



# The Labour Market Integration of Internationally Educated Health Professionals: A Targeted Literature Review

Employment Pathways in Canada –  
Health Careers by Achēv

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**Table 1**      **List of abbreviations**

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<b>Abbreviation</b>	<b>Definition</b>
CEHP	Canadian educated health professional
EPIC-HC	Employment Pathways in Canada – Health Careers
ESDC	Employment and Social Development Canada
IEHP	Internationally educated health professional
IPG	International pharmacy graduate
LHIN	Local Health Integration Network
LPN/RPN	Licensed practical nurse/ Registered practice nurse
MLT	Medical laboratory technologist
NCLEX-RN	National Council Licensure Examination for Registered Nurses
NNAS	National Nursing Assessment Service
NP	Nurse practitioner
RN	Registered nurse
SSRN	Social Science Research Network

## ABSTRACT

This literature review examines the integration of internationally educated health professionals (IEHPs) – specifically, internationally educated nurses (IENs), international pharmacy graduates (IPGs), and internationally educated medical laboratory technologists (MLTs) – into the Canadian healthcare system, focusing on reasons for migrating to Canada, the factors contributing to successful integration, the challenges they face, and recommendations to support future IEHPs to successfully integrate into the Canadian health workforce. Through a targeted review of the literature published between 2010 and 2024, our findings of 22 peer reviewed and grey literature illustrate that key factors aiding in the workforce integration of IEHPs include being familiar with healthcare systems similar to Canada’s, participating in job placements or bridging programs, and having support from family, friends, colleagues, and managers. Several factors, such as being unable to obtain credential recognition and licencing, passing English-language proficiency exams, experiencing downward occupational mobility, lack of recognition of education, experience, and skills by employers, and racism and discrimination were found to hinder IEHPs integration into the health workforce. Our review of emerging initiatives and practices, as well as recommendations highlighted in the literature, indicate the importance of creating flexible programs addressing gender roles and caregiving, providing centralized information on registration, enhancing skills through language and cultural training, and offering mentorship, networking, and financial support for education and skills upgrading.

In light of these findings, Achēv’s Employment Pathways in Canada – Health Careers (EPIC-HC) program aims to address leverage the insights from this review to further support the integration process for IEHPs. [Achēv](#) is one of the largest providers of employment, settlement, language, women, youth, and technology solutions services in the Greater Toronto Area, throughout Canada and abroad, that is committed to creating faster paths to prosperity for clients. For more than 30 years, Achēv has dedicated themselves to helping diverse Canadians and newcomers achieve their full potential. They serve over 109,000 clients and 4,200 employers annually and their dedicated team of 500 staff delivers a wide range of innovative, high-quality, and personalized programs and services that empower their clients to prosper and communities to thrive.

## INTRODUCTION

In recent years, Canada's health sector has observed significant changes and major staffing shortages, heightened by the COVID-19 pandemic. Statistics Canada (2023) reported that health sector job vacancies rose from 40,340 in the third quarter of 2019 to 91,930 during the same quarter of 2023. And although the supply of health professionals in Canada is growing, more nurses are leaving the health sector than are joining. For example, between 2021 and 2022, the number of registered nurses (RNs) in hospitals declined by 0.6%, nurses in long-term care had declined by 5.1%, and the growth rate of pharmacists has been slowing (Canadian Institute for Health Information, 2024). Canada has also observed a decline in the average annual growth rate of pharmacists between 2018 and 2022 (Canadian Institute for Health Information, 2024). To mitigate the staff shortages in the health sector, the federal, provincial, and territorial governments have emphasized the importance of internationally educated health professionals (IEHPs) to strengthen the workforce (Baumann & Crea-Arsenio, 2023; Employment and Social Development Canada, 2022; Frank et al., 2023).

In 2021, an estimated 259,695 IEHPs aged 18 to 64 resided in Canada; 44.8% in Ontario, 17.4% in British Columbia, and 16.1% in Alberta, with the remaining 21.7% distributed among the other provinces and territories. Most IEHPs are women (about 7 out of 10), nearly one-third migrated to Canada between 2016 and 2021, and the majority have completed their education in Asia. The division of occupations amongst IEHPs is as follows: nurses (33%), physicians (15.2%), pharmacy (8.3%), and other health fields (35.7%). Although employment rates in the health sector are highest among internationally educated nurses (IENs), compared to Canadian educated health professionals (CEHPs), the gap in the proportion working in the health sector remains high among nurses (68% of IEHPs versus 97% of CEHPs), as well as pharmacists (63% of IEHPs versus 86% of CEHPs) (Frank et al., 2023).

Despite Canada facing healthcare staff shortages, many IEHPs are not employed in the profession for which they were trained (Hou & Schimmele, 2020). For example, just 34% of IENs who studied nursing were employed as registered nurses (RNs) or registered practical nurses (RPNs), and only 46% of international pharmacy graduates (IPGs) were employed as pharmacists in Canada (Frank et al., 2023). This paradox highlights the need to understand the experiences of IEHPs in Canada as they navigate integrating into the health sector workforce.

The present literature review is one component of the evaluation activities of the Employment Pathways in Canada – Health Careers (EPIC-HC) program designed and implemented by Achève with funding from Employment and Social Development Canada (ESDC). EPIC-HC is an online training and employment guidance program that supports the accreditation and employment of internationally educated healthcare professionals; specifically, nurses, pharmacists, and

laboratory technicians. As such, in this report, we highlight findings the factors that determine why IEHPs migrate to Canada, the facilitators and challenges IEHPs experience during the registration and licensure process, job search, and within the workplace, existing programs and initiatives designed to support the integration of IEHPs into the workforce, and provide relevant recommendations to better support IEHPs in Canada. We include peer reviewed articles and the grey literature focusing on IENs, IPGs, and internationally educated medical laboratory technologists (MLTs). Addressing these issues can support future programming that will leverage the skills of IEHPs to alleviate staffing shortages in the health sector.

## METHODOLOGY

SRDC conducted a targeted review of peer reviewed and grey literature, that is information published “outside of traditional publishing and distribution channels” (Simon Fraser University, 2023) (e.g., organizational and government reports), on IEHPs, including IENs, IPGs, and internationally educated MLTs in Canada that focused on their motivations for migrating to Canada, challenges and facilitators of workforce integration, their needs, and existing interventions and initiatives for labour market integration.

We conducted a literature search using free research databases, including EBSCO Information Services, JSTOR, Pubmed, and the Social Science Research Network (SSRN), limiting the search to studies published between 2010 and 2024 and written in English. Google Scholar was used to identify additional journal articles and theses, and Google searches to find grey literature. The keywords, used in combination, were “internationally educated,” “internationally trained,” “foreign,” “nurs\*,” “medical laboratory technologist,” “pharmacist,” “pharmacy graduate,” and “Canada.” Table 1 outlines the characteristics of the articles and reports included in this literature review.



## RESULTS

Among the 22 studies SRDC reviewed, 18 targeted IENs and 1 study conducted a secondary analysis and document review of pharmacist recruitment and retention issues. We did not find journal articles or grey literature about the workforce integration of internationally educated MLTs. 3 studies targeted IEHPS as a whole, with one study including MLTs (Johnson & Baupal, 2011).

## PROFILES OF IEHPS AND MIGRATION TRENDS

### Internationally Educated Nurses (IENs)

Regulated nurses in Canada belong to three categories: nurse practitioners (NPs), registered nurses (RNs), and registered practical nurses (RPNs)/licensed practical nurses (LPNs). RNs represent the largest single occupational group in the Canadian healthcare workforce. In 2019, regulated nurses represented 48.5% of total healthcare workers in Canada, with the highest representation observed in Prince Edward Island (60%), and Newfoundland and Labrador (55.0%), and the lowest in Alberta (43.8%) (Harun & Walton-Roberts, 2022).

Many studies included in this literature review recruited IENs predominantly immigrating from the Philippines and India (Atack et al., 2012; Covell & Rolle-Sands, 2020; Covell et al., 2017; Harun & Walton-Roberts, 2022; Kumaran & Chipanshi, 2015; McGillis Hall et al., 2015). Other common IEN source countries include China, Iran, Lebanon, South Korea, the United Kingdom, and Ukraine (Covell & Rolle-Sands, 2020; Salma et al., 2012; Singh & Sochan, 2010). The majority of IENs are married women (McGillis Hall et al., 2015; Salma et al., 2012) with children (Salma et al., 2012), enter Canada through the Federal Skilled Worker Program, family class, Live-in Caregiver Program, and through student visas (Baumann et al., 2021; Salami et al., 2018), and many were employed as RNs in their home countries (Covell & Rolle-Sands, 2020; Primeau et al., 2021; Covell et al., 2017; Salami et al., 2018; Salma et al., 2012).

Between 2011 and 2020, the number of IENs working as RNs and NPs in Ontario increased 2.65%, from 11,230 to 11,550. In Ontario, RN and NP IENs have been shown to be increasingly employed in long-term care facilities, with a growth rate of 21.5% between 2011 and 2020. The number of RPN IENs has also increased between 2011 and 2020 with many of them also employed in long-term care facilities (Harun & Walton-Roberts, 2022). Although the highest proportion of IENs are employed in the Toronto Central Local Health Integration Network

(LHIN), mid-sized cities observed the highest growth of IENs between 2011 and 2020 in Ontario (Harun & Walton-Roberts, 2022).

Certain characteristics of IENs may influence their level of satisfaction with their employment in Canada. According to a study by Primeau et al. (2021) involving 1,951 IENs, including RNs and LPNs, generally, IENs who are women are more satisfied with their careers than men. IENs with diplomas reported the highest satisfaction with their careers, followed by those with Bachelor degrees, and those with higher degrees. This pattern may be explained by the fact that nurses with higher levels of education are more likely to perceive being overqualified in their roles, which can contribute to lower career satisfaction. IENs who migrated to Canada more recently tended to be less satisfied with their careers compared to those who arrived earlier, which may be due to having more time to acculturate into Canadian society and become familiar with the workplace. Furthermore, IENs working in hospitals were found to be more satisfied with their careers than those working as LPNs in long-term care (Primeau et al., 2021; Salami et al., 2018). As many IENs working as LPNs in care facilities or long-term care homes cannot fully use their knowledge and skills in their practice due to limited tasks and responsibilities, they have reported feeling most dissatisfied working in Canada (Higginbottom, 2011; Salami et al., 2018). The literature also indicates that IENs employed in Ontario are more satisfied with their careers than all other regions in Canada (Primeau et al., 2021).

## International Pharmacy Graduates (IPGs)

In rural Canada, the percentage of internationally educated pharmacists varies by region. For example, in British Columbia, international pharmacy graduates with Canadian licensure represent 6.3%, 19.6% and 27.0% of pharmacists in BC Northern Interior, BC Northwest and BC Northeast regions, respectively (Soon & Levine, 2011).

## FACTORS INFLUENCING IMMIGRATION DECISIONS

IENs' decisions to migrate to Canada depend on both personal motivations and professional motivations. Personal motivations include searching for better economic opportunities (Hawkins & Rodney, 2015; Higginbottom, 2011; Salami et al., 2018), providing a better life for their families and seeking improvements in quality of life (Hawkins & Rodney, 2015; Higginbottom, 2011; McGillis Hall et al., 2015; Salami et al., 2018; Salami et al., 2014a; Salma et al., 2012), the desire to join relatives already residing in Canada (Higginbottom, 2011), and perceived improved social status (i.e., living in a 'first world' country) (Hawkins & Rodney, 2015; Salami et al., 2014a). Professional motivations include to learn new skills (Higginbottom, 2011), widen their work experiences or to find professional and/or career development (Higginbottom, 2011; McGillis Hall et al., 2015), improve workplace conditions (McGillis Hall et al., 2015; Salami et al., 2018),

and access further education (Higginbottom, 2011; McGillis Hall, 2015). Particularly for IENs migrating from the Philippines, their motivation to relocate was also mediated by unemployment in their home countries (Hawkins & Rodney, 2015; Salami et al., 2014a).

## FACILITATORS TO WORKFORCE INTEGRATION

### Professional experience, opportunities to improve skills, and a positive work environment

Knowledge from past experiences and opportunities to develop further nursing knowledge and skills are identified to be facilitators to workforce integration. For example, IENs with 3 to 5 years of professional experience are more likely to pass the licensure exam on their first attempt than those with less than 3 years of experience (Covell et al., 2017). The literature further highlights that IENs who have previous experiences and knowledge of a healthcare system similar to Canada's, had previously relocated for nursing employment and understood the obstacles in finding employment, and had an open-mind to learning the Canadian healthcare system all supported their workforce integration (Higginbottom, 2011; Covell & Rolle-Stands, 2020; Njie, 2014). IENs who have extensive experience and clinical expertise in specific clinical settings, such as those with a background in neuro-trauma nursing or operating room nursing, are likely to adjust quickly to the Canadian healthcare system because clinical skills are more consistent between countries than general nursing (Njie, 2014). Likewise, IPGs and IENs may benefit from job placements or bridging programs that prepare IEHPs to find work in Canada, as they can learn about the requirements, the Canadian workplace culture, and how the healthcare system works in Canada (Covell et al., 2017; Johnson & Bauman, 2011; Njie, 2014).

Within the workplace, good relationships with co-workers, and support from managers have been identified as key factors in supporting IENs' integration (Covell & Rolle-Stands, 2020).

### Support from family and friends

Support from friends and family, such as help with finding a job or preparing for the English-language proficiency exam, has been noted in the literature to facilitate IENs' workforce integration (Covell et al., 2017; Higginbottom, 2011; McGillis Hall et al., 2015). More recently arrived IENs may be more likely to receive help studying for the licensure exam or receive assistance in finding their first jobs as RNs from family, friends, or colleagues living in Canada. Moreover, IENs who receive help studying for the licensure exam are more likely to pass the exam on their first attempt compared to those who do not receive help (Covell et al., 2017).

## CHALLENGES TO WORKFORCE INTEGRATION

### Barriers obtaining credential recognition and licensing

The literature reports IEHPs facing significant difficulties passing licensure exams and throughout the registration process (Johnson & Baumal, 2011). As nursing qualifications and educational models differ from country to country, IENs face challenges in getting their credentials and qualifications assessed by provincial nursing regulatory bodies. One of the first steps for IENs in order to register as an RN in Canada is to demonstrate the successful completion of a nursing education program. The National Nursing Assessment Service (NNAS) (2022) indicates that the applicant must download and print the Nursing Education Form, sign it, and mail it to the school from which they got their nursing degrees in their home countries. The school must then complete the forms and send them directly to NNAS by mail or courier. For many IENs, having their qualifications verified from the school(s) in their home countries is a time consuming and expensive process (Singh & Sochan, 2010). Additionally, IENs from the Philippines who practiced as nurses in the Middle East before migrating to Canada reported difficulties in getting documentation of their previous work experience (Salami et al., 2014b). Instances have also been reported in the literature where IENs pass their RN licensure exam in Canada but cannot yet practice as a nurse because their necessary documents have not arrived (Singh & Sochan, 2010). In other cases, the RN registration process had to be restarted from the beginning because their documents did not arrive before their application time expired, (Neiterman & Bourgeault, 2013; Salami et al., 2018). The literature also shows that IENs perceive regulatory colleges to be unhelpful and causing delays in their licensing process. For example, one IEN reported being told by a regulatory college that they would only look at their documents if they found a volunteering position (McGillis Hall et al., 2015).

IENs in Canada must pass examinations required to be a RN, including the RN licensure examination, known as the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and the jurisprudence examination, designed to evaluate an individual's understanding of the laws and regulations (British Columbia College of Nurses & Midwives, n.d.; College of Nurses of Ontario, 2024; College of Registered Nurses of Alberta, 2023). In Ontario, for example, the process requires IENs to submit to the National Nursing Assessment Service with their education documents, identification documents, verification of registration, verification of employment, and evidence of language proficiency. NNAS will then authenticate and validate the documents and determine whether or not the IEN can write the NCLEX-RN (College of Nurses of Ontario, 2023). If an IEN is not eligible to write the NCLEX-RN, they may need to undergo additional assessments. However, IENs have reported a lack of clarity regarding who requires additional assessments and feeling that decisions were influenced by stereotypes, particularly regarding the perceived quality of their nursing education based on the country where their license was obtained (Higginbottom, 2011; Singh & Sochan, 2010). IENs in Singh and

Sochan's study (2010) noted that their friends with the same credentials from the same international nursing programs were assessed differently from one evaluator to another which they perceived to be an unfair process.

For IENs who are eligible to write the licensure exam, they may experience barriers such as unfamiliarity with the language and questions used in the exam related to Canadian health professional culture, such as questions related to nurses' interactions with other health professionals or patients that may differ between IENs' home countries and Canada (Neiterman & Bourgeault, 2013; Salami et al., 2018; Salami et al., 2014b). The process of obtaining credential recognition or licensing was also found to be a financial burden for IENs (Salami et al., 2018; Salami et al., 2014b), costing them \$845 CAD for NNAS to review credentials, and \$360 CAD per NCLEX-RN exam (College of Registered Nurses of Manitoba, n.d.; National Nursing Assessment Service, n.d.).

### Challenges of proving English-language proficiency and communicating in the Canadian healthcare context

IENs in Canada face many challenges in proving their English-language proficiency.<sup>1</sup> Many IENs migrate to Canada with moderate or high levels of English proficiency (Covell et al., 2017). Even for IENs who came from a country where English is spoken, they are required to pass language assessments in spoken and written English (Salami et al., 2018), unless they have completed a nursing program in English or have practiced nursing in English (College of Registered Nurses of Alberta, 2023). Many IENs have reported to find these English-language proficiency exams difficult to pass (Salami et al., 2018). Additionally, failing to pass these language assessments caused disappointment and loss of confidence amongst IENs (Hawkins & Rodney, 2015). Even when IENs pass assessments, they may not be seen by employers to be proficient enough and might not be familiar with Canadian nursing terminologies, such as acronyms or slang (Neiterman & Bourgeault, 2013).

In the workplace, IENs were reported to struggle with communicating in English with colleagues and supervisors and resorted to learning "on the go", which ultimately hindered their career advancement (Neiterman and Bourgeault, 2013; Neiterman and Bourgeault, 2015; Salma et al., 2012). IENs experienced challenges communicating because of their accents and being misunderstood by others, misunderstanding non-verbal cues, being unfamiliar with slang terms or acronyms, and being unable to converse on social topics with colleagues (Salma et al., 2012; Neiterman and Bourgeault, 2015).

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<sup>1</sup> Or French language proficiency.

## Downward occupational mobility and unemployment

Compared to CEHPs, IEHPs have more difficulties finding employment after obtaining their licensure to practice. IEHPs may take up positions for which they are over-qualified during the licensure or registration process, or to gain Canadian work experience, such as technicians, assistants or cleaners (Johnson & Baupal, 2011). For example, for IENs who face challenges finding full-time RN positions in hospitals or while waiting to obtain their nursing licensure, some will find transitional employment opportunities, many of which are low-skill and low-paying jobs (Atack et al., 2012; Hawkins & Rodney, 2015). Many IENs may choose to find work as LPNs due to the need to provide financially for their family in Canada, as well as family members in their home countries and the shorter time it takes to become an LPN (Salami et al., 2018). Downward occupational mobility was also evident in the profile of IEN study participants. Many were not employed as RNs during the time of the study but rather as graduate nurses, nursing aides, or LPNs (Higginbottom, 2011; Salami et al., 2014b). IENs in one study indicated that they oftentimes received information about RN registration processes from family and friends and heard through word of mouth that the process to becoming an LPN was an easier and better option (Salami et al., 2018). Others may find part-time positions, work as personal support workers, or choose to return to school to obtain certificates in alternative health-care fields (Atack et al., 2012; Hawkins & Rodney, 2015).

Many IENs in Canada may not be familiar with the Canadian educational requirements, lack knowledge about the RN registration process, and may be assigned licenses that are below their qualifications (Higginbottom, 2011; Neiterman & Bourgeault, 2013; Salami et al., 2014b; Salami et al., 2018). For example, IENs interviewed in a study by Salami et al. (2014b) stated that in the Philippines, RNs can either complete a 4-year education program at a college or a university while in Canada, RNs must complete a university program. Also, elementary and secondary school education is 10 years in duration in the Philippines while in Canada, it is 12 years. For these reasons, IEN study participants from the Philippines reported that they were not assessed as RNs but as RPNs.

## Lack of recognition of education, experience, and skills by employers

IEHPs experience barriers during job interviews and in the workplace due to them not having formal education or work experience in Canada, such as being denied a job interview because of lack of Canadian work experience, particularly for specialized roles (Hawkins & Rodney, 2015; Johnson & Baupal, 2011; McGill Hall et al., 2015; Salma et al., 2012). IEHPs may perceive that employers prefer to hire health workers with Canadian experience, and employers have been reported in the literature to echo this sentiment. Some employers may perceive that it is too difficult and time consuming to hire, train and integrate IHEPs into their workplace (Johnson & Baupal, 2011). Furthermore, even if IENs enrol in bridging programs, human resources staff in

hospitals may not recognize their status as RPNs after completing bridging programs (Atack et al., 2012). Additionally, IENs reported needing to work harder than others or obtain higher educational credentials to be recognized by colleagues. The literature also reports that IENs perceive that their skills and knowledge were questioned by their colleagues and supervisors (Neiterman and Bourgeault, 2015; Salma et al., 2012).

### Need for educational upgrading

Many studies reported that IENs identified the need to pursue further education or bridging programs in Canada to be a barrier to integrating into the workforce as RNs. For instance, the availability of bridging programs in Canada is limited, and they may not be available where an IEN is residing, consequently leaving IENs to travel long instances to complete these programs (Salami et al., 2018; Salma et al., 2012). Post COVID-19, however, many of these programs have adopted hybrid models, where coursework can be completed online and clinical experience is completed in person (e.g., New Brunswick CEN-Re-Entry/IEN Bridging Program or Honours Bachelor of Science – Nursing (Bridge)) (New Brunswick Community College, n.d.; Seneca Polytechnic, n.d.). Further research is needed to identify if this shift has made these programs more accessible to IENs, regardless of where they live, reducing the need for extensive travel. Moreover, as many IENs are employed while pursuing their RN registration, they may not have the time to enrol in bridging programs which are most often offered during the week (Salami et al., 2014b). Furthermore, as many IENs experience financial strain in Canada, it is deemed difficult for IENs to return to school or obtain retraining. IENs borrow money from family members to pay for tuition, and particularly for women, experience challenges juggling being a student, mother, and a wife (Salami et al., 2018; Salma et al., 2012; Singh & Sochan, 2010).

### Racialized IEHPs and racism and discrimination

Five studies explored themes of racism and discrimination that IEHPs experience while employed in the healthcare professional setting (Higginbottom, 2011). Some studies did not explicitly focus on racism and discrimination but did highlight that being a racialized IEN influenced their integration experiences. Specifically, the literature indicated that IENs often experienced bias due to their racialized status or because they migrated from a different country. This perception of bias and xenophobia was a significant factor in shaping their experiences (Covell & Rolle-Stands, 2020; McGillis et al., 2015). Racialized IENs are more likely to experience poorer integration into the workforce compared to non-racialized IENs, and IENs, including non-racialized IENs, may also observe that they are less successful in their career advancement in comparison to Caucasian Canadians or Canadian-educated nurses because they are viewed as less competent (Covell & Rolle-Stands, 2020; Primeau et al., 2021; Salma et al., 2012). IENs employed as nurses (graduate nurses or LPNs) in Higginbottom's (2011) study reported that they

were assigned tasks not related to nursing, such as washing the dishes or vacuuming because their employers were discriminating against them based on the country from which they migrated. IENs also recognized a lack of racialized individuals in leadership positions which made it harder for racialized IENs to be recognized as competent healthcare professionals (Salma et al., 2012). Furthermore, studies have also found that IENs experienced microaggressions or covert discrimination from patients, colleagues, and supervisors, which all reduced their feelings of being welcomed into the workplace or hindered their abilities to advance in their careers (Higginbottom, 2011; Salma et al., 2012). IENs who experienced discrimination reported lower career satisfaction than those who had not experienced discrimination (Primeau et al., 2021).

### Unfamiliarity with Canadian health profession culture

Learning about nursing and clinical practices in Canada that differ from the ones in their home countries have been noted in the literature to be a challenge for workforce integration amongst IENs (Higginbottom, 2011; McGillis et al., 2015). As norms and rules within healthcare systems differ by country, IENs experience challenges in the ways in which to interact with physicians and patients. For example, while in some cultures, it may not be the norm to question a physician's authority and inform the physician of the patient's results, in Canada, nurses play an autonomous role within the healthcare team, and may be expected to advise physicians or complete physical assessments of patients (Neiterman & Bourgeault, 2013; Neiterman & Bourgeault, 2015; Njie, 2014). Furthermore, IENs may be unfamiliar with the roles of different healthcare professionals in Canada and have been reported to unknowingly step outside of their professional responsibilities and were reprimanded for it (Neiterman and Bourgeault, 2015).

### Initiatives and existing programs

SRDC identified three evaluated Canadian initiatives designed to support the integration of IEHPs into the workforce. The initiatives focused on employer engagement and bridging programs. As the initiatives are quite different from each other, even under the same theme, we will review the initiatives individually. Two studies focused on engaging employers to increase their awareness of the barriers that IENs face to be re-licensed in Canada, and the benefits of hiring IENs into the workforce. Baumann et al. (2015) evaluated a Web site launched in 2012 called *Internationally Educated Nurses: An Employer's Guide*.<sup>2</sup> The Web site was developed to provide employers in Ontario with information and resources to increase their awareness of the advantages of hiring IENs. **What are the successes?** Employers noted that the Web site helped

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<sup>2</sup> SRDC was unable to access the link to the *Internationally Educated Nurse: An Employer's Guide* (<http://ien.oha.com/Pages/IEENMain.aspx>) at the time of writing (July 3, 2024). The website appears to be inaccessible.



them understand the challenging entry requirements for IENs and increased their awareness of the advantages of hiring IENs. **What can be improved?** Employers recommended emphasizing the cultural differences in practice to illustrate to other employers that IENs possess the necessary knowledge and skills. Additionally, future iterations of the Website should focus on key considerations for working with IENs, such as best practices in documentation and team processes.

Baumann et al. (2021) sought to examine the effectiveness of a pilot project designed to help job-ready IENs in Ontario find employment by matching them with healthcare employers with open nursing positions. The research team shared information and resources with healthcare employers about strategic practices for hiring and integrating IENs who were already registered with the College of Nurses of Ontario (i.e., completed registration examination (NCLEX-RN) and the jurisprudence examination, and demonstrated proficiency in English or French) into the workforce, as well as supported IENs in career development, job search, and reviewing resumes. All 95 IENs in the study were matched with an open nursing position: 60% were matched to positions at a hospital, 22% to long-term care homes, and 6% to home care. **What are the successes?** Employers were provided with IENs' bios and resumes, which helped them become more aware of IENs' skills and abilities to practice in Canada. Many IENs in the study did not have job-ready resumes, which may have impacted their employability. Recognizing this challenge, researchers supported IENs by reviewing their resumes to ensure they were accurate and complete. This support was crucial, as employers emphasized that well prepared applications play a significant role in their hiring decisions.

One study explored bridging programs that were re-designed to meet the unique needs of IENs. In Ontario, a fast-track bridging program<sup>3</sup> was developed to support IENs to graduate and apply for RPN licensure in three semesters instead of the traditional four (Atack et al., 2012). The program also included a component during which IENs could work full-time with a staff mentor in a clinical facility before they graduated. Other components of the program included on-site prior learning assessment (PLR)<sup>4</sup>, language assessment services, opportunities to upgrade their English skills, hybrid courses on nursing in Ontario, opportunities to prepare for registration exams, and job search supports such as writing resumes and practicing interview skills. **What are the successes?** IENs who participated in this program perceived that the coursework was helpful, a good way of continuing their professions, and overall, they felt ready for practice in Ontario. Working with a staff mentor provided them with opportunities to practice their skills and gain confidence. They were also able to improve their English skills. **What are the challenges?** Many IENs reported that the workload and schedule were overwhelming as they

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<sup>3</sup> SRDC was not able to determine if the program is ongoing or has been discontinued.

<sup>4</sup> Prior learning assessment (PLR) involves processes for identifying, documenting, assessing, and acknowledging individuals' previous learning (Canadian Association for Prior Learning Assessment, n.d.).

had to manage school, family, and work responsibilities. IENs also perceived program costs and loss of income while being enrolled in the bridging program to be a challenge. **What can be improved?** Opportunities to enhance professional vocabulary to help IENs integrate into the workforce were highlighted as additional needs by study participants.

It is worth mentioning those programs targeted to IPGs that have not been evaluated as the literature on initiatives and programs available for internationally educated pharmacists is limited. The University of British Columbia and the University of Toronto offer International Pharmacy Graduate training programs to help newcomers to Canada bridge the transition from prior international pharmacist qualifications to Canadian licensure. Furthermore, the program at the University of British Columbia includes course content on pharmacy practice in rural settings (Soon & Levine, 2011).

## RECOMMENDATIONS FOR SUPPORTING THE INTEGRATION OF IEHPS IN THE WORKFORCE

Based on findings from the studies included in this literature review and suggestions for practice made by their authors, we propose the following recommendations for future programs and services designed to support the workforce integration of IEHPs in Canada.

**Flexible and tailored programs for employed IEHPs:** Much of the literature included in this review recruited disproportionately more women than men in their studies, which is aligned with current migration trends amongst IEHPs (Frank et al., 2023). As gendered roles significantly restrict the career advancement of IEHPs because women often struggle to balance professional development with caregiving responsibilities, IEHPs may not be able to attend nursing information sessions, find English-language training courses, or licensure exam review classes since these are all typically offered during the work week (Hawkins & Rodney, 2015; Salami et al., 2018). Thus, there is a need to offer services to IEHPs that allow flexibility to accommodate women's schedules (Salami et al., 2014b). IEHPs may benefit from a combination of comprehensive and tailored services that take into consideration their gendered roles within the family and their individualized needs (Covell, Primeau, Kilpatrick & St-Pierre, 2017; (Salami et al., 2014a).

**Centralized registration and licensing processes for IEHPs:** One of the key concerns among IEHPs in the literature is the inadequate availability of information about registration and licensing processes necessary to find employment in their fields in Canada (McGillis et al., 2015). Clear communication and expectations from health authorities and service provider organizations to ensure that IEHPs are obtaining accurate and up-to-date information about the registration process and employment requirements are needed (Hawkins & Rodney, 2015; Higginbottom, 2011; Singh & Sochan, 2010). Creating a central, reliable, and up-to-date

repository of information, along with details about available bridging programs, can directly support this need by offering IEHPs a trustworthy source to make informed decisions and navigate the registration process more efficiently. Both clear communication and a centralized information system work in tandem to streamline the pathway for IEHPs, reducing confusion and delays (Maddock et al., 2023). Singh and Sochan (2010) further recommend that IEHPs be given access to information about registration requirements prior to immigration, enabling them to begin the process from their home countries. This could include steps like having their nursing education assessed for equivalency or submitting proof of English-language proficiency.

**Job search supports:** One study highlights the importance of helping IEHPs make job-ready resumes as resume styles and relevant content differ by country (Baumann et al., 2021). Providing IEHPs with tools and resources to research which organizations are hiring, and which positions they are looking to fill, can help IEHPs to target employers within their preferred provinces or cities and health sector roles that match their education and expertise.

**Skills development opportunities:** Opportunities for IEHPs to increase their professional communication and nursing skills is needed to help them integrate into the workforce. According to the literature, many IEHPs perceived great difficulties in passing English-language proficiency exams, as well as communicating with colleagues and supervisors in the workplace. Therefore, beyond improving English-language proficiency, it may be beneficial for IEHPs to have opportunities to practice workplace-based English language and participate in cultural training to familiarize themselves with workplace-oriented scenarios (Atack et al., 2012; Hawkins & Rodney, 2015; Higginbottom, 2011; Neiterman and Bourgeault, 2015; Njie, 2014; Salma et al., 2012). Other skills development opportunities that may be useful include observational job shadowing, workshops to increase skills within the IEHP's expertise, and conflict resolution and stress management strategies to address challenges that IEHPs may face in the workplace, such as racism and discrimination (Covell & Rolle Sands, 2020; Hawkins & Rodney, 2015). Two of the main barriers reported previously in the literature review that prevent IEHPs from participating in skills development programs are a lack of time and financial barriers. Thus, a program developed by Horizon Health Network, where IENs can initially start working as a patient care attendant<sup>5</sup> and then work as a RN (Horizon Health Network, n.d.a) or an initiative established by the Government of New Brunswick in partnership with the Nurses Association to cover fees associated with competency assessments and bridging program tuitions may be of great benefit for IENs (Horizon Health Network, n.d.b). The Ontario Colleges Nursing Program Transformation Initiative established by St. Lawrence College provides courses to upgrade IENs' skills to support them in their journeys to become RNs and RPNs and offers free tuition and stipends for eligible Ontario residents. Eligibility is determined by meeting the following criteria: applicant is an IEN; proof of Canadian citizenship or permanent residency or authorization

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<sup>5</sup> Patient care attendants are responsible for taking care of patients' basic needs.

under the Immigration and Refugee Protection Act; and a confirmation letter from the College of Nurses of Ontario containing the results of the applicant's assessment and additional education they need (St. Lawrence College, n.d.).

**Social and professional networks:** As many IEHPs migrate to Canada alone or with their immediate families, opportunities to develop social and professional networks is paramount to their successful integration into the workforce as well as into Canadian society (Covell et al., 2017; Hawkins & Rodney, 2015; Salma et al., 2012). IEHPs may also benefit from mentorship opportunities both at the start of an IEHP's journey into registration and licensing and during their career progression (Covell & Rolle Sands, 2020; Salma et al., 2012). Mentors should be knowledgeable, flexible, patient, supportive, and understanding of the challenges that IEHPs experience in Canada (Salma et al., 2012).

## CONCLUSIONS

IEHPs migrate to Canada for both personal and professional reasons, such as to pursue better economic opportunities, improve their family's quality of life, enhance their own quality of life, gain new skills, work in improved workplace conditions, and expand their professional experience.

Several factors facilitate the workforce integration of IEHPs in Canada. Prior professional experience, particularly 3 to 5 years of nursing, increases the likelihood of passing the licensure exam on the first attempt. Particularly for IENs, those familiar with healthcare systems similar to Canada's, or those with specialized clinical expertise, tend to adjust more quickly. Job placements, bridging programs, and support from colleagues, managers, friends, and family are crucial in helping IEHPs navigate the Canadian healthcare system and workplace culture, as well as in preparing for licensure exams.

IEHPs also face multiple barriers and challenges in integrating into the Canadian healthcare workforce. Difficulties in obtaining credential recognition and licensing and passing or proving English-language proficiency exams and communicating in a Canadian healthcare context are the main initial barriers that IEHPs experience before they can obtain employment in healthcare. Challenges after obtaining registration and licensure include facing downward occupational mobility and unemployment, employers not recognizing IEHPs' education, experiences and skills, the need for costly educational upgrading, experiencing racism and discrimination, and lack of familiarity with the Canadian health profession culture.

SRDC identified three evaluations of Canadian initiatives supporting the workforce integration of IEHPs, focusing on employer engagement and bridging programs. One initiative improved employer awareness of the barriers IENs face and the benefits of hiring them, though more emphasis on cultural differences was suggested. Another program successfully matched job-ready IENs with employers, highlighting the importance of well-prepared resumes. A fast-track bridging program provided valuable training and mentorship but posed challenges due to overwhelming workloads and financial strain. Programs for internationally educated pharmacists remain largely unevaluated, with some initiatives available at universities.

To support the workforce integration of IEHPs in Canada, several recommendations emerge from the literature. Flexible and tailored programs should account for gendered roles, offering services outside traditional work hours to accommodate caregiving responsibilities. Centralized, reliable, and up-to-date information on registration and licensing processes is essential to help IEHPs navigate their career paths efficiently, with access to this information ideally provided before immigration. Skills development opportunities, such as language proficiency, cultural

training, and job shadowing, can enhance professional communication and occupation-specific skills, helping IEHPs adapt to the Canadian healthcare system. Additionally, mentorship and networking opportunities are crucial to support IEHPs' social and professional integration. Programs offering financial support for education and skills upgrading, such as those in New Brunswick and Ontario, provide valuable resources to help IEHPs overcome barriers such as time constraints and financial instability.

Achēv's EPIC-HC program has been designed to provide customized supports to IEHPs in nursing, pharmacy, and laboratory medical technology so that they can successfully integrate into the Canadian labour market and use all of their previous training and skills. Although it cannot address all of the barriers IEHPs face and does not attempt to change the systems governing the Foreign Credential Recognition process, it will provide training, support, resources and information, and related work experience opportunities to participants. Moreover, it will contribute to addressing the healthcare labour shortages in rural areas of Ontario and Alberta by facilitating labour mobility from the Greater Toronto Area to rural Ontario and Alberta.

**Table 2**      **Characteristics of studies<sup>6</sup>**

Author, year published, province of study	Title	Type of publication	Study aims / objectives	Sample size and demographics	Methodology
Singh, M. D., & Sochan, A. (2010) Ontario	Voices of internationally educated nurses: Policy recommendations for credentialing	Journal article	To present policy recommendations based on IENs' experiences of becoming registered nurses in Ontario	N = 12 IENs (11 women)	Qualitative
Higginbottom, G. M. A. (2011) Province unspecified	The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography	Journal article	To understand the experiences of IENs who are transitioning into the Canadian health care system	N = 23 IENs (15 women)	Qualitative
Johnson, K., & Baumal, B. (2011) Canada-wide	Assessing the workforce integration of internationally educated health professionals	Grey literature	To determine the barriers that IEHPs experience in integrating into the workforce	N = 118 IEHPs and CEHPs (focus groups), 1,123 IEHPs and CEHPs (survey), and 17 employers/managers	Mixed methods
Soon, J. A., & Levine, M. (2011) Across western Canada	Rural pharmacy in Canada: Pharmacist training, workforce capacity and research partnerships	Journal article	To explore pharmacist recruitment and retention issues, and compare the availability of the pharmacy workforce across Canada	Not available	Secondary analysis and document review

<sup>6</sup> The table presents the literature from oldest to newest.

Author, year published, province of study	Title	Type of publication	Study aims / objectives	Sample size and demographics	Methodology
Atack, L., Cruz, E. V., Maher, J., & Murphy, S. (2012) Ontario	Internationally educated nurses' experiences with an integrated bridge program	Journal article	To explore IENs' experiences with a fast-track practical nursing bridge program and determine its effectiveness as graduates transition into the workforce	N = 62 IENs (53 women)	Qualitative
Salma, J., Hegadoren, K. M., & Ogilvie, L. (2012). Alberta	Career advancement and educational opportunities: Experiences and perceptions of internationally educated nurses	Journal article	To explore career advancement and educational opportunities of IENs	N = 11 IENs (10 women)	Qualitative
Neiterman, E., & Bourgeault, I. L. (2013) British Columbia, Manitoba, Ontario, and Quebec	Cultural competence of internationally educated nurses: Assessing problems and finding solutions	Journal article	To explore how international models of nursing differ to that of Canada's and challenges IENs experience from cultural differences	N = 71 IENs (59 women) and 70 federal and provincial stakeholders	Qualitative
Njie, N. (2014) Ontario	Understanding internationally educated nurses' past work experiences: Insights for future integration practices	Journal article	To describe IENs' previous knowledge and work experiences, and their influence on their transition	N = 10 IENs (gender division not specified)	Qualitative
Salami, B., Nelson, S., Hawthorne, L., Muntaner, C., McGillis Hall, L. (2014a) Ontario	Motivations of nurses who migrate to Canada as domestic workers	Journal article	To explore the motivations of IENs who migrated through the Live-in Caregiver Program	N = 15 IENs (14 women)	Qualitative



Author, year published, province of study	Title	Type of publication	Study aims / objectives	Sample size and demographics	Methodology
Salami, B., Nelson, S., McGillis Hall, L., Muntaner, C., & Hawthorne, L. (2014b) Ontario	Workforce integration of Philippine-educated nurses who migrate to Canada through the Live-in Caregiver Program	Journal article	To understand workforce integration barriers experienced by IENs who migrate to Canada through the Live-in Caregiver Program	N = 15 IENs (15 women)	Qualitative
Baumann, A., Idriss-Wheeler, D., Blythe, J., & Rizk, P. (2015) Ontario	Developing a Web site: A strategy for employment integration of internationally educated nurses	Journal article	To evaluate the usability of the Web site to increase employer awareness of hiring and supporting the integration of IENs	N = 61 employers, educators, and agencies/ organizations in Think tank sessions, 71 in field-testing workshops, 17 in interviews, and 56 survey respondents (only employers)	Mixed methods
McGillis Hall, L., Jones, C., Lalonde, M., Strudwick, G., McDonald, B. (2015) Ontario	Not very welcoming: A survey of internationally educated nurses employed in Canada	Journal article	To identify and understand the experiences of IENs who migrated to Canada seeking work in nursing	N = 2,107 IENs (95% women)	Quantitative
Hawkins, M., & Rodney, P. (2015) British Columbia	A precarious journey: Nurses from the Philippines seeking licensure and employment in Canada	Journal article	To understand the experiences and challenges of IENs educated in the Philippines seeking Canadian RN licensure	N = 47 IENs (gender division not specified)	Qualitative

Author, year published, province of study	Title	Type of publication	Study aims / objectives	Sample size and demographics	Methodology
Neiterman, E., & Bourgeault, I. L. (2015) British Columbia, Manitoba, Ontario, and Quebec	Professional integration as a process of professional resocialization: Internationally educated health professionals in Canada	Journal article	To examine how IEHPs in Canada experience the process of professional resocialization	N = 179 IEHPs (35 international medical graduate, 59 IEN, 39 internationally trained midwives – all women) and 70 stakeholders	Qualitative
Covell, C. L., Primeau, M. D., Kilpatrick, K., & St-Pierre, I. (2017) Canada-wide	Internationally educated nurses in Canada: Predictors of workforce integration	Journal article	To describe the demographic profile of IENs, and to identify predictors of IENs' professional recertification and employment	N = 2290 IENs (1,943 women)	Quantitative
Salami, B., Meherali, S., & Covell, C. L. (2018) Canada-wide	Downward occupational mobility of baccalaureate-prepared, internationally educated nurses to licensed practical nurses	Journal article	To explore the experiences of IENs who work as LPNs	N = 14 IENs (12 women)	Qualitative
Covell, C. L., & Rolle-Sands, S. (2020) Canada-wide	Does being a visible minority matter? Predictors of internationally educated nurses' workplace integration	Journal article	To examine IENs' perceptions and supporting factors of their integration into the workforce	N = 1215 IENs (967 women)	Quantitative
Baumann, A., Crea-Arsenio, M., Ross, D., & Blythe, J. (2021) Ontario	Diversifying the health workforce: A mixed methods analysis of an employment integration strategy	Journal article	To assess the effectiveness of a pilot project designed to match job-ready IENs with healthcare employers with vacancies	N = 95 IENs (98% women) and 54 senior executives representing 21 healthcare employers	Mixed methods

Author, year published, province of study	Title	Type of publication	Study aims / objectives	Sample size and demographics	Methodology
Primeau, M-D, St-Pierre, I., Ortmann, J., Kilpatrick, K., & Covell, C. L. (2021) Canada-wide	Correlates of career satisfaction in internationally educated nurses: A cross-sectional survey-based study	Journal article	To understand the factors that influence IENs' career satisfaction	N = 1951 IENs (1,696 women)	Quantitative
Harun, R., & Walton-Roberts, M. (2022) Ontario	Assessing the contribution of immigrants to Canada's nursing and health care support occupations: A multi-scalar analysis	Journal article	To provide a multi-scalar review of immigrants' employment in nursing and healthcare support occupations in Canada and Ontario	Not available	Secondary analysis
Goodfellow, C., Zohni, S., & Kouri, C. (2023) Canada-wide	"A missing part of me." A pan-Canadian report on the licensure of internationally educated health professionals	Grey literature	To explore the barriers that are affecting IEHPs in obtaining licensing and employment, and promising facilitators	N = 76 service provider organizations (site visits)	Qualitative
Maddock, M., Goodfellow, C., Zohni, S., & Kouri, C. (2023) Canada-wide	Welcoming internationally educated nurses into the Canadian health care sector: Recommendations for change	Grey literature	To provide recommendations to improve employment outcomes for IENs	N = 74 service provider organizations (site visits), 20 stakeholders (working group), 11 IENs (working group)	Qualitative

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