this would be a safe place to start your practice, given the health trajectory of clients in this setting is determined. However, I suggest this assumption needs to be challenged. Geriatric or gerontological care is a nursing specialty area (Canadian Gerontological Nursing Association, 2020; Canadian Nurses Association, 2020) that requires a specialized body of knowledge regarding the care of older adults. Although the IENs in this study identified they had formal education in adult nursing, caring for the older adult was not a part of this education. Clients in long-term care settings are complex clients that often present with varying degrees of multiple co-morbidities, social needs, and medication issues. Furthermore, staffing levels in most long-term care settings in BC are structured so that only one

RN may be in the building at any given time, and this RN is responsible for the rest of the multidisciplinary team members and all clients. This environment is generally not conducive to the mentorship and guidance that IENs require to support their transition into the Canadian healthcare systems we have placed them in. The results of this study provide a baseline, a place to start from, and a place to grow towards.

Conclusion

This study has resulted in a constructivist grounded theory of how IENs in BC use formal, informal, and online and distributed learning to support their transition into Canadian health care settings. Bound within these learning spaces are opportunities to foster and enrich formal program curriculums, informal experiences, including mentorship, and create sustainable, clear pathways for future IENs to follow. Federal, provincial, and northern territories continue to face increasing healthcare demands combined with a decreasing healthcare workforce. Multiple strategies are required to meet the needs of the future. A supported, safe, and structured inclusion of IENs should be a part of those strategies.

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Appendix A

Recruitment Poster

PARTICIPANTS NEEDED FOR RESEARCH IN

EDUCATION AND INTERNATIONALLY EDUCATED NURSES

We are looking for volunteers to take part in a study of how internationally educated nurses in BC use formal and informal education to support the transition into nursing practice in BC

As a participant in this study, you would be asked to participate in an interview

Your participation is **entirely voluntary** and would take up approximately 45 – 60 minutes of your time. Participants will receive a $10.00 Tim Horton gift card for participating and may enter a draw for a $100.00 Amazon gift card

By participating in this study, you will help us to understand what type of educational support would help internationally educated nurses.

To learn more about this study, or to participate in this study, please contact:

Principal Investigator:
Carla Tilley, Doctoral Candidate, Athabasca University

Ctilley1@athabasca.edu

This study is supervised by: Dr. Debra Hoven, debrah@athabascau.ca or 1-866-441-5517

This study has been reviewed by the Athabasca University Research Ethics Board.

Research Centre
Athabasca University
1 University Drive
Athabasca, AB, Canada T9S 3A3

Athabasca University

Appendix B

LETTER OF INFORMATION / INFORMED CONSENT FORM

How internationally educated nurses (IENs) in BC use education in their transition to Canadian nursing practice: A Grounded Theory Study

June 10, 2019

Principal Investigator (Researcher):

Carla M. Tilley
Ctilley1@athabasca.edu
(250) 510-3586

Supervisor:

Dr. Debra Hoven
debrah@athabascau.ca
1-866-441-5517

You are invited to take part in a research project entitled "How internationally educated nurses (IENs) in BC use education in their transition to Canadian nursing practice: A Grounded Theory Study.

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you.

It is entirely up to you whether or not, you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction
My name is Carla Tilley, and I am a Doctoral Candidate at Athabasca University. As a requirement to complete my degree, I am conducting a research project about understanding what type of education, formal and informal, internationally educated nurses use and how these resources have been helpful in learning about Canadian nursing practice. I am conducting this project under the supervision of Dr. Debra Hoven.

Why are you being asked to take part in this research project?
You are being invited to participate in this project because you have identified that you have received your basic nursing education outside of Canada, and you identified yourself as either:

- a registered nurse,
- a nurse practitioner,
- a licensed practical nurse,
- a health care leader or
- a nursing professor/teacher, or
- you are a nurse working in a non-nursing related job.
- you are also over the age of 21-years old,

- you live in the province of British Columbia.
- and you would like to participate in this study.

What is the purpose of this research project?
My intent in this study is to provide valuable information to Canadian policy leaders, educators and other nurses. It is important that nurses who come from other countries share their practice experiences in Canada to help us identify supports that have helped them. The results of this study will help me describe the experiences of nurses, such as yourself, and help others to understand what may be needed in order to help nurses' practice in new practice settings in BC.

What will you be asked to do?

You can participate, or say no, or leave the research study at any point.

If you choose to help in this study, I would like to arrange for an interview to learn more about your experiences. We can do an interview in one of three ways: by telephone, a virtual interview through Skype, or a face-to-face meeting. Interviews will last between 45-minutes to 60-minutes in time. In each instance, I will use a digital recorder to record our interview.

If you agree to an interview, I will send you a consent form at least 5-days before our interview.

What are the risks and benefits?
Your participation in this study is voluntary and as such, there is minimal risk to you. You can stop anytime without any risk to you. You have the right to not answer any questions I may ask you. Any information that has been written down or recorded will not be used unless you give your permission. Any information can be immediately deleted.

There is no cost to you. I can call you on the telephone, on the computer by Skype, and/or will arrange for a meeting space if we meet in person. We will find a date, time and place that is easy for you.

For your participation, I will give you a $10.00 Tim Horton's gift card. In addition, if you want, you can put your name into a draw for a $100.00 gift card from the online company Amazon.ca. At the end of the study, I will draw a name. The winner will get the gift card and information by registered mail.

If you want, I can also send you a copy of the study when it has been completed.

How will my anonymity be protected?
Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance.

All interviews are conducted in a private space and only you and I will be present during the interview.

As previously stated, a pseudonym will be used to identify the information that you share with me. Only I will know your name and contact information.

Every reasonable effort will be made to ensure your anonymity; you will not be identified in publications without your explicit permission.

Who can you contact for more information or to indicate your interest in participating in the research project?
Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mail ctilley1@athabasca.edu or by telephone at (250) 510-3586 or my supervisor by email at debrah@athabascau.ca or by phone at 1-866-441-5517. If you are ready to participate in this project, please complete and sign the attached consent form and return it by email to ctilley1@athabasca.edu.

Thank you.

Carla Tilley

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

Informed Consent: (For all interviews)

Your signature on this form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be destroyed.
- You understand that your data is being collected anonymously, and therefore cannot be removed once the data collection has ended.

	YES	NO
I agree to be audio-recorded	◯	◯
I agree to the use of direct quotations with your pseudonym	◯	◯
I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript.	◯	◯

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.

- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.

- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

_____ _____

Signature of Participant Date

Principal Investigator's Signature:

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

_____ _____

Signature of Principal Investigator Date

Appendix C

How internationally educated nurses (IENs) in BC use education in their transition to Canadian nursing practice: A Grounded Theory Study

PARTICIPANT CONSENT FORM

Principal Researcher:
Carla Tilley
Ctilley1@athabasca.edu

Supervisor: (if applicable)
Dr. Debra Hoven
debrah@athabascau.ca

You are invited to participate in a research study about understanding what type of education internationally educated nurses use to support their transition to nursing practice in BC. I am conducting this study as a requirement to complete my Doctorate of Education degree.

As a participant, you are asked to take part in an audio-recorded interview. This interview will be conducted in one of three ways: by telephone, virtually by using Skype, or an in-person interview. I would like to know about your experiences of being an internationally educated nurse in BC. In particular I would like to know what formal and informal education you may have used to help you transition into nursing in BC. Participation will take approximately 45 – 60 minutes of your time.

For your participation, I will give you a $10.00 Tim Horton's gift card. In addition, if you want, you can put your name into a draw for a $100.00 gift card from the online company Amazon.ca. At the end of the study, I will draw a name. The winner will get the gift card and information by registered mail.

If you want, I can also send you a copy of the study when it has been completed.

Involvement in this study is entirely voluntary and you may refuse to answer any questions or to share information that you are not comfortable sharing. You may withdraw from the study at any time during the data collection period by contacting me. Any information that has been collected will be immediately deleted.

Once the interview has been transcribed you will be given the opportunity to review our conversation. You will be given the opportunity to clarify or add any additional information that you would like to share. You will be asked to make any comments within 2-weeks of receiving the document.

Results of this study may be used to help others understand nurses' experiences when they come to Canada. I may write an article, give a speech at a conference, or help leaders in education and/or health care to understand how they can help other nurses.

If you have any questions about this study or require further information, please contact Carla Tilley or Dr. Debra Hoven using the contact information above.

This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please

contact the Office of Research Ethics at 1-800-788-9041, ext. 6718 or by e-mail to rebsec@athabascau.ca.

Thank you for your assistance in this project.

CONSENT:
I have read the Letter of Information regarding this research study, and all of my questions have been answered to my satisfaction. I will keep a copy of this letter for my records.

My signature below confirms that:

- I understand the expectations and requirements of my participation in the research;
- I understand the provisions around confidentiality and anonymity;
- I understand that my participation is voluntary, and that I am free to withdraw at any time with no negative consequences;
- I am aware that I may contact the researcher, Dr. Debra Hoven, or the Office of Research Ethics if I have any questions, concerns or complaints about the research procedures.

Name: _____

Date: _____

Signature: _____

By initialing the statement(s) below,

_____ I am granting permission for the researcher to use an audio recorder.

_____ I acknowledge that the researcher may use specific quotations of mine, without identifying me.

_____ I would like to receive a copy of the results of this research study by email.

e-mail address:
_____

If you are willing to have the researcher, contact you at a later time by e-mail or telephone for a brief conversation to confirm that I have accurately understood your comments in the interview, please indicate so below. You will not be contacted more than six months after your interview.

_____ Yes, I would be willing to be contacted.

Appendix D

Interview Guide

Interview Identifier *[to retrieve audio file]*: Participant X

Introduction/ Preamble:

I am doing this research to help understand the process of nurses going into practice settings within British Columbia, Canada. I am interested in learning more about how you have experienced this process.

Just a reminder, that I will be audio recording our conversation. All information that you share will be held in strict confidence and will be kept in a secure location. There will not be any personal identifiers that can trace your responses directly back to you.

Did you receive the consent form that was sent to you? Have you had a chance to read it? [If not, give time],

Do you have any questions before we proceed?

Confirmation of signed consent: Yes *No

Do not proceed without a signed consent for participation – audio record verbal consent

Process questions

1. Maybe a good place to begin is if you could tell me what it's been like for you coming here to Canada?
    a. Probing questions will be asked to follow the conversation thread – i.e., Can you tell me more about that?
2. What did you know about British Columbia and Canada before you got here?
    a. Probing questions – Can you describe some of the activities and actions that you took in preparing to move to Canada?
3. What made you decide to come to British Columbia, Canada?
    a. Probing questions – Were there other places in Canada that you investigated before deciding on BC? What was the incentive or rationale for moving to BC?
4. How did you prepare for the move?
    a. Probing questions will be asked to follow the conversation thread – i.e., What did you do? Did anyone help you?
5. I would like you to think back to the first time you applied for a nursing license in BC. I would like to ask you a few questions about the experiences you had during this time.
    a. Probing questions - What was this experience like for you?
    b. Probing questions – Can you tell me more about that [barriers, processes, etc.]?

6. Tell me how things were for you ....
    a. During the first week?
    b. After 3 months?
7. How is nursing here different from where you came from?
    a. Probing questions – Can you tell me more about that?
8. Did you experience any challenges?
    a. Probing questions – Can you describe what these challenges were? How have you overcome these challenges?
9. Can you describe the most important lessons you learned after going through this experience?
    a. Probing questions – Can you tell me how you would describe the person [or nurse] you are today?
    b. What worked well?
10. What do you wish you had known before you came here?
    a. Probing questions – can you tell me more about that?

Additional questions will be asked as they emerge in the participant's conversation and may/will vary with each subsequent interview

Concluding/ending questions:

Is there anything else I should know about how nurses integrate into new practice settings that I didn't ask about?

May I contact you in the future if I have any further questions that I might like to ask you?

Is there anyone else you think I should contact regarding this research project?

Demographic Questions:

I would like to learn a little about who you are. With your permission, I would like to ask you some basic demographic questions.

1. Gender: ☐ Male ☐ Female ☐ Other Identifier

2. **Where do you live?** City: _____ Province/Territory: _____

3. **Are you currently practicing as a registered nurse?** ☐ *Yes ☐ **No

4. **How many years have you been a registered nurse?** _____

5. **How many years have you been a registered nurse in Canada? In BC?** _____

6**. Have you worked in other provinces outside of British Columbia**? _____

7. **Is English an additional language for you?** _____

I would like to sincerely thank you for taking the time to share your experiences with me. Your comments and input will help me understand about the experiences that internationally educated nurses have when they come to Canada.

As you have participated in this very important research, would you like to receive an electronic copy of the final research results?

☐ Yes ☐ No

Would you like your name included in a draw for a $200.00 Amazon gift certificate?

☐ Yes ☐ No

If yes, please provide your mailing address below:

Appendix E

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (AUREB) has reviewed and approved the research project noted below. The AUREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and Athabasca University Policy and Procedures.

Ethics File No.: **23546**

Principal Investigator:
Mrs. Carla Tilley, Graduate Student
Faculty of Humanities & Social Sciences\Doctor of Education in Distance Education

Supervisor:
Dr. Debra Hoven (Supervisor)

Project Title:
How Internationally Educated Nurses (IENs) in BC use education in their transition to Canadian nursing practice: A Grounded Theory Study

Effective Date: July 24, 2019 **Expiry Date**: July 23, 2020

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date:** July 24, 2019

Cheryl Kier, Chair
Faculty of Humanities & Social Sciences, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: **23546**

Principal Investigator:
Mrs. Carla Tilley, Graduate Student
Faculty of Humanities & Social Sciences\Doctor of Education (EdD) in Distance Education

Supervisor:
Dr. Debra Hoven (Supervisor)

Project Title:
How Internationally Educated Nurses (IENs) in BC use education in their transition to Canadian nursing practice: A Grounded Theory Study

Effective Date: July 24, 2020 **Expiry Date**: July 23, 2021

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

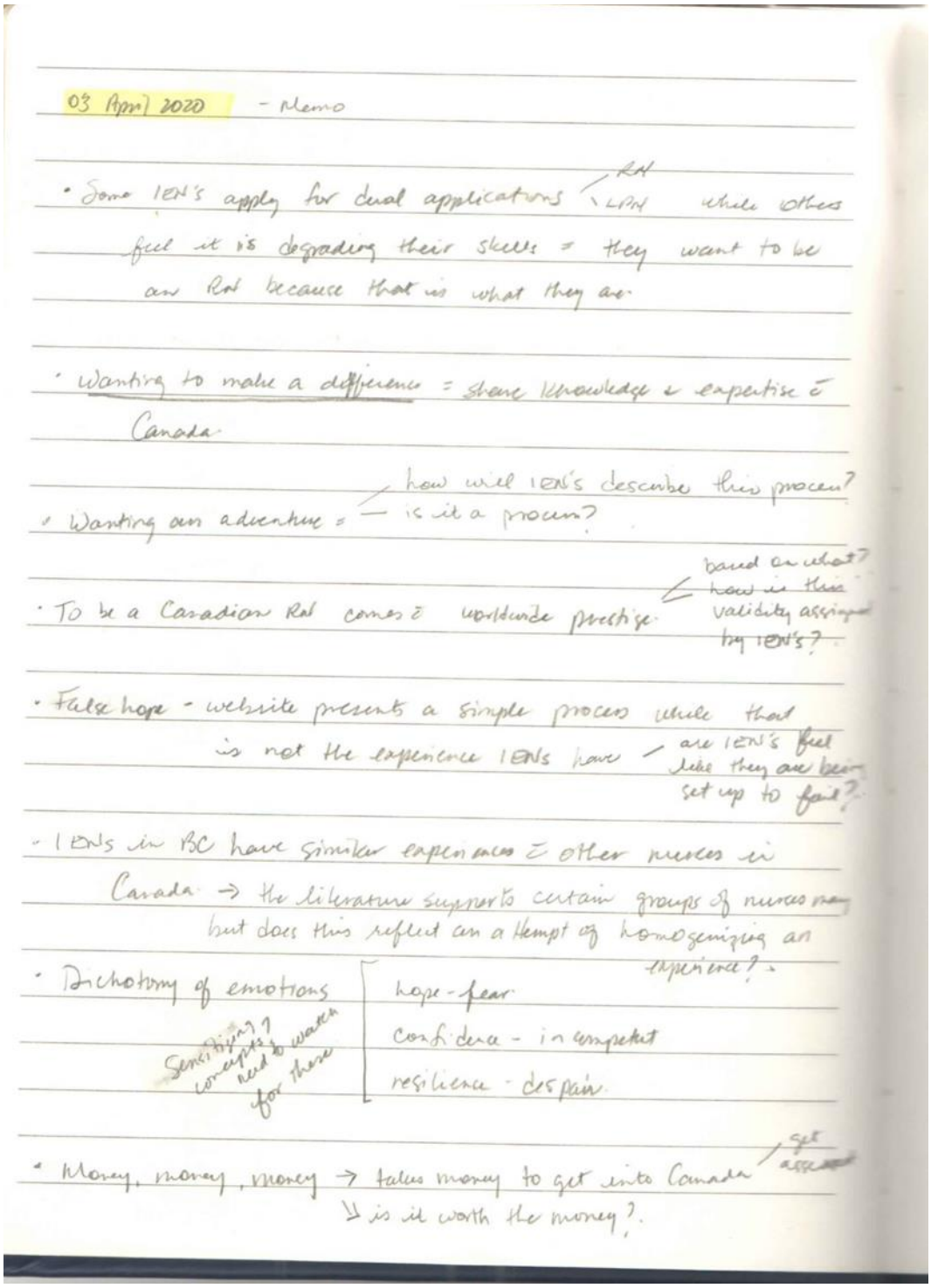
Approved by: **Date: July 23, 2020**

Carolyn Greene, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718

Appendix F

Example of Case-based Memo Development



03 April 2020 - Memo

- Some IEN's apply for dual applications RN / LPN while others feel it is degrading their skills = they want to be an RN because that is what they are.

- Wanting to make a difference = share knowledge & expertise in Canada.

- Wanting an adventure = how will IEN's describe this process? — is it a process?

- To be a Canadian RN comes w worldwide prestige. based on what? how is this validity assigned by IEN's?

- False hope - website presents a simple process while that is not the experience IENs have / are IEN's feel like they are being set up to fail?

- IENs in BC have similar experiences w other nurses in Canada → the literature supports certain groups of nurses may but does this reflect an attempt of homogenizing an experience?

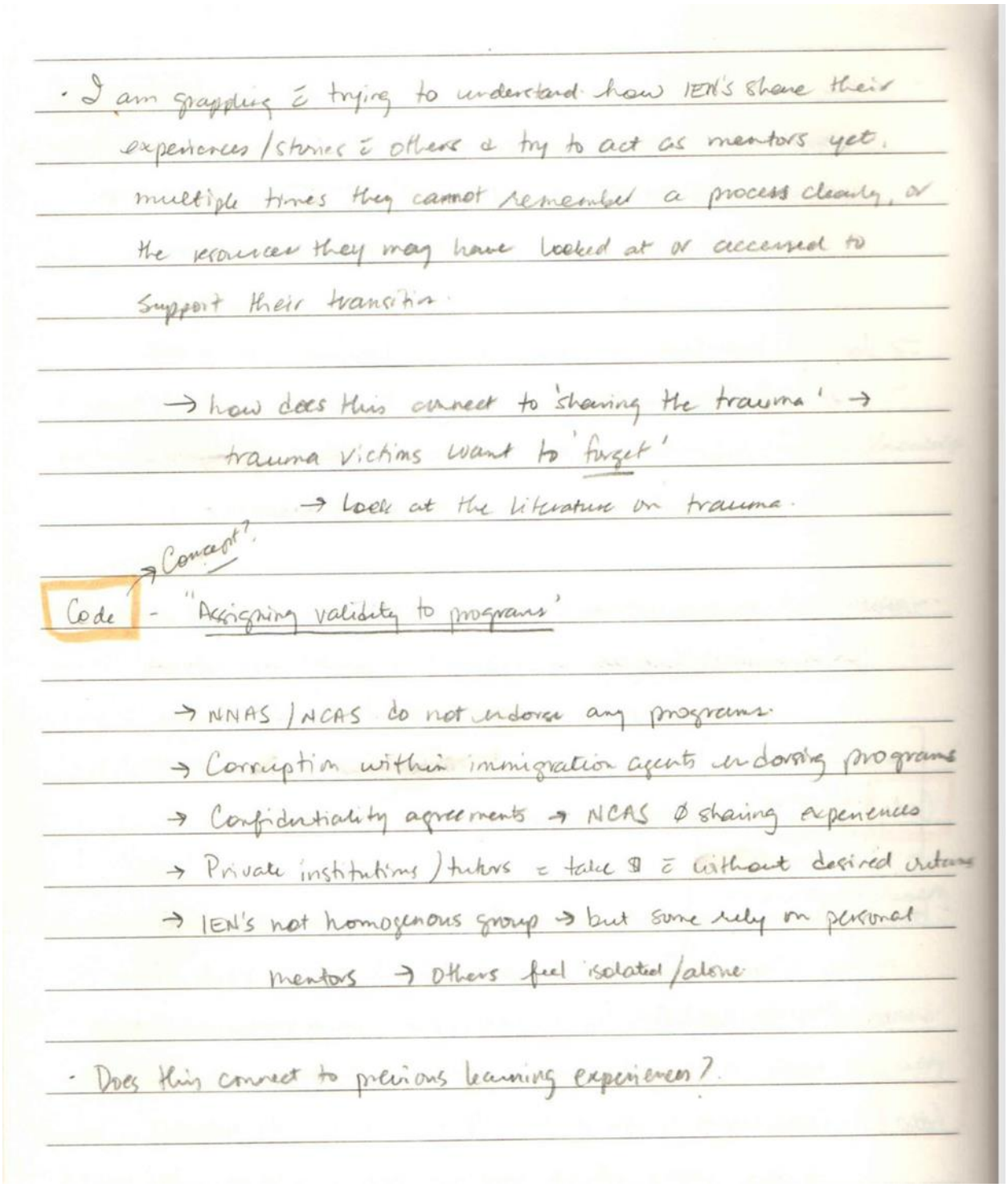
- Dichotomy of emotions
  - hope - fear
  - confidence - incompetent
  - resilience - despair

Sense of giving? compassion need to work for them

- Money, money, money → takes money to get into Canada / get assessed
  ↓ is it worth the money?

Appendix G

Example of Conceptual Memo Development



- I am grappling & trying to understand how IEN's share their experiences / stories & others & try to act as mentors yet, multiple times they cannot remember a process clearly, or the resources they may have looked at or accessed to support their transition.

→ how does this connect to 'sharing the trauma' → trauma victims want to 'forget'

→ Look at the literature on trauma.

Code → Concept?

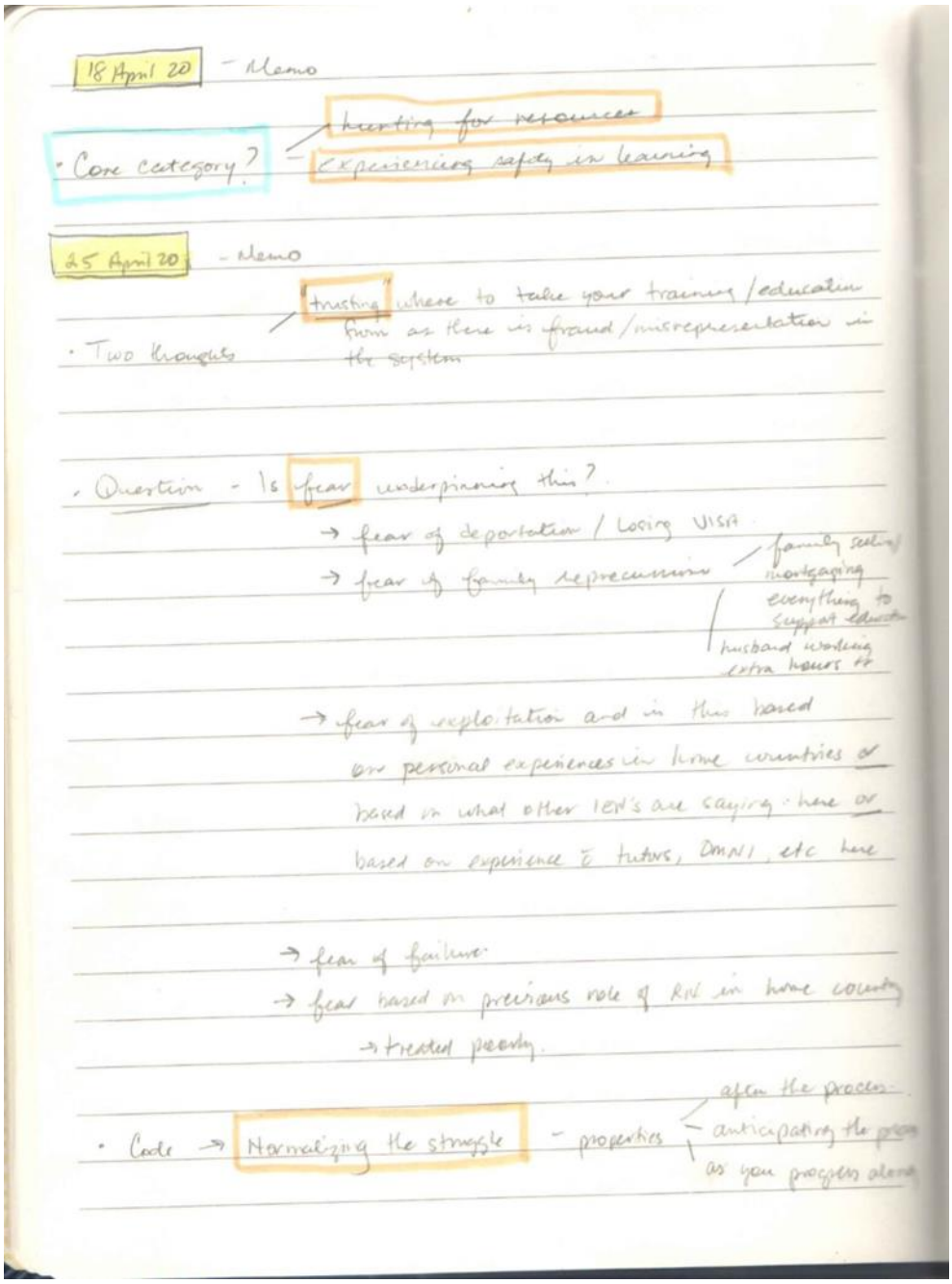
Code - "Assigning validity to programs"

→ NNAS / NCAS do not endorse any programs.
→ Corruption within immigration agents endorsing programs
→ Confidentiality agreements → NCAS ∅ sharing experiences
→ Private institutions / tutors = take $ & without desired outcome
→ IEN's not homogenous group → but some rely on personal mentors → others feel isolated / alone

- Does this connect to previous learning experiences?

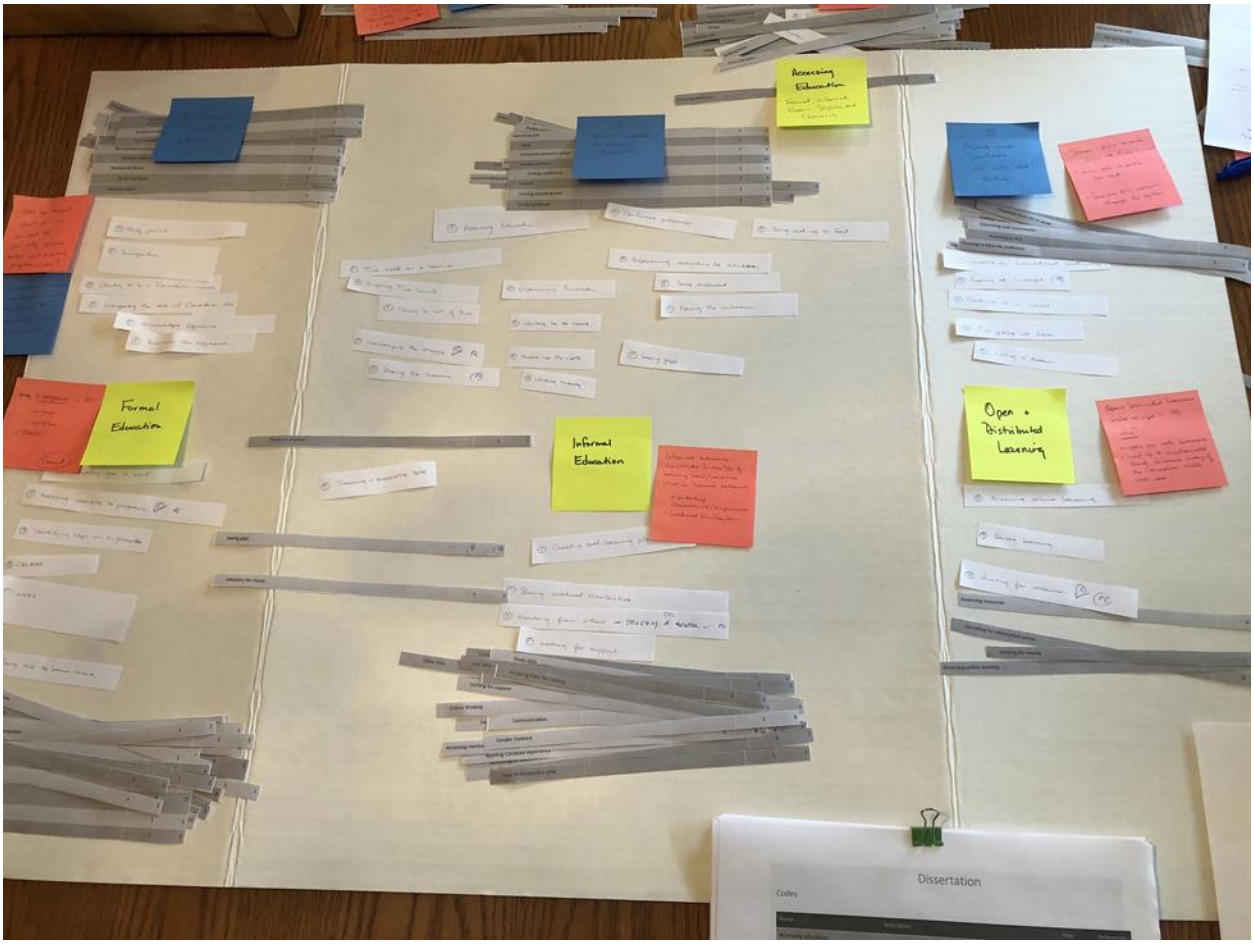
Appendix H

Example of Theoretical Memo Development



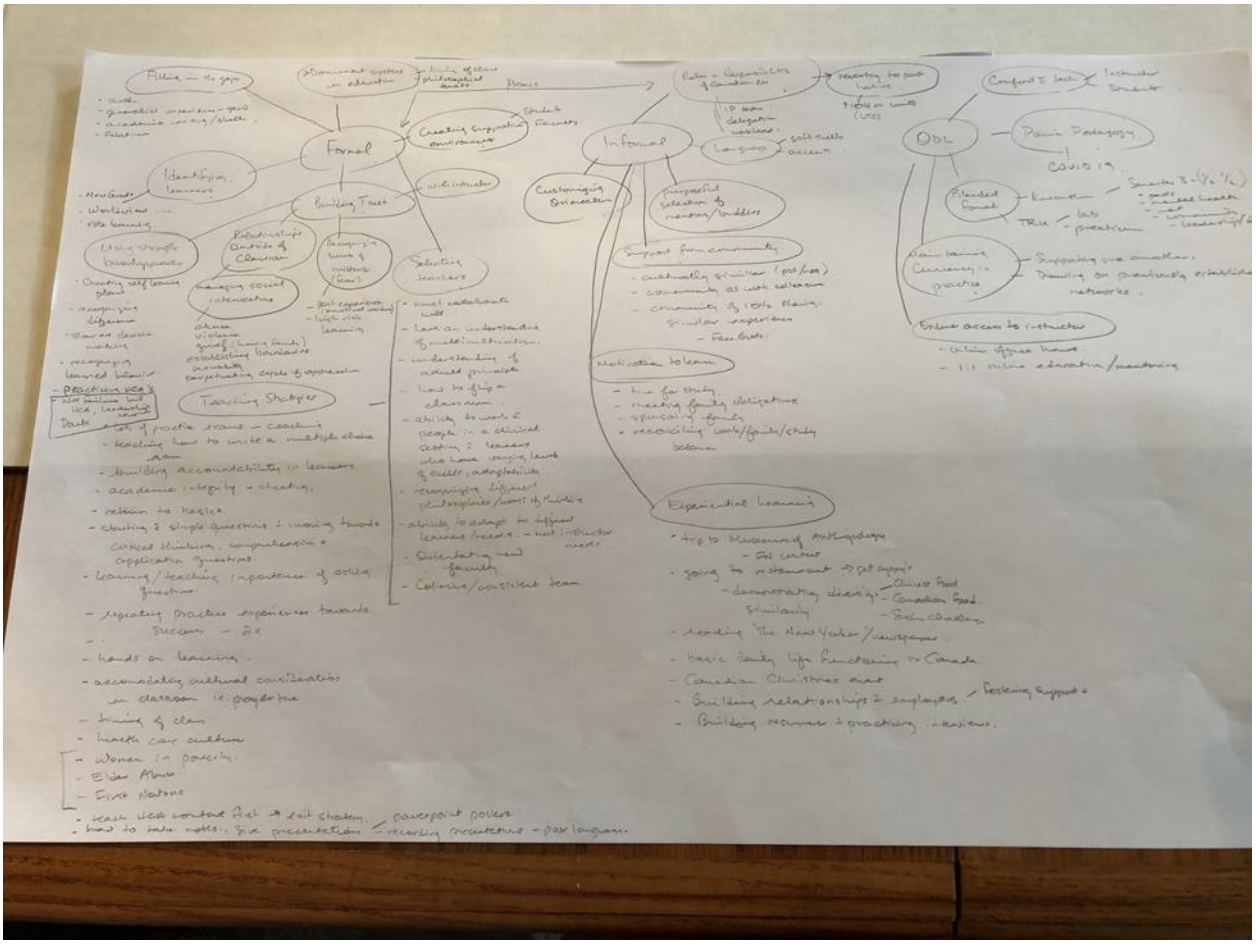
Appendix I

Code Mind Map



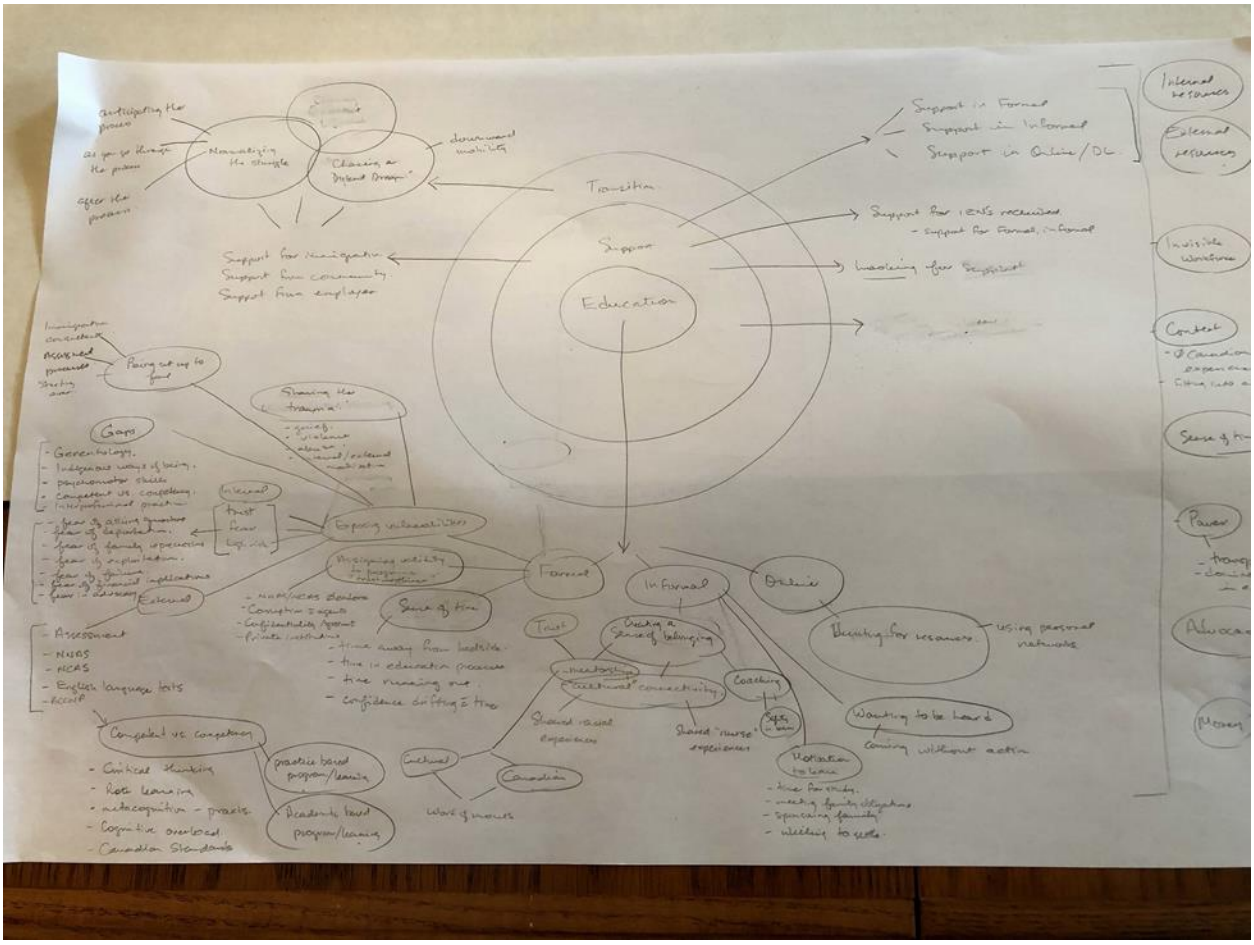
Appendix J

Concept Mind Map – Part I



Appendix K

Concept Mind Map – Part II



Appendix L

Geographical Map of BC Post-Secondary Institutions

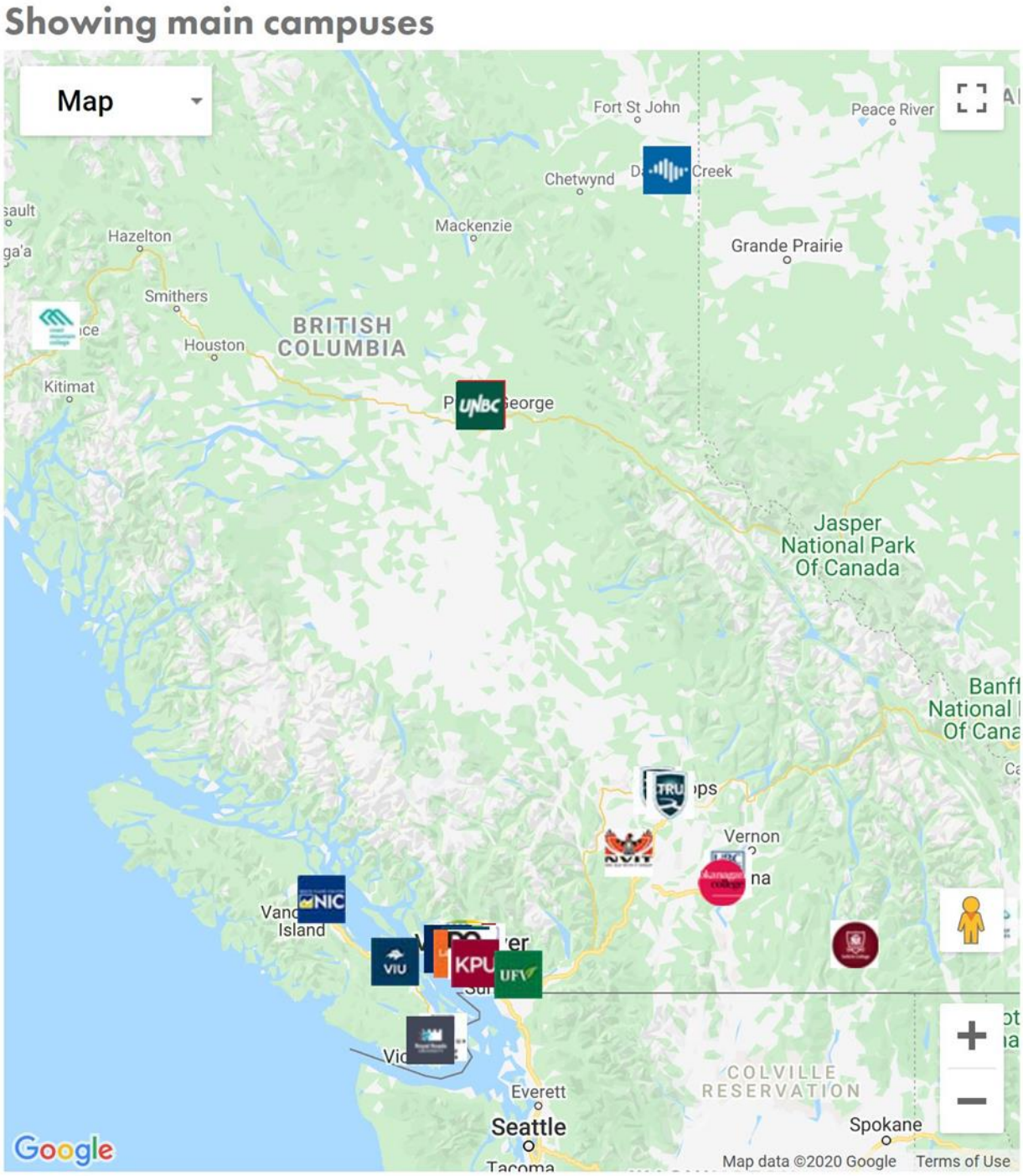


Image retrieved from https://www.educationplannerbc.ca/institution/map

Appendix M

Geographical Map of BC Health Authorities

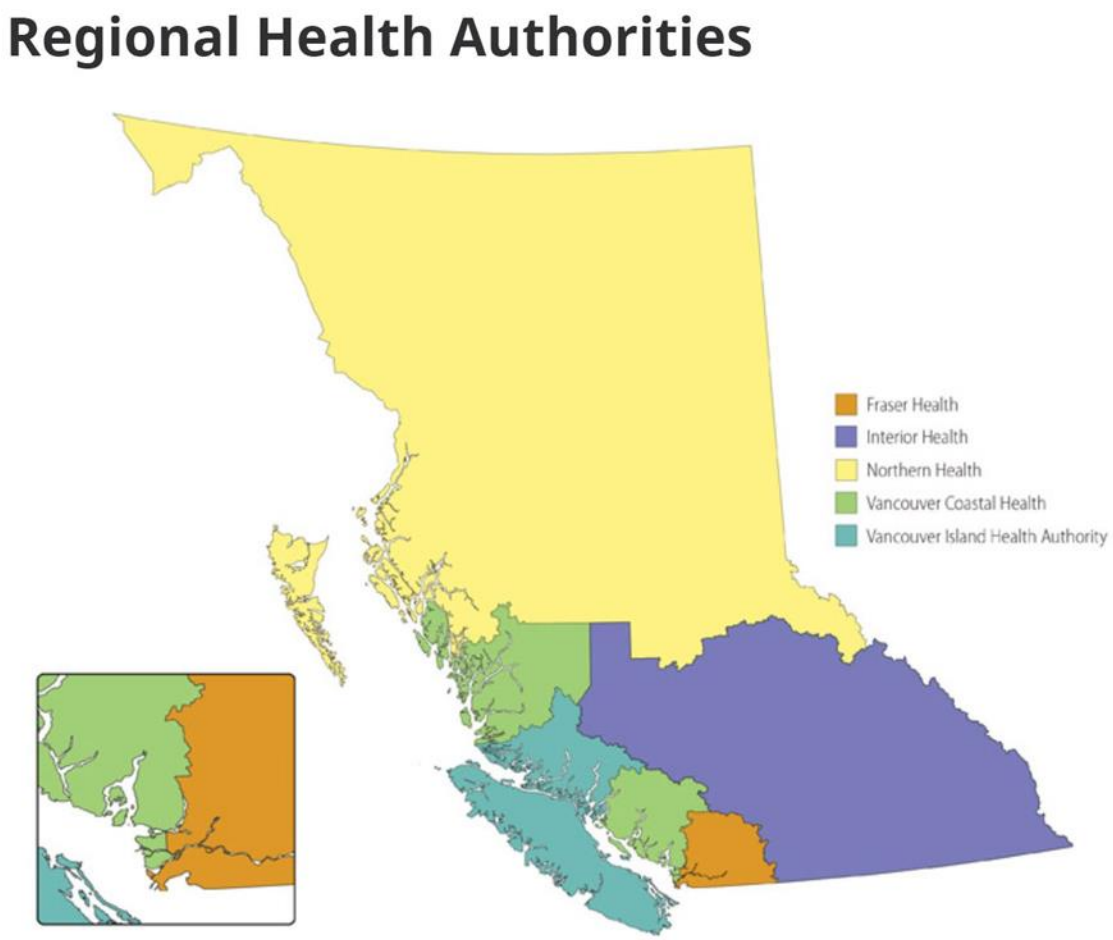


Image retrieved from https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities

Appendix N

Post-Secondary Institutions With Nursing Related Programs (At the time of writing)

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th>Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="4">BCIT</td><td>Bachelor of Science in Nursing [BSN]
3-year accelerated program
Delivered on campus; online; clinical placements</td><td>*BSN Program not available to international students</td></tr>
<tr><td rowspan="3">Nursing specialty programs: ER, critical care, neonatal, nephrology, pediatric, health leadership, occupational health, perinatal, high acuity
Delivered online; iPad loaded with course resources
Clinical placements
**RNs in other countries may begin courses outside of Canada (must be practicing RNs and working in that specialty area) – Online delivery</td><td>*Relevant work experience in acute care (or re-directed to take additional courses at Kwantlen Polytechnic)
*Proof of RN registration
*Must meet English requirement – test scores less than 2-years old
<table><tr><td>TOEFL</td><td>IELTS</td></tr><tr><td>Overall Score = 86</td><td>7.5 Writing
7.0 Reading
Overall score = 7</td></tr></table></td></tr>
<tr><td>(Several options available including TOEFL & IELTS). CELBAN not accepted</td></tr>
<tr><td>Capilano University</td><td>Health Care Assistant (HCA) Certificate
8-months, classroom instruction, clinical placement</td><td>*Meet English language competencies for BC Health Care Aide & Community Health Worker Registry</td></tr>
<tr><td>Camosun College</td><td>BSN [first 2.5-years only]</td><td>*All students must meet English language proficiency. Several options provided</td></tr>
</table>

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th colspan="2">Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="8"></td><td rowspan="5">2.5 years at Camosun College then transfer for 1.5 years at University of Victoria
Priority seating for students of Indigenous ancestry
Face-to-face delivery / clinical placements</td><td colspan="2">*Language requirements must meet standard for University of Victoria entry

*Must be less than 2-years old</td></tr>
<tr><td>CAEL</td><td>IELTS</td></tr>
<tr><td>Overall score = 70, with no section < 60</td><td>Overall score = 6.5, with no component <6.0</td></tr>
<tr><td>LPI</td><td>MELAB</td></tr>
<tr><td>Level 6</td><td>Score = 90</td></tr>
<tr><td rowspan="3">Practical Nursing (PN)

Priority seating for students of Indigenous ancestry
International students are encouraged to obtain volunteer experience in a Canadian healthcare setting prior to applying to the program</td><td colspan="2">TOEFL</td></tr>
<tr><td colspan="2">iBT [internet-based testing] Overall score = 90 with no score below 20

PBT [paper-based test] Overall score of 575</td></tr>
<tr><td>IELTS</td><td>CELBAN</td></tr>
<tr><td>Overall score = 7
Speaking 7.0
Listening 7.5
Reading 6.5
Writing 7.0</td><td>Speaking 8.0
Listening 10.0
Reading 8.0
Writing 7.0</td></tr>
<tr><td rowspan="2">Health Care Assistant (HCA) Certificate</td><td colspan="2">*Must be less than 2-years old</td></tr>
<tr><td>IELTS</td><td>TOEFL</td></tr>
</table>

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th colspan="2">Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="4"></td><td rowspan="2"></td><td>Overall score = 5.5
Speaking 5.5
Listening 5.5
Reading 5.0
Writing 5.0</td><td>iBT overall score = 56
Speaking 15.0
Listening 15.0
Reading 13.0
Writing 13.0</td></tr>
<tr><td colspan="2">Canadian Language Benchmark Placement Test (CLB PT)
Listening 6
Speaking 6
Reading 5
Writing 5</td></tr>
<tr><td>HCA to PN Bridge Program – currently suspended</td><td colspan="2">*Applications not being accepted</td></tr>
<tr><td>PN to BSN Bridge Program – pending approval</td><td colspan="2">*Applications not being accepted at the time of study</td></tr>
<tr><td rowspan="3">Coast Mountain College</td><td rowspan="2">Northern Collaborative Baccalaureate Nursing Registered Nurse (NCBNP)

• Degree offered in collaboration with College of New Caledonia and University of Northern BC (UNBC)
• Delivery by face-to-face classroom instruction / clinical placements</td><td colspan="2">*Must be Canadian citizen or have permanent resident status to apply

*Must meet BCCNP English language benchmark for year of admission</td></tr>
<tr><td>IELTS
Speaking 7.0
Listening 7.5
Reading 6.5
Writing 7.0
Overall 7.0</td><td>CELBAN
Speaking 8.0
Listening 10.0
Reading 8.0
Writing 7.0</td></tr>
<tr><td>Access to PN Diploma
• Bridge program for HCA to PN</td><td colspan="2">*Must hold HCA, RCA, or home support certificate</td></tr>
</table>

Post-secondary institution	Nursing related programs / Program delivery	Entrance requirements / Access to programs / English Language Requirements	
	• Delivery by face-to-face classroom instruction / clinical placements	*Must have 600 hours of work experience in last 2-years in Canada	
	Health Care Assistant (HCA) • 29-weeks, face-to-face classroom instruction / clinical placement	*Must meet English language proficiency tests established by BC Care Aide & Community Health Worker Registry *Must submit English Competency Self-Declaration Form	
College of New Caledonia	**Practical Nursing (PN)** • 2-year face-to-face classroom instruction / clinical placement	*Must submit CASPer testing *Must meet English language requirements from BCCNP	
	Health Care Assistant (HCA) Certificate • 1-year, face-to-face classroom instruction / clinical placement • Maintains waitlist for qualified applicants	*Several language proficiency tests accepted for non-English speaking applicants *TOEFL and IELTS testing must be within 2-years *CLB PT testing mut be within 6-months	
		TOEFL	IELTS

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th colspan="2">Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="5"></td><td rowspan="5"></td><td>iBT only

Overall score = 76
No score <20 in speaking / writing

No score <18 in reading / writing</td><td>Overall score = 6

Speaking 6
Listening 6
Reading 5.5
Writing 5.5</td></tr>
<tr><td>CLB PT</td><td>CAEL</td></tr>
<tr><td>Speaking 7
Listening 7
Reading 6
Writing 6</td><td>Overall score = 60; no section <50</td></tr>
<tr><td colspan="2">CELPIP</td></tr>
<tr><td colspan="2">Academic or general test accepted
Aggregate score of 4L or higher
Speaking 4L
Listening 4L
Reading 3H
Writing 3H</td></tr>
<tr><td rowspan="2">College of the Rockies</td><td>Bachelor of Science in Nursing (BSN) degree
Collaborative program with University of Victoria (UVic)
Face-to-face classroom / clinical placements</td><td colspan="2">*CASPer – online testing

IELTS – overall score of 6.5 in all speaking, listening, reading, and writing sections</td></tr>
<tr><td>Practical Nursing (PN)
Face-to-face classroom / clinical placements</td><td colspan="2">*English as an additional language benchmark as per BCCNP guidelines</td></tr>
</table>

Post-secondary institution	Nursing related programs / Program delivery	Entrance requirements / Access to programs / English Language Requirements
	Health Care Assistant (HCA) • 27-weeks, face-to-face classroom / clinical placements	*Must meet English language requirements as per Care Aide & Community Health Care Worker Registry
	Birth Doula – Certificate of Achievement • Non-accredited • 3-online modules • 115 hours including clinical experience	*Identified as "adequate" English communication, reading, and writing skills at an "appropriate level"
Douglas College	**Nursing (Bachelor of Science)** • 4-year degree • Face-to-face classroom / clinical placements	*International students not eligible
	Bachelor of Science in Psychiatric Nursing (RPN) • 4-year degree • Face-to-face classroom / clinical placements	*International students not eligible
	Community Mental Health Worker • 1- semester • Face-to-face classroom / clinical placement	*International students not eligible *Completion of self-declaration form *Completion of "HCSW Informed medical suitability declaration" form *TOEFL and CAEL test results must be within 2-years *IELTS and CLBPT test results must be within 6-months TOEFL | CAEL

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th>Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="4"></td><td></td><td><table>
<tr><td>Minimum score = 80</td><td>Minimum overall score = 60</td></tr>
<tr><td>IELTS</td><td>CLBPT</td></tr>
<tr><td>Academic or general test accepted
Overall score = 6; no band score <6</td><td>Listening 8
Speaking 8
Reading 7
Writing 7</td></tr>
</table></td></tr>
<tr><td>Health Care Support Worker
3-semester program that is comprised of HCA and community mental health worker training
Face-to-face classroom / clinical placement</td><td>*International students not eligible
*Completion of self-declaration form
*TOEFL and CAEL test results must be within 2-years
*IELTS and CLBPT test results must be within 6-months
*Completion of “HCSW Informed medical suitability declaration” form<table>
<tr><td>TOEFL</td><td>CAEL</td></tr>
<tr><td>Minimum score = 80</td><td>Minimum overall score = 60</td></tr>
<tr><td>IELTS</td><td>CLBPT</td></tr>
<tr><td>Academic or general test accepted
Overall score = 6; no band score <6</td><td>Listening 8
Speaking 8
Reading 7
Writing 7</td></tr>
</table></td></tr>
<tr><td>Academic Foundations for Potential Nursing Applicants Program
1-year certificate</td><td>*International students not eligible</td></tr>
</table>

Post-secondary institution	Nursing related programs / Program delivery	Entrance requirements / Access to programs / English Language Requirements
	• Series of 10 university transfer courses	
	Doula Canada Labour & Birth Doula Training • Offered in collaboration with Doula Canada • Offered over a 2-day hands-on training and mentorship workshop • Variety of courses towards meeting Doula Canada certification	Pre-registration and application fees for programs
Kwantlen Polytechnic University	**Bachelor of Science in Nursing** • **4-BSN program streams available:** BSN, BSN Advanced Entry, BSN Advanced Entry for Psychiatric Nurses, BSN Degree Completion for RNs • Face-to-face classroom; clinical experience	*BSN programs only available to Canadian citizens, permanent residents / landed immigrants *Applicants must complete "Certificate in Health Foundations" course – can be used for first year of BSN program
	Certificate in Health Foundations • Listed as a pre-requisite prior to applying to BSN program (Min GPA 2.33 and no grade < C)	*Program applications postponed indefinitely

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th colspan="2">Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="10"></td><td rowspan="9">Bachelor of Science in Nursing (BSN)
As of April 21, 2020 – Duolingo English Test has been approved as another English language proficiency test</td><td colspan="2">*30-hours volunteer experience with adults or children

*Undergraduate English language proficiency requirement

*All language proficiency tests must be within 2-years</td></tr>
<tr><td>IELTS</td><td>TOEFL</td></tr>
<tr><td>Overall = 6.5; Min 6.0 in each band</td><td>Overall = iBT; 88
No sub-score <20</td></tr>
<tr><td>CAEL</td><td>LPI</td></tr>
<tr><td>Overall = 70; No sub-score <60</td><td>Level 5; essay score of no less than 30</td></tr>
<tr><td>PTE</td><td>Duolingo</td></tr>
<tr><td>Score of 61 or higher</td><td>Score of 110 or higher</td></tr>
<tr><td colspan="2">KPU English Placement Test (EPT) with placement in English 1100</td></tr>
<tr><td>Bachelor of Science in Nursing with Advanced Entry (BSNAE)
7-semesters; hybrid and blended course delivery including online instruction</td><td colspan="2">*Must have bachelor’s degree from an accredited post-secondary institution (within last 6-years)
*Complete 6 credits undergraduate human anatomy & physiology course (maintain min C+)
*Complete 6 credits from outside health discipline – 3 credits must be in English (maintain C+)</td></tr>
</table>

Post-secondary institution	Nursing related programs / Program delivery	Entrance requirements / Access to programs / English Language Requirements
		*Meet undergraduate English proficiency requirements
	Bachelor of Science in Nursing – Advanced Entry for Psychiatric Nurses	*Program suspended indefinitely
	Bachelor of Science in Nursing – Degree Completion for RNs	*Program suspended indefinitely
	Certificate in Graduate Nurse, Internationally Educated Re-entry program • Specifically designed for IENs wanting to practice in Canada • Limited intake program: no waitlist maintained • Face-to-face classroom; clinical experience	*Only available to Canadian citizens, permanent residents / landed immigrants *Meet undergraduate English proficiency requirements *Must meet 1 of 3 assessment entry requirements: NCAS, SEC, or NNAS
		NCAS
		Minimum requirements: • Section 2 with 50%, or less, of undemonstrated competency themes, or • Section 2 with 51%, or more, undemonstrated competency themes, with successful completion of the KPU course PNUR 9030, Nurse Ready, including the Evolve online portion
		SEC
		• 50%, or less, unmet competencies overall, or

Post-secondary institution	Nursing related programs / Program delivery	Entrance requirements / Access to programs / English Language Requirements
		• 51%, or higher, unmet competencies overall, and successful completion of the KPU course PNUR 9030, Nurse Ready, including the Evolve online portion.
		NNAS
		• Applicants who have not practiced as a Registered Nurse and/or graduated from an RN program within 5 years from the start of the program will also be required to successfully complete the KPU course PNUR 9030, Nurse Ready, including the Evolve online portion. • Applicants may be required to submit proof of employment.
	Certificate of Completion in Graduate Nurse Qualifying program	*Program suspended indefinitely
Langara College	**Bachelor of Science in Nursing (BSN)** • 4-year program • Mixed model of delivery; face-to-face classroom; clinical experience	*Must be Canadian citizen, permanent resident / landed immigrant status
	Advanced Entry BSN for LPNs • One semester of courses and then progress into term 3 of BSN program • 2-seats reserved for Indigenous applicants	*Must be Canadian citizen, permanent resident / landed immigrant status *Must be licensed practical nurses (LPNs) in BC *Completion of Pathophysiology 2192

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th colspan="2">Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td></td><td rowspan="8">Nursing Practice in Canada: Post-degree diploma for internationally educated nurses
2-year program; limited enrollment
Before proceeding into Term 2, students must provide proof of application and fees to NNAS
Face-to-face classroom, clinical practice</td><td colspan="2">*Meet general admission guidelines for Langara College
*Proof of documentation on completed BSN degree or 3-year diploma in nursing <4-years old
*Proof of registration / licensure in country outside of Canada
*Completion of summary application form & interview
*10-minute video

*English language benchmark requirements</td></tr>
<tr><td rowspan="7"></td><td>LET</td><td>LEAP 8</td></tr>
<tr><td>Score of 3</td><td>Completion</td></tr>
<tr><td>LPI</td><td>IELTS</td></tr>
<tr><td>Minimum essay score of 26 and one of the following: 5 or higher in English usage, 5 or higher in sentence structure, 10 or higher in reading comprehension</td><td>Total score = 6.5</td></tr>
<tr><td>CAEL</td><td>TOEFL</td></tr>
<tr><td>Overall = 70; essay score of 60</td><td>iBT = min 90
Listening = 22
Reading = 22
Speaking = 21
Writing = 21</td></tr>
</table>

<table>
<tr><th>Post-secondary institution</th><th>Nursing related programs / Program delivery</th><th>Entrance requirements / Access to programs / English Language Requirements</th></tr>
<tr><td rowspan="3"></td><td></td><td>Duolingo English Test
Score of 110</td></tr>
<tr><td>Nursing Leadership & Management
1-year program; post-degree certificate
To prepare IENs for eligibility & application for nursing licensure</td><td>*Applications for program are not being accepted</td></tr>
<tr><td></td><td></td></tr>
<tr><td>BC Care Aide & Community Health Worker Registry</td><td>Health Care Assistant (HCA) or Aide - Registration
Internationally educated health care professionals are eligible for registration
Must reside in BC before application is considered
English language proficiency
Several language competency tests accepted including TOEFL, IELTS, and CELBAN</td><td>*Provide evidence of formal health care education
*Submit report from International Credential Evaluation Services (ICES)
*NCAS Assessment Report
*Completion of Language Proficiency Test Exemption Form or English Language Proficiency Test results

*Must provide evidence of completion of 40-hours at a Complex Care Unit

*Must meet English requirement – test scores less than 2-years old
<table><tr><td>TOEFL</td><td>IELTS</td></tr></table></td></tr>
</table>

Post-secondary institution	**Nursing related programs / Program delivery**	**Entrance requirements / Access to programs / English Language Requirements**	
		Overall score = 76 20 = Speaking & writing 18 = Reading & writing	Overall score = 6 6 = Speaking & listening 5.5 = Reading & writing
		CELBAN	Others
		Speaking = 7 Listening = 7 Reading = 6 Writing = 6	CLB PT CELPIP – General CAEL

Appendix O

NCAS – Sample of RN Report

NCAS Performance Report

NCAS ID	00XXXXX
Name	RN, Sample Report
Nursing Role	Registered Nurse
Date of Referral	Wednesday, November 1, 2017

The results presented in this report are based on your performance in the Computer Based Assessment, the Simulation Lab Assessment and the Oral Assessment.

These results are based on objective observations. In other words, NCAS reports only on the data it gathered through the assessments you completed for us. Your performance on this set of assessments may be reasonably generalized, or comparable, to how you would perform on similar tasks in the course of practice here in BC. This report assesses your performance in competency areas that the relevant nursing regulator or health care assistant registry has deemed essential at entry to practice, ***and*** that can be measured in a competency assessment (not all competencies can be measured by NCAS).

The report blends the results of the CBA, SLA and OA to determine the extent to which you have demonstrated these required and measurable competencies. It is important to note that NCAS assessments do not offer a passing or failing grade. Rather, the assessments identify where you have demonstrated competencies, and where we have observed gaps in competencies. The relevant regulator or registry considers these results along with other evidence you have submitted about your education and professional experience so they can make a decision about registration, and/or direct your learning.

HOW TO READ THE REPORT

This report has two sections.

The first section offers an at-a-glance visual summary of your results on each of the overarching categories that make up the NCAS Competency Framework. Each category contains numerous competencies. The NCAS Competency Framework was developed by the three nursing regulators and the health care assistant registry in BC.

Note: While the overarching framework is shared, each nursing profession has its own set of specific competencies. The framework and the specific entry-level competencies, by profession, can be viewed on the NCAS website at www.ncasbc.ca .

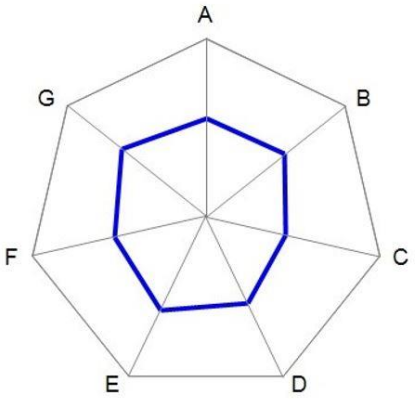
The second section in this report offers a more detailed look at your performance. As stated, each category in the NCAS Competency Framework noted above is made up of many specific competencies. Many of these competencies are closely related, so NCAS clusters these competencies into themes like Critical Thinking or Therapeutic
Communication. These more specific themes are the focus of section two of this report. These themes can be relevant or present in more than one of the categories that make up the NCAS Competency Framework. The theme of Therapeutic Communication, for instance, is important to several categories in the framework. To better understand how the competency themes in each box are organized into the NCAS Competency Framework visit www.ncasbc.ca.

Neither section offers a complete picture of your competency results. They must be read together.

PLEASE NOTE: NCAS does not make registration decisions, and does not advise applicants or regulatory organizations about remedial education or upgrading. Those decisions lie strictly with the regulator and registry.

Section One: NCAS Competency Framework Summary

The graph below offers a high-level snapshot of your performance in each of the broad competency categories in the framework. It does NOT identify specific competency gaps because each category, as noted above, is made up of multiple competencies and competency themes. The closer the bold, interior line to the perimeter of the graph, the more your competence approaches expected entry-level practice in BC. The closer the interior line to the centre of the graph, the further away your competence is from expected entry-level performance in BC.



Legend

A	Accountability, Responsibility and Ethical Behaviour
B	Collaborative Practice
C	Knowledge Based Practice: Assessment
D	Knowledge Based Practice: Evaluation
E	Knowledge Based Practice: Planning
F	Knowledge Based Practice: Providing Care
G	Therapeutic Relationship

Section Two: Detailed Competency Assessment

This section offers a more detailed look at your results.

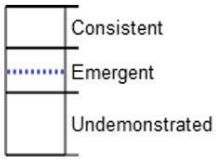
Each box below assesses the extent to which you demonstrated a specific set of skills and behaviours as they relate to a competency theme, that is, to a group of particular, closely-related competencies. For instance, it evaluates how you demonstrated skills and behaviours that reflect your competencies in the area of Patient Communication.

Three results are possible for each competency theme we evaluate:

- Consistently Demonstrated: You consistently demonstrated the expected ability, set of skills or behaviours related to this competency theme.
- Emergent: You demonstrated emerging but inconsistent mastery of, or proficiency with, an ability, set of skills or behaviours related to this competency theme.
- Undemonstrated: You did not sufficiently demonstrate mastery or proficiency of an ability, set of skills or behaviours related to this competency theme.

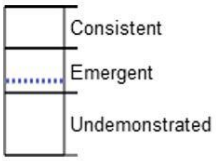
Each box also contains a small diagram. Each bar contains a dotted blue line that shows you how you performed relative to each of the three categories above (Consistently Demonstrated, Emergent and Undemonstrated).

EXAMPLE: *In this example, the diagram shows that that the applicant performance is in the middle of the "emergent" category.*



Assessment *- Gathers information for identifying a health problem. This process includes data collection, data validation, and data sorting. Sources of information could include physical assessment, clinical and laboratory data, medical history and the client's account of symptoms. The assessment is ongoing based on clinical judgment of care and the client's response to plan of care or quality of care.*

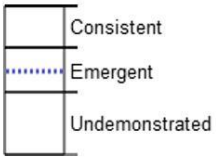
Emergent



Able to complete a head to toe assessment but does not modify (focus) assessments based on client presentation and priorities, or may just focus assessment on presenting problem without considering the bigger picture. Evidence of basic understanding of the bigger picture, but needs to work on strengthening own knowledge base and broadening scope of assessments. Demonstrates basic understanding of assessment as an ongoing collection of data that is added to throughout the day. Inconsistently bases ongoing assessment on changes in client condition.

Client Advocacy *- Communicates in a way that supports the best care possible for the client while helping the health care team understand the client's wishes. Represents the client's wishes, rights and desired goals as required.*

Emergent

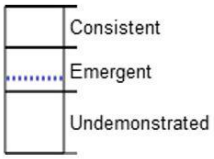


Does not always encourage client participation, elicit client's wishes or engage other health care professionals to modify plan of care based on assessment findings. Inconsistently obtains client consent during care or inconsistently shares information with the client and/or the health care team about changing health status.

Clinical Decision Making/Critical Inquiry *- A continuous and systematic framework to gather/collect information, interpret, make decisions, implement and evaluate service provided to client. The active, purposeful, organized, cognitive process used to carefully examine one's thinking and that of others. Used to identify and prioritize risks and problems, clarify and challenge assumptions.*

Emergent

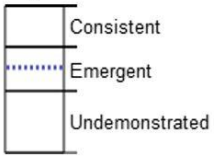
Within the framework, is able to collect data, and to recognise and define problem, but inconsistent in their ability to define possible options and make an decision. Does not anticipate the next step in care, and/or nursing interventions. Requires assistance in making decisions within their independent scope of practice, and in challenging own assumptions.



Collaboration (includes, client, family and the healthcare team) *- A collective communication and decision-making process with the expressed goal of working together toward identified client outcomes while respecting the unique scope, qualities, and abilities of each member of the group or team.*

Emergent

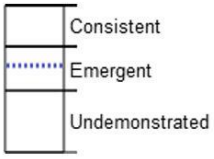
Inconsistently engages client, family and healthcare team in planning and providing care. May engage in the collection of information but inconsistently incorporates into plan of care.



Ethical and Legal Responsibility *- Nurses have a legal and ethical obligation to provide safe, compassionate, competent and ethical care. Responsibilities central to ethical nursing practice include promoting health and wellbeing; promoting and respecting informed consent and decision-making; preserving dignity; maintaining privacy and confidentiality; promoting justice; maintaining professional boundaries - including respect for self and others - and being accountable.*

Emergent

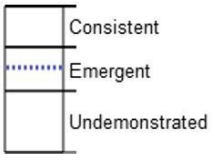
Inconsistently applies legal and ethical framework to practice. Inconsistently engages client at the onset of interaction and/or over the duration of care. Inconsistently recognizes, respects and promotes the client's right to be informed and make informed choices. Does not consistently demonstrate understanding of confidentiality. Professional boundaries are not always maintained. Does not always function within own level of competence. Does not consistently take accountability and responsibility for own actions. May provide personal care outside the scope and role.



Health Care Planning *- The process of setting goals and objectives for plan of care, developing strategies, outlining tasks and schedules to accomplish the goals and defining the criteria to be used to evaluate the effectiveness and appropriateness of the plan.*

Emergent

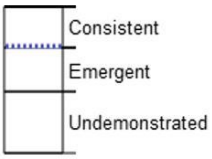
Formulates a basic plan of care for the client. The focus of the care is on the immediate needs of the client. Documents and communicates plan of care but does not evaluate plan, or modify based on effectiveness and outcomes.



Health Promotion *- Any program or strategy that fosters improvement in an individual's or a community's health and well-being. The process of enabling people to increase control over, and to improve, their health.*

Consistent

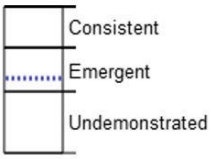
Sets appropriate goals in accordance with client's priorities to achieve health care outcomes. Engages client to participate in their own care and understand risk. Identifies appropriate client resources to support client' in meeting their identified health goal.



Home care *- The provision for medical, nursing and social needs of a client in their own residence or in the residence of a family member. This includes but not limited to wound care, intravenous therapy and/or palliative care*

Emergent

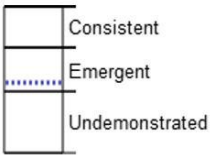
Inconsistent use of nursing process and/or does not use a systematic approach for integrating information into the nursing process. Plan of care is disorganized. Does not consistently consider the context of the client's residence, and adapt care accordingly.



Medical Surgical *- The provision for care within the context of a medical and surgical environment.*

Emergent

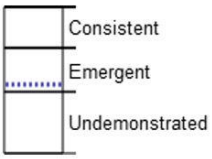
Within the context of Medical/Surgical, inconsistently uses a systematic process of planning and managing care which includes assessment, diagnosis, planning, implementation, and evaluation. Inconsistently adapts nursing process based on emerging information. Inconsistently collects information from relevant sources.



Mental health *- The provision for nursing care within the context of a mental health practice environment. This includes care for individuals that are experiencing alterations in cognition, mood or behavior that are coupled with significant distress and/or impaired functioning.*

Emergent

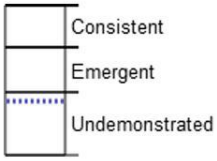
Demonstrates evidence of mental health knowledge of cognition, mood or behavior disorders; however is inconsistent in applying speci ic interventions required to support the mental health needs of the client. Inconsistent in the use of nursing process and/or does not have a systematic approach of integrating information into the nursing process in the mental health context. Inconsistent use of therapeutic communication when interacting with client.



Nursing in Canada *- Understanding of the Canadian health care system; medical technology, terminology, regulations, ethics, safety and cultural competency; and caring for clients with language barriers and cultural differences.*

Undemonstrated

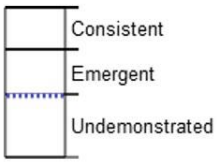
Does not demonstrate understanding of the context of the Canadian health care system and practices outside the scope of practice. Does not demonstrate use of medical technology, terminology, regulations, ethics, safety in the Canadian context. Does not demonstrate understanding of how to modify care to address clients from diverse populations.



Pharmacology *- Understanding the preparation, properties, uses, and actions of drugs and knowing when and how to administer.*

Emergent

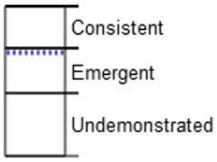
Administers medications as prescribed but inconsistently links drug properties to the client's needs. Does not consistently go through the rights of drug administration. Inconsistent assessment of the appropriateness of the mode of medication administration (oral, intravenous, etc.) in the context of the needs of the client.



Public Health *- Knowledge from public health and primary health care (including the determinants of health). Practice focuses on promoting, protecting, and preserving the health of populations and links the health and illness experiences of individuals, families, and communities to population health promotion practice.*

Emergent

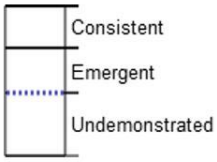
Inconsistently focuses on the practice of promoting, protecting and preserving health for an individual and/or community.



Report and Documentation *- Any information generated that describes a client's status, care and services provided to that client. Serves three purposes: 1)facilitates communication; 2) promotes safe and appropriate nursing care; and 3) meets professional and legal standards.*

Emergent

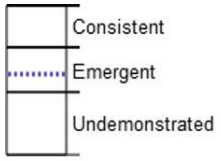
Charts and reports as required, but documentation is vague regarding actions taken and outcomes observed. Inconsistently documents priority nursing concerns or interventions. Documentation related to assessment is not complete and/or not linked to actions taken.



Safety *- Safety and protection of self and others within a variety of work environments includes the avoidance, management and treatment of unsafe acts. Includes infection control and proper use of body mechanics.*

Emergent

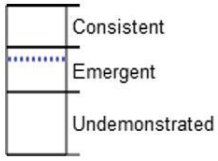
Inconsistently ensures safety and protection of self and others within a variety of work environments. Risk assessments are inconsistently completed resulting in safety measures being missed and prevention strategies not being implemented.



Therapeutic Communication *- An interaction between a health care professional and others (client, family, or healthcare professionals) that aims to enhance the client's comfort, safety, trust or health and well-being.*
Communication that is interpersonal, effective, and relevant to the context/situation, and which includes an ability to monitor oneself, to engage in seeking all perspectives and to respond as appropriate, as well as to use a variety of communication skills, and adapt communication as needed.

Emergent

Inconsistent engagement with client/family, or health care professional. Does not consistently establish rapport and gather information to support and enhance the client's care and plan of care. Inconsistently responds to emotional content of interaction by using tone, clarity, volume, pace and other modi ications to respond. Primarily focuses on factual content. Inconsistent use of communication skills (such as paraphrasing, summarising, active listening) to identify individual differences, preferences, capabilities and needs.



What to do next

Your report has been sent to the regulator(s), registry or employer you designated. They will look at this report, along with all the other documents, data and material you have submitted, to advise you on the next steps in your registration or evaluation process, including on whether or not further education is required to address any competency gaps this report has noted. Please contact the regulatory organization directly to determine the status of its decision.

Finally, as you may know, NCAS is a new assessment service. We are interested in any feedback you can offer to help us improve our service. Please complete this survey:
https://www.surveymonkey.com/r/88GB9DZ

Your survey responses will be anonymous, and will have no impact on your assessment results. Thank you!

The Team at NCAS