Title: Scoping the Literature about Internationally Educated Nurses in Canada: Mapping a Research Agenda

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Abstract

The purpose of this scoping review was to map the key themes in the Canadian literature about the professional integration of internationally educated nurses (IENs), identify the types, sources and gaps in evidence, and provide recommendations for research. The review was guided by a six-step methodological framework for scoping reviews. The search and selection of the academic and grey literature published between 2000 -2013 resulted in the retention of 157 papers for full-text screening. Major themes derived from the literature reflect stages of IENs' professional integration: pre-immigration and early arrival, professional recertification, workforce integration, and workplace integration. Data were extracted, coded and collated using electronic charts. Numerical and qualitative thematic summaries were used to analyze the data. Recommendations for research include: creating data systems to track IEN immigration and integration; determining the effectiveness of programs and policies for IENs, examining the influence of language proficiency on professional recertification, workplace integration and patient safety.

Key words: human resources, internationally educated nurses, integration, recertification, scoping review, Canada

Ensuring the availability of a stable supply of knowledgeable and competent nurses to care for the Canadian population is challenging. Affected primarily by the worldwide economy, aging nursing workforce, and the growth and demands of the population, changes in nursing workforce policy have traditionally focused on responding to real or anticipated shortages (Buchan, O'May & Dussault, 2013). Despite reports of a growth in the supply of Canadian nurses (Canadian Nurses Association [CNA], 2013), forecasters estimate by 2022, an additional 60,000 nurses will be required to meet the population's healthcare demands (Tomblin-Murphy, Birch, Alder, & MacKenzie, 2009). As a result, Canada continues to prioritize the selection of nurses for immigration (Government of Canada, 2014). Thus, facilitating the professional integration of internationally educated nurses (IENs) is viewed as a key strategy for increasing Canada's capacity to respond to the projected shortages in the nursing workforce (Health Canada, 2010).

Currently, approximately 7.2% (25,656) of the Canadian regulated nursing workforce is internationally-educated (Canadian Institute for Health Information [CIHI], 2013). IENs from many different countries with variation in educational preparation and professional experience continue to migrate to Canada. Once in Canada, IENs settle in different areas of the country that have different requirements for registration and offer different levels of support to help IENs integrate into the nursing profession (Bourgeault, Neiterman, LeBrun, Viers, & Winkup, 2010). Differences in their nursing education and levels of support are thought to explain why some IENs become regulated nurses, while others experience serious difficulties and never integrate into the profession in Canada. Due to the absence of data systems to track the immigration and integration of IENs, it remains difficult to estimate the exact number of IENs who are not registered with a regulatory college or explain why some are unable to practice nursing in

Canada. When IENs cannot practice their profession, Canada loses valuable health human resources (Kolawole, 2009).

Over the last decade there has been a considerable amount of financial investment and policy development directed towards helping IENs meet the requirements for registration and secure employment as regulated nurses in Canada (Health Canada, 2010). Consequently this scoping review is a timely and important addition to the literature. The purpose of this scoping review is to map the key themes in the Canadian literature about the professional integration of IENs, identify the types, sources and gaps in evidence, and provide recommendations for research.

Methodology

An updated version of Arksey and O'Malley's (2005) six-stage methodological framework for scoping reviews guided our work (Levac, Colquhoun & O'Brien, 2010). The process we used to conduct the scoping review is presented below in accordance with each stage of the methodological framework.

Stage 1: Identifying the Research Questions: Since the purpose of a scoping review is to summarize a large amount of literature about a topic, the research questions are intended to be broad (Levac et al., 2010). The research questions for our scoping review were: *What types and sources of evidence are available about IENs in Canada? What is the focus of the conceptual and empirical literature about IENs in Canada?* And, *what are the gaps in evidence that can be addressed by research?*

Stage 2: Identifying the Academic and Grey Literature: To begin the literature identification process we assembled a team of researchers who were experts in scoping review methodology and had extensive amount of content experience in the area of IENs. We also created an advisory council of IEN stakeholders who were representatives from academia, federal and

provincial/territorial governmental organizations, professional regulatory colleges and nursing associations, and who work with or on behalf of IENs in Canada.

We developed the inclusion criteria for our search as: papers published from 2000 to 2013, in English or French language, about IENs in Canada. We excluded papers if they were outside the timeframe allotted for the review or if they were not about IENs in Canada.

To ensure comprehensiveness of the review we used multiple strategies to locate both the academic and grey literature. The academic literature was searched with the electronic databases of CINHAL, EMBASE and PubMed. The key words used (alone and combination) included *nurses, health professionals, internationally educated, migrant, foreign-trained, immigrant,* and *Canada.* Using the same inclusion criteria we searched the grey literature with the Canadian Electronic Library, Canadian Health Human Resources Network Library (CHHRN), and Federal, Provincial, Territorial governments, professional, and immigrant associations' websites. We conducted hand searches of the bibliographies of the identified literature. We also consulted the advisory council to determine if they had additional literature or recommendations for literature we may have missed. The search produced 283 papers.

Stage 3: Selecting the Literature: A systematic process was used to select the literature included in the scoping review. We imported the search into a reference management program and discarded 63 duplicate papers. The abstracts from the remaining 220 papers were screened by two members of the research team to determine the papers' relevance to the review purpose and research questions. Seventy-four papers were discarded for not meeting the inclusion criteria in that they were not about IENs in Canada or outside the time period allotted for the review. Our review of the bibliographies produced 5 additional journal articles. The advisory council

identified 6 other sources of literature. The remaining 157 papers were subjected to full-text screening. Figure 1 summarizes the literature search and selection.

Stage 4: Extracting and Charting the Data: To ensure standardization of the data extraction and charting across the team (Levac et al. 2011), we developed a charting tool in Microsoft Excel. The categories for the data extraction reflected our research questions: the type of paper (journal article, report, thesis, electronic article, conference paper, policy brief); if applicable the research method (qualitative, quantitative, mixed-methods), geographical location (pan Canadian, a Canadian province or territory), and the themes.

The themes were developed after each member of the team carefully read and reread the literature. The priori template of major themes was developed to reflect the stages of professional integration: pre-immigration and early arrival, professional recertification, workforce integration and workplace integration. As shown in Table 1, standard definitions were developed for each major theme. Minor themes were developed inductively and used to further organize the information within each major theme. To ensure the reliability of the data extraction process, in that it was consistent with the research questions, each team member used the charting tool to independently extract data from 10 papers and we compared our results (Levac et al., 2010). Discrepancies in the coding were discussed among the team and we refined the tool prior to proceeding with data extraction.

Stage 5: Collating, Summarizing and Reporting the Results: We collated the extracted data into numerical and qualitative thematic summaries. To address our research questions we used frequencies to report the numerical data. We reported qualitative data by summarizing it into narrative syntheses. We then analyzed our findings in relation to the purpose of the scoping

review and identified gaps and areas for future research. As is appropriate for scoping review methodology we deliberately did not appraise the quality of the literature (Grimshaw, 2010).

Stage 6: Consultation: The advisory council was consulted at three stages during the project. During the first stage they were consulted to obtain their feedback on the research questions. They were consulted during stage three during which they made suggestions for additional literature. During the final consultation the advisory council provided feedback on the findings.

Findings

The general information about the types and sources of evidence identified during the charting process is presented below followed by the numerical and qualitative thematic analyses organized by the major themes of: pre- immigration and early arrival, professional recertification, workforce integration, and workplace integration. The gaps in evidence are highlighted within each theme.

General Information about the Types and Sources of the Evidence

The 157 papers retained for data extraction were primarily journal articles and reports from government agencies, professional associations or nongovernmental organizations. The remaining nine papers were student theses, electronic articles, conference papers and a policy brief. About 22% (n= 34) of the papers were research studies. Nearly all of the research about IENs in Canada used descriptive qualitative methods, primarily semi-structured interviews. The remaining papers were non-empirical such as commentaries/opinion pieces, evaluations of exploratory projects, or reports from professional associations. The majority of the papers was produced by a national body or was generated by authors from the province of Ontario.

IENs are defined in the literature as nurses who migrate to Canada, but whose basic nursing education was obtained in another country. The literature does not differentiate between IENs

who enter Canada as immigrants intending to permanently reside and work in Canada and those who are *"holiday migrants"* intending to work during a temporary stay in Canada. The literature does not explore how IENs' immigration status (e.g. permanent or temporary) or category (e.g. economic immigrant, family class, refugee, student), influences their intentions to professionally recertify and practice their profession in Canada. Additionally, the literature does not differentiate IENs according to their academic preparation or nursing expertise.

The numerical analysis of the themes indicates the focus of the literature is primarily about, the first two stages of IENs' professional integration (Table 2). The pre-immigration and early arrival literature is mainly about the ethics of international recruitment and the strategies IENs can implement to prepare for migration. The professional certification literature concentrates on the barriers to credential verification and assessment, and the strategies and programs available to mitigate the obstacles.

Pre-immigration and Early Arrival

The pre-immigration and early arrival literature includes the minor themes of push and pulls factors, ethics of international recruitment, pre-arrival activities, and early arrival programs (n =53). The pre-immigration and early arrival literature is largely focused on the ethics of international recruitment. The remaining pre-immigration and early arrival literature discusses the factors that push and pull IENs to migrate to Canada, provides suggestions for strategies IENs can implement prior to migration, and presents the programs available to support IENs during the resettlement period.

Push and pull factors.

Thirteen papers discuss the factors that contribute to IENs' decisions to migrate to Canada. The identified factors that *'push'* IENs to leave their home include broad political, financial and/or

social difficulties in their home country as well as professional issues, such as lack of medical resources, poor working conditions or low remuneration (Baldacchino & Sanders, 2010; Khaliq, Broyles & Mwachofi, 2009; Ronquillo, Boschma, Wong & Quiney, 2011). The factors that *'pull'* IENs to Canada are often personal such as seeking a better quality of life for their families and greater educational opportunities for their children (Blythe, Baumann, Rheaume & McIntosh, 2009; Ronquillo et al.). Professional opportunities such as the ability to earn higher wages, advance their education, and develop their nursing expertise are recognized in the literature as factors that pull IENs to Canada (Bourgeault et al., 2010; Khaliq et al.). While the literature discusses push and pulls factors, there is no evidence as to which factors are most or least important or how they interact with each other.

Ethics of international recruitment.

The ethics of international recruitment was particularly salient in the literature (n = 24). Of concern is the impact overseas recruitment has on the sending countries' nursing human resources and the likelihood of IENs recertifying as regulated nurses once in Canada (McIntosh, 2007). The literature acknowledges that Canada does not actively recruit nurses at a national level however there are reports about the direct recruitment of IENs by private agencies, and provincial, territorial or regional health authorities (Beaton, 2010; Saskatchewan Registered Nurses Association [SRNA], 2008). There is little formal literature describing the direct recruitment initiatives, or their influence on IENs' professional recertification or long-term employment.

Pre-arrival activities.

The six papers about pre-arrival activities focus on the strategies IENs can implement to expedite the credential verification process. The pre-arrival activities cited include gathering relevant

documents, learning about the Canadian healthcare system, writing the licensing examination, improving language skills, providing the regulatory college with evidence of language fluency, and when necessary having their clinical skills evaluated (Bassendowski, & Petrucka, 2010; Singh & Sochan, 2010). If IENs require upgrading, locating the appropriate courses, and making logistical and financial plans are additional strategies IENs can implement prior to migrating (Atack, Cruz, Maher & Murphy, 2012). Individuals who implement these strategies seem to recertify more easily than those IENs who begin the recertification process after their arrival (Government of Canada, 2011). However, there is limited evidence to support this assumption.

      Early arrival programs.

Ten papers included information about the early arrival programs designed to provide IENs with assistance during their resettlement in Canada. IEN advocacy groups and associations provide IENs with information, guidance, social support and education (Western and Northern Health Human Resources Planning Forum, 2006). To address the financial barrier to registration, Human Resources and Skills Development Canada (HRSDC) introduced the Foreign Credential Recognition Loans Pilot to help internationally educated health professionals, including nurses, offset the costs associated with recertifying (HRSDC, 2010). With the support of HRSDC several provinces and territories have implemented micro-credit loan programs to assist newcomers with the fees associated with recertification. The literature does not provide information about the effectiveness of these programs.

Professional Recertification

The professional recertification literature includes the minor themes of credential verification and assessment, licensing examinations, bridging programs, and alternate types of employment as paths to recertification (n= 67). The literature focuses extensively on the challenges IENs

experience during the professional recertification process, specifically getting their credentials verified and assessed, and passing the licensing examination.

Credential verification and assessment.

The first step in obtaining a professional license in Canada is to have one's credentials formally verified and assessed through a provincial nursing regulatory college. The 35 papers about the credential verification and assessment process describe how the process can be complicated by IENs not being familiar with the professional accreditation system in Canada, having all the necessary documentation or knowing the correct regulatory college to send the documents for assessment. These barriers can be even greater for IEN with low language proficiency (Alberta Network of Immigrant Women [ANIW], 2005).

The literature recognizes IENs use several strategies to get information about how to proceed with the credential verification and assessment process (Murphy, 2008). Many IENs report difficulties obtaining information about how to qualify for the licensing examination or the necessary paperwork to have their professional credentials verified and assessed (Murphy, Sochan & Singh, 2007). In an attempt to address these obstacles, regulatory colleges and governments across the country have created assessment centres and implemented strategies to ensure as many IENs as possible receive timely and transparent verification and assessment of their professional credentials (Cartmel, 2009; Turner, 2009). The competency assessments, such as Prior Learning Assessment and Recognition created by the College of Nurses of Ontario, are based on provincial entry-level nursing competencies. They are designed to help the regulatory colleges determine if an IEN meets the requirements for recertification (Belkhodja et al., 2009). There is little literature describing the outcomes of these initiatives.

Licensing examinations.

Facilitating IENs' successful performance on the Canadian Registered Nurses Examination (CRNE) is less evident in the literature with only four papers specifically discussing the issue. The CRNE pass rate for IENs is 45-56%, well below the average 87% achieved by Canadian-educated nurses (2013). Level of language proficiency is the most frequently noted reason for IENs not passing the licensing examination (Newton, Pillay & Higginbottom, 2009). This is further supported by CNA statistics which indicate IENs from countries where the nursing education is in the English language, such as the Philippines, consistently outperform nurses from non-English speaking countries (CNA, 2013). Another reason IENs have difficulty when writing the examination is cultural biases (Jeans, 2005). On average it can take IENs more than one attempt to pass the CRNE (Blythe & Baumann, 2009).

Quebec does not use the CRNE; instead they administer a professional examination that includes a paper test and a practical session where nurses provide care to simulated patients. IENs in Quebec must participate in a bridging program and meet the French language requirements (OIIQ, 2014). Approximately four percent of nurses registered in Quebec were internationally-educated (OIIQ, 2013).

The literature search did not locate information about IENs' performance on the Licensed Practical Nurses (CPNRE) or the Registered Psychiatric Nurses (RPNCE) Examinations. The reasons IENs elect to pursue registration as a licensed practical nurses or registered psychiatric nurses are not well described in the literature.

Bridging programs.

The literature includes 23 papers that discuss professional bridging programs in Canada. Bridging programs were created to ameliorate the various barriers to IENs' achieving professional recertification. In 2012, approximately 35 bridging programs were available for

IENs in Canada (Canadian Associations of Schools of Nursing, 2012). There are variations in models and curricula, and not all bridging programs include clinical placements. The literature provides various recommendations for professional bridging programs. They include an orientation to the Canadian healthcare system (Baumann et al., 2006), language assessment and instruction, and curriculum to address theory and practice gaps specific to Canadian contexts such as long-term care and psychiatry (Bard, 2009; McGuire & Murphy, 2005). Coffey (2006) suggests professional bridging programs could include curriculum to support the entry-to-practice Bachelor of Science degree requirements now compulsory in most Canadian provinces.

Direct to work bridging programs were developed to facilitate the integration of IENs who were recruited overseas to work in Canada, such in Saskatchewan (SRNA, 2008). Though the literature does not provide thorough descriptions of these programs, direct to work bridging programs include clinical placements and provide IENs with continuing support once in the workplace. There is little evidence detailing the outcomes associated with these programs

Less prevalent in the literature is information about including IENs into existing nurse refresher programs as a form of bridging IENs into the profession. The literature does stress that nurse refresher curricula are designed specifically for Canadian-educated nurses who have been out of the workforce. Since Canadian-educated nurses participate in nurse refresher courses to update their knowledge and skills in preparation for returning to the workforce, they are not designed to meet the needs of IENs (ANIW, 2005). Nonetheless, some IENs have found it beneficial to attend refresher programs, especially when bridging programs are not readily available (Bourgeault et al., 2010).

The literature identifies several barriers to IENs' participation in bridging programs. They include geographic mal-distribution, in that bridging programs are generally clustered near large

urban areas, the length of time required to complete a program, the associated loss of income, and tuition costs (Atack et al., 2012). Another common lament is the isolation and provisional funding scheme given to bridging programs which can limit participation (Duncan, Poisson & Wong, 2008). While the literature describes the different types of bridging programs it does not identify the models that are most effective in assisting IENs with professional recertification.

Alternate types of employment as paths to professional recertification.

Five papers discuss the influence of alternate types of employment on professional recertification. One example in the literature focuses on IENs, particularly those from the Philippines, who enter Canada under the Canadian Live-in Caregiver Program to care for children, the elderly, or disabled (Bourgeault et al. 2010). Some IENs working as live-in caregivers intend to recertify professionally after they complete their initial work contract (Blythe & Bauman, 2009). These types of employment arrangements afford IENs the opportunity to develop their social networks, improve their language and communication skills, and learn about the culture of healthcare in Canada, but they also create obstacles to professional recertification. The literature draws attention to how IENs with this type of employment often do not have the time to participate in bridging programs or prepare for the licensing examination (Salami & Nelson, 2013). The inability to pursue professional recertification, in combination with their absence from the profession, puts IENs with this type of employment at risk for never resuming their profession in Canada (Baumann, Blythe & Ross, 2010; Sochan & Singh, 2007). Information about IENs working in other healthcare jobs as paths to professional recertification are absent from the literature.

Workforce Integration

The workforce integration literature provides some insights into IENs' experiences when attempting to enter the nursing workforce in Canada (n = 14). The literature focuses primarily on the facilitators and barriers IENs encounter during their initial job search.

Barriers and Facilitators.

IENs are more likely to be hired if they have nursing experience in Canada or an equivalent health care setting, strong language skills, and are willing to work in hard to fill sectors of the healthcare system (Baumann, Blythe & Ross, 2010). IENs who prearranged their employment by using recruitment agencies or migrated with employer-sponsored work contracts seem to enter the labour market quicker than IENs who begin their job search after arrival (Bard, 2009).

IENs can have difficulty securing employment in their chosen setting or clinical area (Blythe et al., 2009). The literature describes how many IENs are faced with feeling unwelcomed or discriminated against when looking for work (Turrittin, et al., 2002). Some IENs are forced to work for temporary placement agencies or as healthcare aides (Salami & Nelson, 2013).

The literature includes two reasons for employers not hiring IENs. Firstly, employers do not hire IENs when they believe IENs do not have the necessary nursing knowledge, expertise or language skills to practice safely. Secondly, employers often do not have the financial or human resources required to provide the education and mentoring IENs need to successfully integrate into the organization (ANIW, 2005; Baumann, Blythe, Idriss-Wheeler, Fung & Grabham, 2013). There is little information about the processes IENs use to pursue employment. An in-depth investigation into the hiring process from the employer's perspective is also lacking.

Workplace Integration

The literature about workplace integration highlights that even after IENs secure employment they continue the integration process (Murphy, 2008). A total of 35 papers examine issues associated with IEN workplace integration.

Barriers and Facilitators.

Thirteen papers draw attention to the difficulties IENs have while adjusting to nursing in Canada (Tregunno, Peters, Campbell & Gordon, 2009). For example, some IENs find it a challenge to adapt to the assertiveness and manner in which doctors and Canadian nurses communicate (SRNA, 2008). They may also have difficulty acting as patient advocates or applying the concepts of legislation and jurisprudence to nursing practice (Baumann et al., 2006). Neiterman and Bourgeault (2013) describe this phenomenon as cultural competence, explaining that cultural differences can adversely affect IENs' integration experiences. Mentorship from colleagues, managerial support, participation in employer-sponsored orientation programs, and development of nursing knowledge, language skills, and professional vocabulary can assist IENs with developing cultural competence and integrating into the workplace (Salma, 2012).

Racism and Discrimination.

Conversely, 22 papers describe how IENs' experience racism and discrimination in the workplace (Hagley, 2001). The literature includes some examples of the behaviors and policies that IENs' perceive as racist and discriminatory, such as being denied professional development or being socially excluded (Turrtin et al., 2002). Employers' responses to racism and discriminatory practices directed towards IENs are absent from the literature. Baumann et al. (2013) reports on a multimodal resource designed to provide information and strategies to support employers with the recruitment, hiring, orientation and ongoing support to IENs. This

resource was found to increase employers' awareness of the potential for IENs experiencing racism and discrimination in the workplace.

Discussion and Recommendations for Research

This scoping review reveals the small amount of research conducted on IENs in Canada. This lack of evidence has resulted in limited information about the IEN population, especially those IENs who are not registered with a regulatory college in Canada. Gathering more in-depth information about IENs, their immigration status, education and nursing expertise, and professional intentions would help us better tailor programs and policies to capture and address the needs of IENs who have difficulty or who decide to withdraw from the professional recertification process. This information may also help us understand if the policies and programs designed to facilitate professional integration enable most IENs to professionally recertify and practice nursing in Canada.

Many resources have been developed to support IENs' professional recertification, such as assessment centers, language courses and bridging programs, however there is very little empirical evidence of their effectiveness. This lack of evidence affects our ability to modify or develop best practices as well as to substantiate their ongoing financial support. Since the resources available to support IENs' professional recertification also vary considerably across the country, comparative analyses of bridging program models and curricula are warranted. Increasing our understanding of how alternate forms of employment, within and outside of the healthcare milieu, influence IENs' ability to professional recertify is also suggested.

While we have an appreciation of the factors that 'push' and 'pull' IENs to migrate to Canada, we have little understanding of how these factors influence professional recertification and employment. We also know very little about the long-term outcomes associated with direct

recruitment initiatives. Understanding how the push and pull factors influence IENs, the organizations in which they work, and the Canadian labour market is recommended.

Currently in-depth information about the processes IENs engage in when searching for work and the factors that influence their employment decisions are lacking. Exploring the hiring process from the employers' perspective would provide a greater understanding of how employers decide to hire IENs. Additional research is also needed to develop evidenced-based strategies to support, develop and retain IENs once they are in the workplace. Further investigations into the type of discriminatory practices and racism encountered by IENs in the workplace and the employers' role in addressing and averting these behaviors are warranted.

The influence of language fluency on IENs' professional recertification, workforce and workplace integration is an area that requires further study. There is limited discussion in the literature about the degree of fluency required to successfully practice nursing in Canada. Understanding how IENs' language proficiency affects career advancement opportunities, inter-professional teamwork, and patient safety are other important areas for research.

Conclusions

This scoping review reveals the literature about IENs in Canada is mainly focused on the initial stages of IENs' integration, specifically the ethics of international recruitment and the methods for and strategies to expedite the credential verification and assessment process. The literature also highlights that professional organizations and governments have developed a variety of resources to help IENs during the integration process, however additional research is required to evaluate their effectiveness and identify promising practices. Providing additional evidence will help governments locally and internationally, modify, maintain, and develop new programs to facilitate the integration of IENs into their labour workforce.

References

Alberta Network of Immigrant Women [ANIW]. (2005). *Access to Licensure for Internationally Educated Nurses: Follow up Study*. Alberta Network of Immigrant Women. Calgary, Alberta. Retrieved from: http://www.aniw.org/index.php/about-us/publications

Alberta Registered Nurses Association. (2008). The challenge of getting internationally educated nurses to the front line. *Alberta RN, 64*(5), 10.

Arksey, H. & O'Malley, L. (2005) Scoping studies: towards a methodological framework, *International Journal of Social Research Methodology, 8*(1), 19-32.

Atack, L., Cruz, E.V., Maher, J. & Murphy, S. (2012). Internationally educated nurses' experiences with an integrated bridge program. *Journal of Continuing Education in Nursing,* 43(8), 370-378.

Baldachhino, G., & Saunders, P. (2010). *Internationally educated health professionals in Nova Scotia and Prince Edward Island; Why they come, why they stay and the challenges they face: A follow up study.* IEHP Atlantic Connection. ISBN: 978-0-919013-66-7. Retrieved from: http://www.atlanticcanadahealthcare.com/default.asp?mn=1.20.30

Bard, R. (2009). "Towards a balance between security and mobility of nurses in Canada." *Soins; la Revue de Référence Infirmière*, (739), 45-47.

Bassendowski, S. & Petrucka, P. (2010). *A Consideration of Transition for Internationally Educated Nurses in Saskatchewan: IEN Research Report*. Regina, Saskatchewan. Retrieved from: www.health.gov.sk.ca.

Baumann, A, Blythe, J., Rheaume, A. & McIntosh, K (2006). *Health Human Resource Series Number 3. Internationally Educated Nurses in Ontario: Maximizing the Brain Gain* (2nd Ed): Hamilton ON: Nursing Health Services Research Unit, McMaster University. Retrieved from: http://www.ceris.metropolis.net/Virtual%20Library/other /Blythe2006IntTrainedNursesinOntario.pdf

Baumann, A, Blythe, J., Iriss-Wheeler, D., Fung, M. & Grabham, A. (2013). *A Framework for Integrating Internationally Educated Nurses into the Health Care Workforce. Series Report 36, Nursing Health Services Research Unit and the Ontario Hospital Association.* Retrieved from: http://www.ohpe.ca/node/13632

Baumann, A., Blythe, J. & Ross, D. (2010). Internationally educated health professionals: workforce integration and retention. *Healthcare Papers, 2*(8), 8-20.

Beaton, M. & Walsh, J. (2010). Overseas recruitment: Experiences of nurses immigrating to Newfoundland and Labrador, 1949-2004. *Nursing Inquiry, 17*(2), 173-183.

Belkhodja, C., Forgues, E., Gaboury, I., Guignard Noel, J., Bahi, B., Nkolo, C. & Tawil, N. (2009). *L'intégration des diplômes internationaux en sante francophones dans les communautés francophones en situation minoritaire. Rapport final de recherché*. Le Consortium National de Formation en Santé (CNFS) et L'Institut Canadien de Recherche sur les Minorités Linguistiques. Ottawa, Ontario. Retrieved from : http://www.icrml.ca/fr/site_content/91-eric-forgues/705-les-facteurs-dintation-des-dipl-internationaux-en-santdis-dans-les-communautfrancophones-en-situation-minoritaire

Blythe, J. & Baumann, A. (2009). Internationally educated nurses: Profiling workforce diversity. *International Nursing Review, 56*, 191-197

Blythe, J., Baumann, A., Rhéaume, A. & McIntosh, K. (2009). Nurse migration to Canada: pathways and pitfalls of workforce integration. *Journal of Transcultural Nursing, 20*(2), 202-210.

Bourgeault, I.L. & Baumann, A. (2011). *Ethical recruitment and integration of internationally educated health professionals in Canada*. Royal College of Physicians and Surgeons of Canada. Ottawa, Ontario. Retrieved from: http://rcpsc.medical.org/publicpolicy/imwc/Canada _Theme_Ethical_Integration_of_IEHP_Canadian_Paper_Bourgeault_Baumann.pdf

Bourgeault, I.L., Neiterman, E., LeBrun, J., Viers, K. & Winkup, J. (2010). *Brain Gain, Drain & Waste: The experiences of internationally educated health professionals in Canada*. Ottawa, Ontario. Retrieved from: http://www.threesource.ca/documents/February2011/brain_drain.pdf

Buchan, J., O'May, F. & Dussault, G. (2013) Nursing workforce policy and the economic crisis: a global overview. *Journal of Nursing Scholarship*, 45(3), 298-307.

Canadian Association of Schools of Nursing (CASN). (2012). *Toward a Pan-Canadian Planning Framework for Health Human Resources: A Final Report on the Pan-Canadian Framework of Guiding Principles and Essential Components for IEN Bridging Programs*. Canadian Association of Schools of Nursing: Ottawa, Ontario. Retrieved from: https://www.casn.ca/en/Competencies_and_indicators_168/items/2.html

Canadian Institute of Health Information. (2013). *Regulated Nurses: Canadian Trends, 2007 to 2011*.Retrieved from: http://secure.cihi.ca/cihiweb/products/nursing_report_2007-2011_en.pdf.

Canadian Nurses Association. (2013, April). Statistics on CRNE Writers for Calendar Year 2012. *CRNE Bulletin*. Number 17. Retrieved from: http://www.cna-aiic.ca/~/media/cna/page%20content/ pdf%20en/2013/07/25/13/54/crne_bulletin_17_2013.pdf

Cartmel, V. (2009). Assessing an applicant's competencies to practice. *Nursing BC / Registered Nurses Association of British Columbia, 41*(1), 4.

Coffey, S. (2006). Educating international nurses: curricular innovation through a Bachelor of Science in nursing bridging program. *Nurse Educator, 31(6), 244-248.*

Duncan, D., Poisson,Y. & Wong, W. (2008). *Improving Bridging Programs: Compiling Best Practices from a Survey of Canadian Bridging Programs. Compiling Best Practices from*

a Survey of Canadian Bridging Programs. Public Policy Forum. Ottawa, Ontario. Retrieved from: http://www.ppforum.ca/publications/improving-bridging-programs-compiling-best-practices-survey-canadian-bridging-programs

Government of Canada. (2011). *Strengthening Canada's Economy: Government of Canada Progress Report 2011 on Foreign Credential Recognition*. Citizenship and Immigration Canada. Ottawa, Ontario. Retrieved from: http://www.credentials.gc.ca/fcro/progress-report2011.asp

Government of Canada. (2014). *Applications We Accept-Federal Skilled Workers. Government of Canada*, Ottawa, Ontario. Retrieved from: http://www.cic.gc.ca/english/immigrate/skilled/complete-applications.asp

Grimshaw, J. (2010). *A Guide to Knowledge Synthesis: A Knowledge Synthesis Chapter*. Canadian Institute of Health Research. Ottawa, Ontario. Retrieved from: http://www.cihr-irsc.gc.ca/e/41382.html

Hagley, R., Choudhry, U., Guruge, S. Turrittin, J., Collins, E. & Lee, R. (2001). Immigrant nurses' experience of racism. *Journal of Nursing Scholarship, 33*(4), 389-394.

Health Canada. (2010). *Health Human Resource Strategy and Internationally Educated Health Professionals Initiative 2009/10 Annual Report*. Ottawa, Ontario. Retrieved from:: http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/2010-ar-ra/index-eng.php

Human Resources and Skills Development Canada [HRSDC]. (2010). *Summative Evaluation of the Foreign Credential Recognition Program: Final Report.* Ottawa, Ontario. Retrieved from: http://www.esdc.gc.ca/eng/publications/evaluations/skills_and_employment/2010/april.shtml

Jeans, M.E., Hadley, F. & Green, J. (2005). *Navigating to Become a Nurse in Canada. Assessment of International Nurse Applicants: Final Report*. Canadian Nurses Association. Ottawa, Ontario. Retrieved from: http://www.cna-aiic.ca/~/media/cna/page%20content /pdf%20fr/2013/09/05/19/17/ien_technical_report_e.pdf

Kolawole, B. (2009). Ontario's internationally educated nurses and waste in human capital. *International Nursing Review, 56*(2), 184-190.

Khaliq, A.A., Broyles, R. W., & Mwachofi, A. K. (2009). Global nurse migration: Its impact on developing countries and prospects for the future. *Nursing Leadership (Toronto, Ont.), 22*(1), 24-50.

Levac, D., Colquhoun, H. & O'Brien, K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, *10*(5), 69.

McGuire, M. & Murphy, S. (2005). The internationally educated nurse. *Canadian Nurse, 101*(1), 25-29.

McIntosh, T., Torgerson, R. & Klassen, N. (2007). *The Ethical Recruitment of Internationally Educated Health Professionals: Lessons from Abroad and Options for Canada. Research*

Report. Canadian Policy Research Network. Ottawa, Ontario. Retrieved from:
http://www.cprn.org/documents/46781_en.pdf

Murphy, S. (2008). *Actualizing the Dream: Experiences of Internationally-Educated Nurses.*
(Unpublished doctoral dissertation). University of Calgary, Calgary, Alberta, Canada.

Neiterman, E. & Bourgeault, I. (2013). Cultural competence of internationally educated nurses:
Assessing problems and finding solutions. *Canadian Journal of Nursing Research*, 45
(4), 88-107.

Newton, S. Pillay,J. & Higginbottom,G. (2012). The migration and transitioning experiences of
internationally educated nurses: A global perspective. *Journal of Nursing Management,
20(4), 534-550.*

Ordre des infirmières et infirmiers du Québec. (2004). *Les infirmières formées l'étranger et
l'accès la profession au Québec.* Available at:
http://www.oiiq.org/publications/repertoire/les-infirmieres-formees-a-letranger-et-lacces-
a-la-profession-au-quebec

Ordre des infirmières et infirmiers du Québec. (2014). *How to obtain a nursing permit from
Ordre des infirmières et infirmiers du Québec.* Ordre des Infirmières et Infirmiers du
Québec (OIIQ). Available at:
http://www.oiiq.org/sites/default/files/uploads/pdf/admission_a_la_profession/infirmiere_
formee_hors_quebec/obtain_nursing_permit.pdf.

Ronquillo, C., Boschma, G., Wong, S.T. & Quiney, L. (2011). Beyond greener pastures:
Exploring contexts surrounding Filipino nurse migration in Canada through oral history.
Nursing Inquiry, 18(3), 262-275.

Runnels, V., Labonte, R. & Packer, C. (2011). Reflections on the ethics of recruiting foreign-
trained human resources for health. *Human Resources for Health [Electronic Resource],
9*(Journal Article), 2. Retrieved from: http://www.human-resources-health.com/content/9/1/2

Salami, B. & Nelson, S. (2013). The downward occupational mobility of internationally
educated nurses to domestic workers. *Nursing Inquiry*, Accepted for publication 18
February 2013, DOI: 10.1111/nin.12029.

Salma, J., Hegadoren, K. & Ogilvie, L. (2012). Career advancement and educational
opportunities: Experiences and perceptions of Internationally Educated Nurses. *Nursing
Leadership, 25*(3), 56-67.

Saskatchewan Registered Nurses Association [SRNA]. (2008). *Saskatchewan International
Recruitment, Lessons Learned and Recommendations for the Future*. Internal Report.
Saskatchewan Registered Nurses Asssocation. Regina, Saskatechewan.

Saunders, P. (2008). *Internationally Educated Health Professionals in Nova Scotia: Why They
Come, Why They Stay and the Challenges They Face.* Report. IEHP Atlantic Connection.
IEHP. Retrieved from: http://www.atlanticcanadahealthcare.com/default.asp?mn=1.20.30

Singh, M.D. & Sochan, A. (2010). Voices of internationally educated nurses: policy recommendations for credentialing. *International Nursing Review* 57 (1): 56-63.

Sochan, A. & Singh, M.D. (2007). Acculturation and socialization: voices of internationally educated nurses in Ontario. *International Nursing Review* 54 (2): 130–136.

Tomblin Murphy, G., Birch, S., Alder, R., MacKenzie, A., Lethbridge, L., Little, L. & Cook, A. (2009). *Tested Solutions for Eliminating the Canadian Registered Nurses Shortage.* Canadian Nurses Association. Ottawa, Ontario: Canadian Nurses Association.

Tregunno, D., S. Peters, H. Campbell & Gordon, S. (2009). International nurse migration: U-turn for safe workplace integration. *Nursing Inquiry 16* (3): 182-190.

Turner, K. (2009). Road to licensure for international educated nurses (IEN). *SRNA Newsbulletin, 11*(2), 22-22.

Turrittin, J., Hagey, R., Gurgue, S., Collin, E. & Mitchell, M. (2002). The experiences of professional nurses who have migrated to Canada: cosmopolitan citizenship or democratic racism? *International Journal of Nursing* Studies, *39*(6), 655-667.

Western and Northern Health Human Resources Planning Forum (WNHHRPF). (2006). *An Environmental Scan of Programs and Services Available to Internationally Educated Health Professionals*. Western and Northern Health Human Resources Planning Forum. Victoria, British Columbia. Retrieved from: www.hhrpforum.com/