

Front-liners on the Sidelines:

The credential recognition experiences of Filipino internationally-educated nurses (IENs) in Victoria, British Columbia (BC)

By

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We acknowledge and respect the lək̓ʷəŋən peoples whose
traditional territory the university stands and the Songhees, Esquimalt
and W̱SÁNEĆ peoples whose historical relationships
with the land continue to this day.

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Abstract

The impacts of the nursing labour shortage are being felt across Canada but especially in Victoria, BC where place-based realities have impacted internationally-educated nurses' (IEN) professional pursuits. Rising inflation, housing costs, and living expenses create challenging contexts for IENs from the Philippines who aim to settle, integrate and complete professional recertification processes in order to become registered nurses in BC. As provinces across the country vie for nurses to alleviate strains on the health care system, this study explores Filipino IENs' integration experiences and settlement barriers. The study examines to what extent these factors might have influenced their educational upgrading, professional recertification, and workplace acculturation experiences. This exploratory study rooted in an interpretivist paradigm examines the experiences of nurses from the Philippines who recently migrated to Victoria in the last ten years. The key findings of the study posit that financial barriers, time barriers, deskilling, and mental health challenges are the most prevalent obstacles encountered by Filipino IENs in Victoria, BC. These findings are further expanded upon in order to understand the impacts that migration pathways, post- and pre-arrival immigration processes, familial responsibilities, English-language requirements, workplace discrimination and professional recertification pathways have on the complex integration and settlement experiences of Filipino IENs in Victoria, BC. Nine recommendations are proposed including the creation of more efficient migration pathways, investing in accessible information supports, prioritising effective communication, designing equitable policies that account for familial responsibilities, supporting flexible English language requirements, developing local navigational supports for IENs, addressing deskilling, adapting professional recertification pathways, and increasing collaboration between clinical practice programs.

Keywords: Filipino, internationally-educated nurses, reflexive thematic analysis, settlement, integration, credential recognition, workplace acculturation, educational upgrading, professional recertification.

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Dedication

I dedicate this work to all the inspiring Filipino internationally-educated nurses whose courage allowed them to dream, and whose determination made those dreams a reality. I laughed, cried, and laughed again with you. You taught me to hope even in the darkest of times, and to love even when it is not reciprocated. Mabuhay po kayong lahat!

1.0 Introduction

British Columbia (BC) is experiencing a human capital shortage in its health care system (BC Nurses' Union [BCNU], 2021, p.3). These shortages have contributed to prolonged staffing inadequacy (BCNU, 2021, p.7), heavy workloads and persistent mental health problems amongst nursing staff (BCNU, 2021, p.8). Internationally-educated nurses (IENs) have the potential to alleviate labour shortages, but they remain underutilized (Harun & Walton-Roberts, 2022, p.3). However, current policies do not satisfactorily address IENs' integration barriers. Time, effort and financial investments needed for IENs' professional recertification, educational upgrading and development of Canadian-valued work experiences are not sufficiently addressed.

This research seeks to understand the integration and settlement barriers that influence IENs' educational upgrading, professional recertification and workplace acculturation experiences. The scope of this research is limited to IENs from the Philippines who have recently immigrated to Victoria, BC. Filipino IENs are overrepresented in nursing and health care groups in Canada and their experiences offer an opportunity for more in-depth research (Cornelissen, 2021). The insights shared in this study will contribute to the field of public administration as the research results will reveal prevailing barriers that dissuade or inhibit Filipino IENs' achievement of full accreditation. For instance, my research contributes to the current internationally-educated nurses policy guidelines established by the National Newcomer Navigation Network (N4). This information will enable policymakers to improve policies and address nursing shortages.

1.1 Problem Statement and Significance of Contribution

It is important for policy makers to understand the integration and settlement barriers of recent Filipino IENs to Victoria so that they can improve supports. This study aims to provide an in-depth analysis of these barriers, and the extent to which they impact the educational upgrading, professional recertification and workplace acculturation experiences of Filipino IENs.

The Government of British Columbia has committed “\$9 million in bursaries to help with assessment fees,” for one year (Government of British Columbia [GoBC], 2022a). However, current initiatives do not adequately address IENs' integration barriers. For example, in a recent report, two-thirds of nurses voiced concern over persistent staff shortages (BCNU, 2021, p.7). Three-quarters of nurses also expressed discontent with increased workloads (BCNU, 2021, p.7). As a result, 74% of BC nurses shared that their quality of care decreased (BCNU, 2021, p.7). Nurses have also voiced the prospect of leaving the profession entirely with 35% of nurses rethinking their career choices, and 51% of intensive-care unit and emergency trained nurses naming the pandemic as a primary motivator for a career change (BCNU, 2021, p.9). The province's growing aging population and need for frontline care will only add to the strain on nurses (Stackhouse, 2020). In 2020, there were 985,812 seniors aged 65 and older residing in BC (Ip & Lavoie, 2020). By 2041, the senior population in BC is predicted to rise to 1,607,284, representing a 63% growth increase from 2020 (Ip & Lavoie, 2020).

IENs are skilled, stress-tested, and culturally competent professionals. IENs, specifically those from the Philippines, are often trained in impoverished contexts, high-stress environments, and

where access to the most recent medical technologies is limited. These circumstances have built perseverant and resilient nurses, who despite limited technological resources in Philippine universities and hospitals are respected global health care practitioners. Filipino IENs' skillfulness has allowed many to work abroad where they must remain adaptable to local customs and cultural expectations. This has taught many Filipino IENs to be culturally competent workers in order to best care for local populations. Despite these qualities, Filipino IENs remain a semi-untapped human capital resource whose medical skills and patient experiences could present a possible solution to BC's nursing shortage. In fact, 47% of foreign-educated immigrants with a health-related education were underutilized in Canada's health care sector (Hou & Schimmele, 2020).

This finding is further supported by a World Education Services (WES) survey of approximately 6,400 skilled immigrants to Canada. The WES survey found that 47.2% of skilled immigrants worked in the same sector as they did prior to migration (Immigrants for Work Coalition [IWC], 2021, p.6). The low percentage of skilled immigrants working in sectors not commensurate with their education and training is concerning. In fact, many IENs are unable to realize their full career potential in BC. Integration barriers, such as financial (Covell et al., 2022, p.173) and time (Covell et al., 2017, p.12) impact the successful professional recertification and educational upgrading of IENs. The absence of accessible information and resources can dissuade IENs from seeking full accreditation (Safari et al., 2022, p.7). From 2016 to 2021, immigrants accounted for 80% of Canada's labour force growth (Statistics Canada, 2022). If immigrants are not maximizing their income-earning potential and contributing to sectors, such as health care which needs skilled labour, then more needs to be done to support immigrants with their credential recognition and professional recertification journeys. This work is not only beneficial to newcomers but to all Canadians. Greater attention must be paid to the integration and settlement experiences of Filipino IENs and the barriers they encounter as they pursue professional certification in BC. Filipino IENs are valuable, reliable, employable and deserving frontline workers whose medical skills and caring capacities have the potential to address the province's health care labour needs and contribute to the province's economic fortitude.

Credential recognition processes for regulated professions like nursing have been highlighted as persisting issues by Employment and Social Development Canada (ESDC) (ESDC, 2020). Professional recertification and educational upgrading take time (Covell et al., 2017). Compared to Canadian-educated nurses, IENs take longer than a year to pass the nursing licensure exam (Covell et al., 2017). IENs are often "unprepared to meet the standards set forth by regulatory bodies" (Covell et al., 2018, p.401) because of a lack of available and accessible information. In many cases, IENs attend additional volunteer work, language classes, and credential examinations (Covell et al., 2022). They do this to meet regulatory standards, develop occupation-specific language skills and to gain Canadian work experience, which are all highly valued by employers (Covell et al., 2017). Income-earning opportunities lost to such initiatives also persuade IENs to shift career paths and abandon accreditation altogether. Educational upgrading is also costly. Aside from immigration and individual and/or family living expenses, IENs pay fees for application translations, document verification and assessments, and licensure examinations (Covell et al., 2022, p.173). All of this adds to IENs' mental and financial pressures. These conditions can also discourage IENs from pursuing accreditation in BC.

This research seeks to understand the integration and settlement barriers that influence IENs' educational upgrading, professional recertification and workplace acculturation experiences. The study is specifically interested in understanding the extent to which these barriers influence the educational upgrading, professional recertification and workplace acculturation experiences of recent Filipino IENs in Victoria, BC. While the issue of nursing labour shortages, foreign credential recognition and educational upgrading are not new problems, they do require contemporary and innovative policy solutions. The present study contributes to the academic literature and public policy by proposing nine key recommendations that relate to: addressing persisting educational and accreditation inequities, investing in new approaches to address IENs' deskilling experiences, and adapting professional recertification pathways. Chapter 4 explains the significance of the nine recommendations and possible avenues to bring such ideas into action. The table below provides a snapshot of what is to come.

Figure 1: Key Recommendations

1.	Create efficient migration pathways and invest in accessible information supports.
2.	Clarify and clearly communicate pre-arrival and post-arrival processes to incoming internationally-educated nurses.
3.	Prioritise direct communication about credential and clinical skill assessments to avoid confusion.
4.	Design equitable policies that account for IENs' familial responsibilities.
5.	Support flexible scoring and abolish English language test expiration dates.
6.	Develop comprehensive local navigational supports from IENs in Victoria, BC.
7.	Address hierarchical deskilling and promote discrimination-free workplace acculturation.
8.	Adapt professional recertification pathways.
9.	Increase collaboration between clinical practice programs.

Source: Author's own elaboration based on the literature and participant interviews.

1.2 Scope and Timeframe

The Victoria metropolitan region was chosen as the location for this study as its context creates the environment for integration and settlement barriers to thrive. The city's high living cost, housing shortages, growing aging population and increasing need for nurses provides the ideal setting to investigate the impacts of integration barriers amongst recent IENs from the Philippines. The analysis and understanding of institutional contexts in a given place, including its support networks adds a richness to the study of IENs and their experiences in Canada.

Filipino IENs were chosen for this study because this demographic is overrepresented in nursing and health care groups in Canada (Cornelissen, 2021). While women occupy the majority of nursing jobs in Canada, men and other gender identities are included in the study because men are also represented as Filipino nurses in the health workforce in Canada. I hope to gain an understanding of the multiple influences and dynamics that shape Filipino IENs experiences. These diverse experiences are crucial to uncovering the gendered nature of integration and settlement barriers, educational upgrading, professional recertification and workplace acculturation experiences.

Participants in this study were interviewed about their current and past experiences with educational upgrading, professional recertification and workplace acculturation. A number of the study's participants were still in the process of receiving their licensure while others have been working as licensed BC nurses for a few years already. The experiences captured are not uniform. The variety of stories and pathways captured reveal IENs' diverse experiences. The variety of stories captures the complexity of settlement and integration for IENs in Victoria. The multiplicity of lived experience and pathways towards licensure speak to a need for more mindful accreditation approaches. A one-size fits all approach to address IENs' licensure barriers may fall short. The inability to recognize underlying and rooted issues that contribute the IENs' licensure challenges may lead to ineffective policies and initiatives.

1.3 Research Question

This research seeks to understand the integration and settlement barriers that influences IENs' educational upgrading, professional recertification and workplace acculturation experiences. The purpose of this study leads to the following questions, which will be answered throughout this work:

1. Do Filipino internationally-educated nurses (IENs) in Victoria, BC experience integration and settlement barriers?
 - a. If so, what kinds of barriers do they experience?
2. To what extent do these barriers impact their educational upgrading, professional recertification and workplace acculturation experiences?

1.4 Positionality Statement

I was raised by two low-income parents whose foreign professional experiences and educational backgrounds were not recognized in Canada. Through my parents' experiences with integration and settlement, I witnessed the intergenerational hardships faced by many first-generation immigrants. I understand that socioeconomic and personal trade-offs, such as the acceptance of a downward professional trajectory, must be made in order to build a new life in a new country. My judgements of immigrant integration and settlement are influenced by the burdensome processes of accreditation and a lack of financial support for recent migrants and their families. My lived experiences enable me to analyse the situation from a more nuanced perspective.

As a Filipino woman, I also bring a unique understanding and approach to this research. For instance, I intimately understand intergenerational Filipino immigrant experiences in Canada. I can communicate in Tagalog. I was raised to understand the cultural and traditional particularities of the Philippines. As a result of my positionality, there is the potential to build stronger trust bonds between myself and the research participants. My research participants may exercise increased vulnerability and trust during our interactions, sharing deeper and more personal insights with me than with someone from a different racial or ethnic background. This is beneficial not only for my research, but also to the community I seek to engage throughout the research process. My ability to relate to their experiences, and the level of respect I have for the integration and settlement resilience exhibited by IENs will influence how I build and nurture the

trust bonds we will inevitably build throughout the research process, especially throughout the data collection phases.

Though at the same time, I do not fully understand the lived-experiences of those from the Global South. Therefore, I must actively take note of these blind spots to avoid misinformed, harmful and colonial research behaviours. My experiences as a post-secondary-educated person from Canada will influence my narrow-minded assumptions about IENs' integration barriers, settlement experiences and professional acculturation experiences. My comprehension of these themes, based on recent academic research, is limited and already informed by other researchers in the field. It is important to avoid the immediate critique or dismissal of information communicated to me by my research participants. My privilege as a graduate student may also place me in the position of the knowledge holder and creator, leading my participants to feel as though their first-hand experiences are invaluable or less credible. It is crucial to support the empowerment of my research participants, encouraging them to share as openly as they wish and in a way that preserves their individual dignity and power.

Overall, awareness of my positionality and the acknowledgement that power and knowledge are intertwined (Gaventa and Cornwall, 2008) will lead me to carefully consider important research decisions, especially with who to include in the study, why and in what capacity.

From this point, the study proceeds in five parts. First, Chapter 2 covers the literature review. This section provides information on this study's literature search, the type of research consulted, and the selection criteria used to determine the academic research analyzed for further consideration. Chapter 2 also engages in a thematic discussion of relevant issues in contemporary studies about IENs' settlement and integration experiences in the Global North. Chapter 3 provides a review of this study's methodology, methods, and data collection and analysis. This section concludes with a discussion of the study's strengths and limitations. Chapter 4 provides an in-depth examination of the study's four main findings as it pertains to financial barriers, time barriers, deskilling and mental health experiences of Filipino IENs. Chapter 5 engages in a discussion of the key findings in relation to existing academic literature and current policy issues in BC. This section clarifies how the study's findings answer the research question. Finally, Chapter 5 serves as the study's concluding piece and summarizes notable takeaways.

Chapter 2. Literature Review

Foreign nurses play a critical role in satisfying the labour needs of health care services in the Global North. However, inequalities between the Global South and North have introduced the commodification and continued undervaluing of nurses' labour, which is propelled by global nurse care chains (GNCC) (Walton-Roberts, 2020), and the transnationalisation of care (Näre & Silva, 2021). As a result, IENs face numerous integration and settlement barriers which impact their educational upgrading, professional accreditation and workplace acculturation experiences. This thematic literature review critically discusses existing works, focusing on four major themes: global care chains, deskilling and immobility, integration barriers, and settlement experiences. I outline apparent gaps in the literature and explain how my study seeks to address them. I ultimately advance the argument that there is in-depth and place-based knowledge to be gained by assessing the experiences of specific immigrant groups at a certain context in time. I assert that contemporary research about Filipino nurses' settlement and integration experiences in Victoria, BC is necessary to address gaps in the academic literature and to advance policy recommendations.

2.1 Literature Search and Selection Criteria

This literature review has used the University of Victoria's Summon 2.0 search tool alongside select keywords in order to identify relevant literature and tailor the search's scope. The keywords employed as search terms are: credentialing, internationally educated nurses, Canada, global nursing care chains, nursing policy, nursing regulation, occupational mobility, professional recertification, workforce integration, recruitment, labour migration, deskilling, work experiences and acculturation. Peer-reviewed journals published in the last five years were prioritized. A focus on the last five years was necessary in order to gain an understanding of current points of inquiry in contemporary research. The migration and settlement experiences of IENs are very well-researched topics. Therefore, attention to the most recent literature allowed the researcher to discern under researched topics and engage in the most recent academic conversations regarding IENs in the Global North.

One journal article published in the last sixteen years, and two book chapters from the last twenty years were also included due to their relevance. These works, although dated, are foundational works whose insights contextualise and contribute key insights into the experiences of IENs specifically in the Global North. Primary scholarship was prioritized to gain in-depth knowledge of the ways researchers have conducted, interpreted and analysed their findings in relation to existing research. However, the Kaushik and Walsh piece, although not primary scholarship, was also included. This secondary scholarship piece provided insights on the topic of immigrant settlement experiences through an intersectional lens. This work highlighted the diversity of settlement experiences based on an individual's unique positionality and intersectional power dynamics. I also conducted a secondary data search where I referred to the references and cited sources of the academic literature that I had already selected. Based on the relevance of the subject matter in relation to my research question I was able to make note of the more pertinent sources.

2.2 Thematic Discussion

Global Care Chains (GCC) and Global Nursing Care Chains (GNCC)

GCCs figure prominently in existing bodies of literature about the transnationalisation of care labour. What is missing, however, is an in-depth analysis of the influence of GCCs and the integration and settlement experiences of Filipino IENs in Victoria, BC. I argue that a place-based study may bring to light underlying challenges faced by Filipino IENs during processes of educational upgrading, professional accreditation, and workplace acculturation. Key takeaways from this study can be used in future comparative studies to further understand the continued migration of Filipino IENs in BC, and the variables that lead them to seek employment outside Victoria.

GCCs “conceptualise commodified care labour” (Näre & Silva, 2021, p.511) and provide a lens to facilitate the understanding of inequalities inherent in global care labour chains. GCCs refer to the global links between people and their connections through paid and unpaid work of caring (Näre & Silva, 2021). This is an important theme as it speaks to the power imbalances between nurses from Global South and employers in Global North countries. For instance, a GCC lens can be employed to analyse the ethical recruitment practices and the undervaluing of foreign education and experiences. It is easy to assume that global care networks create a win-win situation for all parties involved. However, upon closer analysis a GCC lens helps to reveal unbalanced agreements where participants from the Global South receive the shorter end of the bargain. Meanwhile, Global North countries profit from foreign labour, skill and experience, enabling them to prioritise national growth and development. This section of the literature review argues for the incorporation of a GCC lens in research about the integration and settlement of migrants in the Global North. Transnational care labour is influenced by a myriad of variables including individual, national, socioeconomic, gendered, and colonial contexts that lead people to immigrate. A GCC lens offers a point of view which supports the consideration and analysis of multiple variables. A GCC lens offers the potential to fully capture the complex migration, integration and settlement challenges IENs face in their destination countries.

The deliberation of GCCs in relation to the experiences of Filipino IENs in Victoria is significant. A GCC lens is conducive to the analysis of variables, such as financial need, personal interest or the availability of part- or full-time work. All of these variables contribute to an IEN’s decision pursue accreditation or to apply for certain types of employment. These particular insights are missing in the Victoria context. It is necessary to address this gap in order to create policies and programs that serve to not only support IENs’ integration and settlement efforts, but the recruitment and retention of IENs in Victoria too.

GNCCs specifically consist of nurses, nursing institutions, educational institutions, and multi-level stakeholders involved in the recruitment and governance of the nursing occupation (Walton-Roberts, 2020). Researchers have argued that GNCCs can be used “as a conceptual tool to analyse the complex dynamics between local, organisational inequalities and global hierarchies of power” (Näre & Silva, 2020, p.511). They argue that it is important to “critically reflect upon the transfer of care up the global economic hierarchy” (Walton-Roberts, 2020, p.3441) as resulting observations can shed light on power inequalities and hierarchies apparent in

practices of recruitment and placement of nurses within GNCCs. Furthermore, GCCs have been used to reveal the ways in which the global migration of nursing exploits and reproduces the uneven development of migrant nurses in comparison to nurses trained in their country of origin. For example, low wages and unemployment in the Philippines lead nurses to search for prosperous economic opportunities abroad. As a result, Filipino nurses represent some of the largest pools of IENs working in the Global North (Cabanda, 2021). The labour export of Filipino IENs is strategic as the Philippines has been training nurses to meet the health care needs of international markets for years (Novek, 2013). The Philippines benefits from this neoliberal strategy. Profits generated by migrants' remittances are used to address the Philippines' national debt (Novek, 2013). That being said, Global North nations, arguably, benefit more from the export of Filipino IENs as they rely on a steady stream of nurses to fill health care labour gaps.

Although Global North countries like Canada seem to quickly and benevolently employ IENs, a closer look at nursing requirements and recruitment practices may reveal the opposite. Global North countries are quick to profit off the labour of Filipino IENs. Labour policies in Global North nations have been guilty of deskilling IENs from registered nurses (RNs) to licensed practical nurses (LPNs) or to health care aides (HCA) to meet their low-skill labour needs (Kaushik & Walsh, 2018). Global North nations claim IENs lack the necessary language skills, education, or regional work experience to satisfactorily serve the host country's needs (Kaushik & Walsh, 2018). This power imbalance between countries like Canada and the Philippines shows that the settlement experiences of Filipino IENs might not be the prosperous dreams they originally imagined them to be.

Global South countries like the Philippines experience "brain drain" (Bourgeault et al., 2016, p.295) and weakened health care labour infrastructure, because its nurses search for higher wages and a better quality of life in the Global North. IENs are relied upon by the Global North to fill vacancies in order to respond to the growing health care needs of growing aging populations (Thompson, 2022, p.188). The reliance of IENs also stems from evolving career opportunities of women in the Global North. Nursing vacancies in the Global North can be partially attributed to the increased labour market choices for its women (Thompson, 2022, p.188). As Global North women are afforded more career choices and opportunities, IENs are asked to fill the void. Global labour linkages between Global North and South women informs this study. It is crucial to understand the factors that contribute to GNCCs and transnational care systems. Although individual IENs are self-motivated to work abroad, it is necessary to acknowledge and understand the underlying labour market and demographic variables that contribute to the recruitment of foreign nurses in the Global North.

Tied to the issue of brain drain is the influence of colonialism. The influence of American occupation in the Philippines left significant impacts on the nation's education system, shifting its orientation from local health-care needs to global health workforce markets (Bourgeault et al., 2022, p.300-301). In 1898, the benevolent assimilation of the Philippines by the United States (US) was announced by President McKinley. American occupation led to the establishment of an Americanized education system. Education included the creation of an Americanized health care training system, which eventually trained and prepared many Filipino IENs to work as nurses in the US instead of the Philippines (Choy, 2003, p.5). Although American occupation of the

Philippines ended in 1946, the Americanized health care training system had lasting impacts on the Philippines' health professional migration. Filipino nurses equipped with an American health care education and training eventually shifted "their orientation from local health-care needs to global health workforce markets" (Bourgeault et al., 2022, p.300-301). These transnational labour dynamics continue to this day as the export of Filipino IENs' labour is partially influenced by an education for export model (Van Riemsdijk, 2022, p. 201). Although Canada did not directly participate in the occupation of the Philippines, like many Global North countries, it profits off the influx of human and economic capital of a lower-resourced country whose education for export model can be linked to American colonialism (Bourgeault et al., 2022, p.300).

The issue of colonialism introduces two things. First, it challenges the notion of benevolent health care professional migration to the Global North (Choy, 2003, p.6). Second, it raises questions pertaining to the ethical recruitment, and the integration and settlement of IENs (Bourgeault et al., 2022, p.300). Therefore, with GNCCs and its ties to colonialism in mind, I propose further acknowledgement of GNCCs and the Global North's ethical responsibility to meaningfully support, settle and integrate Filipino IENs. Canada is complicit in the brain drain phenomenon and education for export of IENs from the Philippines. Therefore, adequate integration supports, and sustainable settlement initiatives should be readily accessible to Filipino IENs. These supportive initiatives will help to reduce the burdens experienced by Filipino IENs as they attempt accreditation in their host countries.

The inclusion of GCCs in this study provides a lens to facilitate the understanding of inequities inherent in transnational care chains. This includes deskilling, brain drain, the influence of labour linkages between Global North and South women, and the complicity of Global North nations in the export of IENs. All these factors in mind will yield nuanced understandings and analysis of IENs' integration and settlement experiences in Victoria, BC. IENs settlement and integration insights can reveal the challenges that dissuade foreign nurses from completing accreditation, which may lead to better informed policy and targeted program creation. As Victoria continues to grapple with the retention of nurses within its overburdened nursing workforce, policymakers must pay close attention to the experiences of IENs as collaboration between all stakeholders is key in tackling accreditation issues. Ultimately, literature on GCCs and GNCCs influence my understanding of IENs' experiences with educational upgrading, professional accreditation and workplace acculturation. I am encouraged to analyse the integration barriers of individual nurses from a wider point of view, being critical of individual, local and global factors that influence integration barriers and settlement experiences.

Deskilling and Immobility

Deskilling and immobility figure prominently in the literature as they outline the realities of many IENs attempting to work at their expected skill level in host countries. However, in many instances they are dissuaded or inhibited by complex and varying professional accreditation requirements. Many IENs face the harsh reality of deskilling and professional immobility (Walton-Roberts, 2020). This phenomenon can be attributed to credential assessment processes, which are regulated by professional nursing associations (Walton-Roberts, 2020). Deskilling is primarily observed in two ways: sectoral or hierarchical deskilling. Sectoral deskilling occurs

when migrants do not work in sectors they were originally trained for (Gotehus, 2021, p.340). Hierarchical deskilling manifests when migrants are employed in their fields of study but at a lower qualification level (Gotehus, 2021, p.340).

Deskilling can also materialise because of racial or ethnic influences (Gotehus, 2021, p.341). The skillsets of racialized IENs are often undervalued and underutilized as colleagues assume their competencies to be sub-standard. These assumptions establish occupational hierarchies where foreign-born nurses are often deemed lesser informed and trained than their local nursing counterparts (Walton-Roberts, 2020, p.3443). Employers and recruiters are involved in the creation of occupational hierarchies. Compliant, pliable, and subservient IENs are often preferred by employers and recruiters in order to prevent conflict and to assure the promotion of host country educated and trained nurses (Thompson, 2022, p. 191). Occupational hierarchies contribute to professional immobility, which are sustained by integration barriers such as the time it takes to achieve accreditation (Salami et al., 2018, p.178), or by the time it takes to become proficient in the destination country's lingua franca (Van Riemsdijk, 2022, p.216). Weak language proficiency contributes to IENs' skill devaluation because IENs are not able to clearly communicate the depth of their knowledge (Van Riemsdijk, 2022, p.215).

Tied to deskilling is the influence of gender on the devaluation of skill and expertise. Care work, like nursing, is often associated with women's work and the assumption that women are innately prone to natural caring competencies. Nurses' emotional labour is often devalued (Van Riemsdijk, 2022, p.214) and inadequately compensated, because care work is not considered high skilled (Baumann et al., 2022, p.102). Care work in contrast to male-dominated careers that produce material goods like finance, information technology, or construction, yield highly invisible results (Van Riemsdijk, 2022, p.215). The invisibility of care work poses a challenge for IENs. It is difficult to measure or quantify high-quality care competencies. IENs, male or female, are unable to adequately prove their equally important non-medical skillsets such as bedside manner, cultural sensitivity, and empathy. These gendered dynamics contribute to the further devaluing of IENs skills and competencies, which are experienced by nurses regardless of their gender (Baumann et al., 2022, p.102). In extreme cases of deskilling or downward occupational mobility, IENs may find themselves working as domestic workers or caregivers in the Global North (Bourgeault et al., 2022, p.112). If the integration barriers are too challenging to overcome, IENs may abandon their accreditation pursuits altogether and transition to other occupations (Salami et al., 2018, p.177).

Although there is a growing body of research in this area, the experiences of recent Filipino IENs to Victoria, BC are missing. A critical analysis of this demographic's experiences will lead to a better understanding of the contemporary challenges that contribute to deskilling and immobility of IENs. A study that focuses on the particularities of Filipino IENs in Victoria has the potential to also reveal recruitment and retention challenges. Although Victoria is a capital city, other culturally diverse areas like Vancouver metropolitan area may offer larger cultural support systems and increased job opportunities for Filipino IENs. External factors may persuade Filipino IENs to move elsewhere. The findings from such a study have the potential to inform future policy decisions, limiting the likelihood of professional immobility for future cohorts of IENs, and further understanding the factors that lead Filipino IENs to stay in Victoria, BC.

Integration Barriers

Integration refers to the ability of IENs to “achieve professional recertification as a regulated nurse, accomplished by achieving success on a licensure exam” (Covell et al., 2017, p.3) and securing full-time employment as an RN. Therefore, integration barriers are factors that inhibit or prevent the integration of IENs. Financial constraints and time investments have been noted as the main barriers obstructing IENs’ achievement of full accreditation in their host countries.

Financial barriers include application verification fees, assessment and translation fees, credentialing examinations and living expenses (Covell et al., 2022). Financial barriers are further intensified as many IENs “send remittances to their country of origin” (Salami et al., 2018, p.167) to support their family. These competing financial responsibilities increase the IENs’ likelihood of financial hardship, thereby making it more challenging to complete the credential processes required for full professional accreditation in BC (Covell et al., 2017). Financial precarity is an integration barrier as it encourages IENs to accept deskilling, persuading them to believe that any work is better than no work in the Philippines (Näre & Silva, 2020). Financial barriers also lead IENs to experience poor mental health. Mental health challenges and stress have “been linked to IENs abandoning the profession, selecting another career path, returning home or moving” (Covell et al., 2022, p.173) elsewhere with fewer integration barriers. For many female Filipino IENs, gender implications such as the duty to shoulder family responsibilities significantly delay accreditation processes, educational upgrading and workplace acculturation (Bourgeault et al., 2022, p.304). Coming to terms with expensive credential processes on top of supporting family and remaining up to date with visa requirements requires IENs “to possess the patience, fortitude and financial capital to progress through the credential and qualification maze” (Walton-Roberts, 2020, p. 3448).

Lengthy time investments are also integration barriers that can dissuade IENs from completing credential processes. Concern over the time-consuming credential processes in Canada leads IENs to accept deskilling because the longer it takes to be fully accredited, the greater the financial barrier becomes (Covell et al., 2022). In these cases, IENs are more likely to accept a downward socioeconomic status, committing themselves to professions below their original skill and education level (Salami et al., 2018).

My research seeks to understand the integration barriers faced by recent Filipino IENs and the level of influence they potentially have on settlement experiences such as educational upgrading, professional accreditation and workplace acculturation. It is best to address integration barriers in order to quickly facilitate IENs’ entry into the nursing workforce, ensuring that their skills and competencies are meaningfully utilised.

2.3 Policy and Institutional Environment

Immigration pathways, education, employment, citizenship and other settlement processes are responsibilities often shared between federal, provincial and non-governmental partners. This section provides an overview of the federal, provincial and settlement services landscape as it relates to foreign credential processes for IENs in BC. The purpose of this section is to highlight

the complex power sharing dynamics between government jurisdictions and other settlement service providers. A good grasp of the policy and institutional environment will illustrate the structural conditions and challenges IENs encounter as they embark on accreditation and professional recertification journeys in BC.

The following section begins with a discussion of federal departments, namely Immigration, Refugees and Citizenship Canada (IRCC) and Employment and Social Development Canada (ESDC). An overview of IRCC will provide information about the popular immigration pathways often pursued by IENs in BC, such as the Federal Skilled Worker Program (FSWP), the Live-in Caregiver Program (LCP) and Family Reunification Program (FRP). An overview of ESDC will outline the department's key foreign credential recognition roles and responsibilities, and the department's interplay with provincial governments. Additionally, a brief discussion of BC's policy actors will further demonstrate the provincial intricacies involved in credential recognition processes for IENs. Information about provincial government stakeholders, namely the Ministry of Health, the Ministry of Post-Secondary and Future Skills, and the Ministry of Jobs, Economic Development and Innovation, will illustrate the intended collaborative goals between each department. A short introduction to BC's nursing regulatory authority and professional credential assessment services will also contribute to the policy and institutional environment. The section concludes with an overview of the most relevant, accessible and culturally competent settlement services available to IENs in Victoria.

Federal Policy Environment

IRCC and ESDC are arguably the most important federal departments that IENs interact with throughout their settlement and integration journeys in Canada. The migration, citizenship and employment services offered by IRCC and ESDC play a large role in the long-term socioeconomic trajectory of newcomers.

Immigration, Refugees, and Citizenship Canada (IRCC). IRCC develops and implements policies, programs and services that facilitate the arrival of people and their integration to Canada (Immigration, Refugees and Citizenship Canada [IRCC], 2018). The department is also committed to screening and approving for admission immigrants, foreign students, and workers who support Canada's social and economic growth, helping newcomers adapt to Canadian society and become citizens, and encouraging newcomers to participate in Canada's economic, political, social and cultural life (IRCC, 2017). It is worth highlighting two of IRCC's core responsibilities. First, IRCC selects immigrant applicants who wish to work in Canada, processes family member applications and offers settlement support services (IRCC, 2023a, p. 22). Second, IRCC manages the Citizenship Program which supports newcomers in their pursuits towards permanent residency and Canadian citizenship (IRCC, 2023a, p. 52). It is important to understand these two core responsibilities as IRCC influences IENs' immigration pathways to Canada and other long-term settlement processes.

The first core responsibility focuses on the admission and economic and social integration of newcomers who intend to permanently settle in Canada. Popular immigration pathways often undertaken by IENs include the Live-in Caregiver Program (LCP), the Federal Skilled Worker Program (FSWP) and the Family Reunification Program (FRP). The LCP enables Canadian

citizens to seek caregiving services from foreign workers if they are unable to find local workers to fill the positions (IRCC, 2020). Two pathways to permanent residency (PR) were established by the LCP. The pathways enable live-in caregivers to apply for PR in order to care for children or for people with high medical needs (ESDC, 2023). Live-in caregivers can apply for PR through the LCP only if they have at least two years of work experience (IRCC, 2022). The FSWP welcomes newcomers to Canada based on skilled work experience, language ability, education, age, and whether the applicant has a valid job offer in Canada (IRCC, 2023b). Based on these factors, applicants are assigned an overall score out of 100 points. Successful applicants are admitted to Canada if they have a passing score of 67 points and if they have sufficient proof of funds for settlement (IRCC, 2023b). Applicants with the highest-ranking points are selected by IRCC and invited to apply for PR (IRCC, 2023b). The FRP allows Canadian citizens or permanent residents living in Canada to sponsor a spouse, common-law partner, conjugal partner, dependent children, and adopted children (IRCC, 2023c). Under the FRP, applicants are granted permanent residency if they meet the requirements and pay the sponsorship, processing and right of permanent residency fees (IRCC, 2023c).

The information provided about the three immigration pathways demonstrates the varying time barriers it takes to achieve PR. The LCP is arguably the most time consuming out of the three pathways as applicants are required to have at least two years of live-in caregiver work experience. Conversely, the FSWP and the FRP do not have a set minimum work experience requirement, thereby cutting down on the time allocated to PR pursuits. The apparent differences between the LCP, FSWP and FRP show how varied an IEN's settlement experiences can be from the very outset of immigration. PR opens doors to opportunities such as open work permits which allows PR holders to work multiple jobs and access multiple streams of income. PR holders also allow IENs to pay domestic instead of international student tuition when pursuing post-secondary nursing programs in BC. These are significant factors that IENs must consider in order to maximize their earnings and savings potential; both of which are important considerations for IENs who intend to pursue costly professional recertification pursuits.

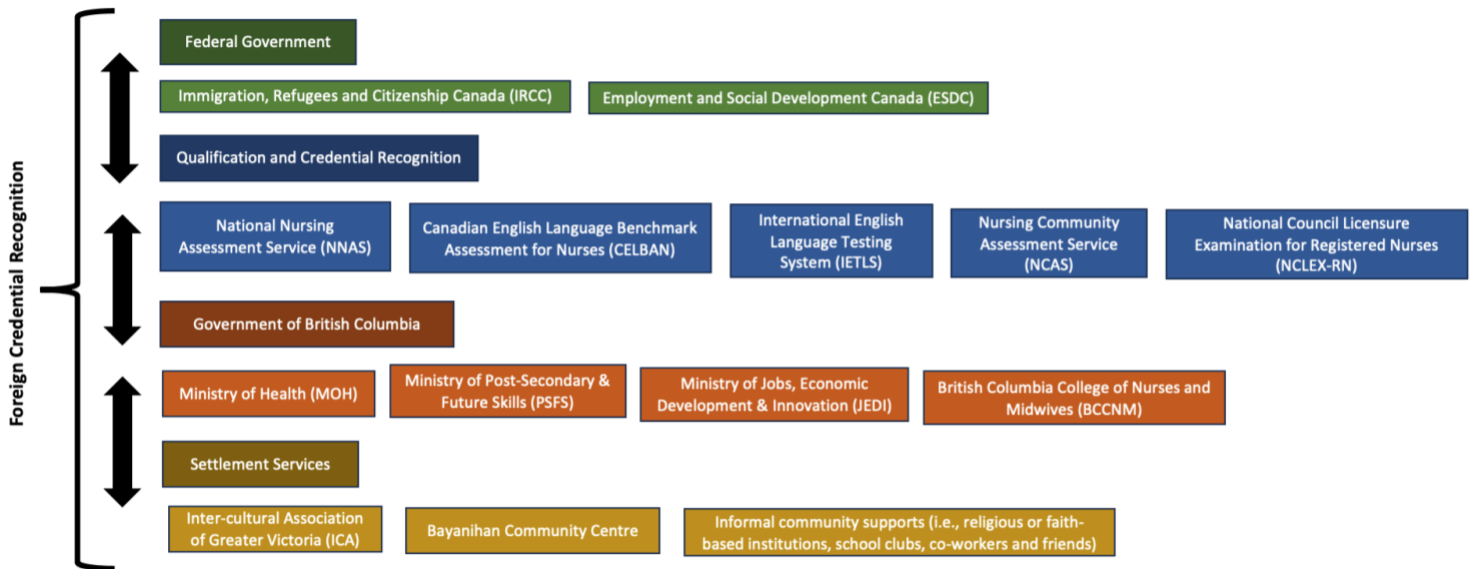
Employment and Social Development Canada (ESDC). ESDC is committed to Canada's social development, support of pensions and benefits, and learning, skills development and employment. The latter will be the focus of this section. Understanding ESDC's involvement in learning, skills development and employment will shed light on the multi-jurisdiction dynamics of credential recognition in BC. Namely, a closer look at the Foreign Credential Recognition Program (FCRP) will demonstrate persistent coordination, information sharing, transparency and systemic change challenges in Canada.

ESDC's learning, skills development and employment initiatives help individuals access post-secondary education, obtain skills, and access training required to participate and keep up with ever-evolving labour markets (ESDC 2023a, p. 35). ESDC's FCRP is a service available to IENs. The FCRP seeks to address Canada's human health resource crisis by supporting the labour market integration of skilled newcomers like IENs (ESDC, 2023a, p.39). The FCRP is "a contribution program that provides funding to the provinces and territories, regulatory bodies and organizations to support foreign credential recognition processes in Canada" (ESDC, 2022). The program coordinates efforts and shares information at a national level to support labour mobility and develop resources, tools and capacity to improve foreign credential recognition processes

across Canada (ESDC, 2022). National coordination and information sharing occurs between ESDC, provinces and provincial professional regulatory authorities. The FCRP prioritizes the harmonization of professional standards, the development of online national application and assessment platforms, and new approaches to address foreign licensing challenges (ESDC, 2022). The program also helps newcomers manage accreditation fees and costs by providing loans and grants. The FCRP is more effective when it liaises effectively with IRCC’s Settlement Program. In tandem, ESDC and IRCC’s programs are complementary. Together, they provide pre-arrival, credential recognition and employment-related supports for newcomers (ESDC, 2022). It is important to recognize the involvement of ESDC in the accreditation journeys of IENs. Understanding ESDC’s involvement in credential recognition processes shows the complexities many newcomers encounter when they arrive.

In the case of IENs’ credential recognition in BC, intergovernmental relations between the federal government, qualification and credential recognition bodies, the Government of BC, and provincial settlement services are important to understand to fully appreciate the nuances involved in professional recertification processes. Figure 1 (see below) depicts the intended working relationships between stakeholders. Figure 1 demonstrates four levels of stakeholder involvement (i.e., federal government, qualification and credential recognition bodies, provincial government, non-profit settlement services) in the credential recognition and professional recertification journeys of IENs in BC. The black arrows on the left-side of the figure represent the flowing influence of each stakeholder at every stage of the accreditation process. The stakeholder relationships are expanded upon in the sections below.

Figure 1: Policy and Institutional Environment



Source: Author’s own elaboration based on the literature.

Province of British Columbia Duty Bearers

Knowledge of key departments, regulatory authorities, credential recognition services and post-secondary institutions is necessary to appreciate the complexities involved in the nursing credential recognition process in BC. The interplay between provincial government offices and other credential or educational institutions may reveal service gaps or shortcomings in BC's accreditation processes. The following section will provide an overview of the roles and responsibilities of BC's Ministry of Health (MOH), Ministry of Post-Secondary and Future Skills (PSFS), and the Ministry of Jobs, Economic Development and Innovation (JEDI). Information concerning the BC College of Nurses and Midwives (BCCNM), the Nursing Community Assessment Service (NCAS), and post-secondary institutions is also provided as they function under the purview of the BC government.

Ministry of Health (MOH). The MOH is responsible for “quality, appropriate, cost effective and timely health services for all British Columbians” (GoBC, n.d.). A key strategy outlined in the MOH's Service Plan includes a commitment to “a high quality sustainable health care system supported by a skilled and diverse workforce, and effective and efficient systems and structures” (Ministry of Health [MOH], 2023, p. 16). This key strategy entails the recruitment and onboarding of staff “through reduced barriers for international health care professionals” (MOH, 2023, p. 17). Since 2017, the Ministry through its Health Human Resources Strategy has invested \$1 billion to “supporting health-care workers and increasing access to health services” (MOH, 2022, p.4). The strategy's overarching objective is to retain, redesign, train and ultimately ensure the stability and support of BC's health workforce across the system (MOH, 2022, p.25). The MOH also supports IENs by revising educational upgrading and professional recertification requirements. For instance, in January 2023 the Ministry removed upfront pay application and assessment fees totalling around \$3,700 (GoBC, 2023). The Government of BC made the decision to cover these fees “to remove financial barriers for internationally educated workers who want to work in BC” (GoBC, 2023). Together, with the support of the Minister of State for Workforce Development, the MOH is committed to making it less burdensome and “faster for healthcare workers who are trained in other countries to work in BC's health care system” (GoBC, 2022c, p.5).

Ministry of Post-Secondary Education and Future Skills (PSFS). The PSFS “provides leadership and direction for post-secondary education and skills” (Ministry of Post-Secondary Education and Future Skills [PSFS], 2023, p.6). In collaboration with the Minister of State for Workforce Development, PSFS accomplishes this by passing legislation that changes foreign credential standards to “quickly remove barriers and ensure that new international arrivals find employment sooner in their field of training” (GoBC, 2022d, p.4). This ongoing working relationship encourages PSFS and the Minister of State for Workforce Development to identify issues and barriers that lead IENs towards deskilling and downward socioeconomic mobility, and to develop mechanisms to address them (GoBC, 2022d, p.4). More specifically, the PSFS is called upon to support the Minister of State for Workforce Development by leading initiatives to recruit, retain and support skilled immigrants in their career paths by reducing financial barriers to post-secondary education and strengthening credential evaluation resources (GoBC, 2022d, p.4).

Ministry of Jobs, Economic Development and Innovation (JEDI). The Ministry is responsible for delivering programs and services to drive economic growth (Ministry Jobs, Economic Development and Innovation [JEDI], 2023, p.6). In tandem with PSFS, the Ministry ensures that British Columbians and its newcomers have the education, skills and competencies required for their career of choice and addresses labour shortages (GoBC, 2022b, p.5). The Minister of State for Workforce Development is housed within JEDI.

BC College of Nurses and Midwives (BCCNM). The BCCNM is the province’s health regulator, and it is their obligation to “protect the public through the regulation of five distinct professions — licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, and midwives” (BCCNM, n.d.). The college sets standards for these professions to ensure safe, competent and ethical care (BCCNM, n.d.). Together with educators, regulators, government, and other stakeholders, the BCCNM responds to public health needs as they evolve (BCCNM, n.d.). The college also reviews BC’s nursing competency assessment applications. The college is an important stakeholder as they provide IENs with requisite information, resources, training opportunities, and exam preparation opportunities. The BCCNM is also the acting operator for the Nursing Community Assessment Service (NCAS, n.d.). Most importantly, the BCCNM decides whether recertification applicants receive licensure.

Nursing Community Assessment Service (NCAS). The NCAS evaluates the credentials, language proficiency and competencies of IENs who intend to practice nursing in BC and the Maritimes. Regulators like the BCCNM rely on the NCAS to determine the readiness of IENs and ensure their practice is safe, ethical and achieved competently in line with the province’s health care standards (NCAS, n.d.). The NCAS “is the only competency assessment service that allows an applicant to have their skills and competencies assessed for up to three different health care roles at once” (NCAS, n.d.). Assessments for registered nurses, licensed practical nurses and health care assistants can be completed simultaneously, thereby expanding career options for IENs and reducing application and assessment fees. Within 60 days the NCAS should have the applicant’s completed evaluation report (NCAS, n.d.). The report highlights competency strengths and weaknesses, and it is sent to the province’s nursing regulatory authority. From there, regulatory authorities like the BCCNM determine whether an IEN is ready to work in BC or if they require more training or education (BCCNM, 2020b, p.5).

Post-Secondary Institutions. If IENs require educational upgrading it is BC’s post-secondary institutions that provide students with the skills and competencies needed for a successful career in the province’s health care system. Post-secondary educational institutions shape nurses’ knowledge bases, ensures that nurses have the test taking skills needed to pass the licensure exam, and the competencies required to practice in Canada (Covell et al., 2017, p.12).

Qualifications and Credential Recognition Stakeholders

Qualification and credential recognition bodies often exist at a national and provincial level. For instance, the National Nursing Assessment Service (NNAS) operates on a federal level while the NCAS functions at the provincial level. There are also language qualification stakeholders such as the Canadian English Language Benchmark Assessment for Nurses (CELBAN) and the International English Language Testing System (IELTS) which are services available to

immigrants throughout their accreditation journey. The following paragraphs describe the roles of the stakeholders previously mentioned to shed light on other key actors in the policy environment.

National Nursing Assessment Service (NNAS). The NNAS is a non-profit organization that supports IENs from the very beginning of their credential recognition journey. The NNAS “was established to provide a national, streamlined approach to the collection and evaluation of documentation from IENs” (BCCNM, 2020b, p.2) who intend to practice in Canada. The organization “ensures a consistent approach to collecting, verifying, and storing documents that Nursing Regulatory Bodies in Canada require” (NNAS, 2022, p.7). IENs submit five requirements to the NNAS including: notarized identity documents for all current and former names, education documents directly from the applicant’s nursing schools, verification of nursing registrations or licenses directly from regulatory bodies, nursing employment references directly from employers, and the NNAS processing fee (BCCNM, 2020b, p.2). In turn, the NNAS prepares an Advisory report that details whether an IEN is ready to challenge the national nursing exam, or if further assessment is required (BCCNM, 2020b, p.4). Ultimately, the NNAS is responsible for receiving and verifying identity documents and nursing credentials, comparing IENs’ foreign credentials to Canadian credentials, collecting and verifying nursing employment history, nursing registration and licenses, and issuing an Advisory Report that is sent directly to the IENs’ provincial regulatory body for further assessment (BCCNM, 2020b p.8). The organization does not grant licenses, play a role in the license decision-making process, and it does not advocate for applicants (BCCNM, 2020b, p.7).

English Language Competency Exams. The NNAS only accepts two language competency exams: the Canadian English Language Benchmark Assessment for Nurses (CELBAN) and the International English Language Testing System (IELTS) (BCCNM, 2020b, p.4). The CELBAN is a language proficiency exam that is recognized by Canadian nursing regulators (CELBAN, 2021a). The CELBAN is an occupation-specific language assessment that focuses on communication skills that are expected in a nursing environment (CELBAN, 2021b). The IELTS is a one-on-one “internationally recognized languages test designed to assess the language ability of test takers who need to study or work where English is the language of communication” (IELTS, n.d.). The results from combined tests are not accepted and scores must be less than six months old when received by the NNAS (BCCNM, 2020b, p.4).

Settlement Services. In the Greater Victoria Region, there are a number of immigrant or newcomer settlement organizations that IENs may draw upon for support. One of the most popular organizations is the Inter-Cultural Association of Greater Victoria (ICA). The ICA supports newcomers by addressing economic, cultural and social barriers that immigrants may encounter when they arrive in Victoria (ICA, n.d.). The association offers “wide ranging services that help newcomers access housing, healthcare and employment as well as English language instruction and mentorships” (ICA, n.d.). In addition to the ICA, the Bayanihan Community Centre (BCC) is a Filipino community centre whose mission is to promote the Filipino culture in Victoria. The BCC is composed of a collection of non-for-profit organizations such as the Bayanihan Cultural and Housing Society (BCHS). The BCHS is further split into three sub-committees namely, the Victoria Filipino-Canadian Association (VFCA), the Victoria Filipino-Canadian Senior’s Association (VFSCA), and the Victoria Filipino-Canadian Caregivers

Association (VFCCA). Each committee has a specific target demographic, but they all work together to provide relevant housing, migration, rights-based and community building services for Filipinos (Bayanihan Community Centre, 2020). Aside from these formal organizations, settlement services can also be offered through religious or faith-based communities like churches, co-workers or friends in the area, and through online groups on social media. The following section will further discuss the settlement experiences of IENs as informed by current academic literature.

2.4 Settlement Experiences

Educational upgrading, professional recertification, and workplace acculturation are the dominant themes that are common in research about IENs' experiences in their destination countries. This study focuses on all three themes in order to provide an in-depth understanding of the multiple facets and ongoing processes of settlement that Filipino IENs encounter throughout their careers in Victoria. Very few studies combine all three themes while specifically focusing on one targeted demographic. This study adds to a growing body of research by offering an expanded framework to understand IENs' settlement experiences.

Educational Upgrading

For many IENs, the first step in the credential recognition process is the completion of an English-language proficiency exam followed by the eventual fulfilment of the nursing licensure exam. The current academic literature focuses on these two aspects as they represent key milestones in an IEN's accreditation journey. Educational upgrading is primarily concerned with English-language competency (Salami et al., 2018), and an IEN's ability to pass the nursing licensure exam on their first attempt (Covell et al., 2017). The examination of IENs' experiences with educational upgrading in Victoria, BC will make clear the potential for future policy change in order to support the accreditation of future Filipino IENs in the city.

English is taught to students in the Philippines from a very young age, starting in elementary school. This language instruction continues as students advance in their studies, because the majority of colleges and universities in the Philippines use English as the primary language of instruction. Therefore, students are expected to have a level of English proficiency by the time they begin post-secondary education. Despite this English immersion, language proficiency is a major requirement for IEN applicants in Canada (Salami et al., 2018, p.177). IENs often report two main challenges when it comes to English-language proficiency: the high cost of the examinations, and the high scores required of IENs in order to meet Canada's standards (Salami et al., 2018, p.177). While a strong grasp of the destination country's language can be a justified requirement for migrant workers, there is room to question whether language proficiency exams are fair and objective enough tools to assess one's command of a foreign language (Näre & Silva, 2020, p.519). It can be argued that the evaluation of an IEN's English proficiency can be, to some extent, subjective (Näre & Silva, 2020, p.519). As a result, Filipino IENs often feel frustrated with the language requirements and believe that licensing bodies should at least recognise their English socialisation since childhood (Hawkins & Rodney, 2015, p.104) in order to reduce the challenges faced by many IENs in Canada.

A second educational upgrading challenge is the fulfilment or passing of the nursing licensure exam. This is one of the last steps required before an IEN is able to apply to provincial and territorial nursing regulating bodies and permitted to work as an RN in Canada. The majority of Canadian-educated nurses take one-year to pass the licensure exam (Covell et al., 2017, p.3). Meanwhile, the majority of IENs in Canada take much longer than a year (Covell et al., 2017, p.3). IENs spend the majority of their time perfecting reading, writing, listening and speaking skills, learning occupational-specific vocabulary used in Canadian health care, and understanding the full scope of the nursing practice in their destination country (Covell et al., 2017, p.3). This time-consuming venture is often prolonged when IENs lack accessible information and sufficient educational supports. It is essential that IENs are provided with formal or informal assistance, such as professional study help and mentorship for exam preparation, because additional supports can increase an IEN's likelihood of passing the licensure exam on their first attempt (Covell et al., 2017, p.12). For instance, pre-arrival programs concerned with alleviating the challenges associated with the completion of English-language requirements, and the passing of nursing licensure exams can facilitate an IEN's accreditation journey (Baumann et al., 2022, p. 100). Effective pre-arrival programs prepare IENs in their countries of origin prior to migration, thereby reducing delays in the educational upgrading and accreditation processes (Baumann et al., 2022, p.100).

I argue that it is important to understand the educational upgrading experiences of Filipino IENs who have recently immigrated to Victoria in the last ten years. As policies, programs, licensure requirements, language assessments, and exam preparation supports have evolved throughout the years, there is new knowledge to be gained from IENs and their most recent educational upgrading experiences. The in-depth evaluation of these experiences will reveal information regarding the extent to which policies, assessments, and preparatory resources have changed, and how these adjustments have impacted IENs' accreditation and settlement journeys in Victoria. A strong grasp of this information will inform policymakers and other stakeholders, leading to fairer, efficient, and effective educational upgrading processes for future IEN cohorts, especially as it concerns English-language assessments and nursing licensure exams.

Professional Recertification

Professional recertification or accreditation is discussed in terms of the need for tailored education that can facilitate IENs' completion of credentialing requirements (Covell et al., 2017, p.12), address the structural inequalities and unregulated governance of licensing processes that make it difficult to achieve professional recertification (Walton-Roberts, 2020, p.3451), and confront the complex requirements involved in credentialing processes across different health jurisdictions (Salami et al., 2018, p.180). Professional recertification as a component of settlement experiences provides information that enables policymakers to acknowledge the "labyrinth of policies and procedures" (Bourgeault et al., 2016, p.299) IENs must navigate to practice as an RN.

Academic research regarding professional recertification is often linked with discussions about the regulation and oversight of nursing from one location to another. The location where one received their initial nursing education, credentials and health care experiences significantly impact an IEN's likelihood of professional recertification in their destination country. Although

nursing is often perceived as a global occupation concerned with the universality of care, it is a profession that is greatly differentiated (Thompson, 2022, p.189). The establishment of effective credential recognition systems are difficult to develop because of the various professional nursing standards that exist globally (Thompson, 2022, p.189). The different nursing standards in the Philippines creates challenges for Filipino IENs when they attempt to transfer their credentials to Canada's strongly regulated system of occupational oversight (Walton-Roberts, 2020, p. 3446). Successful professional recertification is achieved when Filipino IENs are able to mould to Canada's nursing standards, and overcome professional credential differentiation (Walton-Roberts, 2020, p. 3446). However, one point of critique that is often missing in the literature is the definition of a Canadian nursing standard. Although the Philippines may have different regulation systems, the Professional Regulation Commission (PRC) of the Philippines serves as an effective credential assessment body. The PRC ensures the quality of education and training across the nation. A similar instrument has yet to be created in Canada.

It is important to understand Filipino IENs' experiences in order to increase their visibility. This visibility is critical as it may contribute to the advancement of policies and practices that promote ameliorated integration of all immigrants in Canada's workforce. Not only that, but the effective and fair settlement and integration of IENs has the potential to support the building of a skilled health workforce, which is needed in BC. I propose that it is important to understand the experiences of Filipino IENs in Victoria when it comes to their impressions of professional recertification processes. These impressions are created as a result of the navigation of multiple recertification pathways. Filipino IENs' impressions have the potential to reveal disjointed and overly complicated recertification processes across Canada. While it is true that Canada takes its oversight very seriously, its provincial and territorial standards and recertification requirements vary across the country. Provinces, despite recipients of federal health transfers, regulate their own nursing colleges. Nursing colleges, like the BCCNM, grant licensure to potential RNs within their respective jurisdictions. Therefore, while Canada's nursing oversight may be strong, the centralization of oversight and regulation processes seem to be disjointed. Fragmentation across the country may lead Filipino IENs to pursue recertification in locations, perhaps Victoria, where recertification processes are well-supported and streamlined. Part of this study will focus on the professional recertification experiences of Filipino IENs, specifically the reasons that led them to pursue recertification in Victoria and the challenges they may have encountered. This study will provide context-based information and contribute to a growing body of research about IENs in Canada.

Another issue linked with professional recertification from one location to another is the inadequate recognition of Filipino IENs' years of education and experience by local regulating bodies (Primeau et al., 2014, p.247). In an attempt to address this inadequate recognition bridging or re-entry programs are funded by provincial governments (Baumann et al., 2022, p.101). Bridging programs are offered by public and private post-secondary educational institutions in an attempt to fairly recognize IENs' education and experiences while simultaneously offering them additional courses and training in order to adhere to nursing regulatory requirements (Baumann et al., 2022, p.101). Bridging programs often include clinical placements or preceptorships which support IENs in passing their registration exams, in securing future employment, and achieving successful workplace acculturation (Baumann et al., 2022, p. 101). Though bridging programs are very useful programs for IENs, out of pocket costs, long

admission wait times, and differing program curricula have the potential to negatively impact professional recertification pursuits.

Intermittent financial commitments from different government ministries, such as education, health and immigration, subsidize the tuition cost for certain bridging programs and provide grants to IENs (Baumann et al., 2022, p. 101). However, for many IENs, especially those without permanent residency or those who apply as international students, the high cost of tuition may be a financial hardship they are unable shoulder (Covell et al., 2022, p.101). These financial costs are worsened as the result of regional maldistribution of bridging programs. The majority of bridging programs are located in urban centres (Covell et al., 2017, p.12). This means IENs are “required to travel or relocate in order to participate in the programme” (Covell et al., 2022, p. 173). Therefore, IENs also shoulder travel and accommodation costs, and experience a lack of income during the length of time required to complete the program (Covell et al., 2017, p.12). Bridging programs via distance learning have been proposed as a possible solution to the issues mentioned above (Covell et al., 2022, p. 173). Distance learning programs could offer IENs the option of upgrading their competencies prior to migration or upon arrival to their destination country (Covell et al., 2022, p.173). This recommendation could assist IENs in completing their professional recertification requirements in a timely fashion while reducing financial burdens (Covell et al., 2022, p.173). Though this option provides a possible solution, it is not without its trade-offs.

While bridging programs via distance learning offers an efficient way forward, it assumes too much. First, it assumes that IENs will immigrate to their destination country via a pathway that leads them directly to an open work visa, permanent residency, or employment as an RN. In many cases, Filipino IENs immigrate to Canada through the live-in caregiver program which associates them to their employer for at least two-years until they are able to apply for an open work visa. This relates to the second assumption. The second assumption presumes that post-secondary educational institutions will charge IENs a domestic student tuition. Although bridging programs may be available to IENs prior to migration, there are no guarantees that they will be able to financially shoulder the costs related to migration, permanent residency pathways and tuition at the same time. Third, it assumes that all bridging programs in Canada are similar, wherein courses are recognized by all provincial and territorial nursing colleges. There is a risk for IENs when applying for bridging programs via distance learning as their program or the courses offered may not be entirely recognized by the nursing regulatory body in their final settlement destination.

All this to say, the academic literature has argued that professional recertification and uniquely tailored education plans for IENs are necessary in order to successfully achieve accreditation abroad. This study will focus on the professional recertification journeys of Filipino IENs and their most recent experiences with regional nursing regulators, bridging programs and other key components. The aim is to increase the understanding of Filipino IENs professional recertification experiences in Victoria, and to propose recommendations to alleviate the challenges they may experience.

Workplace Acculturation

A third aspect of settlement experience is workplace acculturation. Often referred to as workplace integration, the third component of IEN settlement experiences is understood in three main ways: securing employment, use and expansion of skills, and respected and valued treatment at work. It is critical that the experiences of Filipino IENs with workplace acculturation are examined. First-person accounts related to workplace acculturation may reveal new or creative ways of integrating Filipino IENs to hospital and long-term care facilities and making better use of their skillsets and experiences in order to promote the wholistic care of patients.

Securing Employment. An IEN's ability to secure employment as an RN in their destination country is the first component of workplace acculturation (Covell et al., 2017, p.3). The ability to secure part- or full-time work as an RN in Canada represents settlement and integration at a professional level (Bourgeault et al., 2022, p.110). Professional integration increases opportunities for expanded and intimate social and cultural integration as IENs are exposed to colleagues and patients from multicultural backgrounds. While the majority of workplace acculturation research focuses on the respect and value IENs are accorded at work, little is said about the types of RN employment IENs find themselves in after successful recertification and licensure completion. This study attempts to further understand a Filipino IEN's experience with securing employment such as the draw of part- versus full-time lines of work, the intention to build careers in public or private spheres, and other influences that lead IENs to pursue RN employment outside of Canada.

Use and Expansion of Skills. Once employment as an RN in their destination country is secured, IENs continue to improve their skills through the "acquisition, use and expansion of skills and knowledge" (Baumann et al., 2022, p. 103). The use and expansion of IENs' skills are critical parts of workplace acculturation as they demonstrate that acculturation is an ongoing two-way process between employers and employees (Baumann et al., 2022, p.103). Understanding the experiences of Filipino IENs in this vein is important as it provides an opportunity to learn about how IENs have adapted to an organization's culture and system of work, and the ways in which organizations continue to support IENs throughout their careers. It is also equally important to understand how employers support IENs throughout their careers not only in a professional manner but also in a way that promotes cultural competence. Much of the current academic literature focuses on the need for employers to discern between IENs' unfamiliarity and incompetence (Baumann et al., 2022, p.103), and the process of professional resocialization that IENs undergo in order to adjust to the local culture of practice (Baumann et al., 2022, p.298). It is imperative that the use and expansion of IENs skills are examined to more holistically understand whether cultural competence is also promoted in workplaces. This added point of inquiry adds to the nuanced understanding of Filipino IENs' workplace acculturation experiences because it expands the focus to also include the consideration of their cultural values and norms at work.

Respect and Value in the Workplace. Workplace acculturation speaks to the ways in which IENs feel respected or valued in their work or learning environments (Salami et al., 2018, p.178). Work related discrimination is manifested in three main ways: IENs feel like outsiders

because their colleagues treat them with prejudice, IENs are not accepted by their colleagues, and IENs feel out of place because of their communication styles (Montayre et al, 2017, p.345). Additionally, IENs reported challenges with learning their host countries cultural practices and particularities (Sochan & Singh, 2007, p.134). Although this aspect of workplace acculturation is arguably the most researched, contextualised understandings of Filipino IENs' experiences in the workplace remain necessary. BC is currently grappling with astonishing rates of anti-Asian hate, and a need for human capital to fill vacancies in an overburdened health care system. If IENs are to remain in their field of work for years to come, it is imperative that policymakers and other stakeholders understand the “psychosocial experiences of health-care immigrants” (Bourgeault et al., 2016, p.298).

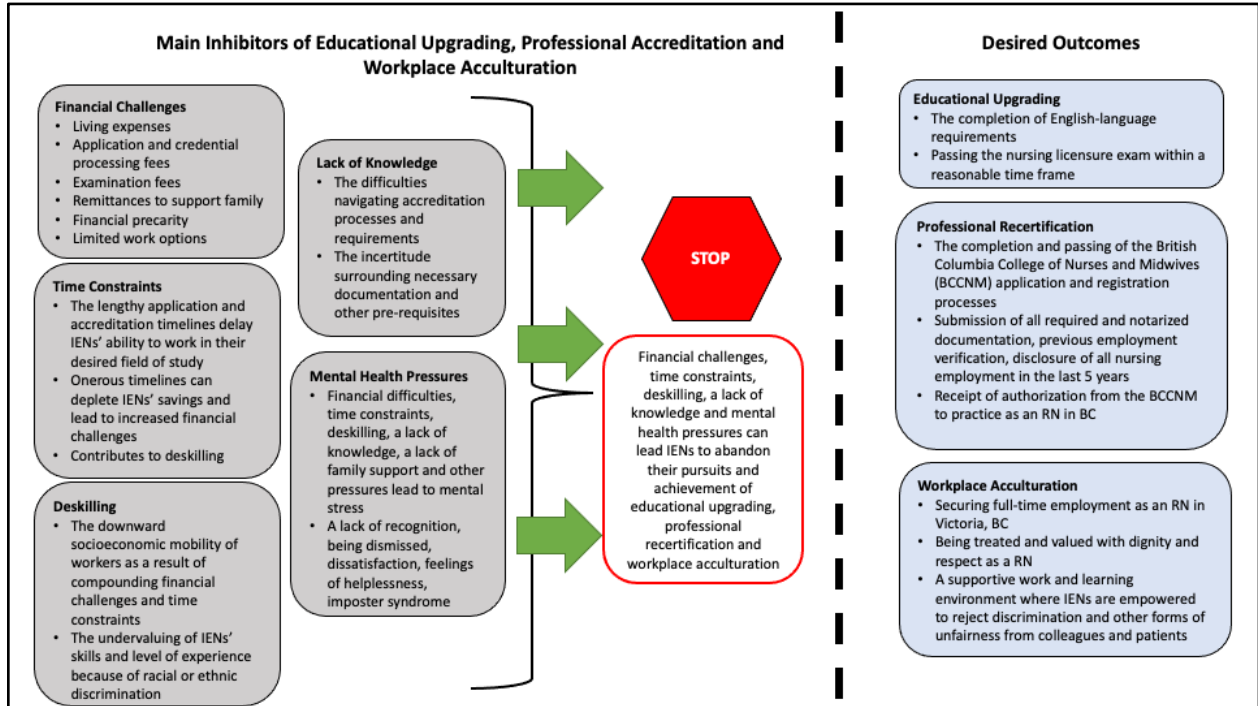
These settlement experience themes outline the different ways IENs' experiences have been studied in the past. However, gaps in the literature are apparent. A study specifically interested in Filipino IENs' settlement experiences in terms of educational upgrading, professional recertification and workplace acculturation has yet to be conducted. A study highlighting all three settlement themes has the potential to bring forward comparative insights, highlighting the interplay between the themes mentioned above and the ways in which IENs navigate professional settlement in Victoria, BC.

2.5 Conceptual Framework

Inhibitors of Successful Educational Upgrading, Professional Recertification and Workplace Acculturation

The following conceptual framework (Figure 2) provides a visual representation of the relationship between five integration barriers, and the three desired outcomes of educational upgrading, professional recertification and workplace acculturation. The left-side of the figure shows five integration barriers that figure prominently in the academic literature. Each individual barrier is accompanied by descriptive bullet points that serve an elaborative function. It is important to note that although the figure depicts distinct separations between the five integration barriers, they are known to influence each other in varying capacities. For example, when addressed together and often all at once, their compounding and adverse effects can dissuade IENs' pursuit and achievement of the three desired outcomes. The green arrows represent IENs' goal of moving towards educational upgrading, professional recertification, and workplace acculturation. However, as represented by the stop sign the unfavourable influences of the five integration barriers can deter IENs from advancing towards their desired objectives. The bulleted line separating the left-side and the right-side of the figure symbolizes a semi-permeable barrier, wherein if fortunate enough some IENs are able to achieve their desired outcomes while others discontinue their pursuits as a result of substantial challenges posed by several integration barriers. The remainder of this section details how the conceptual framework is operationalised in the study.

Figure 2: Conceptual Framework



Source: Author's own elaboration based on the literature.

Main Inhibitors: Integration and Settlement Barriers

Based on the literature, integration and settlement barriers are represented by five concepts: financial challenges, time constraints, deskilling, a lack of knowledge, and mental health pressures. These concepts are the main determinants of an IEN's success at achieving educational upgrading, professional recertification and proper workplace acculturation. The analysis of these concepts, their interactions and influences on educational upgrading, professional recertification, and workplace acculturation will lead researchers to better understand the challenges faced by IENs. While there may be other variables that influence the experiences of IENs, the five described below will allow this study to ground itself in existing bodies of knowledge, and work towards understanding the extent to which Filipino IENs' experiences in Victoria, BC diverge or converge with what has already been named in the research literature. It is also worth noting that there is the potential for unspecified barriers to emerge from participant interviews. These additional barriers will add to my study's nuanced findings and contribute to the production of new knowledge in the field of study.

Financial Challenges. Living expenses, application and credential recognition processing fees, and examination fees are the most common financial stressors encountered by IENs (Covell et al., 2022). In addition to these fees, many IENs, as the breadwinners of their families, send remittances back to their country of origin (Salami et al., 2018), which add another level of financial strain on IENs. In fact, due to long periods of time spent away from family, many IENs express challenges "juggling family responsibilities with professional goals and aspirations"

(Salami et al., 2018, p. 176). Mothers especially feel the pressure and guilt to maintain good relations with their children while attempting to complete educational programmes and other mandatory requisites to become an RN in Canada (Salami et al., 2018). These personal pressures contribute to the financial challenges and barriers experienced by IENs. Financial challenges slow down and even dissuade IENs from seeking and completing educational upgrading, professional recertification, and workplace acculturation. The high costs associated with these requirements lead to financial precarity, leading IENs to give up on recertification altogether while accepting deskilling and a transition into a new and more easily attainable profession (Näre & Silva, 2020).

Time Constraints. IENs' pursuits of professional recertification in Canada are often deterred because of the time it takes to complete all the mandatory accreditation requisites (Salami et al., 2018). The assessment of foreign credentials, educational evaluations, and consideration of nursing program equivalencies are common barriers that "significantly delays or prevents migrant nurses from completing their licensure process" (Walton-Roberts, 2020, p.3445). The longer IENs wait for assessments and recertification, the more onerous their financial challenges become (Covell et al., 2022). This results in a higher likelihood of IENs opting for different careers as licensed practical nurses, care aids or in other occupations outside of the health care field (Salami et al., 2018). Lengthy waiting times resulting from expensive and mandatory accreditation requirements contribute to the shrinking pool of IENs who have the potential, knowledge and skill sets to work as RNs in Victoria, BC. When this phenomenon occurs, it becomes unlikely for IENs to complete educational upgrading and achieve professional recertification and workplace acculturation. This may lead to deskilling.

Deskilling. The downward occupational mobility as a result of workers employed in sectors they were not trained for or working in a field below their level of qualification is called deskilling (Gotehus, 2021). IENs may experience deskilling as a result of compounding financial challenges and time constraints that have dissuaded recertification pursuits. Deskilling also materialises even when IENs have achieved professional recertification and are working as RNs. Deskilling can occur because of racial or ethnic influences (Gotehus, 2021). IENs experience deskilling as RNs when they are tasked with jobs that "do not make use of their resources and competence in the same ways equal to non-migrant" (Gotehus, 2021, p.341) nurses. As a result, many IENs experience a level of practice that "is not representative of their roles, responsibilities, or experience" (Primeau et al., 2014, p.247), and consider this situation as a form of deskilling, limiting their potential for promotion or other employment options. These variables impact IENs' workplace acculturation the most directly as it suggests discrimination towards IENs in the workplace.

Lack of Knowledge. Difficulties navigating the credential recognition and setting realistic time expectations for credential assessments contribute to IENs' lack of knowledge concerning the professional accreditation process. There is also uncertainty surrounding the documents required for credential recognition as provinces have their own standards and documentation requirements (Sochan & Singh, 2007). This added confusion and unclarity contributes to IENs' discouragement, leading many to abandon their pursuits of educational upgrading and professional recertification.

Mental Health Pressures. Financial challenges, time constraints, deskilling, a lack of knowledge, a lack of family support and other pressures can lead to mental stress. Mental health pressures have can lead IENs to abandon the profession and select a different career path (Covell et al., 2022). The mandatory educational upgrading can also contribute to mental health pressures as IENs have reported examination anxiety (Salami et al., 2018). Others have also felt dissatisfaction when their skills and competencies were dismissed, and not fully recognized by their Canadian colleagues (Salami et al., 2018). Other IENs expressed the mental fortitude required to remain diligent and knowledgeable on visa requirements while “simultaneously negotiating the credential and qualification assessment process” (Walton-Roberts, 2020). Finally, IENs shared that personal sacrifice, feelings of helplessness and imposter syndrome were normal experiences in the pursuit of RN status (Sochan & Singh, 2007). All of these pressures add to the integration and settlement barriers already experienced by IENs, thereby demonstrating their difficulties of pursuing professional recertification.

Desired Outcomes: Educational Upgrading, Professional Recertification and Workplace Acculturation Outcomes

This study aims to understand the influence of integration barriers on the educational upgrading, professional recertification and workplace acculturation experiences of recent IENs in Victoria, BC. A deeper understanding of these experiences within these parameters will produce findings at key stages of an IEN’s integration and settlement journey. There are three identified desired outcomes; each are described below.

Educational Upgrading. For many IENs, educational upgrading is the first step towards successfully working as an RN in BC. For the purpose of this study, educational upgrading is defined as an IEN’s ability to overcome integration barriers in order to complete English-language requirements and pass the nursing licensure exam.

English-language requirement completion is operationalised as English-language proficiency, which is determined by the National Nursing Assessment Service (NNAS). This means that IENs must submit an acceptable International English Language Testing System (IELTS) or Canadian English Language Benchmark Assessment for Nurses (CELBAN) score. However, nurses whose education program was conducted mainly in English, or who can show evidence that they have practiced nursing in the last two years in English may not have to complete the language testing (Covell et al., 2017).

Passing the nursing licensure exam within a reasonable time frame is operationalised as an IEN’s ability to submit credential recognition application to NNAS, undergo a substantially equivalent competency assessment (SEC) and pass the National Council Licensure Examination for RNs (NCLEX-RN) on their first attempt (Health Match BC, 2022). Successful educational upgrading on the first attempt is a critical piece, because with the proper supports to alleviate integration barriers IENs should be able to accomplish these requirements efficiently (Covell et al., 2017).

Professional Recertification. This concept is operationalised as the process that comes after educational upgrading. Professional recertification entails the accomplishment of the British Columbia College of Nurses and Midwives (BCCNM) application and registration processes as a

nurse educated outside of Canada, and who has never held practicing registration in BC. Professional recertification includes passing the NCLEX-RN, submitting a BCCNM application and paid its fees, handing in all notarised Canadian and country of origin identity documentation, providing proof of verification of RN registration from all jurisdictions where the IEN was previously registered, and disclosing proof of employment from all nursing employers within the last five years (BCCNM, 2022a). Professional recertification also entails confirmation of granted registration with BCCNM and authorization to practice as an RN in BC.

Workplace Acculturation. Workplace acculturation is defined as the workforce integration of IENs as a result of achieving professional recertification. It includes securing part- or full-time employment as an RN in Victoria, BC. On top of securing employment, proper workplace acculturation means IENs have overcome integration barriers, leading them to become valued health care providers despite their previous foreign experiences. Being a valued nurse means being treated with dignity and respect and offered professional development opportunities. It is not enough to define workplace acculturation as the solely the achievement of part- or full-time employment. It is equally important to operationalise workplace acculturation as an IEN's capacity to work professionally, with self-respect and the ability to refuse maltreatment. The opportunity to upgrade skills and knowledge throughout one's career is another aspect of workplace acculturation as it encourages IENs to further establish themselves in Victoria's health care sector. Improper workplace acculturation in this sense is conceptualised as IENs experiencing forms of disrespect and discrimination in their work or learning environments as a result of stereotyping, non-acceptance, othering and discrimination from colleagues and patients. Improper workplace acculturation also occurs when IENs are unable to secure part- or full-time work despite their RN status. In turn, IENs may be unable to participate in professional development opportunities offered by a workplace.

Chapter 3. Methodology, Methods and Data Analysis

3.1 Introduction

This chapter outlines the methodology, methods, data collection and analysis in order to respond to the research question, ‘Do Filipino internationally-educated nurses (IENs) in Victoria, BC experience integration and settlement barriers? If so, what kinds of barriers do they experience? To what extent do these barriers impact their educational upgrading, professional recertification and workplace acculturation experiences?’ This section provides a description of this study’s qualitative methodology, recruitment methods and sampling. The chapter also explains the use of reflexive thematic analysis (RTA), and the ways it facilitates the identification and analysis of themes or patterns in data sets. The chapter concludes with a discussion of notable research strengths and limitations. HREB approval was sought for this study as fifteen Filipino IENs were interviewed, and their responses were recorded. The certificate of approval number is 22-0682.

3.2 Qualitative Methodology

This is a qualitative experiential study rooted in an interpretivist paradigm. Qualitative experiential work explores people’s personal perspectives and understandings of a subject. Exploratory in nature, this study aims to capture the truth and reality as expressed by participants of the study (Braun & Clarke, 2021). The study uses inductive reasoning to position its research approach and findings.

3.3 Methods

15 Semi-Structured Individual Interviews

Individual interviews facilitate the researcher’s gathering of “very detailed, directed, and often private, otherwise inaccessible information” (Berdahl & Archer, 2015, p.174) from individuals or groups with specialised information. Fifteen individual one-on-one semi-structured interviews were conducted over Zoom with Filipino IENs who immigrated to Canada in the last ten years. The interviews were semi-structured, and participants were asked a total of 18 questions. Semi-structured interviews promoted consistency across interviews while simultaneously offering participants the opportunity to expand, explore, and reveal additional experiential realities that were not apparent to the researcher nor captured in the pre-determined interview questions. Semi-structured interviews also provided valuable insights for the researcher to further tease out in subsequent interview sessions. Each interviewee was offered the option to conduct the interview in English, Tagalog (Filipino), or in both languages. The option to converse in the participant’s language or languages of choice promoted comfortability and allowed participants to fully explain their experiences with minimal communication difficulties. Communication and correspondence in Tagalog (Filipino) also aided in creating a trust bond, which positively contributed to the building of mutual respect and rapport between the participants and the researcher.

To further promote clear communication channels and comfortability, the interview questions were offered to participants prior to the interview. Offering the questions in advance promoted transparency. This strategic decision also motivated IENs to meaningfully reflect on their personal experiences. Interviewees who took the time, prior to their scheduled interview time, to reflect on how they felt during stages of their accreditation journeys were able to describe their experiences more fully. This led to deeper conversations between the interviewer and the participant and maximized the one-hour interview time to its fullest potential. According to many participants, sharing the questions in advance eased interview anxieties, promoted preparedness, and allowed participants refer back to the interview guide throughout the interview. In particular, the ability to refer back to the interview guide and the notes that the interviewees had prepared aided in capturing detailed, fully formed and focused responses. The interview guide also served an advantageous purpose when participants were asked to refer fellow Filipino IENs to the study. The fact the participants were in possession of the interview guide before the interview instilled confidence in the study and the researcher. Many participants shared the questions with fellow Filipino IENs as a means to reassure others that the study was conducted in a good way.

Zoom Provided Flexibility and Easy Access for IENs

Zoom was used to host and record all participant interviews. Zoom interviews were conducted as a means to reduce barriers to participation and provide an accessible point of contact for IENs who were already very busy with work and other commitments. Participants were given the option to connect to the Zoom call via phone conference or through the web-based application. Both options facilitated participation as a number of participants chose to connect via phone conference during their breaks at work. Participants who connected using the web-based version were also given the option to engage with the researcher with their video turned on or off. While rapport between participants is often fostered by face-to-face interaction some IENs felt more comfortable with their video turned off. The majority of participants scheduled their interviews in between shifts. Despite their exhaustion from their most recent shift, many IENs shared feeling grateful for the opportunity to share their experiences from the comfort of their homes. The ability to engage with the screen turned off created an environment free from other superficial stressors. Participants did not have to focus on their appearance, or their background set up. Many participants shared that they were joining from their couch or bed, safe spaces where they were able to close their eyes and focus on the questions and their responses.

To ensure reliable data collection, Zoom's audio recording function was used. Audio recordings were saved directly on the researcher's computer, and not on Zoom's platform to protect participants' anonymity and confidentiality. Recorded interviews were also uploaded to the researcher's University of Victoria OneDrive, which is dual password and VPN protected. Interviewees' audio recordings were transcribed using Microsoft Word's transcription program. This program was utilised because UVic students do not have access to Zoom's transcription service. As Microsoft Word's transcription service is free for all UVic students, it offered easy access for the researcher. From there, the recordings were uploaded to NVivo for data analysis. Anonymity was prioritised by assigning an identification number to each research participant (i.e., Interviewee 1, Interviewee 2, etc.). The data is saved, stored and will be deleted in accordance with UVic's research standards.

3.4 Sampling

Sample Size

The researcher recruited a total of 15 participants. Response saturation became apparent by the twelfth interview. This led the researcher to complete the last three scheduled interviews, cease recruitment, and then proceed with the next step of data analysis. The sample size was large enough to lead to informational redundancy, but not too small as to limit the depth and complexity of the information captured. Further, given the time and effort required to transcribe, analyse and, in some cases, translate the interviews the sample size was manageable and yielded satisfactory response saturation. An attempt to capture more responses would have detracted from the researcher's careful translation, and intricate and reiterative analysis required for meaningful RTA.

Selection Criteria

Filipino IENs who recently immigrated to Victoria, BC in the last ten years were the target population. The ten-year cut off was determined based on academic literature which argued that it takes the average immigrant ten years to fully settle and integrate into a new country and its society. Furthermore, it is argued that within those first ten years immigrants adjust the most to their new life (Neiterman and Bourgeault, 2015, p. 616). Therefore, by limiting the scope to the last ten years the researcher was able to capture the most recent and contemporarily significant experiences of Filipino IENs in Victoria, BC.

Filipino IENs were defined as nurses from the Philippines who were either Canadian accredited RNs, LPNs, health care aides or students in the process of seeking Canadian accreditation and currently living in Victoria, BC. The range of backgrounds were included in order to capture an array of experiences, representing different stages of an IEN's accreditation journey in Victoria, BC. Participants were not screened out of the study based on citizenship status. The experiences of Filipino IENs as Canadian citizens, permanent residents, or as any other immigrant status were regarded as equally significant to this study. Participants were not screened out based on their citizenship or immigrant status because this diversity added to the study's engagement with distinct experiences.

The gender of participants was considered during the selection process. As the literature suggests, Filipino women are overrepresented in the care sector. This study was also open to including men and a diversity of gender identities in order to broaden the type of experiences captured.

Sampling Method

Word of mouth sampling was employed. This sampling method drew on the interviewee's social network and encouraged them to recommend others who would be an ideal fit for the research study. This was a beneficial strategy as it drew on "people most likely to experience, know about, or have insights into the research topic" (McGregor, 2018, p.241) to share their responses with the researcher. A further demographic description of participants is outlined in Figure 3 (see

below). Figure 3 includes information related to gender, relationship status, family status, current occupation, and migration pathway pursued to immigrate to Canada.

Figure 3: Interview Participant Information

Interviewee Number	Gender (F/M)	Relationship Status	Children (Y/N)	Occupation	Migration Pathway
1	F	Single	N	RN	Skilled immigrant
2	F	Married	Y	RN	Live-in caregiver
3	F	Married	Y	LPN	Live-in caregiver
4	F	Married	Y	RN	Provincial nominee
5	M	Single	N	Other	Live-in caregiver
6	M	Single	N	RN	Skilled immigrant
7	F	Married	Y	HCA	Live-in caregiver
8	F	Married	Y	RN	Live-in caregiver
9	F	Single	N	RN	Family reunification
10	F	Married	Y	RN	Skilled immigrant
11	M	Married	Y	Other	Live-in caregiver
12	F	Single	N	HCA	Live-in caregiver
13	F	Married	Y	RN	Spousal sponsorship
14	M	Married	Y	Other	International student
15	M	Married	Y	Other	Spousal sponsorship

Source: Author’s own elaboration based on the study’s participant sample.

3.5 Data Collection

The recruitment process was initiated when the researcher contacted the Victoria Filipino-Canadian Association (VFCA), the Victoria Filipino-Canadian Caregivers Association (VFCCA), and the Bayanihan Community Centre (BCC)¹. The VFCA regularly hosts community engagement and professional seminars for recent Filipino immigrants to Victoria, BC. They partner with the Philippine Consulate in Vancouver and host learning sessions in Victoria specifically catered to IENs in order to support their educational upgrading and professional recertification. The VFCCA is not only composed of caregivers, but also IENs who have chosen not to pursue accreditation in Canada. Together, the VFCA and VFCCA offered a recruitment starting point and helped lead the researcher towards a network of Filipino nurses in Victoria. Both the VFCA and VFCCA are organizations that function within the purview of the BCC. All three organizations agreed to inform the Filipino community in Victoria of the research project by sharing the study’s poster on their Facebook page and monthly newsletter. Correspondence between the researcher and prospective participants were further developed by word-of-mouth connections, and through the use of online Filipino IEN Facebook pages. Other stakeholders such as the BC Nurses’ Union, the Philippine Consulate in Vancouver, the

¹ It worth noting that the researcher volunteers with the VFCA and BCC on a regular basis. The BCC and VFCA initially offered to support the researcher by drawing on their connections and networks to create buzz around the thesis project.

Camosun Nursing Student Collective, the University of Victoria Student Society, and Douglas College's Career Counselling Services were also approached in order to expand the study's reach.

3.6 Data Analysis

Reflexive Thematic Analysis (RTA)

It is written that, "Researchers examine the relationship between words, texts, symbols and signs" (McGregor, 2018, p. 238) because they are powerful sources of meaning. This study employs Braun and Clarke's reflexive thematic analysis (RTA). Using an RTA, I placed a greater emphasis on practicing critical reflection on the part of researcher, and the research practice and process. RTAs consider the researcher as the situated interpreter of meaning and the subjective storyteller (Braun & Clarke, 2021). In addition, RTAs place emphasis on informational power of key text and lived experience of participants. In this context, data saturation is understood as the production of rich information, and the execution of in-depth analysis. An RTA posits that themes are produced by the researcher in relationship to the data and research participants. This occurs through personal interactions with the dataset. At the centre of RTA is reflexivity which is essential to quality analysis (Braun & Clarke, 2021). This means the researcher must first understand their position, underpinning assumptions and personal situatedness of the topic in order to analyse and evaluate the experiences of others (Braun & Clarke, 2021).

For an RTA framework, data analysis is not a science. Conversely, it is an art that requires a certain amount of creativity (Braun & Clarke, 2021). However, at the heart of this creativity is a high level of rigour. As the researcher continuously reflects on and grapples with their assumptions and research practices further information is provided. This reveals how the data was interpreted and how personal values have contributed to the findings and discussions that follow suit. In other words, RTAs are important for qualitative research. Reflexivity encourages critical reflection on the role of researcher, and the research practice and process (Braun & Clarke, 2021). An RTA was significant to this study as it respected approaches and values embedded within the qualitative paradigm (Braun & Clarke, 2021). There are six phases of an RTA.

The first phase involves familiarisation with the data. This means re-reading transcripts of audio data, and re-listening to interview audio recordings at least once, and jotting down notes about any key ideas or interesting insights (Braun & Clarke, 2021). I became very familiar with the stories of each participant by relistening to each of the interviews at least three times each. The first time I relistened to the interviews were to ensure verbatim or word-for-word, and Tagalog to English translation accuracies captured in the interview transcriptions. During the second round, I relistened to the recordings while referring to the notes I had taken during the interview sessions. This step allowed me to reference questions, thoughts or ideas in relation to the academic literature that I had noted in the midst of each participant interview. Finally, during the third round of interview audio review I made note of similarities and differences between interviewee experiences such as gender, relationship status (i.e., single or married), current occupation (i.e., hospital registered nurse, senior's facility registered nurse, licensed practical

nurse, health care aid, other , student), family status (i.e., children, other dependants, no dependants), currently sending remittances to family (i.e., yes or no), migration pathway (i.e., skilled immigrant, live-in caregiver, provincial nominee, family reunification/spousal sponsorship, international student), type of credential recognition program (i.e., Sprott Shaw, Centre for Nursing Studies, Thompson Rivers University, Kwantlen Polytechnic University, Saskatchewan Polytechnic University, Langara College). Using NVivo's Case Classification tool, I organized this information in a systemic fashion by interviewee number by formatting the information in an easy-to-read table.

Phase 2 begins the coding process where interesting, relevant or meaningful segments of data are identified. Phase 3 introduces the compilation of codes that share similar ideas or concepts and lead to the drafting of potential or candidate themes. Using Nvivo's Nodes tool, I was able to highlight segments of data such as experiences of deskilling, financial challenges (i.e., assessment and accreditation fees, budgeting with a family, lack of savings, and remittances to dependants), mental health challenges, intergovernmental challenges, and workplace acculturation experiences (i.e., adapting to a Canadian workplace, workplace consideration of foreign work experience, discrimination, feeling welcome, and opportunities for professional development). This open coding approach enabled me to capture as much nuance between interviews, which later supported the compilation of codes into similar themes with sub-themes in Phase 3.

Phase 4 assesses whether the pre-determined candidate themes and patterns are the most relevant to the research question. In determining the most relevant themes and patterns needed to respond to the study's research question, I reviewed and consulted my literature review. As captured in this study's thematic discussion of contemporary academic research on the issue, global care chains (GCC) and global nursing care chains (GNCC), deskilling and immobility, integration barriers (i.e., financial, time, mental health challenges, and lack of knowledge), educational upgrading, professional recertification, and workplace acculturation experiences were ones that I paid most attention to. I chose to focus on these themes in order to contribute to and respond to gaps in the academic literature as it concerned the Filipino IENs' integration and settlement experiences in Victoria, BC. However, I also noted interesting themes that were missing from the academic literature. In particular, I drew on my Filipino cultural background to bring forward traditional concepts like *bayanihan*. This was an aspect present in all interviews. An RTA supported the inclusion of bayanihan as a motivating factor for interviewees. An in-depth of bayanihan in relation to the Filipino IENs' integration and settlement experiences can be found in Chapter 4.

Phase 5 is a key step where a brief synopsis of each theme is written. This phase allows for further data analysis and consideration of whether additional data collection or theme development is needed. I wrote short descriptions of each theme based on current academic literature and my own individual impressions. More information in the exact descriptions can be found in Chapter 4 and Chapter 5.

Finally, Phase 6 involves the conclusion of the writing process wherein the researcher's analytical narrative and data extracts are woven together to create a coherent, logical and persuasive account of the dataset and the ways in which it addresses the research question (Braun

& Clarke, 2021). This is achieved in Chapter 5 and Chapter 6 where I engage with the current literature, policy environment, participant interviewees, and provide potential recommendations to alleviate the Filipino IENs' integration and settlement challenges in Victoria, BC.

Ultimately, RTA provides a method for developing and analysing patterns of meaning across a qualitative dataset, which contributes to nuanced understandings of IENs' integration and settlement experiences.

RTAs also capture meaning from a semantic and latent level. Semantic meaning can be described as descriptive meaning that is participant-driven (Braun & Clarke, 2021). For example, participants spoke about their mental health challenges with depression, isolation and feelings of loneliness, and high-levels of stress that negatively impacted their quality of life. This is an example of semantic meaning as participants described their own lived experiences. The meaning derived from semantic meaning are taken at face value. In contrast, latent content focuses on implicit or in-depth conceptual meaning which may yield less than obvious findings from the data. Latent content was teased out of participant responses by relistening to interview audio recordings and re-reading interview transcripts and relating first-person accounts to current discussions in the academic literature and to my own understandings of the issue. In other words, I used latent meanings to expand on face value meanings, ideas and concepts that were communicated by the participants. For instance, latent meanings of Filipino IENs' mental health experiences were observed in relation to GCCs. By conceptualising the mental health experiences of Filipino IENs in relation to GCCs I was able to pinpoint the complex transnational sources of pressure placed on the participants' shoulders such as earning a living to support oneself and other dependants. I was also able to unpack sources of mental health supports for Filipino IENs in Victoria, BC and the cultural precedent of *bayanihan* which enables the formation of transnational online systems of support. More information on this finding is located in Chapter 4.

Both semantic and latent meaning contribute to the dataset's idiosyncrasies. RTAs' rigorous coding process encourages the researcher to develop meaning at the semantic level, and it also accords the researcher the opportunity to return to the same descriptions for further latent content development (Braun & Clarke, 2021). In fact, returning to the dataset more than once ensures a thorough and rigorous approach to answering the study's research question (Braun & Clarke, 2021, p.65).

NVivo 12

NVivo 12 was used to manage and analyse the data. NVivo enabled the analysis of unstructured text and audio produced from individual interviews. It also offered feasibility and accessibility because it is free for UVic students. Free training sessions were also offered by specialised UVic librarians and NVivo practitioners. Overall, NVivo ensured the researcher was well prepared and supported throughout analysis proceedings. Further, Nvivo's coding, case classifications, and queries result functions ensured all codes and themes were systematically tracked and organized. Therefore, when it came time for further analysis and development of key findings NVivo proved to be a reliable software where all extracts and quotes remained well-preserved and organized, thereby aiding in the formation of reliable analytic narrative.

3.7 Strengths and Limitations

Limitations

Qualitative research is often scrutinised. To address issues of validity, the researcher reflected on their “personal biases, values, and personal background that could influence the study” (McGregor, 2018, p. 243). Strategically planning interview questions, focusing on areas of interest informed by existing literature, and meticulously organising codes, themes and their relation to the key findings was essential in order to be forthcoming about the reflexivity practices. The small sample size is another limitation as the reliability and trustworthiness of the research may be criticized. While these concerns are fair, a small and manageable number of research participants enabled the researcher to focus on and prioritise the complex experiences of each research participant. A careful and thorough analysis of a smaller sample offered the potential to produce high quality, dense, and transferable insights.

Strengths of Interpretive Qualitative Research

Interpretive in nature, this study sought “to clarify and elucidate insights” (McGregor, 2018, p.232), and to communicate the realities of a minority and marginalised population to a larger audience. This is a strength, especially in the context of Victoria, BC where health authorities and hospitals continue to struggle with nurse recruitment and retention. Furthermore, the application of an RTA methodology encouraged the researcher to pull from personal experiences and positionalities in order to make clear the compounding and interwoven challenges of Filipino IENs in the Global North. The researcher grew up in the Filipino community and was raised in an environment where deskilling, downward socioeconomic mobility, and the negative impacts of credentialism were very apparent. Drawing on these impressions increased the in-depth analysis of Filipino IEN experiences by offering new points of inquiry seldom explored in existing bodies of literature. While the experiences of Filipino IENs with educational upgrading, professional recertification and workplace acculturation may be a niche issue, understanding their stories has the potential to reveal underlying concerns. Although the findings are contextual to Victoria, BC, the resultant conclusions are relevant and transferable to other settings where similar integration or settlement issues may also be true.

Chapter 4. Key Findings

The purpose of the study was to understand the integration and settlement barriers that influence Filipino IENs' educational upgrading, professional recertification and workplace acculturation experiences. This research seeks to answer the questions. First, do Filipino internationally-educated nurses (IENs) in Victoria, BC experience integration and settlement barriers? If so, what kinds of barriers do they experience? Second, to what extent do these barriers impact their educational upgrading, professional recertification and workplace acculturation experiences? Participant responses were collected from 15 one-hour long one-on-one interviews with Filipino IENs between March and April 2022. Participants selected for this study were IENs who immigrated to Victoria in the last ten years. This temporal selection criterion is notable as the first ten years represent the most significant settlement years for a newcomer (Neiterman and Bourgeault, 2015, p. 616). The study employs a reflexive thematic analysis (RTA), a qualitative research method, to analyze and interpret the interviewees' responses. RTAs encourages the critical reflection of the researcher and the role their own values and experiences play throughout the research process (Braun & Clarke, 2021). The six phases of RTA (i.e., data familiarisation, coding, theme generation, assessment of potential themes, synopsis writing for finalized themes, and writing of the analysis) requires the researcher to evaluate, critically respond and reassess at the beginning and end of each phase. As a result, a high level of rigour is ensured (Braun & Clarke, 2021). The chapter proceeds in four parts according to the main thematic categories that arose from the RTA process. Financial, time, deskilling, and mental health barriers will be discussed in detail by drawing upon anonymized interview excerpts and existing literature. It concludes with a brief summary of findings.

Refer to Appendix B, Figure B3 as interviewees are identified based on their interviewee number and gender. For example, a direct quotation from Interviewee 1, Female (F) will be F1 participant. Similarly, a quote from Interviewee 15, Male (M) will be M15 participant. This shorthand is offered as a means to identify participants, their gendered positionalities and personal experiences without sacrificing their anonymity.

4.1 Financial Barriers

The Most Significant and Persisting Integration and Settlement Barriers Faced by IENs in Victoria, BC were Financial

IENs distinguished financial challenges as personal and accreditation expenses. Personal expenses included fees associated with the cost of living in Victoria, and remittances sent to family members in the Philippines. Accreditation expenses consisted of fees pertaining to the assessment of foreign credentials and work experience, English proficiency exam expenditures, and relocation and accommodation costs associated with the completion of re-entry, bridging programs, practical exams, preceptorships and clinicals. While all 15 interviewees expressed experiencing budgetary challenges, the level of financial burden experienced varied depending on seven variables. The IEN's immigration pathway to Canada, the IEN's residency status, the type of employment undertaken by the IEN, the number of years spent working in Canada or abroad prior to seeking RN licensure, the number of additional dependants (i.e., children, elderly parents, siblings, grand-parents) under their care, outstanding debts or expenses in the

Philippines, and the amount of financial support IENs received from family members were the seven main contributors to increased levels financial strife. The following section will explore IENs' experiences with financial barriers and the contributing factors that further complicated these experiences.

Personal Costs Reduced IENs' Saving Potential for Accreditation Pursuits

The Cost of Living in Victoria, BC Worried Most Participants. All interviewees shared their concerns over the high cost of living in the city. Issues regarding expensive apartment and condo rental fees, and the costs related to homeownership figured dominantly in all interviews. Other expenses such as food, gas, transportation, monthly bills, and debt were also mentioned. M11 participant aptly conveyed IENs' struggles by stating:

You need to work here, and you have a lot of bills that you need to pay. I think that's the challenge of being in Canada. It's hard to focus on pursuing your nursing career. Sometimes most of the people give up. It's very challenging to balance everything.

F7 participant echoed concerns over financial challenges by sharing, "Living in Victoria, BC is really challenging as well because of the high cost of living." The concerns over the city's high cost of living were also a source of anxiety for M6 participant. He explained that:

When I was in Saudi Arabia, the hospital was even sponsoring our food, transportation to the hospital, and everything was almost free. Let's say you made 60 to 70 thousand Philippine pesos, all of that was yours. In Canada, you can make double that amount, but then more than half of your earnings go to your expenses like your bills, rent, telephone, and so you earn just a little.

Although this interviewee highlighted the perks of working as an IEN in Saudi Arabia, he also mentioned that life in Victoria, BC was preferable because of the opportunity to seek permanent residency. M6 participant shared:

Even if you work in the Middle East for 20 to 30 years you will not become a resident. They don't offer residency programs for people who have worked there for a long time. If the government tells me to go home, then I'll go home without anything.

Different Migration Pathways Impacted Personal Costs in a Variety of Ways

The Live-In Caregiver Pathway Saw IENs Spend the Most Time and Money Towards Accreditation Pursuits. IENs who migrated to Canada through the federal government's live-in caregiver program often found themselves in the most financially precarious positions. The seven IENs interviewed who utilized the live-in caregiver pathway to migrate to Canada explained that financial vulnerability transpired as a result of narrow work permit parameters, and the requirement to complete a successive 24-month contract with a single employer. Under the federal live-in caregiver program, workers were required to complete an uninterrupted two-year contract with the same employer in order to be awarded an open work permit. An open work permit granted workers the ability to undertake multiple jobs in Canada while simultaneously granting them the opportunity to initiate permanent residency applications with the federal government. However, if live-in caregivers were unlucky and their successive 24-months were interrupted in any way they were forced to seek new employment and restart their

contracts all over again. These unforeseen challenges associated with employment and residency status precarity contributed to prolonged financial challenges for seven interviewees.

The inability to seek additional employment outside of their single employer meant that the seven IENs interviewed, who previously worked as live-in caregivers, experienced reduced earning potential. The lack of multiple streams of income negatively impacted IENs' ability to save and set aside enough funds for future RN licensure expenses. M5 participant stated, "Living expenses and licensure costs were so very costly and with the minimum salary that I earned for the last two years and nine months, it just wasn't enough." M14 participant who migrated to Canada through the live-in caregiver program shared that others like him quit their RN licensure pursuits because of the overwhelming financial burdens, "There's a lot of struggles, especially with money. That's why most IENs in Victoria that I know, let's say six out of ten of them, stopped pursuing their nursing career because of the financial hindrances."

IENs who immigrated to Canada through the live-in caregiver program also shared that the two-year contracts unfairly tied them to employers who could terminate their employment at any time. The lack of residency security and the possibility of interrupted work terms prolonged IENs' accreditation journeys and limited their earning potential. F7 participant shared that her first employer cut her contract short after a year and a half, "Due to financial reasons they had to release me from my caregiving job because they could not financially support me anymore, and their kids didn't need me anymore because they were already grown up." Work contract terminations forced her to start from the beginning again. F7 participant explained that the two-year contract prolonged her journey towards an open work permit and RN licensure in Canada:

I had to work for four to five years to get that work permit. In the middle of this process, I tried to work towards my licensure, but it was really expensive. I decided to finish my caregiving contract first so I could have an open work permit. Then I worked towards permanent residency and finally pursued my RN education after that.

Single-income and interrupted contracts inhibited the possibility to maximize earning potential and achieve stable residency status in Canada in an efficient manner. The inhibitors associated with live-in caregiver program contributed to IENs' additional financial struggles. Employment insecurity, unpredictable two-year work contracts, and limited earning potential for IENs created an inconducive environment for future accreditation pursuits. Despite the years of work in Canada, the live-in caregiver program established prolonged financial struggles for IENs.

The Skilled Immigrant Pathway Granted Permanent Residency with Relative Ease and Was Less Financially Burdensome. Three interviewees migrated to Canada via the skilled immigrant pathway. According to interviewees, this pathway enabled them to maximize their earning potential and apply for permanent residency with ease. While IENs who migrated via the skilled immigrant pathway also experienced financial struggles, their employment security and predictability paired with their ability to work multiple jobs lightened their financial burdens compared to IENs who opted for the live-in caregiver pathway. M6 participant explained that he received permanent residency in the same year he arrived in Victoria thanks to the skilled immigrant pathway, "So when I came here in 2019, I was already a permanent resident because I was qualified for that federal skilled worker program." The ability to be granted permanent residency at an early stage allowed IENs to pursue accreditation at a relatively affordable price

as they were not required to pay international student tuition fees. IENs who migrated to Victoria via the skilled immigrant pathway were also able to maintain multiple jobs as health care aides, community health workers and unit clerks which paid them salaries above minimum wage. In fact, it was popular for some IENs to work two to three jobs at one time in order to pay for daily living expenses and save for costly accreditation and processing fees. Therefore, despite their limited duration as employees in Canada, IENs who were welcomed through the skilled immigrant pathway were able to save enough money for their RN licensure in a timely manner. The ability to save money for accreditation with efficiency encouraged IENs to seek accreditation at earlier stages in their settlement journeys.

Spousal Sponsorship and Family Reunification Provided Emotional and Financial Supports. Two interviewees were sponsored by their spouses and one interviewee immigrated to Canada through the family reunification pathway. All three IENs reported financial challenges but were grateful for spousal and familial supports that welcomed and subsequently sustained them throughout their accreditation pursuits.

Spousal sponsorship and family reunification pathways accorded permanent residency to eligible applicants. Similar to the skilled immigrant pathway, three of the interviewees were also granted permanent residency with relative ease and efficiency compared to those who pursued the live-in caregiver pathway. This group of IENs' financial challenges are differentiated from IENs in the skilled immigrant pathway because, spousal and family sponsorships provided recently immigrated IENs with existing financial supports and opportunities. Reunification with partners and family members allowed IENs to arrive with a heightened level of confidence and comfort knowing that they had other family members upon which they could financially depend. The existence of a spouse or of a parent in Victoria with existing connections in the workforce also enabled IENs to find vetted employment with pay above minimum wage. F4 participant shared, "My parents were already here so that did help a lot. It was nice." Further, the fact that spouses and family members were already earning a living in Victoria reduced the financial burden IENs' felt when it came to budgeting remittances. F9 participant shared, "I did help a little bit by sending some money to relatives, but there was no financial burden for me to send money back to my relatives. I have other obligations but they're not as big."

The Financial Impacts of Caring for Dependants Reduced IENs' Savings Potential Overtime

Dependants in the Philippines and Abroad Were Regularly Budgeted Factors for IENs. Eight interviewees shared that they specifically reserved a percentage of their monthly income for remittances and consistently sent money to dependants in the Philippines. Interviewees mainly sent money back home to support their elderly parents. Three interviewees reported sending at least 20- to 25-percent of their monthly income to support the care of their elderly parents which included daily living expenses, maintenance drugs, medical expenses and even the upkeep of family homes. F3 participant shared, "I started to give 20% of my income to my parents so they could enjoy their retirement. I also gave money to my brother so he could help around the house and with my parents. He's the one looking after them right now." M6 participant shared, "I did save. As a Filipino, you have to support your family. Maybe 25% of my monthly income goes to my parents because they are so old." M5 participant explained that

remittances to aging parents are so popular because overseas workers act a sort of retirement plan:

As a Filipino, you're essentially your family's retirement plan. They would contact you asking for things, and of course you have to support them in any way that you can. I send money to my parents, and for other projects like sending my cousin to college or fixing the house.

IENs also reported sending money to support their children despite the financial challenges associated with settlement and integration in Victoria, BC. IENs prioritized monthly allowances for their children. F2 participant shared, "I didn't want to sacrifice the money I was sending to my family." F7 participant who entrusted the care of her child to her mother while working abroad candidly revealed, "I sent money to my daughter because I never watched over her. I didn't give her the emotional and psychological needs that she should have had. I only contributed financially." F2 participant explained that she drew upon extra sources of income meant for her own personal use in order to support her children, "I would shoulder my family's living expenses by using my live-in caregiver allowance."

Some IENs also recounted sending money to their siblings in order to pay for post-secondary education tuition fees and other compounding expenses. For example, two interviewees budgeted for their parents and their siblings' futures. M15 participant stated, "Remittances are included in the budget. Filipinos do the budgeting for that. I will send money to my parents and some allowance for my younger sister who is in her first year of college, taking up pharmacy." Meanwhile, F12 participant budgeted monthly expenses for parental care and sibling migration fees:

I have to send every month. Every month for my parents, and during that time I also sent money to my brother. He was planning to migrate to Canada, so I had to support him by providing show-money on his Canadian immigration applications. That's why, as much as possible, I would take all the shifts and any overtime I could get just so I could save money. For every salary I received, I would already portion an amount for them. I always computed how much to send before thinking about the other stuff that I needed.

Seven of the participants did not send money back to family members in the Philippines on a regular or basis. Some interviewees with more reliable familial finances were able to forgo monthly remittances. For example, F13 participant shared that her family in the Philippines was financially stable, therefore they did not need to contribute any of their income to remittances, "I don't send money back home because they're better off than I am." Other interviewees were also fortunate in that they relied on other relatives in the Global North who assumed the responsibility of sending remittances back home. F4 participant shared, "I didn't really contribute to the money sent home. My parents were already here. I did help a little bit with some relatives but there was no financial burden for me to send money back home." Other interviewees did not send remittances to family at all as their loved ones were already established in other Global North countries and were taken care of by other members of the family. F10 participant explained, "We're fortunate in that way. We don't have any family back home that we're supporting. My mom is in the United States now with my brother."

Dependants in Victoria, BC Also Required Financial Resources Which Took Away From IENs' Accreditation Funds. Five participants began their RN accreditation pursuits after establishing families of their own in Canada. The experiences of IENs with dependants already living in Canada are different from those of IENs with children living abroad. The wages earned as live-in caregivers, health care aides, community workers and unit clerks in Canada may be sufficient to cover the costs of raising children in the Global South. However, the additional costs associated with raising children in Global North on wages that barely cover the cost living proved more financially challenging. F4 participant had a young family in Victoria when she pursued accreditation. She shared her desire to start a fresh and new life but encountered financial difficulties throughout her accreditation journey, "It was very hard. The pay for health care aide and unit clerks is not that high. We budgeted all our expenses." F3 participant brought forward the challenges of raising a family and being in school at the same time. She shared:

I do have a family. I do have a son and a husband to look after and to take care of too. Balancing everything, including working because you have to pay for everything here, you have to pay for rent and for food, and being in school again it was really tough.

M11 participant who is also studying for his professional recertification exams spoke about the compounding challenges of being the household's main income earner and supporting his wife, "My wife is pregnant right now and I'm the only one who is working. I need to pay the bills here because it's expensive, especially in Victoria." Two interviewees specifically mentioned balancing family expenses with their personal RN licensure pursuits and admitted that the process could have been easier if they had completed their accreditation before having kids or if they had additional financial help. M14 participant shared,

The application processes were so complicated, especially for those who are newcomers here because the priority is not to upgrade. The priority is to make money to support yourself and your family. The priority is to pay your bills and to secure your permanent residency status in Canada. One of the challenges that I think most of us are experiencing is that, especially IENs who have families and kids, we cannot afford to go back to face-to-face school. We need to complete the upgrading while working full-time. We are getting financial help [from the government], but it's not enough. It's really not enough.

Another IEN further explained that family expenses were burdensome, especially when IENs pursuing professional recertification were required to move out of province to complete their licensure requirements. M15 participant explained, "I think it's a challenge if you have a family. Otherwise, if you're single and you have lots of time you can take the course in Saskatchewan."

Accreditation Costs Were Overwhelming for the Majority of Participants

The fees related to the assessment of foreign credentials and work experience, English proficiency exams, and the relocation and accommodation costs associated with the completion of re-entry, bridging programs, practical exams, preceptorships and clinicals were named as the most significant accreditation costs paid for by IENs during their accreditation processes.

Assessment of Foreign Credentials and Work Experience. Interviewees shared that it was very expensive to acquire the proper educational documentation from their universities in the Philippines. M14 participant shared his frustrations with the seemingly endless exchange of

cash between all his Philippine nursing boards and post-secondary institutions, “I had to pay the school to stamp my documents. With every step money is involved. Money is always one hindrance of upgrading. There’s a lot of exchanging money.” The challenges are made worse when IENs must engage with multiple nursing boards in order to acquire the proper documentation. This situation was explained by M5 participant who said, “I’m unlucky because I have four nursing boards that I need to communicate with in order to get my educational documentation, and to get that paperwork done is even more costly.” Aside from the assessment of the documents, IENs also paid for the translation of the educational and work documents which added to their financial challenges. For instance, M6 participant shared, “The process is very costly because you will shoulder everything, including the translation of documents. All the money for these expenses came from my savings.” The high costs even prolonged the assessment process for some participants. F12 participant explained that it took her a long time to process her credential assessments because of her lack of funds and the high costs of acquiring the correct documentations from multiple nursing boards and universities in the Philippines,

It took me a long time to process my papers because you need money to process everything back in the Philippines. It’s financially challenging. You have to pay for the assessment. Then you have to pay for the processing of your application. On top of that, if you’re living alone in Victoria the rent is high. You have to pay for your gas and all sorts of things. You really have to set aside money for that.

One way IENs were able to alleviate the cost of acquiring the required educational and work experience documentation was by initiating the process before migrating to Canada. M6 participant explained that he was able to pay all the fees because he was still working, “I was still working at that time. [All the payments] came from my savings, from my employment.”

Credential and Work Experience Verification Applications Were Very Expensive. The combination of assessment fees for the National Nursing Assessment Service (NNAS), the Nursing Community Assessment Service (NCAS) and the British Columbia College of Nurses and Midwives (BCCNM) were also burdensome expenses. M5 participant shared that:

The NNAS at that time cost \$600 for the initial application. If you wanted to add more provinces to your assessment, that was an additional fee. If you wanted to apply for both RN and LPN streams, they were separate fees. [...] Then you go to the provincial part of the evaluation which is the NCAS and that costs \$3,000. Finally, your membership with BCCNM is, I think, around \$600. Then you also have to pay for all your supplies.

F9 participant made the same remark but also shared another out-of-pocket cost, “Then after that you have to do this NCLEX.” For IENs, the expenses at every stage of the accreditation process felt never-ending. An added financial stressor was the expiration of NNAS applications because as F7 participant described, “After a year, if I didn’t finish my NNAS application it would expire, and I would have to pay another \$850.” Although participants vented their frustrations regarding the combination of assessment and other burdensome expenses, M15 participant shed light on the recent credential verification changes:

Right now, the policy is that they [assessment bodies] can do three assessments for three streams at once. They can assess HCA, LPN and RN at the same time at no additional cost at all, because the province will be the one shouldering the costs now.

M15 participant further explained that this recent change alleviated some financial barriers but that IENs continue to face financial challenges, especially with the English proficiency exams.

English Proficiency Exam Expenses Were Sources of Frustration. In addition to the credential assessment fees, participants voiced discontentment regarding the cost of English proficiency exams. M5 participant shared that he still had to pay for his IELTS on top of all the expenses he had already incurred, “Also, you have to pay your IELTS which doesn’t make sense as you’re already here speaking English. That was another \$300.” This frustration was observed in all the interviews, especially for interviewees who previously worked in health care where English was the lingua franca. They felt it was unfair to require an English proficiency test, especially because they were so expensive. F7 participant said, “I had to take the English proficiency exam, which was really expensive at the time.” On average, IENs took the IELTS or CELBAN two to three times before they passed with the required score. Others aware of this trend even hired tutors so they could pass on their first attempt. F13 participant explained, “I even hired an English writing tutor because I wanted to pass.” Recent changes to English proficiency requirements have allowed some IENs to forgo the language tests. BCCNM now allows IENs to submit letters from their employers, stating their ability to work and communicate proficiently in English. Although a couple interviewees welcomed these modifications, others felt there were more cost-effective ways to assess IENs’ language fluency. One interviewee proposed assessing the IENs’ language levels during bridging or re-entry programs, during preceptorships, or throughout nursing clinicals. In this way, IENs’ financial burdens could be lessened.

Re-Entry and Bridging Program Costs Were the Final and Most Impactful Financial Barriers

Although IENs expected to pay high tuition fees for bridging and re-entry programs, the majority of participants described the steep prices associated with relocating to different areas of BC and Canada to complete their professional recertification requirements as taxing. When asked about her professional recertification costs, F8 participant stated:

It’s so expensive to go back to school. One thing that I would like to change is the cost. It’s so expensive to complete your educational upgrading. It’s a lot for a person. I have spoken to other IENs who would like to continue with their recertification, but it takes a lot of time, and it costs a lot. Most people who have tried to do it just give up because of the time lost and the cost of everything.

Twelve interviewees completed their re-entry or bridging programs. Eight participants completed their programs in BC with three at Kwantlen Polytechnic University, two at Sprott Shaw College, two at Thompson Rivers University, and one at Langara College. Meanwhile, four other participants completed their programs outside of BC with one participant at the Centre for Nursing Studies in St. John’s, Newfoundland, and three at Saskatchewan Polytechnic University. Only two of the twelve participants were able to remain in their primary residences while ten of the other participants were forced to relocate. Those forced to relocate named additional travel and accommodation costs as extra expenses. The additional costs were most acutely felt by IENs with dependants such as young children. For example, M14 participant who has children described, “I’m going to Saskatchewan so I need to withdraw money from my savings just to cover the expenses in Saskatchewan, but my bills will still continue in Victoria, so I need extra

[funds].” Although M14 participant received financial aid from the BC government, he argued that the grant provided did not adequately account for his additional costs, “During my practicum, I need to stop working. I need to be in Saskatchewan to complete the labs. The financial aspect is the real issue. We are getting financial help, but it’s not enough. It’s really not enough.” Other interviewees without children but who were the main breadwinners for the families back in the Philippines, and who moved to the mainland to complete their program requirements also experienced increased financial hardships. M5 participant explained:

In BC, I have to go to the mainland to attend the programs designed for IENs because I can’t just go to the University of Victoria (UVic). I can’t just go to UVic if I decide to apply for my licensure.”

F4 participant also explained that aspects of the bridging programs were redundant because she had already learned certain concepts before:

For the bridging program, maybe we [could have] skipped the theory portion because we’ve already taken those courses before. They could just do the practical stuff and show us how to use the latest technology and other tools that we don’t have access to in the Philippines and in Saudi.

The feelings of redundancy in bridging programs were popular amongst interviewees. Many felt that they had to reprove their abilities despite years of experience. They also felt that their expenses could have been better spent or saved for future goals and financial priorities.

Complex and Inconsistent Inter-Provincial Assessments Led to Added Financial Strain on IENs’ Professional Recertification Pursuits

Although only one participant spoke about the financial inconveniences of inter-provincial professional recertification processes, it is important to pay attention to her experiences as they may reveal similar financial and cross-jurisdictional issues encountered by other IENs in Victoria.

One interviewee who began her educational upgrading and recertification in a different province shared that she decided to forgo her original application in favour of BC’s process. Despite the career, financial, familial and community roots she and her partner had established for themselves and their young family in Manitoba, the interviewee was offered a much more favourable credential assessment decision from the BCCNM. This assessment and the professional recertification process suggested to her by the BCCNM was at least three-years shorter than the one offered to her by the College of Registered Nurses of Manitoba (CRNM). F4 participant described:

They [BCCNM] told me that I just needed to do a bridging program for one year. That felt like good news for me compared to going through a 4-year basic nursing program [in Manitoba]. So, I did what BC told me. I kind of left the College of Manitoba aside and followed what the College of BC said.

Although this interviewee’s professional recertification timeline was significantly shorter than the one offered to her in Manitoba, her accreditation pursuits were still hindered by the lack of bridging program spots in BC. F4 participant explained:

I researched schools and then I found that BC schools, at that time, were pretty full. I found a school in Newfoundland and Labrador in Saint John's that offered a one-year bridging in their curriculum. I submitted that to the College of BC and they said that they would consider it even it was out of province.

F4 participant also shared that her tuition fees, living expenses and travel costs from Manitoba to BC and to Newfoundland were additional expenses but that, "You would do everything just to get your license at that point," which included taking out a line of credit and paying off all the expenses every month until everything was paid off. F4 participant described this situation as "very hard."

4.2 Time Barriers

Non-Streamlined Credential and Work Experience Assessment Processes were Inconvenient and Time-Wasting Ventures

The NNAS Greatly Delayed IENs' Professional Recertification, Leaving Many to Wonder Why the Application Processes Took So Long. Eleven interviewees named the NNAS as the main time-wasting process that they were subjected to during their accreditation journeys. Part of the NNAS process was the acquisition of IENs' educational and work experience documentation. All the participants shared their frustrations with the time-consuming task of acquiring the proper documentation from multiple local and foreign stakeholders. In addition to the time it took to contact all relevant entities, interviewees recalled the process of simply delivering the documentation to NNAS as already being inefficient. M14 participant shared that the NNAS required applicants to:

Wait again because you have to contact your university or places of work in the Philippines, your licensing body or your employer. There's a waiting time for them [IENs' university, places of work, licensing bodies, employers] to process everything. At the same time, you must wait for them to send all your paperwork to Canada.

Similarly, F8 participant shared that acquiring all the necessary documents for NNAS significantly delayed her credential verification process.

Once the proper documentation was sent to NNAS, participants reported waiting long periods of time before receiving their credential and work experience assessments. F1 participant said, "When you finally send all your documents and they are received by NNAS, you have to wait again for several months before you receive their final evaluation or assessment of your documents." F13 participant shared that she was under the impression that the assessment of her documents would take less than a year, but she realized that it would take much longer, "I think time-wise it's quite long because it would take a year and not a few months to get your things verified." In fact, one interviewee who was concerned with her application delays decided to follow up with her NNAS assessment by asking for an expected completion date. F8 participant explained, "When you follow up with them, they just say 'We're understaffed' or something like that [...] there's no consequence to them if they don't finish, so we just need to wait." The same participant also shared that not all IENs are willing to wait, and that many applicants give up part way through their application. F8 participant explained that the uncertainty and lack of

transparency demotivate some IENs. This insight was repeated by M11 participant who said time is “the most challenging thing because if you wait for years, you will just give up on your dreams.” M11 participant was also saddened by the negative impact of lengthy processing times and said, “I have spoken to some [IENs] who would like to do it [achieve their RN licensure in Canada]. They have tried to do it and they just gave up because of time.” Although most participants were forced to submit NNAS applications, F10 participant shared that the recent January 2023 changes to BCCNM’s IEN registration process were a welcome improvement:

BCCNM found a way to make it easier for us. If not easier, faster. We can skip the NNAS because they’ve done away with it now. So, it’s just the NCAS that should be done, which is good because it’s less steps now.

F3 participant also echoed their approval of the recent changes but remained concerned over the application cost and processing timelines:

The NCAS is really good, don’t get me wrong with that, because they check the authenticity and validity of your certificates. [...] It’s good to have that check of authenticity, but it’s the cost and the time to wait for it that is the bad side, the disadvantage of it I would say.

Therefore, despite improvements to licensure and credential verification, IENs remain skeptical of assessment efficiencies at multiple points whether it be with the NCAS or the now non-mandatory NNAS.

BCCNM’s Slow Assessment Responses Prolong Accreditation Journeys and Led Some IENs to Reconsider Their Nursing Career in BC

IENs’ concerns over time barriers were also apparent with BCCNM application processing timelines. Four interviewees recounted waiting more than a year before receiving their assessments from the BCCNM. F10 participant stated, “It took a while to hear back from the BCCNM. I started the whole process in 2017 and heard from them in 2020.” M11 participant suggested that IENs’ time barriers could be alleviated if, the BCCNM “maybe expedited or maybe quickened all of the requirement processing.” Another interviewee remained in close contact with BCCNM staff so she could regularly follow up on her application. Unfortunately, the BCCNM was unable to provide the interviewee with any application timeline expectations. The interviewee shared that she was disheartened by her experience because without timely responses from the BCCNM she was met with a roadblock in her licensure journey. F12 participant explained that the wait times gave her no choice but to continue working two jobs just to make ends meet while waiting for BCCNM’s response, “So that’s why I worked two jobs in community and long-term care so I can have enough money.” She also shared that it was unfair to subject applicants to long wait times without providing proper and regular assessment updates because, “In that short time, a lot of things can happen because we are humans.” Although lengthy processing times may seem like a minor inconvenience, time can serve as an influential variable in the decision-making of IENs. F12 participant further explained that “we [IENs] might just decide to move to Nova Scotia, they don’t require any of this,” thereby demonstrating the impact of inefficient processing timelines on IENs who must decide whether to remain in Victoria.

The Inadequate Availability of Spots in Bridging and Re-Entry Programs Present Unfair Roadblocks in IENs' Accreditation Pursuits

Aside from application and credential assessment processes, participants mentioned the challenges with securing placements in bridging and re-entry programs at a local and national - level. Five participants named the difficulty of successfully registering for bridging programs in a timely manner. F1 participant shared, "You have to apply online and then it's always full for this month or the next month. You have to wait again for three months or four months before you can get in." M14 participant also observed, "Before the pandemic, it was really difficult to get into the re-entry programs." Meanwhile, F9 participant explained that program registration hours are inconvenient for those who worked during the day. She recounted that when it was time to register for classes she was working, "I was at work at that time [of program registration]. I got busy. Then when I tried to register, it was too late. I made sure I wouldn't be working the next time." F9 participant explained that there should be a fairer registration process so nurses can be prioritized in a first come, first served basis, instead of relying on a free-for-all model. For IENs pursuing their LPN licensure, especially those unwilling or unable to wait for the next round of registrations, many turned to private institutions. Despite the high tuition costs at private institutions, some IENs believed the added financial strife was worth it because they could avoid wasting time. F3 participant explained,

I wanted to go to Camosun because they [had] a cheaper tuition fee. I went there but I was on a waitlist. I said, 'Oh, that's gonna be another two years to wait.' So I went to another school, a private school where I didn't have to wait.

This experience was supported by M5 participant who saw his friends sacrifice their financial security in order to cut down on their LPN accreditation timelines. He said:

If you get lucky, you get into a [public] program. Some people would go into the program privately [because] at least they get accepted into a program. It takes two years to get licensure. If you go to a private institution [that's better] compared to being on a public institution's waitlist for two years.

While the processes for RN and LPN licensure differ, it is important to take note of the influence of time on IENs' experiences, the pathways they choose to pursue, and the impacts each context has on the long-term settlement and integration of each individual.

4.3 Deskilling

Sectoral and Hierarchical Deskilling Were Apparent in All Fifteen Interviews

The Most Observable Form of Deskilling was Hierarchical. Fifteen interviewees made references to personal experiences with hierarchical deskilling when they arrived in Canada. All interviewees, with the exception of one participant, had either worked as a live-in caregiver, housekeeper, unit clerk, health care assistant, community support worker, community health worker, pharmacy assistant, medical care partner or home support supervisor. All participants were employed in positions that were below their college or baccalaureate-level education and had at least one year of nursing experience prior to migrating to Canada. However, all the interviewees reported working jobs that did not fully align with their nursing knowledge,

competencies or skillsets. M11 participant summed up the experiences of the majority of participants by saying:

It's really frustrating. It's really sad that you [have] all the skills, all the knowledge and you cannot use [them]. You have all these skills that could help but your job limits you. You cannot help them and they're not allowing you to help because you need papers. You need the legal papers because this country has a different way of doing the job [of] a registered nurse. It just makes me sad that even now I think, "Why isn't this my job? Why am I not considered a registered nurse? Why can't I do the job I want?"

Despite the frustrations over the inability to fully utilize years of nursing education and expertise, some interviewees were still grateful for the opportunity to work in health care. M5 participant shared, "I got into a pharmacy job because it was still health care related. As a Pharmacy Assistant, my skills and knowledge [were] still aligned with the position." Despite his passions to become a nurse in Victoria, this participant was pleased to at least use some of his pharmaceutical knowledge and avoid letting it go to waste. F4 participant even said her nursing background was considered by her previous employer, "With my Unit Clerk [job], my health authority kind of recognized my background as a nurse, so I didn't need a certificate for this job." Although these positive deskilling outlooks are important to note, the majority of IENs approached the conversation of hierarchical deskilling from dejected and dispirited dispositions. All fifteen interviewees, although grateful for the opportunity to find work that somewhat aligned with their education, would not like to revisit their previous forms of deskilled employment. The decisions to never return to previously held positions were primarily informed by feelings of dissatisfaction in their roles, and the unfavourable salaries that did not meet the quality of care or labour expected from them.

Deskilling Based on Racial or Ethnic Influences Also Figured Prominently in IENs' Experiences. Ten participants mentioned either first-hand experiences with being undervalued or underutilized by colleagues in Victoria who considered IENs' competencies to be sub-standard. F2 participant shared:

There is always some prejudice against us in the workplace either direct or indirect. I experienced one time, I was talking to a Canadian nurse, and they wouldn't look into my eyes. I hated it. It's like you don't exist in that conversation.

F2 participant also shared that despite her position as an RN she was still assumed to be working as an LPN and was ordered around based on this faulty assumption:

There was also one time when a white LPN kept giving me, an RN, orders. I just did what she told me. Then later she realized that I was an RN, and she completely changed how she treated me. She became so nice to me.

The other interviewees did not share as vivid or direct instances of deskilling, but the majority did refer to the subtle nature of racial and ethnic-based deskilling that were encountered at work. F4 participant explained, "There are just these moments where you feel like it's very, very subtle and then when you get home you say, 'Hey, wait a minute!'" F7 participant explained that subtle racial deskilling is observed when colleagues begin to monitor IENs too closely and continuously ask them, "Do you know what you're doing? Do you know how to do that?" The feeling of needing to prove oneself in order to gain the respect of colleagues were clearly

represented in all the interviews. Participants felt that it took time and rounds of proving to other nurses that Filipino IENs were just as capable to perform their duties. F8 participant expanded on this need to prove oneself by saying, “If they discriminate against you because of your schooling or whatever, just show them your skills.” Two other nurses also mentioned the importance of doing the job well enough in order to prove to others that Filipino IENs have what it takes to work in Victoria. Furthermore, F3 participant shared that she believed that racialized nurses were more likely to be undervalued and underutilized by colleagues because, “Asians are softer, and not just Asians but other cultures and nationalities as well, so it’s easier to be targeted.” Therefore, the visibility of racial minorities facilitates deskilling on racial and ethnic grounds.

Sectoral Deskilling was Apparent in the Experiences of Male-Identifying IENs. Two male IENs shared that they worked outside of health care in either service industry or manufacturing jobs. One interviewee explained that although his service industry job did not align with his future career pursuits, he found the skills he gained were relevant and transferable in a health care context. He explained that his customer service skills helped him especially with regards to building interpersonal relationships with patients and colleagues. The second male interviewee, although grateful his manufacturing job, did not mention whether he found his manufacturing skills to be transferable in a health care context only that his job was not lucrative enough to support his family. This participant had considered transitioning into a health-related career path, but he explained that it did not make financial sense for him to invest his limited savings to pay for health care aid certification. He explained that it made most sense for him to save this money and allocate it towards his RN licensure pursuits. Both male interviewees agreed that their positions outside of health care were just a means to achieving their ultimate RN licensure goals. One participant even alluded to his frustrations with his manufacturing job and admitted that he longed to return to his true vocation. M15 participant said:

At the back of my mind, nursing was what I did when I was in the Philippines. I can’t think of a better job, because I’ve been doing that for a whole ten years as my career. As I was working in the manufacturing company, I was thinking ‘Is this what you’re going to be doing for the rest of your life?’

4.4 Mental Health

The State of IENs’ Mental Health Varied Based on the Gravity of Responsibilities, Access to Reliable Professional Mental Health or Community-Based Supports, and Sources of Information

All interviewees described their mental health challenges as stressful, depressing, lonesome and anxiety-filled. Despite these difficulties participants shared that the completion of their RN licensure in Canada will remain one of the proudest and happiest moments of their lives. Participants further explained that their main motivations to continue with their professional pursuits derived from communities of support, be it online, transnational, or local.

Participants Experienced High Levels of Stress, Anxiety, Loneliness and Depression as They Settled and Integrated in Victoria, BC. All participants admitted feeling stressed as they started new lives and career paths in Victoria. For participants with families and children, the stress was created in part due to the challenges of making ends meet in lower paying jobs,

tending to local and translational familial responsibilities, and pursuing career goals at the same time. F3 participant shared:

It was tough. I had some points where I want to just give up. I just said, 'I don't want to do this anymore. I just want to focus on my family and focus on whatever I'm working as right now.' I cried a lot.

The difficulties with balancing natural life circumstances, adjusting to a new country, and establishing one's career from scratch were popular sources of stress. This phenomenon was starkly represented in another participant's story. F7 participant described the impacts of her pregnancy during a portion of her professional accreditation journey and shared:

It's actually double pressure [for] me before because I just gave birth. I gave birth in 2020 and then the pandemic hit. So, I [was] dealing with like a lot of and postpartum depression.

F7 participant also described the unbelievable challenges of balancing her role as a new mother, working full-time and all the while remaining committed to her studies:

I'm sleepless. I'm just hanging. The baby [boy didn't] sleep well yet not straight [through the night]. So, I would bring him [with me] and hold him while [I was] studying. It was a struggle. I don't even know how we [were] coping, but we were doing it magically.

M5 participant admitted that he did not realize the severity of his mental health issues until he was finally able to access supports through his work benefits plan. M5 participant said:

I didn't know it was very bad until like three years ago. One of the reasons why [it took so long was] because you don't have extended care benefits, so you don't have access to mental health supports. Although you have nursing training or a nursing background, you wouldn't know [about your mental health issues]. I was a nurse. I [could] function in high stress, high pace and stressful situations. I just took it in, took everything in. I [had], of course, like personal ways to deal with it. I went to the gym, got into sports, talked to friends and family, fellow IENS that I met a few times a month to share, and probably just went out. I think those are not enough. You have outlets of yours, but nothing replaces professional support. Luckily, when I got into this more established career or job position [I had access to] extended care benefits and to therapists and counselors. I found out that I was highly functioning with anxiety. It actually has physical manifestations already. I'm always tensed. My muscles are tensed, things like that. I've been working on it since [then]. Until now I'm working out those issues and those issues or symptoms [arose] from that stressful situation.

These personal accounts are indicative of the levels of compounding stress that IENs can experience even before beginning their professional RN journeys in Victoria. Without the proper professional or community supports, IENs are left to their own devices to navigate mentally challenging circumstances.

Mental health challenges were also evident in participants' stories as many explained the frustrations and feelings of exhaustion related to proving one's professional worth from scratch in a new country. F3 participant described this phenomenon:

It was really tough, especially if you have a family already and then you're doing that all over again. I [was] just thinking about everything that I have done. I have done it in the Philippines and in Saudi Arabia. Then I have to do it all over again. We've been through all of that. Then, again, here I have to do it all over again. It was frustrating as well.

Aside from proving oneself professionally, new IENs to Victoria also contended with the challenges of being a new immigrant. M6 participant noted:

It was really, really exhausting. It's really exhausting and mentally challenging. On top of that, I'm a new immigrant, so adjusting in Canada, working, and then doing all this bridging I really felt that, 'Is it right [to be doing] this process?' because I was already working in the Middle-East. Then in Canada, I have to back and bridge. Then I [also] have several jobs at times in order to support the cost of all these things.

Some participants even moved to multiple cities and away from their personal support systems to pursue RN licensure. Further displacement also added to the mental exhaustion and emotional injury. F9 participant described the impacts of moving to a different city in order to complete her demanding educational requirements, she said:

I struggled a lot. I'm from Victoria but I had to move to Surrey to do the schooling for a year, and the school was in Langley, so I wasn't used to being alone. I had to live in a different house. I was nice, but it was mentally challenging because aside from missing your family, that re-entry [program] tried to compress all the courses you had for four years into one year, or three semesters. And I'm an IEN, right? I've already completed my nursing degree. It was really hard to me. I didn't do any social media or anything. I just focused on my studies.

The requirement to go back to school and to go through licensure processes for a second time, especially at the later stages of one's professional career created frustrations for many interviewees. To remain motivated and well-informed on the most recent credentialing requirements, participants relied on personal communities of support both online and in-person.

Communities of Support Existed Online, Locally and Transnationally. Fourteen interviewees named Filipino IENs in Canada Facebook groups and forums as sources of inspiration, motivation, and support. The ability to ask hundreds if not thousands of Filipino IENs for vetted information or advice was priceless for many of the interviewees. F1 participant shared that she began to ask fellow Filipino IENs in Victoria about their RN licensure experiences but found that the information to be out of date or incomplete. F1 participant explained:

I have to join Facebook pages like for Pinoy nurses. Then I learned like, "Oh, you have to do this step. You have to take IELTS or CELBAN and you have to do assessments like NNAS and then they ask you to do the NCLEX test after. Also, you have to go to their BCCNM website. You have to know some people to really guide you in what to do and what are the easier ways and processes to achieve your goals in becoming a nurse.

Another interviewee shared that he attended a pre-arrival nursing seminar in the Philippines prior to arriving in Victoria. However, he explained that the information presented was incomplete and not as helpful as he expected. M5 participant, like many others, spoke about the benefits of

Facebook groups, “I was part of a group on Facebook where I could ask questions. You really have to rely on group chats and forums.” M6 participant also explained that Filipino or Pinoy IEN Facebook groups are so popular and informative because there is a strong sense of community or *bayanihan*. M6 participant described the significance of *bayanihan* and its impacts on online forums:

I'm not sure if you're familiar, we have this group on Facebook what we call the Pinoy IENs. They are really, really helpful with the process of all IENs because it is an avenue where when I [can] pose a question there [and] some of the Filipino IENs [will] answer your queries. Then they [will] say “Oh, you should start reviewing these things or what's your e-mail? I'll forward you the reviewers [study guides].” So, the sense of community of Filipino IENs [is] really, really helpful for us too [in addressing] the challenges that we have to go through as IENs like this bridging and everything. So sometimes I'm really surprised that some nationalities are even asking to join those groups because they can benefit from them. Because really the Filipino trait of bayanihan was also very helpful. This one also that we can highlight as Filipino IENs.

The term *bayanihan* refers to *bayan* which means country, and *bayani* which means hero. Therefore, put together *bayanihan* loosely refers to the heroes of the community or of the country. *Bayanihan* is a cultural trait that relates to concepts of mutual aid, allyship, solidarity and community building. It is the understanding that the betterment of one person or of the few is connected to the well-being of the sum. This mutual aid was also evident in the participants' in-person and transnational support systems. Friendships between fellow Filipino IENs were a strong source of support. F9 participant shared the positive mental health impacts she experienced as a result of having a strong support system in and outside of work:

We have a Filipino neuro nurses' group. It's an unofficial group. It's just us bonding. We hang out together and do stuff after work. They help me at work, and we help each other. Then after work [we] hang out with them as well. They help you mentally and emotionally. We have Christmas get togethers. We do monthly hangout at times.

Bayanihan also figured prominently in everyday relationships, both locally and transnationally, and outside of work and academic spaces. F8 participant said, “I have some churchmates in Victoria and friends from way back home, so [they] helped me overcome the challenges.” F12 participant shared that she even knew someone from Vancouver who was helpful in connecting her with a career coach from Douglas College:

I have my friends in Vancouver. They gave me the [contact information] of one of the career coaches from Douglas College. So now if I have some questions, I just text them or send them some emails. It's helpful.

Meanwhile, other participants found strong support systems in their significant others. F10 participant shared that her husband spent hours researching financial aid opportunities for IENs in BC:

It was mainly my husband who was scouring the Internet looking for [sources] that would give us money for my education. I was able to get a \$10,000 grant and it has been helpful. I had great support from my husband and our daughter.

Other participants also recounted the significance of spousal supports, especially when it came to taking care of children or picking them up from school. The reliability of a partner proved to be very helpful during periods when IENs dedicated the majority of their free time to their studies and other professional recertification requirements. One participant also shared the importance of connecting with other married couples who are going through similar settlement and integration experiences. F7 participant said:

My co-worker and his wife are actually our friends. We're talking, and my co-worker and I study together. Then my husband talks to my co-worker's wife. We're happy for each other. Sometimes they will joke around and say, 'Oh, you'll be a nurse soon and we'll be rich now!' It's hard but it's nice to have another couple going through it too.

4.5 Summary

Participants experienced varying degrees of financial, time, deskilling, mental health and lack of knowledge barriers. These experiences varied based on intervening variables such as the pathway IENs used to immigrate to Victoria, BC, the accessibility of accreditation information pre- and post-migration, and the time it took to become a permanent resident in Canada. Other factors that impacted the experiences of IENs were the convenience of mental health support systems, either professional or community-based. The following section will discuss the ways in which financial, time, deskilling, mental health and a lack of knowledge has impacted IENs' educational upgrading, professional recertification and workplace acculturation. The following section will also outline future policy recommendations to address persisting barriers encountered by Filipino IENs in Victoria, BC.

Chapter 5. Discussion and Analysis

This section discusses a series of possible recommendations that could be implemented at different stages in order to address the educational upgrading, professional recertification and workplace acculturation challenges of Filipino IENs in Victoria, BC. The chapter is divided into three main parts. The first section discusses the usefulness of a global care chain (GCC) lens in pinpointing educational and accreditation inequities in the experiences of Filipino IENs. The second section calls for new approaches to addressing hierarchical deskilling and discrimination in the workplace. The chapter concludes with recommendations for the expansion and adaptation of professional recertification pathways. Ultimately, status quo accreditation processes in BC should be revisited and revised in ways that more meaningfully account for the complexities Filipino IENs encounter as they settle and integrate in Victoria.

5.1 A GCC Lens Sheds Light on Persisting Educational and Accreditation Inequities

Creating Efficient Migration Pathways and Investing in Accessible Information Supports

This study employed a GCC lens which enabled critical reflections regarding the interplay between local, organisational and global hierarchies and inequities (Näre & Silva, 2020, p.511). A GCC lens offered a point of view which supports the consideration and analysis of multiple variables. A GCC lens offered the possibility of fully capturing the complex migration, integration and settlement challenges IENs face in their destination countries. Despite BC's recent initiatives to alleviate financial barriers for IENs, the lens sheds light on the continued work needed to address the impacts migration pathways have on IENs' educational upgrading and professional recertification. Newly arrived IENs from the Philippines, especially those who migrate to Victoria via precarious migration streams, such as the live-in caregiver program, contend with restrictive work visas and unpredictable pathways to permanent residency. As such, IENs without first achieving permanent residency are financially restricted from pursuing educational upgrading and professional recertification. The cost of tuition paired with the high costs of living in Victoria, and additional costs to support family members, both locally and internationally, create financially overwhelming realities for many Filipino IENs. In order for IENs to alleviate financial burdens and to increase feelings of stability in Canada, permanent residency is often prioritized ahead of educational upgrading and professional recertification. These steps are pursued because permanent residents are eligible to apply for retraining programs at publicly and privately funded institutions as domestic students instead of as international students. Domestic student fees drastically cut down on an IEN's spending as they are not required to pay high international student fees. This is an added financial advantage for permanent residents, especially those limited by strict budgets.

The federal government, the BC government and the Philippine Consulate in Vancouver should work collaboratively on a more consistent basis. Together, they should produce and deliver outreach and educational resources that explain which immigration pathways to BC are the most conducive to achieving permanent residency. Although immigration is a federal jurisdiction, the status quo of relying on the federal government and third-party settlement services to facilitate conversations pertaining to migration, integration and settlement is not sufficient. Deliberate, active, and sustained engagement and educational outreach, specifically involving the BC

government and the Philippine Consulate in Vancouver is necessary if the BC government is committed to addressing barriers for Filipino IENs.

The experiences of Filipino IENs in Victoria shed light on the lacking outreach and educational engagement infrastructure on Vancouver Island. Existing partnerships between the BC and the Philippine Consulate exist but the majority of events are hosted on the mainland. When consulate initiatives are hosted on Vancouver Island, they are usually few and far in between. Increased efforts for hybrid opportunities must be offered for Vancouver Island residents, especially in densely populated hubs like Victoria. Online or in-person sessions should include a variety of accreditation stakeholders such as representatives from Health Match BC, BCCNM, and educational institutions like Sprott Shaw College, Camosun College, Thompson Rivers University, Douglas College and Kwantlen Polytechnic University. These sessions should be recorded and publicly shared so Filipino IENs can circulate the resources on relevant social media platforms like Filipino IENs in British Columbia Facebook pages which many IENs use to gather information. Sessions with Tagalog closed captioning should also be shared on relevant government websites to maximize accessibility and effective communication practices.

The diversification of outreach resources, to include videos or social media posts, has the potential to expand information accessibility and reach Filipino IENs even prior to migrating to Victoria. Strategic and sustained collaboration between the Government of BC, the Philippine Consulate in Vancouver, and other key stakeholders may also address misinformation and information gaps. Equipped with the right information and resources, Filipino IENs may experience less cumbersome educational upgrading and professional recertification upheavals. These initiatives have the potential to help IENs avoid making costly and time-consuming mistakes, thereby addressing IENs' main settlement barriers of a lack of money and wasted time.

Clarifying and Clearly Communicating Pre-Arrival and Post-Arrival Processes

The majority of participants in this study were not aware of pre-arrival migration supports. Participants mainly relied on word-of-mouth information from family or friends, and IEN social media forums for key insights. Pre-arrival programs and processes are effective and informative tools that have the potential to address IENs' barriers to licensure. Expanded and accessible pre-arrival information sessions, webinars or online toolkits for IENs can support applicants in beginning their recertification journeys far in advance. For example, the BC government in partnership with the NCAS and BCCNM could produce virtual IEN information toolkits that encourage nurses to acquire their education and professional documentation in the Philippines before they immigrate to Victoria. Participants could be more likely to acquire these documents in a more efficient and cost-saving manner before migration to Victoria if they had more accessible and government verified information.

The government in collaboration with regulatory and credential verification bodies could also create online portals where IENs could submit documents for credential and education validation online. Portals could help IENs cut down on costs associated with international administrative fees. The virtual portals could also promote transparency as all parties involved would be able to track the status of the credential assessment. Increased accessibility with the help of virtual information resources and online document submission portals are critical accountability

measures. These two initiatives have the potential to reduce obscurity in the credential recognition process. In turn, IENs may experience less confusion and stress as they would be able to personally track the status of their applications and pinpoint areas of concern as they arise. The virtual system would also enable government, NCAS and BCCNM staff to refer to applicants' files with ease and clarity. This could cut down on information sharing issues. All relevant professional recertification stakeholders would be able to access individual IEN files, thereby increasing collaboration and cutting down on time-wasted in determining where the problem exists.

In addition to the virtual validation portal, a central information centre may be an effective way to support nurses in making informed decisions about their licensure process. Information is power. IENs who have invested thousands of dollars, time, and effort to pursue nursing in a destination country should be accorded the agency to remain fully apprised of their accreditation processes. A central information centre would enable IENs to be active monitoring agents of their own application and recertification processes. A chronological tracking resource would allow IENs to remain informed of the latest changes to recertification processes. For instance, the centralized information database could lead future Filipino IENs to understand future steps. The centralized information database could also inform applicants about how to best prepare for professional recertification according to relevant stakeholders such as government, regulatory bodies, and educational institutions where bridging programs, clinicals and preceptorships are conducted.

The BC government should prioritise the development of the virtual validation portal and the central information centre. The portal and central information centre could be impactful resources. They have the potential to address information gaps and prepare IENs throughout their accreditation journeys. Nurses from the Philippines grapple with immense professional recertification and settlement challenges. Navigating life as a recent immigrant to Victoria already comes with complex and compounding stressors. The government and its related stakeholders should provide informative, accessible and transparent resources that support IENs throughout their recertification pursuits from the beginning to the end. Sustained engagement and adequate resource allocation in this regard could encourage more IENs to pursue accreditation as necessary and updated information would be readily available online at any time. In turn, IENs may experience reduced time and mental health burdens. Meanwhile, the government could see an uptick in the number of IENs who begin their accreditation process in BC. Although this suggestion only slightly addresses information issues in the accreditation process, access to clear and verified accreditation information allows IENs to exercise some control over an otherwise opaque credential recognition process.

Prioritising Direct Communication About Credential and Clinical Skill Assessments

In line with transparency and accessibility, online central information centres should offer direct notice to IENs when their credential assessments have been finalized and approved by the provincial regulatory body. Information centres should also make known the various clinical assessments and bridging programs available to IENs. There are a variety of educational institutions that offer licensure courses in BC and throughout the country. Given the particularities of IENs' applications and re-education circumstances, further accessibility and

transparency measures that seek to inform IENs of the educational options available to them should be published and shared broadly.

Currently, regulatory bodies like the BCCNM receive news regarding the credential assessments of IENs from the NNAS. Following the receipt of these notifications, the BCCNM is entrusted with the role of informing IENs of the status of their credential assessment and providing details for future steps towards licensure. Participants in this study reported waiting prolonged periods of time between submitting their applications to credential assessment services and hearing back from the BCCNM. On average participants waited at least one year before receiving news from the BCCNM on possible next steps. Participants also shared that, from their understanding, provincial nursing regulatory bodies often face high application volumes. The high number of applications needed to be processed makes it challenging for staff to relay information to IENs in an efficient manner. To address inefficient communication issues, it may be worth exploring the usefulness of an online information centre that could enable regulatory staff to liaise more easily with the NNAS and IENs. A centralized and online system is an approach that could also address concerns from The National Newcomer Navigation Network (N4) which states, “reliance on the regulator to communicate findings causes delays in the commencement of bridging programs for IENs” (N4, 2023, p. 18).

Prioritising efficient communication is needed in order to support IENs’ timely licensure processes. As noted in the current academic literature, IENs often abandon accreditation altogether and shift career paths because of lost income-earning potential, financially burdensome and prolonged accreditation processes (Covell et al., 2022, p.173). It is critical that IENs who are willing and able to work as nurses in BC are supported throughout their licensure journeys. Aside from Global North countries’ ethical duty to prevent the deskilling and wasteful brain drain of Filipino IENs (Bourgeault et al., 2016, p. 295), countries like Canada should invest in necessary resources and innovations to support IENs’ licensure pursuits. Novel approaches could lead to more IEN applicants in BC. More applicants who become licensed in the province could help to address persistent health care labour shortages and lead to better provincial health outcomes in the long-term. IENs’ skills and labour will inevitably support BC’s health care infrastructure which is in critical need of aid. Furthermore, innovations like online information centres may prove enticing to Filipino IENs who are evaluating where to complete their licensure. As provinces continue to compete for nursing talent by offering new incentives, it is critical for BC to be proactive in their recruitment efforts too.

Designing Equitable Policies That Account for Filipino IENs’ Familial Responsibilities

The GCC lens highlights the intersections of care and migration, specifically revealing the ways global migration exploits and reproduces the uneven development of IENs in comparison to nurses trained in the host country. The current literature is well aware of the intensified financial challenges experienced by many Filipino IENs as a result of their decisions to send remittances back home to the Philippines (Salami et al., 2018). What is less apparent in the academic literature is the financial hardship of supporting and settling one’s own children in host countries while also supporting relatives in different countries. These compounding financial pressures make it nearly impossible to pursue accreditation in an efficient manner. The BC government has attempted to alleviate the costs of recertification for IENs. However, additional grants with

specific considerations for IENs with local and global dependants should be explored with greater emphasis. Multiple and transnational considerations that take note of the grant applicant's familial or dependency situations are justified because they seek to address financial root causes that slow down an IEN's accreditation journey. N4 supports this recommendation as they also call for "needs-based financial supports to IENs to remove barriers to participation" (N4, 2023, p.22).

While HealthMatch BC supports IENs with grants, other incentivizing initiatives that support IENs who are also parents or supporters of dependants like elderly parents should be explored. Without adequate financial supports from the BC government, IENs could continue to face financial pressures associated with supporting family members, either locally, internationally, or both. To wholistically support IENs in BC, the government must acknowledge the impacts of transnational care chains, especially as it concerns familial financial obligations in Canada and abroad.

Funding and grant opportunities informed by a GCC lens are necessary. As elucidated by a GGC lens, this study revealed the compounding pressures of putting oneself through school, working full-time, and supporting local and international dependants. If the health authorities and their corresponding hospitals and long-term facilities in Victoria aim to address the growing labour shortage of nurses, it is critical that they recognize the financial impacts of transnational care. Filipino IENs take longer to pursue nursing licensure for very specific financial reasons related to transnational care commitments and settlement expenses. It is time for policymakers to understand that complex global care linkages directly contribute to Filipino IENs' licensure progress. Avoiding these facts could mean that IENs will continue to face similar issues as the generations of IENs did before them. Strengthening BC's health labour infrastructure with the help of international nurses necessitates the acknowledgement that solutions involve transnational considerations, precisely because IENs are not simply local but global beings too.

Supporting Flexible Scoring and Abolishing English Language Test Expiration Dates

Existing literature on the issue of IEN recertification claims that English language tests are one of the contributing factors that delay and financially burden IENs during their accreditation journeys (Salami et al., 2018, p.177). Participants in this study took on average at least two attempts to pass the IELTS or CELBAN language test. The majority of participants who took the tests multiple times were primarily frustrated by the test adjudicators' lack of flexibility to consider higher section scores across multiple tests. Participants explained that they often scored higher on certain sections from tests that they had taken in the past. Many interviewees asked exam adjudicators to consider the fact that they had indeed passed certain sections before, thereby proving that they had the necessary language competencies. However, adjudicators asserted that test takers were required to achieve the scores on a single test, and that they would not consider previous test sections even though IENs had successfully achieved the required score. The BCCNM could consider all IENs' language exams in their totality. They could also accept higher scoring sections from different exam versions. If further language supports are needed, such as a letter from an employer to prove the sufficiency of IENs' language skills that is for the BC government and the BCCNM to decide. It is recommended that the BCCNM and the BC government expand their language assessment criteria and exercise more flexibility.

Reducing English-language competency barriers and providing alternative assessments could facilitate the accreditation processes for a number of IENs whose licensure journeys have been stalled by strict language requirements.

Inflexibilities are also observed in the duration of an exam's validity. Participants believe the IELTS and CELBAN are particularly a waste of time and money as the exam scores are no longer valid after two years (BCCNM, 2023). In turn, IENs are often penalized for lengthy accreditation timelines because they are required to take and pay for the test again. As a result of deskilling and the costs of migration and settlement, many IENs already do not have the financial means to juggle all accreditation and personal costs at the same time. Therefore, to penalize IENs for their inability to efficiently pursue accreditation is unjust. Not only that, but expiration dates set IENs back in their licensure timelines. It is recommended that "organizations that accept language tests reconsider any validity periods" (N4, 2023, p.25). This recommendation could lead to efficiencies as removing costs and time pressures on IENs could encourage the promotion of recertification and accreditation pursuits.

Global North governments and nursing regulatory bodies have the ethical duty to support, settle and integrate Filipino IENs. The Global North is complicit in the brain drain of the Philippines. Generations of health care professionals from the Philippines participate in global nursing care chains, which are facilitated by Global North countries. Global North countries, like Canada, often rely on IENs' labour to address their health care crises. It may appear that Canada and its provinces, like BC, are benevolently employing Filipino IENs. However, the nursing licensure requirements, such language requirements, remain too inflexible. Further considerations must be explored to alleviate the language requirements imposed on Filipino IENs who, in many cases, already speak English. The incorporation of English competency testing in bridging programs, mentorship programs, or throughout clinical placements should be explored as they may yield efficient, professionally adequate and cost-effective alternatives to the status quo.

Developing Comprehensive Local Navigational Supports for IENs in Victoria

A global nursing care chain (GCC) lens was used throughout the study to prioritise the roles nurses, nursing institutions, educational establishments and multi-level stakeholders, such as governments and regulatory bodies, play in the experiences of IENs from the Philippines. The lens highlights complex interplays between "local, organisational inequities and global hierarchies of power" (Näre & Silva, 2020, p.511) which help to reveal how conceptions of care figure in the global economic hierarchy (Walton-Roberts, 2020, p. 3441). In turn, observations pertaining to power inequalities and hierarchies become apparent in IENs' licensure experiences. Power inequalities and hierarchies were apparent in IENs' accounts of frustration resulting from the limited navigational supports for IENs in Victoria. Many IENs felt powerless and alone as they attempted to pursue accreditation in an unfamiliar environment where intergovernmental and regulatory requirements are often difficult to navigate. The establishment of provincial navigational supports with teams specifically responsible for guiding IENs from popular nurse-sending countries like the Philippines should be championed. Navigational supports should also be placed in immigrant-dense locations, including Vancouver Island and be comprised of culturally competent staff. Focus on cultural competency may yield the creation of supports that

fully assist Filipino IENs from a cultural and professional angle throughout their accreditation journeys.

In the Philippines, education and labour are nationally regulated. In Canada, education and labour fall under provincial jurisdiction. Participants in this study often felt lost or unsure of how to begin their RN licensure journeys. This occurred primarily because of Canada's different governance structure and a lack of accreditation guidance. It is true that educational upgrading and professional recertification are often individualistic pursuits that are motivated by an individual's desire to seek upward socioeconomic mobility. In the case of immigrants seeking professionalism in destination countries, educational upgrading and professional recertification are not exactly pursued to attain a higher socioeconomic level. They are often undertaken in order to attain professional status already achieved prior to immigrating to the Global North. This distinction is important. It encourages policymakers and other relevant stakeholders to recognize the often unfair and long-drawn-out accreditation processes that many skilled immigrants must overcome in order to be worthy of an occupation previously held in another country. Educational upgrading and professional recertification are pursued as a way to fight against deskilling, career immobility, and downward socioeconomic mobility. These phenomena are usually the consequences of migration. Additional aid in the form of context-based and culturally competent navigational supports have the potential to address IENs' experiences with feeling lost and unsure of where to begin their accreditation pursuits. Removing this initial barrier could encourage additional nursing candidates to initiate credential assessment processes.

In many cases, IENs are left to steer towards licensure on their own. Some participants in this study even began their accreditation in one province only to complete their journeys in another. These experiences demonstrate the influence of lacking information and limited navigational supports have on aspiring foreign-trained nurses in Canada. Therefore, provincial navigational supports specifically focused on target populations like Filipino IENs should be established. The supports should be culturally competent. They should offer guidance or resources in Tagalog when necessary. Navigational support staff should also be trained in order to fully understand the implications of transnational care and the financial responsibilities often left on IENs' shoulders. This focused and culturally informed approach to addressing licensure issues is one that may yield timely and effective results. Dedicated staff and resources equipped with pertinent cultural and educational, labour and regulatory information of the Philippines has the potential to cut down on lengthy processing timelines. Those with the expertise regarding the pathway to employment (i.e., immigration and licensure) and linkages to regulatory authorities, health ministries and authorities could be the best positioned to guide Filipino IENs to successful licensure and employment as nurses in Victoria.

5.2 Adopting New Approaches to Address IENs' Deskilling

Address Hierarchical Deskilling and Promote Discrimination-Free Workplace Acculturation

Deskilling experiences, apparent in all 15 interviews, reveal the continued undervaluing of IENs. Deskilling experiences also reveal inefficient accreditation processes. As a result of process inadequacies, IENs with existing knowledge and expertise are unable to fill positions that best fit their professional aptitudes and career potential. Deliberate action to address hierarchical

deskilling and deskilling caused by racial or ethnic influences should be further considered by stakeholders. Sustainable and well-resourced initiatives meant to alleviate the barriers stemming from deskilling may contribute to the upward socioeconomic advancement of Filipino IENs. New and diverse approaches could address labour shortages in BC's health care infrastructure and attend to longstanding accreditation concerns.

Hierarchical deskilling is a phenomenon that occurs when migrants work in a sector they were trained for but at a level that is inconsistent with their education or years of experience (Gotehus, 2021, p.340). Racial or ethnic factors can also contribute to deskilling in the workplace (Gotehus, 2021, p.341). Racialized IENs are often at greater risk of being undervalued and underutilised by colleagues who erroneously assume their skills are second-rate (Gotehus, 2021, p.341). This study sheds light on the persistent deskilling of Filipino IENs in Victoria. Research participants shared that they were most successful at overcoming deskilling caused by racial or ethnic factors when they were given increased opportunities to demonstrate the breadth of their knowledge and expertise. For example, managers at long-term care facilities who were sympathetic to the licensure challenges of immigrants and invested in IENs' career advancement were named as invaluable supports by interviewees. According to participants, managers especially at long-term care facilities have the power to offer nurses additional training and certification opportunities that build on existing IEN knowledge and experience. It would be favourable for the BC government to tap into these existing networks to further support IENs in their professional certification pursuits.

Drawing on existing workplace dynamics between management and staff, a program that could identify underemployed IENs and set them on a trajectory towards professional recertification is an important starting point. Such an initiative has the potential to guide IENs towards licensure from a grassroots level. As recommended by the N4, the development of "mechanisms to identify and onboard underemployed IENs working in health care roles and set them on a pathway to licensure" (N4, 2021, p.21) is a promising practice. Many participants in this study who achieved RN or LPN licensure, and who previously worked as HCAs in long-term care facilities often returned to the very same facilities where they were once employed. This information is relevant as a government-sponsored program that empowers managers to identify and guide IENs towards RN or LPN licensure has the potential to retain skilled staff in the workplace. The retention of existing staff, especially those who are transitioning from HCA work to LPN or RN positions, cuts down on new employee onboarding timelines. The retention of staff and the avoidance of transitional periods also creates the potential to sustain high-quality patient care.

Time saved from retaining existing staff means less time is lost on workplace familiarization for new staff. This could mean that more time can be dedicated to patient care. Staff with prior knowledge of a workplace's policies and practices are more readily able to contribute to a high-paced and stressful work environment with minimal supervision or direction. Workplace acculturation is often challenging for IENs from a familiarization standpoint. For example, the academic literature explains that IENs undergo an adjustment period in order to adapt to local cultures of practice (Baumann et al., 2022, p.298). A program that seeks to retain IENs could address cumbersome adjustment periods as nurses would be returning to their initial places of work after successfully completing professional recertification processes. Retaining team

members also means that staff can draw on established relationships with other employees. Existing relationships between staff members means that nurses who are aware of each other's skillsets and can draw on established trust bonds and working relationships to support collaboration at work. Team cohesion and collaborative efforts may lead to an excellence of care for patients. Healthy and less disjointed work environments also have the potential to address sources of burnout that transpire because of a lack of employee retention. Therefore, workplace initiatives that encourage managers to support IENs' accreditation journeys and their educational upgrading could lead to a number of positive outcomes. Namely, the limitation of IENs' deskilling or downward socio-economic trajectory, the retention of existing staff, the sustained commitment to high-quality patient care, and the upkeep of staff morale and avoidance of burnout. These are a few possible positive consequences of a targeted program that encourages workplaces to identify IEN talent and support IEN accreditation pursuits.

Aside from timeliness and quality care, a government-led program that empowers managers to identify undervalued IENs experiencing hierarchical deskilling, and one that supports their professional recertification has the potential to address deskilling caused by racial or ethnic factors. Diverse representation is the first step towards addressing systemic discrimination in the workplace. A program that identifies racialized IENs who have the talent and dedication needed to achieve professional recertification, and one that guides them towards their desired level of professionalism can contribute to employment equity. It is evident that many IENs are skilled workers who have the capacity to transform workplaces by playing a critical role in the delivery of quality health care to patients who need it the most. What is less evident is the power racialized IENs contribute to rebuilding workplaces into more inclusive spaces. Employee diversification, especially in senior-level positions has the potential to create inclusive and equitable spaces for all. A program that incentivizes managers to support racialized IENs' talent could promote the creation of diverse and equitable workplaces. The existence of racialized IENs as LPNs or RNs in Victoria hospitals and long-term care facilities are powerful representations. Visual representations serve to counteract notions that IENs are second-tier nurses. As a result, a program that enables managers to identify and facilitate the upward socioeconomic trajectory of IENs not only responds to staff retention issues but could also contribute to addressing discrimination at work and promoting equitable work environments.

A government-led program that promotes the socioeconomic advancement of IENs also has the potential to address workplace acculturation challenges associated with the disrespect and undervaluing of racialized IENs. The current academic literature also discusses workplace acculturation in terms of systems of discrimination. For instance, it is argued that IENs often do not feel respected or valued in their workplaces (Salami et al., 2018, p.178). As BC continues to address high levels of anti-Asian hate, a program that supports the advancement of racialized IENs and works towards dismantling negative assumptions about Filipino nurses is recommended. As communicated by the study's participants, the BC government and its related health care stakeholders are improving IENs' pathways towards professional recertification in the province. The next step will be to address systemic discrimination in the workplace to ensure that IENs feel supported and emboldened to provide the best care they can. This may be achieved through mentorship or peer support. Peer support programs have been successful at addressing workplace adaptation challenges (Safari et al, 2022, p. 21). Through peer support programs coworkers with different backgrounds have been able to develop trust, friendship

(Safari et al., 2022, p.21) and professional mentoring (N4, 2023, p.12). The Immigrants Work Coalition also advocates for mentorship opportunities as a means to support integration and cross-cultural understanding (Immigrants for Work Coalition [IWC], 202, p.30). They also advance the idea that mentorship provides a “a worthwhile and cost-effective measure to support integration and encourage an inclusive workplace” (IWC, 2021, p.30).

For instance, the Immigrant Services Association of Nova Scotia (ISANS) offers the Internationally Educated Nurses Orientation Program. The program is an 18-week course that introduces IENs to “the foundations of nursing practice in Canada and the Canadian healthcare system (Immigrant Services Association of Nova Scotia [ISANS], 2017). The program identifies “educational gaps or differences in knowledge, skills and competencies” (ISANS, 2017). The program offers online learning resources, nursing educational sessions, peer support and professional mentioning, but course content that speaks to the discrimination IENs may experience at work is missing. BC should develop a similar program and add an additional course content that speaks to the discrimination IENs may experience on the job. Intersectional power dynamics influence the daily life of a Filipino IEN. A government-led program that promotes the socioeconomic advancement of IENs should also address workplace acculturation challenges like discrimination and undervaluing of racialized IENs.

5.3 Expanding and Adapting Professional Recertification Pathways

Expanding Access to Bridging Programs by Offering More Online Options

Gratitude is a feeling captured in many of the interviews from this study. Feelings of appreciation linked with the opportunity to go back to school to become licensed nurses in Victoria, BC were popular points of reflection. However, along with reflections of gratitude came comments regarding the limited bridging program placements available to IENs in the Greater Victoria and surrounding areas. Further work must be undertaken to ensure that IENs who are in the process of becoming licensed nurses in Victoria have accessible bridging programs placements available to them when needed. Bridging programs are funded by provincial governments and are offered by post-secondary educational institutions. They serve to bridge the gaps between IENs’ credentials and regulatory requirements to practise nursing in the province (Baumann et al., 2021, p.101). The expansion of bridging programs in Victoria has the potential to cut down on accreditation timelines. Adequate bridging program placements are also financially advantageous for IENs. Less time on bridging program waitlists could facilitate the timely licensure of IENs.

In an ideal world, bridging programs are available to IENs in the city where they are living. However, as explained by the interviewees, the majority of programs with sufficient spots that meet demand are often not located on Vancouver Island. Camosun College and Sprott Shaw College are the two academic institutions mentioned in the participant interviews. Both institutions offer bridging programs in Victoria; the former being the cheaper option but, as explained by interviewees, comes with a two-year waitlist. Interestingly the majority of participants who immigrated directly to Victoria and who pursued accreditation did not attend Camosun College or Sprott Shaw College. Thompson Rivers University (Kamloops), Kwantlen Polytechnic University (Surrey), Langara College (Vancouver), and Saskatchewan Polytechnic

University (Saskatoon) are the most popular institutions named by the participants. These findings shed light on the number of Filipino IENs from Victoria who leave the city to complete required recertification processes. Stakeholders should be concerned by the concentration of nurses from Victoria who move away for school. Moving away to complete accreditation processes adds to IENs' financial and mental health challenges. It is possible that compounding financial and mental health challenges could lead to IENs prolonging their accreditation journeys or abandoning them altogether. The stress and lengthy commitments to professional recertification may be too much for some.

The BC government and post-secondary educational institutions should invest in the expansion of bridging program placements that are closer in proximity to IENs in the Greater Victoria metropolitan area. Offering placements that are closer to IENs' homes and places of work is less expensive overall as individuals are not forced to pay for relocation or accommodation costs in a different city. Placements that are closer to home also means that IENs have access to established local communities of support. Family, friends or colleagues offer reliable emotional support to IENs. Alleviating financial and mental health stressors encourages the efficient advancement of IENs' accreditation processes, which is an overall good for IENs' upward socioeconomic mobility.

The expansion of bridging programs can be achieved through a combination of virtual and in-person programming which would promote "access while maintaining the compulsory in-person clinical components" (N4, 2023, p.22). N4 argues that this model "enhances access, particularly for those in rural, remote, and northern communities and those who have yet to immigrate to Canada" (N4, 2023, p.22). N4's model is an agreeable solution for the time being. However, the BC government and its educational stakeholders should explore long-term solutions on Vancouver Island, especially in immigrant-dense locations like the Greater Victoria and surrounding areas. To best support Victoria IENs' licensure pursuits, the expansion of permanent in-person educational and training opportunities that are also financially accessible must be available locally. These expansions should also offer sufficient placements that are commensurate to the number of IENs who are attempting to complete professional recertification requirements. Sustainable and long-term funding commitments from the province are critical because intermittent commitments from different ministries like education, health and immigration have not been sufficient enough to address the limited bridging program placements for IENs in Victoria.

Increasing Collaboration Between Clinical Practice Programs

Moving away to attend re-entry programs, albeit temporarily, for many IENs is necessary in order to attend in-person clinical practice programs. Clinical placements are negotiated and organized by the post-secondary educational institutions' program administration staff where the IEN is a student. The placement location is often in the area where the university or college is situated. Alternatively, placements may be out of province so long as the health care facility adheres to the BCCNM's professional standards of practice (BCCNM, 2020a, p.8). The post-secondary educational institution's location is relevant as their proximity and relationships with local health authorities influences where an IEN is able to complete their clinical practice hours. If an IEN attends a university or college outside of Victoria, it is very likely that their clinical

placements will be away too. The limited options for where an IEN can complete their clinical practice hours, especially if must move away do so, poses additional financial and mental health challenges for IENs. The BC government, its health authorities, and its relevant post-secondary education partners are encouraged to expand clinical placement options in the province. Further consideration should be undertaken to evaluate whether it would be possible for nursing programs to establish working relationships with various health authorities instead of the one or the few that correspond with their region.

Camosun College (Victoria), Sprott Shaw College (Victoria), Thompson Rivers University (Kamloops), Kwantlen Polytechnic University (Surrey), and Langara College (Vancouver) were the most popular institutions attended by Filipino IENs in this study. IENs who attend Camosun College or Sprott Shaw College are likely to be placed at a Victoria-based facility. By way of being located in Victoria, Camosun College and Sprott Shaw College develop partnerships with the local health authority, Island Health. As a result, students at these two institutions are granted placements at Island Health facilities in Victoria (Camosun College, 2023). Conversely, IENs originally from Victoria but who have relocated to other cities to attend nursing re-entry programs will most likely not be given the opportunity to complete their clinical practice at Island Health facilities in Victoria.

Universities and colleges have agreements with their regional health authorities and respective their facilities. These agreements make it more likely for an IEN registered at an educational institution in the lower mainland, for example, to attend a clinical placement in the same area. For instance, Thompson Rivers University (TRU) writes that “practice experiences will occur in health agencies within or near the city of Kamloops.” (TRU, n.d.). Kwantlen Polytechnic University (KPU) has a similar clause on their website which reads, “Placement locations only include hospitals within the Vancouver Coastal Health region, Fraser Health Authority region or Providence Health region, therefore, learners should expect to travel to placement locations” (KPU, 2023). Langara College’s website states that “locations within the lower mainland are essential” (Langara College, 2023). It is clear from these examples that a pattern of inflexibility emerges. This pattern highlights the lack of choice IENs have in determining where they are able to complete their clinical hours. A lack of choice means IENs are unable to complete their hours closer to home where they may already have existing living accommodations and strong community support systems.

The lack of expanded collaboration between provincial health authorities and post-secondary educational institutions limits placement options. As a result, IENs may experience new financial and mental health hardships. IENs are not only concerned about the additional relocation costs but the prolongation of fees too. Moving to a new city introduces additional accommodation and transportation costs for IENs. Aside from finances, IENs also experience additional mental health challenges when they are required to relocate for training. Successful settlement and integration pathways are often reliant on strong community supports systems. When IENs relocate to other areas they are often moving away from critical emotional or settlement support systems. Feelings of isolation, loneliness and depression resulting from relocation were apparent in all participant interviews. Therefore, new and innovative solutions to avoid IENs’ mental health burdens should be explored. Prioritizing IEN mental health is important as it invests in

future frontline workers' emotional capacities. Sound mental health leads to empathetic and effective patient care.

A system that expands placements to other areas and health authorities in BC could lend necessary flexibilities and alleviate financial or mental health stressors for IENs from Victoria. An integrated and province-wide clinical placement approach could grant IENs the opportunity to indicate preferred placement regions. A clinical placement system that is mindful of the financial and mental health challenges of IENs is an equitable way to address barriers experienced by foreign trained nurses who are seeking professional recertification. For example, placements closer to an IEN's permanent residence could relieve financial stressors. In many cases, IENs from Victoria who relocate to the lower mainland to attend clinical practice programs will continue to pay for their Victoria accommodation while also paying for a second accommodation in the city where they are temporarily located. This point is particularly relevant for Victoria and Vancouver contexts where expensive rental fees pose significant financial strains. A placement approach that enables post-secondary educational institutions like TRU, KPU and Langara to search for Victoria-based clinical placements could reduce accommodation, relocation and travel costs.

Further collaboration and partnerships between TRU, KPU and Langara with Island Health could offer IENs better mental health outcomes too. The BC government, its health authorities and nursing programs are encouraged to consider an integrated and province-wide placement approach. An approach that is specifically mindful of the impacts of relocation on IENs' mental health is needed. When IENs can remain in their hometowns they can maintain important community-based connections with loved ones and friends. Participants in this study often named friends and family in Victoria as important supports throughout settlement and professional recertification processes. The ability to interact and maintain these in-person relations could fight against IENs' loneliness, depression and anxiety that often arise as a result of already stressful settlement situations. IENs who prioritize their emotional well-being and who are not depleting their sources of resilience are less likely to abandon their accreditation pursuits (Salami et al., 2018, p.177).

5.4 Revisiting the Conceptual Framework

The study's conceptual framework was informed by existing research on the issue of foreign nursing credentialism in the Global North. The conceptual framework was divided in two main categories: the main inhibitors of educational upgrading, professional accreditation or recertification and workplace acculturation, and the three desired outcomes. The five main integration and settlement barriers were financial challenges, time constraints, deskilling, a lack of knowledge and mental health pressures. The three desired outcomes were named as educational upgrading, professional accreditation or recertification and workplace acculturation. The conceptual framework was used to understand the interactions between the main integration or settlement barriers and the desired outcomes. It was argued that the main inhibitors, if too compounding and overwhelming, could lead IENs to abandon their RN recertification and accreditation journeys in Victoria, BC. That is to say, if the financial challenges, time constraints, deskilling, a lack of knowledge and mental health pressures were too burdensome it

could lead IENs to give up on their educational upgrading, professional recertification or workplace acculturation pursuits altogether.

Although the conceptualization of the inhibitors and the overall framework were contributory to the study, there are finer details that could have been further highlighted and given additional nuance. If this study were to be conducted again, it is suggested that the researcher revisit the main integration inhibitor of the lack of knowledge and the desired outcome of workplace acculturation. There is potential to incorporate supplemental precision in the interview questions, which could lead to new insights and support the study's qualitative rigour.

In this study, the lack of knowledge was operationalized as difficulties navigating credential recognition processes in a timely manner. In Chapter 2, a lack of knowledge was also described as the lack of clarity in relation to required documentation and other nursing standards needed to fulfil accreditation in BC. This chapter discussed the lack of knowledge in relation to the impacts of different migration pathways to Canada, pre-arrival and post-arrival migration and settlement processes, insufficient communication channels between the NCAS, BCCNM and the IEN applicant, and the limited comprehensive and local navigational supports for IENs in Victoria, BC. While this information sheds light on persisting challenges faced by IENs, there is potential to gain more insights from Filipino IENs. Future research should consider incorporating a question that asks participants what they would have liked to know prior to beginning their accreditation processes. In addition, future research should consider a question that encourages participants to reflect on the types of information sources or supports that would have alleviated the stress and anxieties experienced throughout the credential recognition process. While answers to these questions were naturally brought into conversation during many of the participant interviews, the present study would have been able to contribute far greater first-person feedback from IENs with lived experiences had similar questions been added to the interview guide and posed to all interviewees. Specific questions that encourage participants to provide recommendations or changes to the status quo would have contributed to the policy analysis in this chapter. Such information gathered from participants would have given the researcher first-person accounts to use in contrast and in comparison with the recommendations or policy solutions of other stakeholders in the province or across Canada.

In Chapter 2, workplace acculturation was operationalized as an IEN's ability to secure part- or full-time employment as an RN in Victoria, BC, to overcome integration barriers, to become valued health care providers, to be treated with dignity and respect, and to have the ability to refuse mistreatment in the workplace. This chapter discussed the continued hierarchical deskilling experienced by Filipino IENs on the basis of race or ethnicity. Although the conceptual framework accounted for the workplace acculturation experiences in a variety of dimensions, future research is encouraged to incorporate a comparative angle to its framework. For instance, the present study could have contributed more to the academic literature if it had explored workplace acculturation at different stages of an IEN's career. For instance, an interesting point of inquiry would be to understand whether, and to what extent the workplace acculturation experiences of IENs shift as they progress throughout their careers. The exploration of integration and settlement experiences from this perspective could shed light on the ways in which IENs adapt to their work environments based on the longevity and trajectory of their careers. A research project that accounts for these nuances could also explore workplace policies

that seek to support IENs and the creation of more equitable work environments, especially in health care where hierarchical deskilling is a notable and continuing phenomenon.

5.5 Summary

This chapter was divided into four parts. The first discussed the influence of global care chain (GCC) lens in identifying persisting educational and accreditation inequities. Using a GCC lens, this study recommends increasing outreach and collaboration between the federal, provincial and Philippine government in order to clearly communicate pre-arrival and post-arrival processes for IENs. The study also recommends direct communication with IENs about credential and clinical assessments, designing equitable policies that account for the familial responsibilities of IENs, supporting flexible English test scoring, ridding language tests of expiration dates, and developing comprehensive local navigational supports for Filipino IENs in Victoria. The second part of the chapter called for new approaches to address deskilling. The study recommends tapping into existing training and recertification infrastructure in workplaces to support the professional recertification of IENs while also support employee retention. The third part encourages the expansion and adaptation of professional recertification pathways. This part calls for expanded access to bridging programs and increased collaboration between clinical practice programs so IENs have more options to choose from. The final portion of this chapter revisited the study's conceptual framework. The fourth part of the chapter provided conceptual framework suggestions so that future research continues to build upon existing findings and analyses. The following chapter summarizes key aspects of this study and lays out future steps.

Chapter 6. Conclusion

The present study sought to understand the integration and settlement barriers that influence Filipino IENs' educational upgrading, professional recertification and workplace acculturation experiences in Victoria, BC. The goals were to identify factors that dissuade or promote the effective and timely integration and settlement of Filipino IENs, and to develop potential recommendations to address them. The research aimed to answer the following questions:

1. Do Filipino internationally-educated nurses (IENs) in Victoria, BC experience integration and settlement barriers?
 - a. If so, what kinds of barriers do they experience?
2. To what extent do these barriers impact their educational upgrading, professional recertification and workplace acculturation experiences?

The problem statement and significance of contribution were outlined in Chapter 1. The section asserted that Filipino IENs are skilled, stress-tested and culturally competent professionals who could present a possible solution to BC's nursing shortage. However, as evidenced by research, professional recertification and educational upgrading take time (Covell et al., 2017), IENs take longer than a year to pass the nursing licensure exam (Covell et al., 2017), IENs are not prepared to meet the professional standards mandated by regulatory authorities (Covell et al., 2018), and living expenses and the fees associated with accreditation are costly (Covell et al., 2022). Despite the contributions of existing research, knowledge gaps pertaining to the integration and settlement experiences Filipino IENs in Victoria, BC were evident. In Chapter 2, it was argued that an in-depth and place-based study was necessary to address gaps in the academic literature and to advance policy recommendations given the specific realities of Filipino IENs in Victoria, BC.

Chapter 2 engaged with current academic literature regarding the integration and settlement experiences of IENs. The thematic literature review was comprised of four main parts: a thematic discussion, an overview of the issue's policy and institutional environment, a description of settlement experiences, and an explanation of the study's conceptual framework. The thematic discussion focused on global care chains (GCC) and global nursing care chains (GNCC), deskilling and immobility, and IEN integration barriers. GCC and GNCCs were especially significant in this study as they supported the elucidation of commodified care labour (Näre & Silva, 2021, p.511). GCC and GNCCs specifically facilitated the understanding of inequities inherent in global care networks between the Global North and South. In Chapter 5, the GCC lens was utilised to analyse interview findings and to develop recommendations to address the educational upgrading, professional recertification and workplace acculturation challenges of Filipino IENs in Victoria, BC. Deskilling and immobility were also explored in Chapter 2. The examination of sectoral, hierarchical and racial or ethnic influences (Gotehus, 2021, p.340-341) on the deskilling and professional immobility of Filipino IENs in Victoria were further studied in Chapter 5. The integration barriers, as identified by the academic literature, were summarized and later applied to create the study's conceptual framework.

The present study is significant as it located itself within the academic landscape by proposing a novel study that integrated a combination of the three aspects of IENs' integration and settlement: educational upgrading, professional recertification and workplace acculturation. This

is notable as prior studies often only concentrated on a single or a few aspects, but not all three. Engaging with all three aspects allowed the researcher to provide expanded and in-depth place-based findings. The transferable and high-quality insights gained from a three-pronged study were one of the study's strengths and contributions to the academic literature.

Chapter 3 discussed the methodology, methods and data analysis. The study was conceptualised as a qualitative experiential study rooted in an interpretivist paradigm. Response saturation was prioritised, and fifteen one-on-one semi-structured interviews were conducted. The sample size led to information redundancy but did not limit the depth nor the complexities captured in the interviews. The manageability of the sample size also enabled the researcher to devote a significant amount of time and effort on the English-Tagalog translations of some of the interviews. The smaller sample size also promoted a high-quality reflexive thematic analysis of each interview and of all interviews in their totality. Filipino IENs were the chosen demographic as they are overrepresented in nursing and health care groups in Canada (Cornelissen, 2021). Participants were recruited based on immigration to and settlement in Victoria in the last ten years. Interviewees were also chosen based on the completion (or in the process of completing) BC's nursing recertification requirements. The study saw the participation of five male and ten female-identifying participants who were either working as RNs, LPNs, or in the process of accreditation. The participants migrated to Victoria via the live-in caregiver program (n=7), skilled immigrant (n=3), spousal sponsorship/family reunification stream (n= 3), provincial nominee program (n=1) or as an international student (n=1). Contemporary experiences took precedence to capture the most recent and relevant migration and recertification accounts.

Given the positionality of the researcher, the application of inductive reasoning and of a reflexive thematic analysis, engagement with Filipino IENs allowed the researcher to draw on her own experiences as a second-generation Filipino immigrant. Cultural relationality was significant in this study as it encouraged participants to share their experiences more expansively. In turn, the researcher was able to shed light on Filipino cultural concepts such as *bayanihan* and its influence on the settlement and integration pursuits of Filipino IENs in Victoria, BC. This concept and its significance were explained in Chapter 4. While there is literature about the Filipino diaspora, much of the literature about Filipino IENs in the Global North do not interface with deeply rooted cultural concepts that promote and support IENs' credential recognition pursuits. This study has attempted to bring forth these key insights to add nuance to ongoing conversations about foreign credentialism in the Global North. It is the researcher's hope that future studies continue to consider the impacts that cultural values, histories and personal stories have on Filipino IENs and the immigration and recertification decision-making processes they undertake. In doing so, future researchers are encouraged to centre humanity and dignity of foreign workers.

In Chapter 4, key findings related to financial barriers, time barriers, deskilling, and mental health were shared. The findings were consistent with contemporary research on a variety of levels, but nuance was gained especially as it concerned the accreditation experiences of Filipino IENs on Vancouver Island.

First, financial barriers were named as the most concerning integration factor for participants. Personal expenses such as the individual costs of living in Victoria, sending remittances to

family members and dependants in the Philippines and elsewhere abroad, and accreditation and examination fees were expected responses. A surprising finding were the relocation, accommodation, and transportation costs many Filipino IENs accrued in order to attend re-entry, bridging and clinical placements outside of Vancouver Island. The majority of participants completed their professional recertification requirements in either Vancouver, Surrey, Kamloops, St. John's, or Saskatoon. Participants shared that it was often necessary to study outside Victoria and Vancouver Island as certain programs addressed their professional recertification requirements more directly or in a timely fashion. In other cases, participants explained that relocation was often necessary to attend bridging and clinical placements.

Another unforeseen finding were the familial responsibilities, both locally and internationally, shouldered by many IENs regardless of their gender identities. Both male and female-identifying participants shared the financial strains they experienced as a result of supporting family members and other dependents in Victoria and in the Philippines while also investing time and finances into the accreditation process. Despite the grants and scholarships received by many participants, popular concerns included income lost as a result of educational upgrading and professional recertification pursuits and the inability to save money for the future. These findings are significant as they reveal the inadequacy of government grants. Participants shared that their recertification experiences would be made easier, less stressful and potentially quicker if they had increased financial supports. In this way, participants shared that they would be able to devote the time and effort required for successful professional recertification.

Second, time barriers like non-streamlined credential and work experience assessment processes were inconvenient. The opaque processes posed considerable challenges for participants. Filipino IENs reported experiencing slow and infrequent communication from the National Nursing Assessment Service (NNAS) and the BC College of Nurses and Midwives (BCCNM) throughout their credential assessment journeys. The limited communication between assessment services, regulatory authorities and applicants were especially felt during the Covid-19 pandemic. IENs' first-person accounts revealed the slow processing and communication capacities of the NNAS and BCCNM. This should be a cause for concern for policymakers as lacking supports and updates from assessments services and regulatory authorities could increase feelings of uncertainty and stress and persuade Filipino IENs to reconsider their nursing career pursuits.

Another interesting finding related to time barriers is the insufficient availability of bridging, re-entry and clinical placements. The demand for such programs outweighs the supply. As a result, many IENs spend time waiting for spots to open up. Accreditation journeys are effectively put on pause, leading IENs to remain in jobs that are not commensurate to their knowledge or skill. This finding is significant as it highlights education barriers outside the control of IENs but within the control of the government and its post-secondary institutional partners.

Third, deskilling and professional immobility impact the workplace acculturation experiences of Filipino IENs. As expected, all 15 interviewees shared experiences with either sector, hierarchical deskilling or both. It was disheartening to realize even in our day and age, 10 of the interviewees experienced deskilling based on their racial or ethnic features. Discrimination will always be a concern. It should not be tolerated in any context, but especially in health care where

frontliners already experience challenging working hours and stressful work environments. Efforts to promote inclusion and equity should be prioritised to support Filipino IENs.

Fourth, Filipino IENs' mental health suffered throughout settlement and integration processes. Participants shared feelings of loneliness, isolation, depression and high levels of stress and anxiety. Many turned to local, online and transnational communities of support to find sources of *bayanihan*. The mutual aid, allyship and solidarity found in these communities of support were priceless for many. Some participants even despite their busy schedules continue to pay it forward and lend support to new cohorts of Filipino IENs in Victoria. This finding is significant as research centring the comradery of foreign workers is often lost. It is important to provide the mental health supports to Filipino IENs. Although, it is also necessary to acknowledge the grassroots support systems that are created when there are limited mental health supports to lean on.

The goals of this study were to understand the integration and settlement barriers encountered by Filipino IENs in Victoria, BC and the extent to which they impacted their educational upgrading, professional recertification and workplace acculturation experiences. Though there is much work to be done to address these barriers, the present study contributes to the academic literature by providing potentially transferable insights for future studies. The study has also provided possible recommendations. In Chapter 5, recommendations that address educational and accreditation inequities, deskilling, and professional recertification inadequacies were explored. As provinces and territories across Canada continue to evaluate their nursing recertification requirements, attempt to train and retain health care talent, and develop innovative solutions to address an ongoing health care labour crisis future research should evaluate the effectiveness of recommendations and policy solutions.

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Appendices

Appendix A Interview Questions and Guidance

- 1. Tell me about yourself! What is your name?**
- 2. Did you work as a nurse in a different country before arriving in Victoria, BC?**
 - a. Where else in the world have you worked?
- 3. Why did you choose to work as a nurse in Victoria, BC?**
 - a. What immigration stream did you pursue in order to come to Canada (i.e., Provincial Nominee Program)?
 - b. How long have you lived in Victoria, BC?
 - c. How long have you worked as an RN in Victoria?
- 4. Prior to your immigration to Canada, were you aware of any seminars or information sessions about any pre-arrival nursing programs available to you in Canada?**
 - a. *If the participant was aware, ask:* Can you tell me about these seminars or information sessions? Did you attend or participate in them?
- 5. What steps did you take to become a Registered Nurse (RN) in BC? Did you experience any challenges during this time?**
 - a. Did you face financial challenges?
 - b. Did you consider the amount of time or years it could take to achieve your goal?
 - c. How would you describe your mental health throughout this time? Did you experience any pressure, anxiety, mental stress, loneliness or depression?
- 6. To become an RN in BC you must submit a credential recognition application to the National Nursing Assessment Service (NNAS), pass the NCLEX-RN, and pass English-Language requirements, is that correct?**
 - a. Can you tell me about your experience with this credential recognition process?
 - b. *If the process is described as challenging, ask:* What was challenging about this process? Were there any factors that made this process difficult?
 - c. *If the process was challenging, ask:* What could have made this process easier for you?
- 7. Did you ever consider giving up your goal of becoming an RN in BC? Why?**
 - a. Did you ever consider an alternative career path as a Licensed Practical Nurse (LPN) or health care aide? Why or why not?
- 8. While you were studying for the NCLEX and pursuing credential recognition, did you work or volunteer?**
 - a. What did you do?
 - b. Why did you do this work?

- c. Do you know about bridging programs? Did you participate in this program?
- 9. Do you financially support any family members? Do you think this responsibility impacted you in any way?**
- a. If you're comfortable saying, what percentage of your income do you send to your family every month?
- 10. When did you secure your first full-time job as an RN in Victoria?**
- 11. Are your foreign health care experiences recognized by your employers in Victoria? How does that make you feel?**
- 12. How are you treated at work by your colleagues, managers and patients? Are you treated fairly compared to Canadian nurses?**
- a. Do you feel welcome at work?
 - b. Do you feel like a valued and respected employee when you're at work?
 - c. Have you ever experienced any discrimination at work?
- 13. Are there additional learning or training opportunities available to you at work? Can you tell me about these opportunities?**
- a. Who is able to access these opportunities?
 - b. Have you taken any of these courses before? Why?
- 14. Do you think you have adapted to your workplace's culture and style of work?**
- a. If yes, how long did it take you to adapt? How did you adapt? What helped you adapt?
 - b. If no, what is preventing you from adapting to the culture and system of work? What initiatives could help you adapt better?
- 15. Now that you have achieved your goal to become an RN in Victoria, BC, if you had the opportunity to change something in the credential recognition process, the educational upgrading or the hiring process would you change anything? What would you change? Why?**
- 16. Is there anything that I've missed in this interview? Would you like to add or mention anything else?**
- 17. Do you know anyone who might be interested in participating in my study?**
- 18. Do you have any questions for me?**

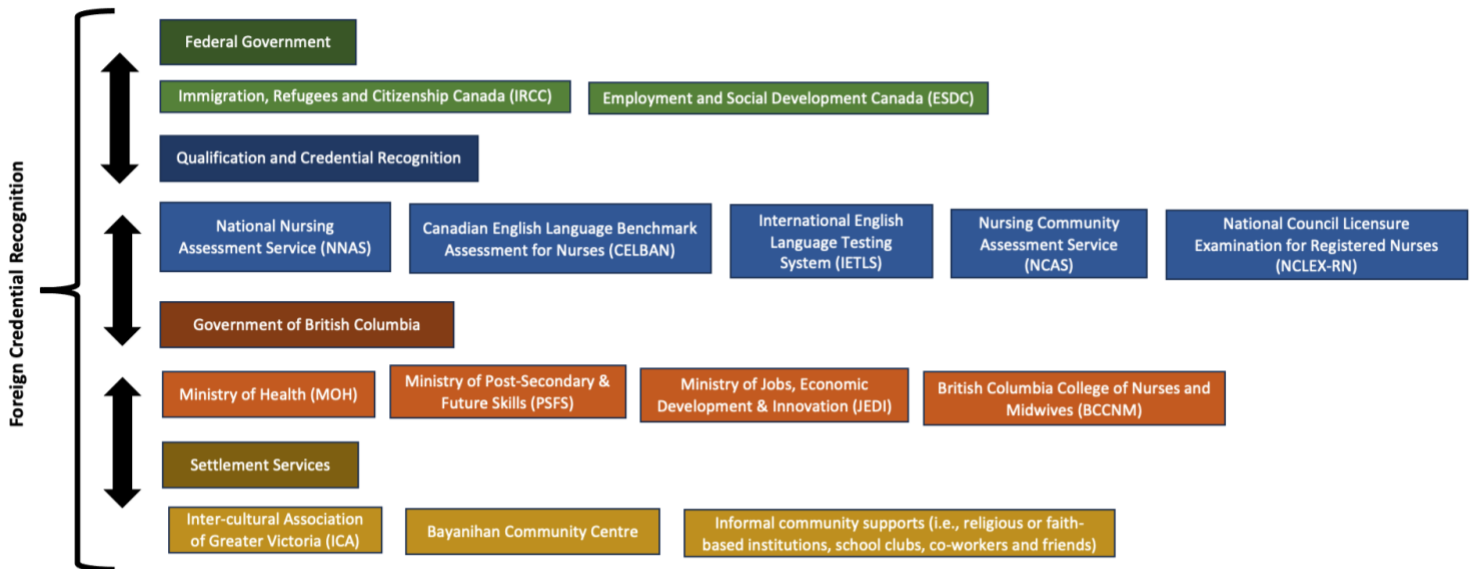
Appendix B Study Figures

Figure B1: Key Recommendations

1.	Create efficient migration pathways and invest in accessible information supports.
2.	Clarify and clearly communicate pre-arrival and post-arrival processes to incoming internationally-educated nurses.
3.	Prioritise direct communication about credential and clinical skill assessments to avoid confusion.
4.	Design equitable policies that account for IENs’ familial responsibilities.
5.	Support flexible scoring and abolish English language test expiration dates.
6.	Develop comprehensive local navigational supports from IENs in Victoria, BC.
7.	Address hierarchical deskilling and promote discrimination-free workplace acculturation.
8.	Adapt professional recertification pathways.
9.	Increase collaboration between clinical practice programs.

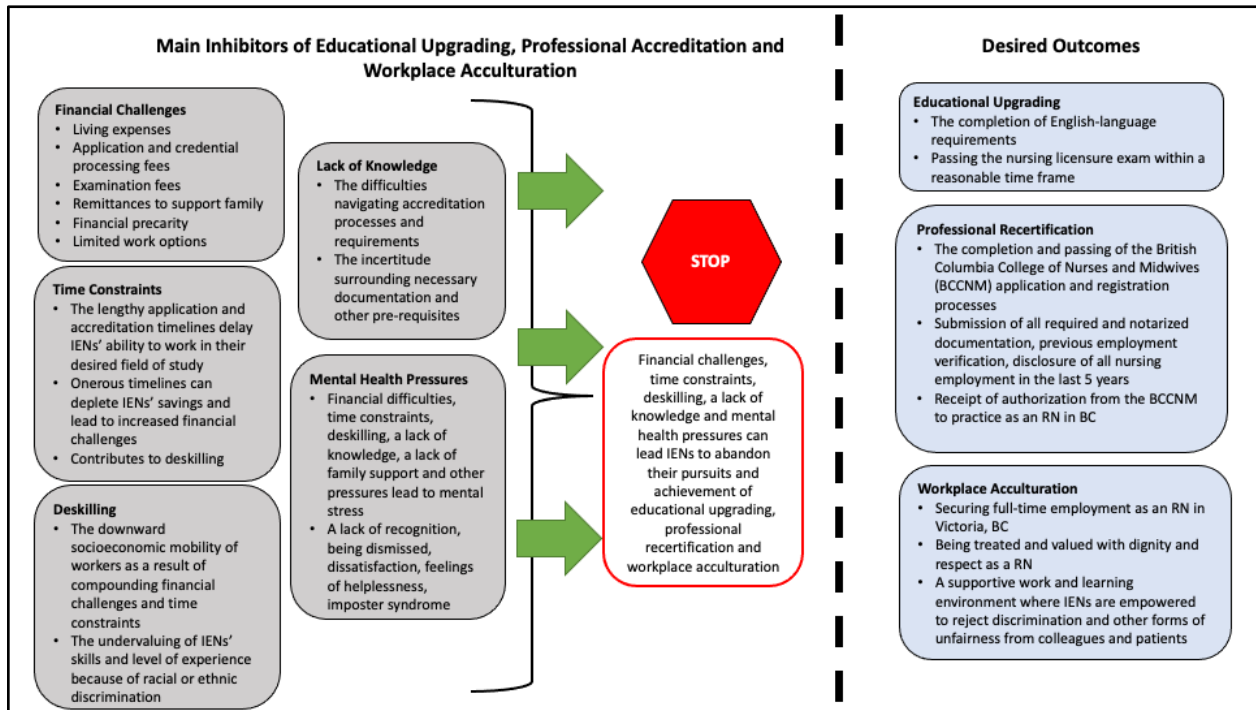
Source: Author’s own elaboration based on the literature and participant interviews.

Figure B2: Policy and Institutional Environment



Source: Author’s own elaboration based on the literature.

Figure B3: Conceptual Framework




Source: Author's own elaboration based on the literature.

Figure B4: Interview Participant Information

Interviewee Number	Gender (F/M)	Relationship Status	Children (Y/N)	Occupation	Migration Pathway
1	F	Single	N	RN	Skilled immigrant
2	F	Married	Y	RN	Live-in caregiver
3	F	Married	Y	LPN	Live-in caregiver
4	F	Married	Y	RN	Provincial nominee
5	M	Single	N	Other	Live-in caregiver
6	M	Single	N	RN	Skilled immigrant
7	F	Married	Y	HCA	Live-in caregiver
8	F	Married	Y	RN	Live-in caregiver
9	F	Single	N	RN	Family reunification
10	F	Married	Y	RN	Skilled immigrant
11	M	Married	Y	Other	Live-in caregiver
12	F	Single	N	HCA	Live-in caregiver
13	F	Married	Y	RN	Spousal sponsorship
14	M	Married	Y	Other	International student
15	M	Married	Y	Other	Spousal sponsorship

Source: Author's own elaboration based on the study's participant sample.

Figure B5: Key Recommendations Infographic



KEY RECOMMENDATIONS

ADDRESSING FILIPINO INTERNATIONALLY-EDUCATED NURSES' INTEGRATION AND SETTLEMENT BARRIERS

ADDRESS PERSISTING EDUCATIONAL & ACCREDITATION INEQUITIES

- 1. Create efficient migration pathways and invest in accessible information supports**
 - The federal government, the BC government and the Philippine Consulate in Vancouver should work collaboratively on a more consistent basis. Together, they should produce and deliver outreach and educational resources that explain which immigration pathways to BC are the most conducive to achieving permanent residency and, ultimately professional recertification.
- 2. Clarify and clearly communicate pre-arrival and post-arrival processes to incoming internationally-educated nurses**
 - Pre-arrival programs and processes are effective and informative tools that have the potential to address IENs' barriers to licensure. Expanded and accessible pre-arrival information sessions, webinars or online toolkits for IENs can support applicants in beginning their recertification journeys.
 - The BC Government in collaboration with regulatory and credential verification bodies could also create online portals where IENs could submit documents for online validation. Portals could help IENs cut down on costs associated with international administrative fees. The virtual portals could also promote transparency as all parties involved would be able to track the status of the credential assessment.
 - Create an online central information centre. Such a tool would enable IENs to be active monitoring agents of their own application and recertification processes. The centralised information database could also inform applicants about how to best prepare for professional recertification according to relevant stakeholders such as government, regulatory bodies, and educational institutions where bridging programs, clinicals and preceptorships are conducted.
- 3. Prioritise direct communication about credential and clinical skill assessments to avoid confusion**
 - Online central information centres should also publish and share the various clinical assessments and bridging programs available to IENs. There are a variety of educational institutions that offer licensure courses in BC and throughout Canada. Given the particularities of IENs' credential recognition applications and re-education circumstances, further accessibility and transparency measures that seek to inform IENs of the educational options available to them should be shared broadly and in an accessible fashion.
 - Prioritising efficient communication is needed in order to support IENs' timely licensure processes.
- 4. Design equitable policies that account for IENs' familial responsibilities**
 - Other incentivising initiatives that support IENs who are also parents or supporters of dependants like elderly parents should be explored. Without adequate financial supports from the BC government, IENs could continue to face financial pressures associated with supporting family members, either locally, internationally, or both. To holistically support IENs in BC, the government must acknowledge the impacts of transnational care chains, especially as it concerns familial financial obligations in Canada and abroad.
- 5. Support flexible scoring and abolish English language test expiration dates**
 - Further considerations must be explored to alleviate the language requirements imposed on Filipino IENs who, in many cases, already speak English. The incorporation of English competency testing in bridging programs, mentorship programs, or throughout clinical placements should be explored as they may yield efficient, professionally adequate and cost-effective alternatives to the status quo.
- 6. Develop comprehensive local navigational supports for IENs in Victoria, BC**
 - Provincial navigational supports specifically focused on target populations like Filipino IENs should be established. The supports should be culturally competent. They should offer guidance or resources in Tagalog when necessary.



KEY RECOMMENDATIONS

ADDRESSING FILIPINO INTERNATIONALLY-EDUCATED NURSES' INTEGRATION AND SETTLEMENT BARRIERS

INVEST IN NEW APPROACHES TO ADDRESS IENS' DESKILLING

7. Address hierarchical deskilling and promote discrimination-free workplace acculturation

- Deliberate action to address hierarchical deskilling and deskilling caused by racial or ethnic influences should be further considered by stakeholders. Sustainable and well-resourced initiatives meant to alleviate the barriers stemming from deskilling may contribute to the upward socioeconomic advancement of Filipino IENs.
- Drawing on existing workplace dynamics between management and staff, a program that could identify underemployed IENs and set them on a trajectory towards professional recertification is an important starting point. Such an initiative has the potential to guide IENs towards licensure from a grassroots level.
- A program that identifies racialised IENs who have the talent and dedication needed to achieve professional recertification, and one that guides them towards their desired level of professionalism can contribute to employment equity. Employee diversification, especially in senior-level positions has the potential to create inclusive and equitable spaces for all.

EXPAND & ADAPT PROFESSIONAL RECERTIFICATION PATHWAYS

8. Expand access to bridging programs by offering more online options

- Further work must be undertaken to ensure that IENs who are in the process of becoming licensed nurses in Victoria have accessible bridging program placements available to them when needed.
- The expansion of bridging programs in Victoria has the potential to cut down on accreditation timelines. Adequate bridging program placements are also financially advantageous for IENs. Less time on bridging program waitlists could facilitate the timely licensure of IENs.

9. Increase collaboration between clinical practice programs

- The BC government, its health authorities, and its relevant post-secondary education partners are encouraged to expand clinical placement options in the province. Further consideration should be undertaken to evaluate whether it would be possible for nursing programs to establish working relationships with various health authorities instead of the one or the few that correspond with their region.
- A system that expands placements to other areas and health authorities in BC could lend necessary flexibilities and alleviate financial or mental health stressors for IENs from Victoria. An integrated and province-wide clinical placement approach could grant IENs the opportunity to indicate preferred placement regions. A clinical placement system that is mindful of the financial and mental health challenges of IENs is an equitable way to address barriers experienced by foreign trained nurses who are seeking professional recertification.



Source: Author's own elaboration based on the study's findings and discussion.