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Front-Liners on the Sidelines: The Credential Recognition Experiences of Filipino Internationally Educated Nurses

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Abstract

Communities across Canada face a shortage of medically trained professionals, the majority of which are nurses, as domestic supply has not kept pace with increasing demand for services. Alongside rising inflation, housing costs, and living expenses, persistent educational and accreditation inequities have created barriers and challenging contexts for internationally educated nurses (IENs) who aim to settle, integrate, and complete professional recertification processes to become registered nurses. This study explores the lived experiences of educational and accreditation factors from the perspective of fifteen recently migrated Filipino IENs in Victoria, British Columbia. Findings suggest that Filipino IENs experience financial and time barriers and deskilling which are part of an overarching theme of their credential recognition experience. The study offers policy recommendations for more equitable recertification pathways including provision of accessible information support pre- and post-arrival and increased collaboration between clinical practice programs.

Sommaire

Les communautés du Canada sont confrontées à une pénurie de professionnels formés à la médecine, dont la

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majorité sont des infirmières, car l'offre nationale n'a pas suivi le rythme de la demande croissante de services. Outre la hausse de l'inflation, du coût du logement et des frais de subsistance, les inégalités persistantes en matière d'éducation et d'accréditation ont créé des obstacles et des contextes difficiles pour les infirmières formées à l'étranger (IFE) qui cherchent à s'installer, à s'intégrer et à compléter les processus de re certification professionnelle pour devenir des infirmières autorisées. Cette étude explore les expériences vécues des facteurs liés à l'éducation et à l'accréditation du point de vue de quinze IEN philippins ayant récemment émigré à Victoria, en Colombie-Britannique. Les résultats suggèrent que les IEN philippins font face à des obstacles financiers et temporels et à une déqualification qui font partie d'un thème général de leur expérience de reconnaissance des titres de compétences. L'étude propose des recommandations de politiques pour des voies de re certification plus équitables, y compris la fourniture d'un soutien d'information accessible avant et après l'arrivée et une collaboration accrue entre les programmes de pratique clinique.

INTRODUCTION

Canada is experiencing a human capital shortage in its health care systems. These shortages have been compounded by COVID-19 and other challenges related to workforce burnout, prolonged staffing inadequacy and persistent mental health problems amongst nursing staff (McNeill, 2022). Internationally educated nurses (IENs) have the potential to alleviate labour shortages, but they remain underutilized (Ben Ahmed & Bourgeault, 2022; Harun & Walton-Roberts, 2022). An estimated 47% of foreign-educated immigrants with a health-related education are underutilized in Canada's health care sector (Hou & Schimmele, 2020: 4). IENs' professional recertification, educational upgrading and development of Canadian-valued work experiences takes time, effort, and financial investment (Employment and Social Development Canada, 2020). Compared to Canadian-educated nurses, IENs take longer than a year to pass the nursing licensure exam and are often "unprepared to meet the standards set forth by regulatory bodies" because of a lack of available and accessible information (Covell et al., 2017: 401). In many cases, IENs attend additional volunteer work, language classes, and credential examinations 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). These structural conditions to gaining professional credentialing and integration may lead to added stressors for IENs and also discourage IENs from pursuing accreditation and professional recertification. Ultimately, IENs have potential to fill labour shortage in the Canadian health care system, but their skills and human capital remain underutilized.

Filipino nurses are a large and important part of Canada's internationally educated nursing workforce, with a long history of many choosing to immigrate and practice nursing in Canada. The Canadian Race Relations Foundations (2023) notes that Filipino migrants make up a critical portion of Canada's healthcare workforce, 30% working as nurses and care aides. Previous research by (Covell et al., 2017) has shown that some, not all, benefited from the formal and informal assistance available to facilitate their workforce integration. Understanding the firsthand experiences of Filipino nurses can help to inform policy and practice to promote their inclusion in the healthcare workforce (Cornelissen, 2021). This research explores, in depth, the experiences of Filipino IENs with educational upgrading, professional recertification, and workplace acculturation in the context of their integration and settlement in Victoria, British Columbia (BC). Filipino IENs are one of the largest groups representing IENs in Canada. Their experiences provide a unique lens through which to view the intersections of racialized, gendered, and classed dynamics of contemporary migration (Choy, 2003: 8). This study reveals key barriers to Filipino IENs' achievement of full accreditation and contributes to a gap in knowledge about contextual factors that add to educational and accreditation inequities. It recommends investing in new approaches to mitigate IENs' deskilling experiences, require adaptations to existing professional recertification pathways.

LITERATURE REVIEW

IENs in general, and Filipino IENs in particular, face numerous integration and settlement barriers that affect their educational upgrading, professional recertification, and workplace acculturation experiences (Cabanda, 2020; Hawkins & Rodney, 2015). Filipino IENs remain one of the largest IEN groups both in Canada and globally, and there is a large literature focusing on their experiences (Cornelissen, 2021; Pressley et al., 2022). Addressing global nursing workforce challenges requires a coordinated effort that starts with the retention, return, recruitment and enhanced workforce planning of nurses (Ben Ahmed & Bourgeault, 2022). Importantly, IENs are not a homogenous group, and a "one size fits all" model may not be effective for facilitating Filipino IENs' recertification and employment in the destination country (Covell et al., 2017).

Licensure preparation and examination

Passing a nursing licensure exam is one of the last steps required before an IEN can apply to provincial and territorial nursing regulating bodies and be permitted to work as an RN in Canada (IENs can only pass the exam once the regulatory body determines their eligibility for the NCLEX). It is estimated that most Canadian-educated nurses take one-year to pass the licensure exam, while the majority of IENs in Canada take much longer than a year (Covell et al., 2017). This time-consuming venture is prolonged when IENs lack accessible information and sufficient educational support. The location where nurses 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 “caring” occupation concerned with the universality of care, it is a profession that is greatly differentiated by educational and professional standards of practice (Thompson, 2022). In addition, effective credential recognition systems are difficult to develop because of the various professional nursing standards that exist globally (Thompson, 2022). For example, the different nursing standards in the Philippines creates challenges for Filipino IENs when they attempt to transfer their credentials in Canada (Walton-Roberts, 2020). Successful professional recertification is achieved when Filipino IENs can meet Canadian nursing standards and overcome professional credential differentiation (Walton-Roberts, 2020). The Philippines may have different regulation systems where the Republic of the Philippines 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 in a way that shares information in accessible and streamlined ways. A similar instrument has yet to be created in Canada (PRC, n.d.).

Barriers to professional integration

Deskilling and immobility are identified as key barriers in the literature on internationally educated health professionals and those who support them, particularly for IENs (Kernis, 2021). Many IENs face both deskilling and professional immobility which can be attributed to the complex credential recognition processes set by professional nursing associations (Walton-Roberts, 2020). Deskilling is primarily observed in two ways: i) sectoral deskilling which occurs when migrants do not work in sectors they were originally trained for and ii) hierarchical deskilling where migrants are employed in their fields of study but at a lower qualification level (Gotehus, 2021). Deskilling can also materialize because of racial or ethnic influences alongside gender. Foreign-born nurses are often deemed lesser informed and trained than their local nursing counterparts (Walton-Roberts, 2020). Care work, like nursing, is often gendered, and associated with women's work and the assumption that women are innately prone to natural caring competencies. These stereotypes may devalue care stemming from pre-migration gender roles and cultural values, where men are also represented in caring professions (Elliott & Roberts, 2022). Intersecting with Elliott and Roberts' notion of caring from the margins, nursing is often devalued and inadequately compensated. As a result, nursing is often not considered highly skilled labour (Baumann et al., 2022).

Policies for IENs centre on gender neutral integration efforts which focus on the ability of IENs to achieve professional recertification as a regulated nurse by achieving success on a licensure exam and securing full-time employment as a registered nurse (RN) (Covell et al., 2017). Financial constraints and time investments have been noted as a main barrier 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). These barriers are further intensified as many IENs send remittances to their country of origin to support their families (Salami et al., 2018). These competing financial responsibilities increase the IEN's 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). Managing the expensive credential processes on top of supporting family and remaining up to date with visa requirements means that IENs must have the patience, strength, and financial capacity to see themselves through

confusing and often non-linear credential and qualification processes (Walton-Roberts, 2020). 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). However, many IENs, especially those without permanent residency or who apply as international students, experience the high cost of tuition adding additional barriers to upskilling (Baumann et al., 2022).

Settlement

Important and often less acknowledged factors shaping the settlement experiences of Filipino IENs are workplace acculturation, securing employment, use and expansion of skills, and values of the work environment. Workplace acculturation speaks to the ways in which IENs feel respected or valued in their work or learning environments (Salami et al., 2018). Research suggests that nurses often experience inequities along the lines of race/ethnic background and gender in the nursing workforce (Clark & Saleh, 2019; Hawkins & Rodney, 2015; Saleh et al., 2022). The ability to secure part- or full-time work as an RN in Canada represents one aspect of settlement and integration at a professional level (Bourgeault et al., 2022). 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). This research adds to existing knowledge about Filipino IENs settlement experiences by focusing on IENs who settle into smaller midsize cities like Victoria, their workplace acculturation, securing employment, use and expansion of skills, and prevailing values that underscore need for retesting and credentialing.

METHODS

This study employs a qualitative descriptive study and interpretivist method to understand Filipino IEN experiences of their settlement and integration as they seek to gain their licensure in a midsize city in Western Canada. The study is exploratory in nature and seeks to capture the truth and reality as expressed by the study participants (Braun & Clarke, 2021). A conceptual framework was constructed from grounded theory methodology (see Findings section). Fifteen individual one-on-one semi-structured interviews were conducted with Filipino IENs (Ethics #22-0682). The participants were asked eighteen questions (see Interview Participation Questions Annex A1). Each interviewee was offered the option to conduct the interview in English, Tagalog (Filipino), or in both languages. 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 several participants chose to connect via phone conference during their breaks at work. The selection criteria for this study were Filipino IENs who recently immigrated to Victoria, BC in the last ten years. The ten-year cut off was determined based on academic literature which shows that it takes the average immigrant ten years to fully settle and integrate into a new country and its society (Neiterman & Bourgeault, 2015). 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. 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 final

number of interviewees, a total of fifteen, was determined based on the principle of data saturation.

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). Correspondence between the researcher and prospective participants were further developed by word-of-mouth connections, and using online Filipino IEN Facebook pages. Other stakeholders such as the BC Nurses' Union, the Philippine Consulate in Vancouver, the 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. Table 1 shares participant information related to gender, relationship status, family status, current occupation, and migration pathway pursued to immigrate to Canada.

Analysis was conducted using Braun and Clarke's (2021) reflexive thematic analysis (RTA). As a Filipino, cis gender woman (main author), I have observed that what is often missing in the literature is the definition of a national Canadian nursing standard making it difficult and less accessible for IENs. For instance, while provinces and provincial nursing regulatory bodies determine their own nursing standards, Walton-Roberts the "weak and imprecise governance of the profession in one location means that when nurses enter more strongly regulated systems of occupational oversight such as Canada, individuals have to take on the challenge of making their professional subjectivity fit the new mould" (Walton-Roberts, 2020: 3446). The main author positioned themselves as an insider with Filipino heritage but also an outsider as a non-registered nurse. This positioning allowed them to critically reflect on their own biases and the lived experiences of the participants, adding credibility to the data analysis.

RTA involved developing critical reflection about the patterns of meaning related to Filipino IENs' experiences, such as educational and accreditation factors shaping their licensure. NVivo 12 was used to manage and analyse the data. Codes were developed by using both semantic what participants actually said and latent coding, abstract interpretations of the data and meaning. Semantic meaning was coded as key words, phrases participants actually stated, and thus descriptive meaning was derived from interviews based on the researcher's own interpretations participant-driven, while latent coding and thematic development provided implicit and a more in-depth and nuanced understanding about the factors that shaped Filipino IENs' education and accreditation factors in addition to their overall experience of settlement and integration.

In this qualitative descriptive study, the sample size was $n = 15$ and took place in a mid-size Canadian city. The sample included a diverse range of participants, including Filipino men. The rigour of the study included critical reflexivity of the first author and thematic analysis related to informational power that takes into account how Filipino nurses are positioned and their lived realities. Informational power refers to richness of the data set (Braun & Clarke, 2021). The application of an RTA methodology, and the practice of journaling their own experiences, 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 main author 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. Finally, the interview questions were informed by existing literature, giving further meaning to the data.

TABLE 1 Participant Information.

Interviewee number	Gender		Relationship status	Children (Y/N)	Occupation registered nurse (RN) Licensed practical nurse (LPN) Health care aid (HCA)		Migration pathway
	(F/M)	(F/M)					
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

RESULTS: FILIPINO IENS' CREDENTIAL RECOGNITION EXPERIENCES

Four overall themes underscore Filipino IEN credential recognition experiences in Canada. These included financial barriers, time barriers, deskilling and workplace acculturation factors. The following conceptual framework (Figure 1) provides a visual representation of the relationship between the integration barriers, and the three desired outcomes of educational upgrading, professional recertification and workplace acculturation. Each individual barrier is accompanied by descriptive bullet points. It is important to note that although the figure depicts distinct separations between the integration barriers, they are known to influence each other in varying capacities. For example, when addressed together they have compounding and adverse effects which 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. The stop sign represents unfavourable influences of five integration barriers that can deter IENS from advancing towards educational upgrading, professional recertification and workplace acculturation. The semi-permeable barriers represent, IENS who can achieve their desired outcomes while others discontinue their pursuits as a result of integration barriers. The remainder of this section explores each of these barriers in turn.

Financial barriers

All fifteen participants expressed experiencing financial barriers and a high level of financial burden. This experience also varied depending on the IEN's immigration pathway to Canada, the IEN's residency status, the type of employment undertaken by the IEN, the number of years

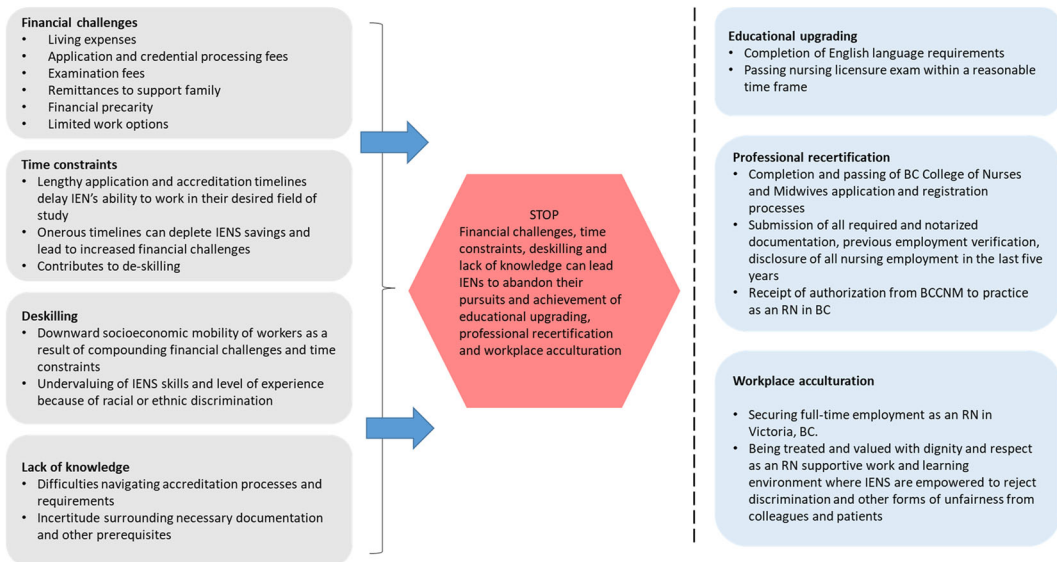


FIGURE 1 Conceptual Framework: Main Inhibitors of Educational Upgrading, Professional Accreditation and Workplace Acculturation. *Source:* Authors' own elaboration.

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. These seven factors or sub-themes, if compounded, contributed to increased levels of financial strife.

IENs who arrived in Canada through the live-in caregiver pathway tended to spend the most time and money towards accreditation pursuits. Seven out of fifteen IENs (46%) utilized the live-in caregiver pathway to migrate to Canada. IENs who arrived through the live-in caregiver pathway explained that financial vulnerability increased because of narrow work permit parameters, and the requirement to complete a successive 24-month contract with a single employer. At the time, under the federal live-in caregiver program, workers were required to complete an uninterrupted two-year contract with the same employer 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 successive 24-months were interrupted in any way those employed as live-in caregivers were forced to seek new employment and restart their contracts all over again. The frustrations and work permit challenges tied to the live-in caregiver program were best expressed by a Filipino woman IEN 7 (F7) who 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.

Compared to the other eight Filipino IENs, the live-in caregiver pathway contributed to additional financial and time barriers as well as unforeseen challenges associated with employment and residency status precarity challenges. The inability to seek additional employment outside of their single employer meant that IENs who worked as live-in caregivers, experienced reduced earning potential. Filipino IEN 5 (M5), who worked as a live-in caregiver when he first arrived in Victoria, shared that, "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."

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. F7 mentioned 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 [the children] were already grown up."

Unlike the IENs who arrived through the live-in caregiver pathway, those who arrived through the skilled immigrant pathway were granted permanent residency with relative ease and experienced fewer financial burdens. According to the three interviewees who immigrated via this pathway, it enabled them to maximize their earning potential and apply for permanent residency with ease. Although 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. The ability to be granted permanent residency at an early stage, around one to two years after their arrival to Canada, allowed

IENs to pursue accreditation at a relatively affordable price as they were not required to pay international student tuition fees. These IENs were able to maintain multiple jobs as health care aides, community health workers and unit clerks which paid them salaries above minimum wage. In fact, some IENs worked two to three jobs at one time to pay for daily living expenses and save for costly accreditation and processing fees. Despite their short-time in Canada, IENs who were welcomed through the skilled immigrant pathway felt that they were able to save enough money for their RN licensure in a timely manner. Filipino IENs also felt that their ability to save money for accreditation encouraged them to seek accreditation as soon as possible.

For all Filipino IENs in this study, credentialing was a financial barrier. This included costs related to the assessment of foreign credentials and work experience, English proficiency exams, relocation and accommodation costs associated with the completion of re-entry, bridging programs, practical exams, travel to and accommodations costs associated with preceptorships and clinical experiences. In addition, all participants shared that it was very expensive to acquire the proper educational documentation from their universities in the Philippines. 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. The renewal and registration fees of a practising RN licensed graduate nurse are almost \$700 a year. Filipino IENs voiced discontentment regarding the cost of English proficiency exams. Although IENs expected to pay high tuition fees for bridging and re-entry programs, most participants described the steep prices associated with relocating to different areas of BC and Canada to complete their professional recertification requirements as taxing. Many IENs felt that they had to reprove their skills sets were on par with Canadian standards despite years of experience.

Time barriers

Non-streamlined credential and work experience assessment processes were described as inconvenient and time-wasting ventures by most IENs. Eleven participants (73%) named the National Nursing Assessment Service (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. Female Filipino IEN (M14) voiced 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.

In addition to the time it took to contact all relevant entities, IENs recalled the process of delivering the documentation to NNAS as inefficient. Once the proper documentation was sent to NNAS, participants reported waiting long periods of time before receiving their credential and work experience assessments. Although most participants were forced to submit NNAS applications, one Filipino IEN (F10) 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.

Overall, 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.

IENs' concerns over time barriers were also apparent with BCCNM application processing timelines. Four participants recounted waiting more than a year before receiving their assessments from the BCCNM. Although lengthy or delayed processing times may seem like minor inconveniences, time wasted can impact IENs' decision making. Another Filipino IEN (F12) explained that "we [IENs] might just decide to move to Nova Scotia, they don't require any of this." This suggests that inefficient processing timelines may cause Filipino IENs to move to other parts of Canada, further compounding their settlement stress.

Aside from application and credential assessment processes, most participants mentioned the challenges with securing placements in bridging and re-entry programs at a local and national level. Five participants (33%) named the difficulty of successfully registering for bridging programs in a timely manner. For IENs pursuing their LPN licensure, especially those unwilling or unable to wait for the next round of registrations turned to private institutions. While the processes for RN and LPN licensure differ, it is important to take note of structural barriers and impacts of long wait times on IENs' integration and settlement experiences, and the pathways they choose to pursue to obtain credentials to work as an RN in Canada.

Deskilling

All participants experienced hierarchical deskilling when they arrived in Canada. All but 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 skill sets. Another Filipino IEN (M11) explained the common experiences of most 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?"

Sectoral deskilling was apparent in the experiences of two male identifying Filipino IENs. These IENs shared that they worked outside of health care in either service industry or manufacturing jobs. One male Filipino IEN 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. The same participant went on to explain that his customer service skills

helped him especially with regard to building interpersonal relationships with patients and colleagues. The second male participant expressed being grateful for his manufacturing job. 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. Therefore, he added that it made most sense for him to save this money and allocate it towards his RN licensure pursuits. One of the male IENs explained his frustration with his manufacturing job and admitted that he longed to return to his true vocation.

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?"

Both male IENs stated that their work outside of health care were just a means to achieving their ultimate RN licensure goals. These findings suggest that caring work remains on the margins as feminized occupations. As alluded to by some male Filipino IENs, care work does not offer competitive salaries for newcomers which means that Filipino IENs often work in industries that are non-commensurate with their skills or education.

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.

DISCUSSION

Policy recommendations in obtaining Canadian licensure have been slow for IENs and Filipino IENs who are overrepresented in the caring professions. Literature shows that an increasing number of IENs are coming to Canada from developing countries with many never completing the registration process or remaining underemployed (Hawkins & Rodney, 2015; Salami et al., 2018). Redressing challenges experienced by Filipino IENs must start with clear policy recommendations.

Addressing educational and accreditation challenges

Newly arrived IENs from the Philippines, especially those who migrate to smaller cities or geographic regions, via precarious migration streams, such as the live-in caregiver program, contend with restrictive work visas and unpredictable pathways to permanent residency. June

2024, the Government of Canada announced a new caregiver pilot program that will provide home care workers with permanent residence on arrival in Canada. This is an important policy shift. However, 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. Equipped with the right information and resources, Filipino IENs may experience less cumbersome educational upgrading and professional recertification upheavals.

Most participants in this study were unaware 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 Canada. Participants could be more likely to acquire these documents in a more efficient and cost-saving manner before migration 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. 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-wasting 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. A central information centre would enable IENs to be active monitoring agents of their own application and recertification processes, providing a chronological tracking resource to allow IENs to remain informed of the latest changes to recertification processes. For instance, a centralized information database, which could lead future Filipino IENs to understand the process of gaining RN licensure in Canada. 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.

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. All Filipino IENs 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). This is a national platform dedicated to advancing the health care services and systems in Canada. Recently, N4 completed an environmental scan of IENs and other health care providers with the view to increase capacity for better integration of internationally trained healthcare providers including IENs. A key barrier for IENs, according to N4, continues to be a, “reliance on the regulator to communicate findings causes delays in the commencement of bridging programs for IENs” (N4 2023, 18).

Compounding financial pressures make it nearly impossible to pursue accreditation in an efficient manner. As findings from this research suggest, Filipino IENs experience significant financial hardship. 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 dependents should be explored with greater emphasis. Multiple and transnational considerations that address 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 support to IENs to remove barriers to participation” (N4 2023, 22). These policy recommendations are consistent with Hawkins & Rodney's 2015 findings that suggest the culture of IEN migration is underpinned by a neoliberal market economy to respond to the demand for nurses in Canada. HealthMatch BC supports IENs with grants, other incentivizing initiatives that support IENs who are also parents or supporters of dependents like elderly parents should be explored. Without adequate financial support 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 and across Canada, the government must acknowledge the impacts of transnational care chains, especially as it concerns familial financial obligations in Canada and abroad.

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). Participants in this study took on average at least two attempts to pass the IELTS or CELBAN language test. Most 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 Filipino IENs 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. 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 several IENs whose licensure journeys have been stalled by strict language requirements.

Inflexibilities are also observed in the duration of an exam's validity. All Filipino IENs in this study had experienced the IELTS and CELBAN challenging and “a waste of time and money,” as the exam scores are no longer valid after two years (BCCNM 2023). In turn, IENs often believe they were penalized for lengthy accreditation timelines because they were 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. To penalize IENs for their inability to efficiently pursue accreditation may be unfair when considering other challenges IENs are facing. In addition, expiration dates set IENs back in their licensure timelines, potentially causing further stress. This is supported by the national strategy for integration of IENs where organizations reconsider validity of language tests in order to reduce administrative burden (N4 2023, 25). This could lead to cost efficiencies and promotion of recertification and accreditation pursuits for Filipino IENs.

In many cases, Filipino IENs experienced lacking information and limited navigational support while trying to obtain their RN licensure in Canada. Therefore, provincial navigational support is important. Such support should be culturally sensitive to gendered and racialization of IENs as many come from diverse cultures and backgrounds, and that are underrepresented in positions of authority in healthcare (Clark & Saleh, 2019). Navigation tools should include guidance or resources in English and Tagalog when necessary. Navigational support staff should also be trained to fully understand the implications of transnational care and the financial responsibilities of IENs. Dedicated staff and resources equipped with pertinent cultural and educational, labour and regulatory information of the Philippines has the potential to decrease barriers related to acculturation in the workplace and promote equity while cutting 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 Canada.

Policy implications

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, there needs to be greater development of mechanisms to onboard underemployed IENs to set them on a pathway to licensure (N4 2023, 21) is a promising practice. Many participants in this study who achieved RN or LPN licensure, and who previously worked as health care aides (HCA) 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.

Workplace acculturation is often challenging for IENs from a familiarization standpoint. For example, the academic literature explains that IENs undergo an adjustment period to adapt to local cultures of practice (Baumann et al., 2022). 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 respect each other's skill sets and can draw on established trust bonds and working relationships to support collaboration at work. Healthy and less disjointed work environments also have the potential to address sources of burnout that transpire because of a lack of employee retention (De Hert, 2020). Therefore, workplace initiatives that encourage managers to support IENs' accreditation journeys and their educational upgrading could lead to positive outcomes.

Despite, the BC government and stakeholder efforts for improving IENs' pathways towards professional recertification in the province, an important step remains related to address de-skilling. Importantly some Filipino IENs experience systemic discrimination in the workplace, and therefore efforts must be made to ensure that IENs feel supported. This may be achieved through increased training in cultural safety, systemic racism and mentorship or peer support programmes (Safari et al., 2022). The Immigrant Services Association of Nova Scotia (ISANS) offers an 18-week course for Internationally Educated Nurses on foundations of nursing practice in Canada and the Canadian health care system. This includes educational gaps or differences in knowledge, skills, and competencies between IENs and Canadian educated nurses which may bridge cultural gaps (Immigrant Services Association of Nova Scotia [ISANS], 2017). The program also offers online learning resources, nursing educational sessions, peer support and professional mentoring. Similar programs could be implemented across all provinces and territories to promote the capabilities and skills that Filipino IENs bring. 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.

Expanding and adapting professional recertification pathways

The expansion of bridging programs has the potential to reduce the time for accreditation. Adequate bridging program placements are also financially advantageous for IENs. Less time on bridging program waitlists could facilitate the timely licensure of IENs. Presently, many programs with sufficient positions that meet demand are often not located in rural, remote or smaller communities across Canada. 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 benefit for IENs' upward socioeconomic mobility.

Moving away to attend re-entry programs, albeit temporarily, for many IENs is necessary 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, 2020). The post-secondary educational institution's location is relevant as their proximity and relationships with local health authorities influences where an IEN can complete their clinical practice hours. If an IEN

attends a university or college outside of their settlement location, 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 one must move away to do so, poses additional financial and mental health challenges for IENs. For example, the BC government, its health authorities, and its relevant post-secondary education partners are encouraged to expand clinical placement options in the province. Further policy considerations 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 with policies and practices that expand placements to other areas and health authorities in BC could introduce flexible alternatives, thereby mitigating financial barriers and mental health stressors associated with additional travel and accommodation fees. An integrated and province-wide clinical placement approach could also grant Filipino IENs the opportunity to indicate preferred placement regions. In many cases, Filipino IENs who relocate to attend clinical practice programs will continue to pay for their accommodation while also paying for a second accommodation in the city where they are temporarily located.

CONCLUSION

This study used a qualitative descriptive method to understand the experiences of 15 diverse, Filipino IENs seeking licensure in Canada. Four key barriers for obtaining licensure included financial barriers, time barriers, deskilling, and workplace acculturation factors. Filipino IENs also experienced significant challenges and differences related to their migration pattern or entry into Canada. Time barriers were related to lack of credential recognition and work experience assessment processes. Further, the insufficient availability of bridging, re-entry and clinical placements effectively paused accreditation processes, causing further health system fragmentation and underutilization of human resources. Deskilling through racial and gendered hierarchies underscored workplace acculturation factors. In most cases, Filipino IENs experienced significant socioeconomic hardship which intersects with their licensure process in Canada. Overall findings showed that Filipino IENs remain in jobs that are not commensurate with their knowledge or skills. All participants shared experiences with either sectoral, hierarchical deskilling, or both. This study contributes findings that may improve policies regarding IEN education and integration in the Canadian context.

A key policy recommendation to abolish the English language test expiration dates and local navigational support for IENs would greatly facilitate the credential recognition and accreditation processes. Finally, increased collaboration between clinical practice programs would help IENs to gain the experience they require for accreditation without having to relocate.

The findings highlight the importance of creating efficient migration pathways accompanied by accessible information supports including clear pre-arrival and post-arrival processes for incoming Filipino IENs. Given Canada's existing health care labour shortages and long-standing complexities associated with professional licencing of IENs and internationally educated health professionals, it remains imperative that Filipino IENs are provided with the necessary pathways to gain licensure in Canada. A failure to do so can only lead to a widening of the systemic inequities across the Canadian health-care system. Future research could examine the effectiveness of centralized online information systems and culturally tailored navigational supports for Filipino internationally educated nurses and the impact of expanded local bridging and clinical placement options on their professional integration

and socioeconomic mobility. Future research could also compare outcomes of recent policy changes in caregiver migration pathways and flexible language assessment criteria across provinces to inform equitable credential recognition practices.

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ANNEX

See Table A1.

TABLE A1 Interview Participant Questions.

- | | |
|---|--|
| 1. Tell me about yourself. What is your name? | 10. When did you secure your first full-time job as an RN in Victoria, BC? |
| 2. Did you work as a nurse in a different country before arriving in Victoria, British Columbia (BC)? | 11. Are your foreign health care experiences recognized by your employers in Victoria, BC? How does that make you feel? |
| – Where else in the world have you worked? | |
| 3. Why did you choose to work as a nurse in Victoria, BC? | 12. How are you treated at work by your colleagues, managers and patients? Are you treated fairly compared to Canadian nurses? |
| – What immigration stream did you pursue in order to come to Canada? | – Do you feel welcome at work? |
| – How long have you lived in Victoria, BC? | – Do you feel like a valued and respected employee when you're at work? |
| – How long have you worked as an RN, LPN or HCA in Victoria? | – Have you ever experienced any discrimination at work? |
| 4. Prior to your immigration to Canada, were you aware of any seminars or information sessions about pre-arrival nursing programs available to you in Canada? | 13. Are there additional learning or training opportunities available to you at work? Can you tell me about these opportunities? |
| – <i>If the participant was aware, ask:</i> Can you tell me about these seminars or information sessions? Did you attend or participate in them? | – Who is able to access these opportunities? |
| | – Have you taken any of these courses before? Why? |
| 5. What steps did you take to become a Registered Nurse (RN) in BC? Did you experience any challenges during this time? | 14. Do you think you have adapted to your workplace's culture and style of work? |
| – Did you face any financial challenges? | – If yes, how long did it take you to adapt? How did you adapt? What helped you adapt? |
| – Did you consider the amount of time or years it could take to achieve your goal? | – If not, what is preventing you from adapting to the culture and system of work? What initiatives could help you adapt better? |
| – 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 National Council Licensure Examination for Registered Nurses (NCLEX), and pass English-language requirements. Is that correct? | 15. Now that you have achieved your goal or are on your way 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? |
| – Can you tell me about your experience with this credential recognition process? | |

- *If the process is described as challenging, ask:* What was challenging about this process? Were there any factors that made this process difficult?
 - *If the process was challenging, ask:* What could have made this process easier for you?
7. Did you ever consider giving up on your goal of becoming an RN in BC? Why?
 - Did you ever consider an alternative career path as a Licensed Practical Nurse (LPN) or health care aid? Why or Why not?
 8. While you were studying for the NCLEX and pursuing credential recognition, did you work or volunteer?
 - What did you do?
 - Why did you do this work?
 - 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?
 - If you're comfortable saying, what percentage of your income do you or did you send to your family every month?
 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?
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