

# An Internationally Educated Nurse's Perspective on Nursing in Canada

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## Abstract

In Kristeva's (1991) *By What Right Are You a Foreigner?*, she described the historic images of a foreigner, how these individuals are stigmatized, their *otherness* in a society that paradoxically welcomes and, to a certain extent, puts them on 'leash' as a means of controlling these foreigners, these *others*. Reflecting on this article, and being an immigrant and an internationally-educated nurse (IEN) from a developing country, the author reflects on Kristeva's work in relation to the discourse on IENs' experiences, along with his personal reflections, experiences, and journey of becoming and being a nurse in Canada, with the hope of initiating a dialogue to address the issues surrounding IEN transitioning in Canada.

**Keywords:** *internationally educated nurse, stigma, Canada*

## Introduction

During her first few years in Canada, Kimmy Dora worked in a factory. [She said,] [W]orking in a field that is really different from what you were educated and the experience that I had way back in the Philippines you know it was so demoralizing because remember instead of caring for the patients, I end up carrying boxes and instead of cleaning wounds, I end up like cleaning the walls of the factory and then as well as you have to even sometimes carry plywood so, working that very opposite environment is really hard (Cruz, 2011, p. 34)... [Kimmy Dora stated further,] [o]h working in a factory was very degrading and I am uh as a because I am a nurse back in the Philippines. What uh I was doing there, it was so difficult then. It seems that people think that because I am a Filipino RN, my education is not really equivalent to Canada's standards and then I have a BSN from the Philippines but I still have to study for a year to become qualified here in Canada. It was very so very sad, very degrading, demoralizing

whatever we can describe. It was really like you know, why we cannot even able to practice, being able to go to school, getting a bachelor's degree and we also graduated from a university but the same thing they will not accept you know our education and we have to upgrade and we have to undergo all the processes. (Cruz, 2011, p. 37)

For many years now, Canada has been a destination of choice for many economic immigrants because of its strong reputation as an open and tolerant society committed to diversity and social justice, and has been successful in attracting the best and brightest immigrants from different parts of the globe (Andersson & Guo, 2009; George, 2017). Immigrants' high levels of education and extensive work experience are valuable attributes that contribute to their ability to meet Canada's permanent residence requirements (Houle & Yssaad, 2010). The contribution of immigrants to the development of the country has been well-documented, and Canada continues to rely on immigration to enhance and grow its workforce (Canadian Chamber of Commerce, n.d.). Since the founding of Canada, its immigration policy has relied on immigration as an approach to grow the population, and the labour force needed to fuel the country's economy (Dirks & Foot, 2017; Hussen, 2019; Mendecino, 2020). From 2016 to 2018 alone, Canada welcomed 903,905 permanent residents, an average of 301,302 immigrants per year during this period (Mendecino, 2020). In 2021, Canada expects to welcome approximately 401,000 permanent residents, with a 10,000 increase in annual immigration targets until 2023 (Mendecino, 2021), a huge increase from the initial pre-pandemic target of 351,000 permanent residents in 2021 (Mendecino, 2020; 2021) In addition, there are indications that Canada will only continue to rely on temporary workers. According to a recent report from Statistics Canada, in 2019, there were close to 470,000 temporary work permits issued to foreign nationals (Lu, 2020). However, in spite of this acknowledgment of immigrant contributions to Canadian society, in general, there still exists issues relating to immigrant acceptance and integration, more specifically with respect to the recognition of foreign credentials. As I took a taxi cab a few years ago, I met a Ph.D. graduate from India who specialized in biochemistry and biotechnology and drove a taxi cab in Toronto; it opened my eyes to the reality that there are, indeed, Ph.D.-prepared immigrants working as taxi drivers in Canada!

Immigrants come to Canada to establish a new life for themselves and their families. However, in spite of the hard work that many of them do, there is still an ever-increasing income gap between Canadians and immigrants, notably those from developing countries. In reporting on what has been referred to as Canada's colour coded labour market, Block and Galabuzi (2011) noted that in 2005, "racialized Canadians earn only 81.4 cents for every dollar paid to non-racialized Canadians" (p. 3). A follow-up report indicates that 10 years later, racialized male and female immigrants in Ontario between the ages of 25 and 54 years earned 70 cents and 78 cents, respectively, for every dollar earned by their non-racialized counterparts (Block & Galabuzi, 2018). This income disparity and limited availability of opportunities to immigrants casts doubt on Canada's immigration program. Immigrants are chosen on the basis of their ability to contribute to Canadian society; they are among the best and brightest from a pool of many other applicants. But what kind of contribution does Canada want from the best applicants that have been welcomed into the country?

In Kristeva's (1991) *By What Right Are You a Foreigner?*, she described the historic images of a foreigner, how these individuals are perceived, their *otherness* in a society that paradoxically welcomes and, to a certain extent, puts them on 'leash' as a means of controlling these foreigners, these *others*. Reflecting on this article, and being an immigrant and an internationally-educated nurse (IEN) from a developing country, I thought about the plight of many other IENs in Canada, and how many of these nurses go through their own journey to become nurses (again). I thought about the hegemonic practices in place that hinder the IENs' ability to transition to Canada's health workforce. Many IENs come to Canada because of the many wonderful opportunities they hear from those who came before them. However, upon their arrival, they soon realize the complexities and multiple levels of challenges of getting settled in a new country, and regaining their status as nurses. Kimmy Dora's experience, as cited at the beginning of this paper, is not an isolated case. Many IENs experience similar situations in their journey to becoming nurses in Canada. In this paper, I will be reflecting on Kristeva's work in relation to the discourse on IENs' experiences, along with my personal reflections and experiences, with the hope of initiating a dialogue to address the issues surrounding IEN transitioning in Canada.

### **IEN Migration to Canada: Issues of the *Foreigner***

#### ***Jus Soli, Jus Sanguinis - Brain waste***

As an IEN settles in Canada, does s/he ever have the opportunity to *become* a Canadian nurse? Will s/he belong to the group and *become one of the nurses*? Or, does s/he have to struggle to become a nurse in Canada? Kristeva (1991) noted how a foreigner is "identified as beneficial or harmful to [a] social group and its power and, on that account, he is to be assimilated or rejected" (p. 96). From an historical perspective, it is interesting to note that Canada welcomed health care professionals in general, during those days when there was a need for their services. My two aunts who were both educated as nurses in the Philippines, and who came to Canada in the mid-70s shared their interesting experience with immigration and finding work as registered nurses in this country. They initially applied for working permits after receiving job offers from a hospital in Montreal, Quebec. When they reported to the Canadian Embassy in Manila to get their visas on the appointed day, they were horrified to see the officer cross out their travel document with a red marker right in front of them! They were in shock and almost in tears when the visa officer said, with a stern look on his face, that he was cancelling their work visas. He cut short his statement and paused before saying that he was going to issue them immigrant visas. The visa officer smiled. My two aunts said they ended up crying with tears of joy at the prospect of getting immigrant visas. Two weeks later, in June, 1974, they both received their immigrant visas.

Damasco (2012) described that, in the 60s, Filipino health care professionals were directly recruited by Ontario hospitals and, subsequently, worked in professions for which they were trained in the Philippines. During those days, Canada badly needed nurses and whatever contribution IENs

at that time were able to extend was deemed beneficial for the country. Accommodations were made to facilitate their entry into Canada. However, times have evidently changed, yet there continues to be a shortage of *workers* in general that led to an evolving role and career path for many immigrants, IENs included. Kristeva (1991) suggested how states have the power to define the *other* within society to the extent that their status is improved, or not. For example, immigrants, including Filipinos, were expected “to occupy certain (subordinate) roles in the labour market and the workplace” (Kelly et al., 2009, p. 32), such as food service workers or live-in caregivers. In Manitoba, Garang (2012) reported that educated African immigrants are regularly short-listed for employment opportunities “but rarely get the job after a face to face interview” (p. 9).

The state sets the terms of inclusion for immigrants which further legitimizes its regulatory role by acting as a gatekeeper of social differences (Dhamoon, 2009). This power is delegated to regulatory bodies that enforce legislations respecting the admission of IENs into the profession within their respective jurisdictions. From an IEN perspective, gaining registration in Canada is an extremely onerous process, especially for those persons from developing countries. In the absence of a pan-Canadian framework to guide IEN credentialing in Canada, each regulatory body sets its own process of evaluating international credentials which constantly changes. With each change in requirement, IENs are expected to comply with it even if the requirement was already met based on the previous regulations.

IENs experience various challenges at each stage of the credentialing process (Blythe et al., 2009). One of the factors that delay, if not prevent, IENs from obtaining registration in Canada is the non-recognition of foreign credentials of immigrant professionals. This may be due to the prevailing belief that “the knowledge of immigrant professionals, particularly those from Third World countries, is deficient, incompatible and inferior” compared to Canadian credentials (Guo, 2009, p. 37). For example, during the 2007 to 2008 IEN recruitment campaign initiated by the Government of Alberta, majority of IENs from the United Kingdom (UK) who settled in Edmonton were awarded Graduate Nurse recognition by the provincial regulatory body that made them eligible to receive temporary registered nurse (RN) licenses whereas all IENs from the Philippines only managed to gain registration as licensed practical nurses (LPNs) (Taylor et al., 2012). This was further confirmed by Higginbottom (2011) who noted that IENs were brought to Canada to work as LPNs or as nursing aides, even if majority of them possessed either a baccalaureate or master’s degree from their source country or elsewhere. Another challenge reported by IENs relates to their ability to meet recent nursing practice requirements. To demonstrate evidence of recent nursing practice, or to meet competency gaps and qualify for RN registration, IENs in Ontario, for example, are often required to go back to nursing school to complete specified theory and clinical elements, graduate from an approved baccalaureate nursing program in Canada, or return to the country where the applicant obtained their initial nursing registration and work there as RN. All of these options require monies that may not be easily accessible to IENs.

### ***Without Political Rights – Stigmatization of IENs***

Stigmatization, along with its outcomes, is also an issue faced by IENs in society, and even in the workplace, and this issue has been documented in literature. As noted by Das Gupta (2009), there are IENs who hurdled the tedious registration process in Canada, but who continue to face marginalization and discriminatory treatment even after obtaining employment. This is further exemplified by IENs' ongoing experience of being othered from the moment they apply for registration and licensure, where their "third world" credentials are perceived as being inadequate and, therefore, not equivalent to a Canadian baccalaureate nursing degree, and up to the point of employment, where their language fluency and accent are used as bases in judging their fitness to practice safely. Das Gupta (2009) reported how two black nurses were placed on salary grid with no recognition of their nursing experience outside Canada. This situation adds another level to the issue of transitioning IENs to the workplace. Dhamoon (2009) and Folsom (as cited in Dhamoon, 2009) suggested that

immigrants tend to be explicitly referenced in terms of their so-called different cultures, ethnicities, religions, languages, and nationalities [and] within these discourses lies an unspoken and implicit assumption that immigrants are marked as non-white...; [a non-white] who is professionally challenged and speaks with an accent... and who has a particular labour-market location. (p. 71)

A 2011 study on the transitioning experiences of IENs in a Western Canadian province showed IENs' perspectives on issues of fairness and equity (Higginbottom, 2011). Some IENs felt that being assigned tasks that were unrelated to nursing, such as dishwashing and vacuuming was reflective of employer/supervisor discriminatory practices based on country of origin, while others felt that the IEN's country of origin determined whether or not they were able to relocate with their family members (Higginbottom, 2011).

In my previous role as coordinator of an IEN bridging program, I met an applicant who completed a four-year nursing program from an Asian country, and a master's degree in nursing from the UK. She had her transcripts evaluated by a credential evaluation agency in Toronto and was surprised to learn that her nursing education from Asia was only equivalent to secondary school education in Canada, yet her master's degree from the UK has been deemed equivalent to a Canadian master's degree. She eventually enrolled in a personal support worker. In Canada, personal support workers are unregulated care workers who "provide supportive care to individuals across the lifespan including clients experiencing cognitive impairment, physical disability and mental health challenges, by assisting them with their activities of daily living..., [working in a] variety of care settings including community, retirement homes, long-term care homes and hospitals (Ministry of Training, Colleges, and Universities, 2014, p. 4). At one point during our conversation, this applicant remarked, "I need to do something to help me find a job and survive in Canada!" By offering her an opportunity to enroll in a PSW program, is the system helping her or exploiting her? Can this not

potentially lead to deskilling of this IEN? Salami et al. (2018) reported that IENs who faced challenges in becoming RNs discovered that becoming LPN as an easier path to take; however, they reported experiencing deskilling and feeling dissatisfied in their new nursing role. Is this the contribution expected from one of those who qualified for permanent residence in Canada? Is this the particular labour-market location destined for this IEN? Or is this a way to “mask the desire to use and exploit the intellectual, linguistic, and material capacities of Othered subjects in order to maximize the benefits of a market-driven economy?” (Dhamoon, 2009, p 38). The same questions are posed in behalf of IENs who are currently participants of the live-in caregiver program. Is the IEN, then, fully a nurse? And following Kristeva’s line of thought, is the IEN fully a human person in Canada if s/he is not accorded the opportunity to participate in citizenship initiatives, and contribute to the new place s/he would like to call home?

### **A Second-Rate Right – Supporting IENs**

Lochak, as cited in Kristeva (1991), noted that “the power given to the administration to assess, to interpret, or even to modify through *regulations* and *decrees* the current legislation, leads to changing the rights of foreigners into “second-rate rights” (p. 102). Registration and/or licensure of nurses in Canada is a provincial prerogative. Through provincial legislations, these activities are delegated to regulatory bodies that enforce policies and regulations with respect to the *recognition* or *non-recognition* of IEN credentials in Canada. The impact of non-recognition of immigrant credentials can be devastating. Guo (2009) suggests that the non-recognition of international qualifications, including any prior learning and work experience immigrants professionals possess, can lead to “downward social mobility, unemployment and underemployment, vulnerability and commodification, and reduced earnings” (p. 42). Kelly et al. (2009) reported on the deprofessionalization experienced by Filipino immigrants who were downgraded to low-paying positions in Canada. A Filipino immigrant who was a dentist back home may end up becoming a dental office administrator in Canada (Kelly et al., 2009). These experiences can potentially lead to feelings of distress, anger, and resentment, that not only prevents the integration of immigrants to Canada’s labour force, but also negatively impacts their ability to commit fully to this place they hope to call their home, and develop a sense of Canadian citizenship (Grant, 2005).

I once heard a Canadian-educated nursing faculty member criticize a part-time IEN colleague for appending her master’s degree, which she earned in another country, after her name. This Canadian-educated nursing faculty member unilaterally declared that master’s degrees earned from a developing country are never equivalent to a Canadian master’s degree. Interestingly, this Canadian-educated nursing faculty member does not have a master’s degree. In order to ensure public safety, IENs are subjected to various forms of checks at each stage of the credentialing process. An IEN may be required to do an objective structured clinical exam, provide additional documentation from the home country that, in many instances, are difficult to obtain, undertake a bridging program to address knowledge and skills gaps identified by the regulatory body, or return to nursing school to obtain a new Canadian baccalaureate degree.

Kristeva (1991) suggested how states determine through regulation or legislation the manner by which society perceives the *otherness* of foreigners which makes these individuals powerless and, sadly, remain as *others* in the eyes of Canadians. They may be arbitrarily classified as a “good immigrant” (cosmopolitan, adventurous contributor to the economy who replicates existing norms)... [or a] ‘bad immigrant’ (who is dirty, selfish, backward, dangerous, and a financial drain on the nation)” (Dhamoon, 2009, p. 70). Subsequently, to demonstrate evidence of recent practice, IENs in one Canadian province who have not worked as nurses within three years before they met all registration requirements, including passing the registration/licensure exam, may still be required to go back to nursing school to complete specified theory and clinical elements or to return to their home country to work and accumulate hours of clinical practice.

Teelucksingh and Galabuzi (2007) suggested that, as a result of government’s neo-liberal deregulation of labour markets in Canada, internationally educated professionals (IEPs) “are impacted by the full weight of subjective decision making on the part of employers” (p. 206). Are we protecting the public in imposing these requirements? Who are we *safeguarding* the public from? Is it from these *other* nurses or from our fear and perception of these *other* nurses? Or, as Kristeva (1991) suggested, is there a fear that if IENs are fully assimilated, then Canadian nursing “would necessarily lose many features and privileges that defined them as such?” (p. 98).

Another situation that I find disturbing is the limited representation of IENs educated in developing countries in Canada’s university nursing programs. Owing to my Filipino heritage, allow me to use, as an example, the case of Philippine-educated nurses in Canada. In the United States, Philippine-trained nurses seem to have more opportunities to thrive in academia. Be:

- Divina Grossman, a nursing graduate of the University of Santo Tomas in Manila, the Philippines. She was previously Chancellor of the University of Massachusetts (Dartmouth), and is currently President of the University of Saint Augustine for Health Sciences (2018) in the United States;
- Rose Constantino, an alumna of the Adventist University of the Philippines (formerly Philippine Union College), who is Associate Professor, Health and Community Systems at the University of Pittsburgh School of Nursing (2020);
- Jesus Casida, a graduate of Bicol University in Legazpi City, the Philippines. He is currently an Associate Professor at the Johns Hopkins University School of Nursing (Johns Hopkins University School of Nursing, 2020; University of Michigan School of Nursing, n.d.)

In Canada, however, this does not seem to be the case. An environmental scan of Canadian university-based nursing programs in 2018 showed that there was only one Philippine-educated RN in a tenure-track position, while up to two-thirds of IENs in tenured or tenure-track positions were from Western countries (Cruz & Patrick, 2020). When the second edition of the book *The Colour of Democracy* was published 15 years ago, Henry et al. (1998) noted the very limited number of minority faculty in Canadian universities in Ontario. Fifteen years later, there are still very few minority, let

alone IENs educated in developing countries, who have been tenured or are tenure-track in Canada's university nursing programs. Why is this so? Should this be a concern? Das Gupta (1996) suggested that "workers of colour have been excluded from better paid, secure, and more desirable jobs in nursing through systemic practices in the labour market" (p. 70). I argue that IENs need to be represented in academia to potentially have a voice that can be heard across the nation, a voice that can initiate a discourse to address the issues confronting IENs, and hopefully allow the emergence of a greater understanding of their issues, not as others but as Canadians. Felipe (as cited in McElhinny, Davidson, Catungal, Tungohan, & Coloma, 2012) suggested that "[a]cademia, when it's done well, speaks for the people. It compiles the voices of the people in a manner that's suitable for academics and scholars, but it's still the voice of the people" (p. 27). As Freire (1970/1988) suggested

Who suffer the effects of oppression more than the oppressed? Who can better understand the necessity of liberation? They will not gain this liberation by chance but through the praxis of their quest for it, through their recognition of the necessity to fight for it. And this fight, because of the purpose given to it by the oppressed, will actually constitute an act of love opposing the lovelessness which lies at the heart of the oppressors' violence, lovelessness, even when clothed in false generosity. (p. 29)

Furthermore, with the increasing requirement for bridging programs amongst IENs, the presence of IEN faculty members who can mentor them may be very helpful in their transitioning experience; they can serve as role models for other IENs.

It is appalling to note that there are potentially suitably-qualified IENs who are being prevented from returning to the profession, or perhaps prevented from assuming roles within the profession, due to various systemic barriers such as credential recognition issues, constantly evolving registration requirements for IENs, and the absence of a readily accessible central repository of information that can guide IENs through the registration process. Jeans (2006) emphasized that Canada needs "to learn now what to do to ensure that qualified nurses who want to work can actually get licensed and registered" (p. 58S). For those IENs who succeeded in passing the registration exam, what supports have been made available to help ensure their successful integration to Canada's health work force? How can they meet the Canadian experience requirement that many employers are looking for if they are not given an opportunity to gain it? In evaluating the experiences of Filipino-trained nurses recruited by a Saskatchewan regional health authority, Bassendowski and Petrucka (2010) suggested the need to provide support not only to newly-hired IENs, but to agency staff and receiving unit as well, "to enhance and ease [IEN] integration into the care team" (p. 4). They provided 12 key recommendations for future recruitment initiatives; one of the recommendations raised by the participants who were interviewed was the importance of a classroom setting orientation as a way to introduce them to Canadian culture and workplace norms, as well as "a refresher in assessments and pharmaceuticals... [and] some nursing practice of standard of care and policies" (Bassendowski & Petrucka, 2010, p. 60).



## Thinking the Commonplace – Discussion and Conclusion

There is currently no straightforward approach to gain registration as a nurse in Canada. This situation is made even more complex by an ongoing perception that IENs' knowledge and clinical competencies are not adequate to meet Canadian nursing standards of practice to ensure patient safety (Sochan & Singh, 2007). From an IEN perspective, there seems to be an endless list of road blocks that hinder IENs from effectively navigating the process of becoming registered in Canada and integrating to our country's health work force. Many of these seem to be rooted in the stigmatization of IENs, both individually and as a group. As more road blocks are placed before IENs, the lesser the chances are for these individuals to seek opportunities to gain registration as a nurse in Canada. It deprives IENs of the opportunity to actively contribute to Canadian society and further reinforces their *otherness*. Deprofessionalized, invisible and unheard, this creates in them "an attitude [that] does not seem to be simply a spontaneous response to the legal, cultural, and psychological discrimination undergone by the foreigner: One does not give me a place, therefore I shall keep my place" (Kristeva, 1991, p. 103). These immigrants, *these IENS*, are "directly subjected to the denial of substantive citizenship" (Dhamoon, 2009, p. 70). IENs, and IEPs in general, are deprived of the opportunity to improve their lives and those of their families.

Teelucksingh and Galabuzi (2007) stated that while the Canadian government actively promotes immigration with the selection of highly skilled and talented immigrants, it has not assumed "any accountability for their successful integration or even bothered to track their progress" which leads us to question the logic of the government's immigration policy (p. 206). It is about time that government leaders address this issue. While this paper focuses on the plight of IENs in Canada, the issue is much greater than this, and generally involves other immigrants.

However, there is also the realization that not all IENs may be qualified to practice in Canada owing to differences in educational backgrounds and standards of practices. Hawthorne (2001) suggested that it may be time for regulatory bodies to analyze IENs' outcomes by country of origin to identify at risk groups and thus provide necessary supports to help them succeed. I am not suggesting that policies, rules, regulations and legislations be changed to favour every IEN that knocks on Canada's doors. Instead, my hope is to initiate a discourse that will allow all relevant parties to come together and discuss the various issues surrounding IEN registration in Canada. As Kristeva (1991) suggested

facing the problem of the foreigner, the discourses, difficulties, or even the deadlocks of our predecessors do not only make up a history; they constitute a cultural distance that is to be preserved and developed, a distance on the basis of which one might temper and modify the simplistic attitudes of rejection or indifference, as well as the arbitrary or utilitarian decisions that today regulate relationships between foreigners. (p. 104)

There is an urgent need to acknowledge and directly confront the plight of IENs in the commonplace of Canadian society.

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