

Forms of Capital as Facilitators of Internationally Educated Nurses' Integration into the Registered Nursing Workforce in Canada

We used interview data to explore internationally educated nurses' perceptions of the factors that facilitated their integration into the registered nursing workforce in Canada. The participants perceived a variety of interrelated factors facilitated their integration. The identified factors seem to reflect forms of capital. Economic capital (availability of financial resources) and cultural capital (language proficiency and competency in professional vocabulary) enabled the participants to use other forms of capital to become registered and employed in Canada. Providing financial resources and interventions to develop their language skills may assist internationally educated nurses' with more rapidly integrating into the country's nursing workforce.

Keywords: capital, employment, integration; internationally educated nurses, migration, registration

Mots clés: capital, emploi, intégration, infirmières étrangères; migration; inscription

Background

Nurses due to their human capital are in demand globally. While the vigorous recruitment of nurses from one country to supply the demands of another is discouraged (International Council of Nurses [ICN] 2007; McIntosh, Torgerson and Kassen 2007), nurses continue to migrate to and among developed countries (Cutcliffe et al. 2011). Higher pay, better working conditions, and improved quality of life have been identified as factors that pull nurses from poorer to richer countries (Ronquillo et al. 2011). Nurses also report family reasons and opportunities to travel and advance their education as important factors that push them to migrate to a new country (Kingma 2006).

Significant numbers of internationally educated nurses (IENs) who migrate to Canada become licensed and employed as registered nurses (Jeans et al. 2005). In 2011 approximately 23,000 (9%) of registered nurses in Canada were foreign trained (Canadian Institute of Health Information [CIHI] 2013). The primary source countries for IENs registered to practice in Canada are The Philippines (n= 7,360, 32%) and The United Kingdom (n= 3,680, 16%).

It remains difficult to quantify the exact numbers of IENs currently involved in the registration process in Canada. Approximately one half to three-quarter of IENs that inquire about practicing in Canada are eligible to take the licensing examination (Bauman and Blythe 2008). In 2012, 495 IENs took the Canadian Registered Nurse Examination for the first time and fifty-one percent passed (Canadian Nurses Association [CNA] 2013).

Recognizing that variation in preparation and expertise may affect IENs' ability to pass the licensing examination and secure employment as a registered nurse, Canadian governments, regulatory colleges, educational institutions and employers have provided a variety of resources such as integration and bridging programs, to support IENs during their integration into the nursing workforce (Dumont et al. 2008). Yet it is unclear if IENs perceive the use of these resources

beneficial to their integration or if there are other factors that assist IENs with becoming registered nurses.

This paper is a report of a study designed to explore IENs' integration experiences to provide an understanding of the factors that facilitated their registration and employment as registered nurses in Canada. Given that nurses continue to migrate to Canada, gaining a clearer understanding of the facilitators and their interrelationships may assist knowledge-users with developing or modifying existing interventions to more rapidly integrate IENs into the registered nursing workforce. Through rapid integration IENs are able to progress in their profession and contribute economically to the region where they reside in Canada (Hall and Sadouzai 2010).

Factors that Influence Registration and Employment

Integration into the registered nursing workforce in Canada is defined as meeting the criteria for registration as mandated by a territorial or provincial regulatory college and securing work as a registered nurse (Bourgeault et al. 2010). IENs have drawn attention to the amount of time required to complete the registration process as it can take several years for an IEN to become a registered nurse in Canada (Blythe et al. 2009). Due to complexities in the process and associated costs IEN can become stalled, some electing never to pursue registration (Murphy 2008; Sochan and Singh 2007).

Depending on the local job market and the economy securing work, especially in their chosen specialty, may be difficult for IENs (Blythe and Baumann 2009). IENs are more likely to be hired if they have nursing experience in Canada or an equivalent health care setting, have strong language skills, and are willing to work in hard to fill sectors of the healthcare system such as long term care or regions of the country with vacancies, e.g. rural or remote areas (Blythe and Baumann 2009).

The research has primarily focused on identifying the barriers to IENs practicing their profession in Canada. They include financial constraints, language proficiency, and different educational standards and practice expectations between their country and Canada (Singh and Sochan 2010; Tregunno et al. 2009). While less studied, IENs report acquiring additional education in order to meet the criteria for registration, participating in IEN integration and bridging programs, and acquiring mentorship helped them integrate (Atack et al. 2012). However little in-depth information is available to provide an understanding of why some IENs are able to integrate and how they use the available resources to facilitate their integration. Gaining a clearer understanding of the factors IENs perceive contribute to their registration and employment will assist knowledge-users with recognizing the types and amount of resources IENs require to successfully integrate into the nursing workforce.

Study Aim

The purpose of this study was to explore IENs' integration experiences to provide an understanding the factors that facilitated their registration and employment as registered nurses in Canada.

Methods

A descriptive qualitative design was used with a sample of 38 IENs from six provinces of Canada. The sample for this study was derived from a larger study that investigated the experiences of internationally educated health professionals in Canada (Bourgeault et al. 2010). IENs who had successfully passed the nursing examination and were registered and practicing as registered nurses in Canada were targeted for this study.

Participants

The participants were eligible to take part in the qualitative study if they had immigrated to Canada between 1998 and 2008, obtained their basic nursing education in another country, had permanent license to practice and were currently working as registered nurses in Canada. IENs were included if they could understand and speak English or French. The participants were recruited through snowball sampling and advertisements in newspapers and immigrant community centers.

Data collection

Data were collected in 2008 via semi-structured interviews that lasted approximately one hour. The interviews were conducted in person or over the telephone by bilingual research assistants. A short demographic survey was used to collect information about the participants' personal and professional backgrounds. Theoretical saturation was reached with a sample of 38 IENs (Hancock, Ockleford and Windridge 2007).

To ensure consistency across the interviews an interview guide was provided to the interviewers (available upon request). The interview guide included open-ended questions to solicit information about participants' integration experiences (Bourgeault et al. 2010). The interview guide was translated into French and back translated to English. Any discrepancies in the translation were discussed among the investigators until consensus was reached on an appropriate term or phrase. The English and French versions of the interview guide were pilot tested prior to their use in the study.

Ethical considerations

Approval to conduct the study was obtained from the McMaster University Research Ethics Review Board. Prior to the interview sessions, the participants provided informed consent agreeing to participate in the study.

Data analysis

The interviews were digitally recorded, transcribed verbatim and validated by the research team. The participants' responses to open-ended questions about what they believed helped them integrate into the workforce (pass the nursing examination and secure employment) were carefully reviewed and systematically examined by the investigators. An analytic coding structure was developed inductively to reflect the factors IENs perceived facilitated their integration (Bradley, Curry and Devens 2007). To confirm the reliability of the coding scheme the investigators independently coded 10 interviews and compared the results (Zhang and Wildemuth 2009). Any discrepancies in the coding were discussed. The codes were refined and adjusted until consensus among the investigators was reached (Fereday and Muir-Cochrane 2006). The first author used Nvivo 10, a qualitative data management program, to code, collate and store the data. The investigators reviewed the coded data to develop and refine the themes (Creswell and Plano Clark 2007). The first author used perspective codes to summarize the data into the themes and to identify the relationships among the themes (Bradley, Curry and Devens 2007).

Results

Demographics

The sample consisted of 38 IENs. Nearly one-half of the participants were from Western European countries and one-quarter migrated from countries in the Middle East, North Africa, and Sub-Saharan Africa. The participants were mostly female, between the ages of 30-49. A quarter of the participants reported they were from a visible minority group. The majority of the participants was married and had children under the age of 17. The participants resided and were licensed to practice nursing in five Canadian provinces, the greatest proportions in British Columbia, Quebec, and

Ontario. The majority had bachelor's degrees in nursing and was generalists with one-third having practiced a nursing specialty prior to migrating to Canada.

Most of the participants entered Canada under a skilled-worker or work (employer sponsored) visas. Sixty-eight percent of the IENs reported that they were able to migrate to Canada within 2 years of their initial application.

The reasons IENs chose to migrate to Canada were both professional, such as to pursue post-basic education and obtain specialty training and personal i.e. opportunity for travel and to improve their quality of life. More than two-thirds of the IENs were practicing as registered nurses within two years of their arrival. Table 1 summarizes the demographic characteristics of the research sample.

[insert table 1 here]

Interview data

During the interview the participants were asked what helped them pass the nursing examination and secure employment as registered nurses in Canada. The participant identified a variety of interrelated factors. Seven themes were developed inductively from the interview data: 1) adequate education, professional experience and expertise, 2) perseverance or determination, 3) using educational resources, 4) language proficiency and competency in professional vocabulary, 5) Canadian nursing experience and familiarity with the Canadian context, 6) social networks, and 7) financial resources. Each theme is discussed below.

Adequate education, professional experience and expertise

The first theme reflected the IENs' adequacy of nursing education, amount of professional experience and type of nursing clinical expertise. Many participants recognized that they were

fortunate to have a satisfactory amount of nursing education as it helped them meet the criteria to take the nursing examination. “[Our] program was pretty much as university program so [we] could challenge the RN exam” (p38, Manitoba IEN). The participants without sufficient education explained how they were required to earn the necessary credits to qualify for the nursing examination. ‘They said I was missing [some topics] so I went back to college and I passed [the course]. I then took the exam and passed” (p36, Ontario IEN).

Once the IEN met the criteria to take the nursing examination some were issued temporary licenses to practice nursing. “If you met the criteria to take the exam you were given a temporary license to practice nursing in the province. With the temporary license you have two years to pass the exam” (p3, Quebec IEN). Although limited in scope, practicing with temporary nursing licenses permitted the participants to work as registered nurses and earn a living during their integration period. It also helped them maintain their nursing skills and become familiar with the particulars of practicing nursing in Canada.

Nearly all of the participants reported having nursing experience prior to migrating to Canada. One participant explained how having current nursing experience permitted them to work upon arrival. “[The employer] wanted nurses who had been working for quite a while before coming to [Canada]. Nurses without the [professional] experience found it more difficult to find work” (p38, Manitoba IEN). Although sometimes the scopes of nursing practice differed between their home country and Canada, the participants reported that their professional experience also helped them to prepare for the nursing examination.

Several participants reported having clinical expertise in a nursing specialty or practicing in autonomous roles prior to migrating. In some situations IENs were highly or over qualified for the nursing position they occupied in Canada. For example, a nurse who practiced as a midwife prior to migrating secured a position as a perinatal nurse in a community hospital in Canada. Her education

and experience as a midwife made her more attractive to the Canadian employer than Canadian-trained applicants with less experience in perinatal nursing. *“I was a nurse in my home country and I practiced as a midwife. When I came to Canada, I applied for a position as a registered nurse in labor and delivery at a local hospital. I was hired right away”* (p20, British Columbia IEN).

Perseverance or determination

The second theme encompasses the IENs’ responses to the integration process and their approach to becoming licensed and securing work as registered nurses in Canada. The IENs in this study highlighted how the integration process is not easy and is often fraught with obstacles such as not being able to obtain the necessary paper work required by the regulatory colleges to verify their nursing credential. They also experienced setbacks including needing to take additional courses to meet the requirements for licensure or to retake the language or nursing examination due to failure. Many of the participants talked about how they took the nursing examination more than once, accepted positions that were not in their area of nursing specialty or with an organization outside of their preferred sector, in an effort to begin practicing their profession in Canada. *“I worked in critical care at home, but I took a position in long-term care. I got the impression that they wanted me to prove myself before I would be considered for critical care”* (p19, British Columbia IEN).

Several participants discussed how when they experienced an obstacle or setback they became frustrated with the integration process, but continued nonetheless. As one participant stated; *“It frustrating, but you recognize you have to go through the process”* (p24, British Columbia IEN). Another participant explained the determination it took for them to become a registered nurse in Canada. The participant recalled participating in numerous courses to perfect their language skills, nursing courses at local colleges and universities, and workshops sponsored by professional

associations to develop their professional competencies, and attending seminars targeting immigrants to learn about living in Canada.

Using educational resources

The third theme involves the educational resources that IENs used to prepare for the nursing examination and to practice their profession in Canada. This involved IENs supplementing the nursing knowledge and experience they brought with them by using the available educational resources to develop the professional competencies required of Canadian registered nurses.

Since IENs enter Canada with a variety of skills and experience many IENs required additional education and training to become registered nurses. Some of the participants prepared for the nursing examination by using the educational resources that were available such as attending review courses, searching the internet to locate study guides, participating in computer-based training programs to prepare for the nursing examination. Other IENs explained how their participation in integration and bridging programs were great sources of support especially to IENs who had met the necessary requirements to take but had difficulty passing the nursing examination. *The first time I didn't prepare I just wrote the exam and I didn't pass. The second time I prepared for about a year, but I was working full time and then I didn't pass the second time. Then I realized this nursing refresher course may be a good thing for me so I decided to take it on my own to help me pass the exam; because the exam was much harder than I thought it would be. I was then successful. It helped [me] to understand the questions properly and to comprehend English at a higher level. It also got experience answering the multiple choice questions, something I really never had [done] before" (p23, British Columbia IEN).*

The participants also explained how taking part in integration and bridging programs and courses provided to immigrants facilitated their ability to find work as registered nurses. *"I took a five*

month integration program. Not only did it help me prepare for the examination but I also did a clinical placement in a hospital. I was able to find a permanent position in that hospital after I passed the nursing examination” (p4, Quebec IEN).

Language proficiency, competency in professional vocabulary

The fourth theme reflects the IENs’ ability to communicate proficiently and competently while practicing their profession in Canada. It includes proficiency in the language used at work (English or French) as well as the professional vocabulary used by Canadian nurses. The participants identified language proficiency as integral to them becoming registered nurses in Canada. Language proficiency enabled them to liaise with the regulatory college, benefit from integration and bridging programs, and prepare for and pass the nursing examination. Having a good knowledge of professional vocabulary used in the workplace was also necessary. This was also evident for IENs’ with strong language skills. As one participant described; *“There are quite different terms used, the way drugs are named and ...how drugs are made up [dose]. Everyday words are very different, so it’s like learning a new language in lots of ways” (p28, Ontario IEN).*

Canadian nursing experience and familiarity with the Canadian context

The fifth theme reveals the IENs need to become familiar with the way nursing care is organized and provided, and the specifics of the healthcare system in Canada. Various participants highlighted the challenges of securing work. They perceived Canadian nursing experience was necessary for them to be a desirable candidate. Some participants explained how they elected to work in nursing roles with limited scopes of practice (e.g. licensed practical nurses or nurse graduates) in order to gain Canadian nursing experience. Others acquired nursing experience by participating in integration and bridging programs with clinical placements. IENs who entered Canada with

employer sponsored work visas acquired Canadian experience during professional orientation programs sponsored by employers or regulatory colleges.

Familiarity with the Canadian context was helpful when writing the nursing examination. Many participants mentioned how there were questions about areas of practice unfamiliar or different from their previous education and professional experience, such as psychiatry or long-term care. There were also questions about ethics, communication, and authority which were specific to Canada. *“There were a number of questions [about] psychiatrics and community [resources] that if you hadn’t lived in Canada you couldn’t really get a handle on the questions. You couldn’t understand the nuts and bolts of what they were asking”* (p25, British Columbia IEN). Some IENs despite having a good command of the language identified their need to learn how to communicate effectively with other health care providers, especially physicians which differed from the manner in which they communicated in their home country.

The participants described how becoming familiar with the Canadian context was necessary for them to assume leadership roles at work. Several IENs explained how they felt they needed to better understand the role of Canadian nurses including their authority and accountability. A few participants mentioned despite being a manager in their home country, they did not want to undertake leadership roles without first learning *“how things are done”* in Canada. *“I felt I needed a bit of time to become familiar with things, like the healthcare system and working in Canada so that I could understand the needs of the clients and community resources better before becoming a manager”* (p37, Ontario IEN).

Social networks

The sixth theme depicts the personal and professional relationships that IENs cultivate during their integration process. IENs describe how having access to a social network of friends, colleagues and personal contacts benefited them when preparing for the nursing examination and looking for work.

Many participants describe how the social networks connected them with nurses who had successfully passed the nursing examination. Several participants described how they created support groups of IENs and Canadian nurses to help them prepare for the examination. *“I met a couple of friends and I was able to link up with a few organizations [in my community]. My friends helped me. The organization had a program for people writing the examination [which] was excellent and very thorough”* (p27, Manitoba IEN).

Social networks also assisted IENs with securing employment. The participants explained how they sought out appropriate individuals who could help them navigate through the health care system and hiring process. *“Finding a job was really straightforward to me. I knew somebody who knew somebody who worked at [the hospital] and they knew somebody who had a position working in ICU. I had just left an ICU job so I didn’t even really have an interview. I just walked into a job. For me it was a very smooth integration”* (p10, Quebec IEN).

Financial resources

The seventh theme highlights the necessity of IENs to have access to financial resources during their integration period. Migrating to a new country can be costly for IENs, especially if they intend to work as registered nurses. Many participants recalled how having access to financial resources helped them pursue registration. The IENs reported using savings or selling property in their home countries to cover the various fees associated with qualifying and registering for the nursing examination, and for living expenses while waiting to secure work as a registered nurse in Canada. Some IENs were financially supported during their integration period by spouses who were

employed in Canada. Other IENs reported supplementing their income by receiving recruitment bonuses or working with temporary nursing licenses during their integration period. The participants went further by stating that access to financial resources such as student loans permitted them to pay for the fees associated with participating in review courses and integration and bridging programs, registering with the regulatory college, and taking nursing and language examinations.

Summary of the Results

The participants in this study believed a variety of interrelated factors facilitated their integration into the Canadian nursing workforce. The results signify that financial resources and language proficiency are important factors that help IENs develop their human capital. Having access to financial resources and language proficiency permitted IENs to take advantage of the available educational resources to develop their professional competencies, and become familiar with nursing in the Canadian context, factors the participants perceived facilitated their integration.

Discussion

Many of the factors IENs perceived facilitated their integration seem to reflect forms of capital. Capital is defined as “wealth in the form of money or property owned by a person or business; human resources of economic value; or an asset or *advantage*” (The Free Dictionary 2013). The constructs of capital which are grounded in the field of economics provide a unique and comprehensive method for categorizing the facilitators as valuable resources. The following section uses the capital constructs as a framework for incorporating the facilitators and their interrelationships in a comprehensive and meaningful way. The factors the participants perceived facilitated their integration are conceptualized as human capital, structural capital, cultural capital,

social capital and economic capital. The next section presents the concepts in relation to the study findings. Table 2 provides a summary of the concepts and their definitions.

[insert table 2 here]

Human capital

Human capital as defined for this paper describes the professional qualities of an individual nurse as a set of competencies which they acquire through education, training, and life and work experiences, which increases their value in the workplace (Boudarbat, Lemieux and Riddell 2010; Stewart 2001). Human capital is reflected in the academic preparation, specialty training, skills and expertise, professional experience, determination and perseverance of IENs (Covell 2008). When IENs bring with them or acquire the necessary competencies required to practice their profession in Canada they become employable and can compete in the labor market with their Canadian-trained counterparts (Royal 2011). As the findings from this study indicate many IENs must obtain additional formal education to meet the requirements for registration and pass the nursing examination. However, having professional experience, especially in a clinical specialty, prior to migrating seemed to be a human capital attribute that helped IENs secure work in Canada. For example the IENs in this study who had specialty training and professional experience as critical care or labor and delivery nurses were able to find work easily once they completed the registration process. Thus IENs with high human capital seem to be attractive to Canadian employers, which may help them integrate more rapidly into the country's nursing workforce than IENs with lower levels of human capital.

IENs can also develop their human capital by gaining new skills from life experiences and by developing attitudes and behaviors that contribute to their success. As this study noted, determination and perseverance seem to be characteristics that helped the participants navigate through the integration process. Thus the combination of human capital attributes, or the IENs' professional competencies, attitudes, and behaviors together seem to facilitate IENs becoming members of the nursing workforce in Canada. However, the extent to which their personal characteristics such as motivation and perseverance contribute to integration is not quite clear and should be explored further.

Structural capital

Structural capital is a form of structural knowledge that exists within structures, systems, databases and routines (Stewart 1997). Educational resources such as the curricula of integration and bridging programs, books, computer-based training programs are forms of structural knowledge that contain nursing knowledge (Covell 2008). When IENs access these types of structural capital resources to upgrade their professional competencies they seem to be better prepared to pass the nursing examination and more desirable to Canadian employers. Structural capital resources also help IENs perfect their language skills and learn the professional vocabulary used in the workplace. Notably, the structural capital resources used by the participants in this study were developed and provided in Canada and as such the professional competencies the IENs acquired reflected the professional expectations of registered nurses in Canada. Thus by using these types of structural resources IENs may also develop the cultural capital needed to integrate into the profession.

Cultural capital

Cultural capital is the “norms and values individuals carry subconsciously that shape understanding and behaviors” (Royal 2011, e20). Cultural capital is implicit knowledge gained from the environment including knowledge about the roles, types of leisure and work that are available to an individual as well as the possessors of authority within a society (Bourdieu 1986; Royal 2012).

Cultural capital which is acquired over time reflects the understanding of the ways things function and common language used at work and in society. It is exhibited when IENs acquire an understanding of the values, social norms and language of a culture/society and/or profession of the host country. The participants in this study recognized their need to increase their cultural capital through learning about professional roles and authority, and the professional vocabulary used within the workplace. Building their cultural capital was necessary for the participants to understand questions on the nursing examination as well as integrating into and assuming leadership roles in workplace. The findings from this study revealed IENs acquired cultural capital by using structural capital resources e.g. integration programs and language course and through building their social capital or network of professional and personal relationships which exposed them to the cultural context of the nursing profession in Canada.

Social capital

Social capital "refers to the collective value of all social networks or who people know and the inclinations that arise from these networks to do things for each other" (Putnam 2000, 1). Social capital is created and knowledge is exchanged through network relationships among individuals and groups (Cohen and Prusak 2005). The participants in this study gained social capital by creating relationships with friends and colleagues in Canada. Through building their social capital they were able identify structural capital resources to build their human capital and cultural capital, which helped them pass the nursing examination, secure employment, and integrate into the workforce.

Economic capital

Economic capital reflects financial resources and exists in the form of money, and financial investments, i.e. property rights, stocks, which can be converted to currency (Bourdieu 1986).

Economic capital reflects the type and amount of financial resources available to the IEN during their integration period.

Human, structural, social, and cultural capital can be derived from the transformation of economic capital, in that the availability of financial resources permits individuals to build their human capital by accessing structural capital resources such as attending educational programs. The participants in this study had economic capital or access to financial resources to pay the required fees associated with registration, educational programs and to withstand the time away from the profession needed to build their human, social, and cultural capital.

In summary, by using the interrelated forms of capital to conceptualize the facilitators of IEN integration the importance of ensuring that all IENs have access and opportunities to develop their capital resources is recognized. This is especially important since IENs' integration experiences vary and the amount and types of support required and available to IENs across the country also vary. As depicted in Figure 1, the capital framework highlights the interrelationships among the forms of capital and how each type of capital is influenced by the IENs' economic capital. Specifically, the figure reveals that human capital and cultural capital which reflect IENs' professional competencies, personal characteristics, and language skills are embodied within the IEN. Structural capital and social capital are located within the environment. Human, cultural, structural, and social capitals are influenced by the IENs' economic capital. This conceptualization may help explain why some IENs are more successful than others. For example, when IENs have access to financial resources (economic capital) they can afford to use the available educational resources (structural capital) to assist them with developing their professional competencies (human

capital), language, and communication skills (cultural capital) which helps them build their social networks (social capital), all of which facilitate their integration into the nursing profession in Canada. IENs without economic capital may be unable to afford the registration fees, to participate in educational programs to develop their professional competencies or perfect their language skills, and/or to pay for their living expenses during their integration period. Thus IENs without economic capital may become more vulnerable to failure or may withdraw from pursuing integration. However additional theoretical work is required to further develop the concepts and to clarify the interrelationships identified in this study. In the following section, the capital concepts are used as a framework for discussing education, practice, and policy implications of the study's findings.

[Insert figure 1 here]

Education, Practice and Policy Implications

Prior to migrating IENs are encouraged to evaluate their potential for meeting the criteria for registration and develop the human capital required to practice nursing in the host country (Blythe et al. 2009). This will assist IENs with identifying and using the structural capital resources (e.g. integration and bridging programs) to increase their cultural and social capital, both necessary to successfully integrate into the nursing workforce.

The acquisition of cultural capital is instrumental for IENs integration into the nursing workforce and workplace in the host country. Providing opportunities to observe practicing nurses would permit IENs to learn about nursing roles, authority within the health care system and the cultural context of the workplace including professional vocabulary and how professionals communicate.

Incorporating this type of information and experience into existing integration and bridging programs is recommended.

The importance of mastering the host country's language cannot be over emphasized as language proficiency is common to all IENs who successfully integrate. As such, policy-makers are encouraged to create initiatives that ensure IENs develop language proficiency and learn the professional vocabulary used in the workplace as rapidly as possible. By gaining language proficiency and competency in communicating in the workplace, IENs may more readily meet the criteria for registration and secure work in Canada (Blythe and Baumann 2009).

Since IENs benefit from building their social capital, creating opportunities for IENs to develop their social networks early in the integration process is suggested. Educational institutions and employers may consider forming IEN internship programs similar to those available to new graduates (Higginbottom 2011). This would permit IENs to have peer support and mentorship while socializing into the role and workplace. Employers may also consider providing IENs with formal career guidance (Salma, Hegadoren and Ogilvie 2012) and opportunities to further develop their human and cultural capital, which may help retain IENs and/or prepare them for autonomous roles and leadership positions (Larsen 2007).

Although Canada and many other developed countries have forms of structural capital (e.g. integration and bridging programs) to assist IENs with integrating into their nursing workforce, it is necessary to ensure IENs are aware and have access to these types of initiatives. Information portals for immigration agencies, regulatory bodies and professional association can be used to advertise these types of initiatives. Additionally, governmental funding for integration and bridging programs is often limited and sporadic, thus developing alternate sources of funding, such as corporate sponsors to finance these types of programs is suggested.

In that there is little evidence of the effectiveness of the structural capital resources available to IENs in Canada (Bourgeault et al. 2013), conducting comparative analyses of these types of initiatives is recommended. This type of evidence could assist with the identification of effective program models and developing best practices which could be used to solicit ongoing financial support for structural capital resources (e.g. integration and bridging programs) to facilitate the integration of IENs.

The interrelation between economic capital and other forms of capital suggests that those IENs who are less successful in the integration process are also less likely to possess the financial means to pursue integration and have fewer opportunities for developing social networks that will facilitate registration and future employment. For those IENs, education loan programs and other types of financial assistance might be essential to succeed in the registration process.

Strength and Limitations

This study is unique in that it applies a theoretical lens to the factors IENs' perceived facilitated their integration into the Canadian registered nursing workforce. Our focus on the experiences of IENs guided the methodological approach utilized for this research. Although our sample was heterogeneous, and the respondents' ethnic and racial diversity is quite typical of the IENs population in Canada, we did not purposively sampled participants to reflect the ethnic diversity of IENs in Canada. For instance, the majority of practicing IENs in Canada are from Philippines, but we only had one Filipino nurse in our sample. We also focused exclusively on the experiences of Registered Nurses (as opposed to practical nurses) and on those who succeeded to obtain nursing license. The diversity of the experiences of IENs made it possible to identifying which factors made them successful in the licensure process and allowed us to develop a theoretical framework presented in this paper, but future research is needed to understand how nurses' ethnicity, country of

origin, level of education, and the type of license sought in Canada may shape their experiences of professional integration.

Conclusion

This study highlights when IENs are given the opportunities to build their capital they seem to be more likely to integrate into the registered nursing workforce. Facilitating the integration of IENs is beneficial to IENs, the healthcare system and the country. When IENs develop the human capital attributes of professional competencies, behaviors and attitudes, and the cultural capital attributes of language proficiency and professional vocabulary required of Canadian registered nurses, they expand their employment opportunities, increase their earning ability, and facilitate their integration into the society (Boudarbat, Lemieux and Riddell 2010). In turn, the healthcare system profits by gaining valuable health human resources and a culturally diverse nursing workforce (Kolawole 2009). Additionally when IENs are able to practice their profession in Canada, they contribute to the local economy and growth of their communities (Hall and Sadouzai 2010).

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Table 1. Demographic Characteristics of the Research Sample N= 38

Source Region Source Country	n (%)	n (%)
Western Europe	18 (47%)	
United Kingdom (Britain, Ireland, Scotland)		9 (23.6%)
France		5 (13.2 %)
Switzerland		3 (7.9%)
Finland		1 (2.6%)
Eastern Europe	4 (10.5%)	
Russia		2 (5.3%)
Bosnia		1 (2.6%)
Romania		1 (2.6%)
Asia	1 (2.6%)	
The Philippines		1 (2.6%)
Middle East, North Africa	5 (13.2%)	
Lebanon		2 (5.3%)
Kuwait		1 (2.6%)
Morocco		1 (2.6%)
United Arab Emirate		1 (2.6%)
North America	1 (2.6)	
United States		1 (2.6%)
Caribbean and Central America	1 (2.6%)	
Martinique		1 (2.6%)
South America	1 (2.6%)	
Brazil		1 (2.6%)
Sub-Saharan Africa	5 (13.2%)	
Nigeria		2 (5.3%)
Ivory Coast		1 (2.6%)
South Africa		2 (5.3%)
Australia and Oceania	2 (5.3%)	
Australia		2 (5.3%)

Table 1. Demographic Characteristics of the Research Sample N= 38 continued.

Demographic Characteristic	n (%)
Gender	
Male	5 (13%)
Female	33 (87%)
Age	
20-29	6 (16%)
30-39	19 (50%)
40-49	11 (29%)
50-59	2 (5%)
Visible Minority	
No	29(76%)
Yes	9(24%)
Marital Status	
Married/Common-law	30 (79%)
Not married	8 (21%)
Children Ages	
< 17 years of age	22 (57.9%)
≥ 17 years of age	8 (21.1%)
Province of Registration	
British Columbia	12 (31.6%)
Alberta	1 (2.6%)
Manitoba	2 (5.2%)
Ontario	11 (28.9%)
Quebec	12 (31.6%)
Basic Nursing Preparation	
Non-degree program	12 (31.6%)
Baccalaureate degree	26 (68.4%)
Amount of Time Practiced Nursing in Source Country	
Did not practice	6 (15.8%)
1-5 years	11 (28.9%)
> 5years	16 (42.1%)
Missing	5 (13.2%)
Nursing Specialty	
Yes	14 (36.8%)
No	24 (63.2%)
Immigration Category	
Skilled work or work visa	27 (71%)
Refugee	3 (7.9%)
Family Class	8 (21.1%)
Amount of Time to Migrate	
≤ 2 years	22 (68%)
> 2 years	16 (32%)
Pull Factors	
Provision of post-basic education and specialty experience	5 (13.2%)
Better career opportunities	3 (7.8%)
Travel opportunity	6 (15.8%)
Quality of life/support for families	6 (15.8%)
Family reasons (followed spouse)	11 (28.9%)
Multiple factors	7 (18.4%)
Amount of Time to Practice as a Registered Nurse in Canada	
≤ 2 years	23 (60.5%)
> 2 years	11 (28.9%)
Missing	4 (10.5%)

Table 2. Forms of Capital Available to Internationally Educated Nurses

Capital	Definition
Human Capital	<i>Human capital</i> is a set of professional qualities of an individual nurse as a set of competencies which they acquire through education, training, and life and work experiences, which increases their value in the workplace (Boudarbat, Lemieux and Riddell 2010; Stewart 2001). Human capital is reflected in the academic preparation, specialty training, skills and expertise, professional experience, determination and perseverance of internationally educated nurses (Covell 2008).
Structural Capital	<i>Structural capital</i> is a form of structural knowledge that exists within structures, systems, databases and routines (Stewart 1997). It is manifested in the curricula of nursing refresher programs and integration and bridging programs for internationally educated nurses, courses, books and educational resources available through the Worldwide Web (Covell 2008).
Cultural Capital	“ <i>Cultural capital</i> is the norms and values individuals carry subconsciously that shape their understanding and behaviors” (Bourdieu 1986). It is exhibited by internationally educated nurses acquiring an understanding of the values, social norms and language of a culture/society and/or profession of the host country (Royal 2012).
Social Capital	<i>Social capital</i> is “refers to the collective value of all social networks or who people know and the inclinations that arise from these networks to do things for each other” (Putnam 2000). Social capital is created and knowledge is exchanged through network relationships among individuals and groups (Cohen and Prusak 2005). Is developed through the internationally educated nurses’ creation of a network of friends and colleagues in the host country.
Economic Capital	<i>Economic capital</i> reflects financial resources and exists in the form of money, and financial investments, i.e. property rights, stocks, which can be converted to currency (Bourdieu 1986). Economic capital is the type and amount of financial resources available to the internationally educated nurse during their integration period.

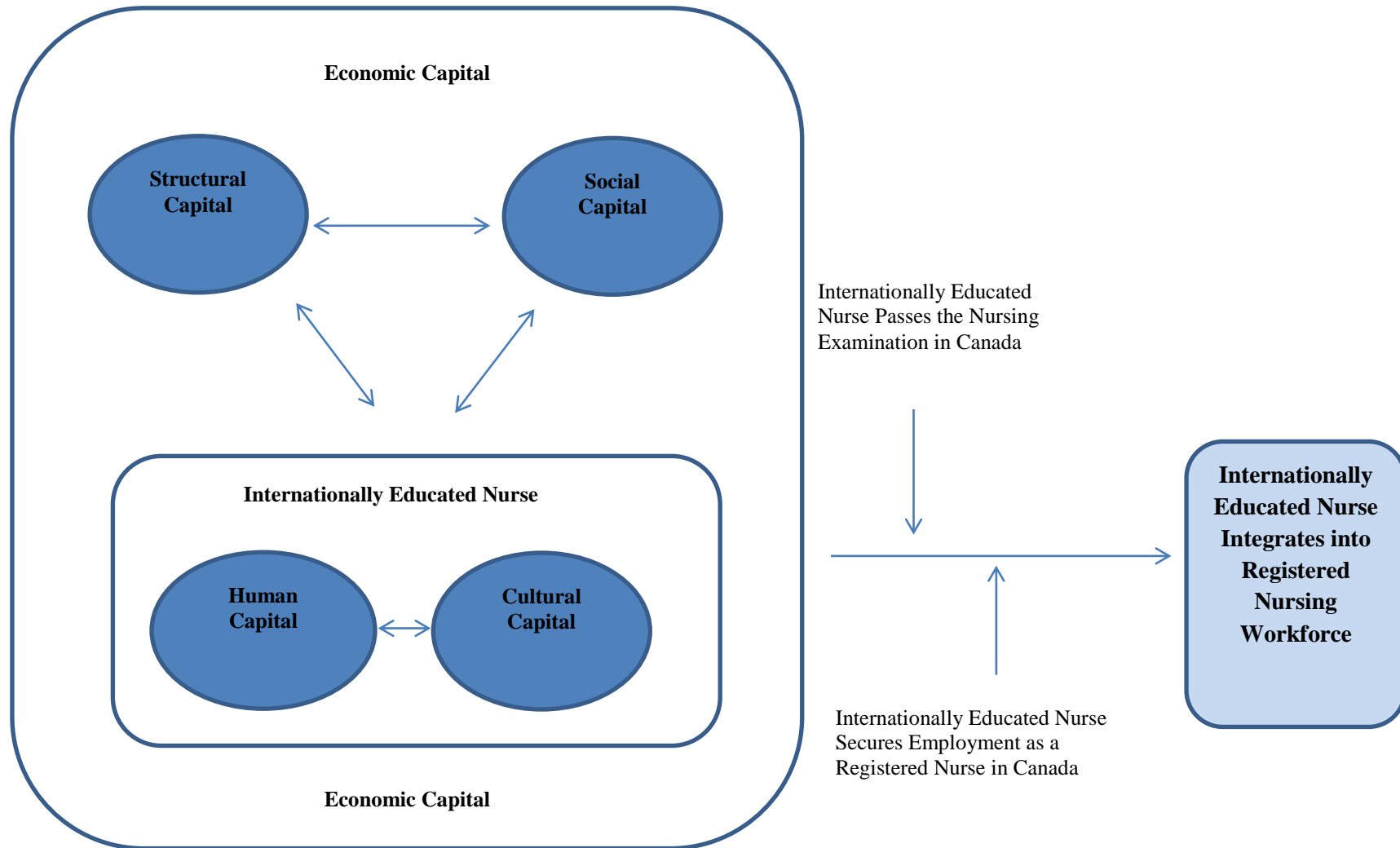


Figure 1. Relationships among human, cultural, structural, social and economic capitals and internationally educated nurses' integration into registered nursing workforce. Adapted from (Lostak 2006).