

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around” – Leo Buscaglia

Internationally Educated Nurses' Experiences of Completing Nursing Registration in
Ontario and the Impact of This Process on Their Health:

A Descriptive Phenomenological Study

by

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Abstract

The purpose of this study was to understand Internationally Educated Nurses'(IENs) experiences of registration with the College of Nurses of Ontario (CNO) and the impact of the registration process on their health. Giorgi's (2009) Descriptive Phenomenological Method was used. Giorgi's (2009) descriptive method follows Heidegger's phenomenology which helps the researchers to understand the essence of a phenomenon. In addition, this method allowed the researcher to analyze the phenomenon using a higher level of discourse (from the lens of nursing discipline) (Giorgi, 2009). The Population Health Promotion Model (PHPM) was used as the theoretical lens to view findings at a higher level of discourse to examine the health outcomes during IEN's registration with the CNO. Participants shared their experiences through written descriptions. Data analysis/synthesis was done using the six steps of Giorgi's (2009) data analysis method. These results increase our understanding of the registration process in Ontario.

Dedication

I would like to thank God for guiding me in deciding to pursue a Master of Nursing program. I would also like to thank my mom and dad, my husband, my son, family, and friends. This thesis would not have been completed without my supervisor's support and the help of committee members. Thank you, everyone.

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Glossary of Terms

Canadian Institute for Health Information (CIHI): CIHI is a non-profit organization that gives statistical and other essential information on the Canadian health care system (CIHI, 2024).

College of Nurses of Ontario (CNO): CNO protects the public by governing and regulating the Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) in Ontario (CNO, 2020).

Competence: Competence is defined as the integration and application of knowledge, skills, attitude, and judgement required for safe, ethical, and appropriate performance in an individual's nursing practice (Canadian Nurses Association [CNA], 2000)

Evidence of Practice: Evidence of practice refers to any information that shows the CNO that one has experience practicing as a nurse for the past three years (CNO, 2022c).

Internationally Educated Nurses (IENs): IENs are the nurses who receive their original training outside of Canada (National Newcomer Navigation Network, 2022). In this study, I will be referring to both RNs and RPNs as IENs. I have also included IENs who have registered or in the process of registration with the CNO.

International English Level Testing System (IELTS): International English Level Testing System (IELTS) is a test that evaluates four essential aspects of English language proficiency: speaking, reading, and writing. It evaluates the language proficiency of individuals who wish to study, work, immigrate, or integrate into an English-speaking environment (IELTS, 2024).

Jurisprudence Exam: Jurisprudence exam is used by the CNO to assess IENs and domestic nurses' knowledge and understanding of the laws, regulations, practice standards, and guidelines around nursing profession in Ontario (CNO, 2023c).

Language Proficiency: Language proficiency is the ability to communicate effectively in English or French (CNO, 2023a). The nurses must demonstrate that they comprehend English or French both orally and in writing (CNO, 2023a).

NCLEX: The National Council Licensure Examination (NCLEX) is an entry to practice examination which is required in order to become a Registered Nurse in Canada (CNO, 2023b).

Nursing Competencies: competencies mean the knowledge, skills, judgement, and attributes required of nurses to practice safely and ethically (Nordstrom et al., 2018).

Registered Nurse (RN): RNs study for two to four years before they register with the CNO, allowing for a greater depth and breadth of foundational knowledge (CNO, 2020). Some colleges/universities have started to offer an accelerated option to complete the study in two years.

Registered Nurses Association of Ontario (RNAO): RNAO is the organization that represents the RNs, NPs, and the nursing students in Ontario. The RNAO promotes excellence in nursing practice by empowering nurses to advocate for public policy and decisions that affect the nursing profession (RNAO, 2022).

Registered Practical Nurse (RPN): RPNs study for two years to register with the CNO. Their scope of practice differs from that of the RN. They deal with patients who are less complex and have more stable outcomes (CNO, 2020).

Registered Practical Nurses Association of Ontario (WeRPN): WeRPN is the organization advocating and supporting RPNs in their nursing career (WeRPN, 2022).

Resilience: Resilience is defined as the ability of individually to do well under different challenges and during phases of adversity (Dahl et.al, 2022).

Supervised Practice Experience Partnership (SPEP): The SPEP program is a partnership program between the CNO, Ontario Health, and CNO approved organizations. This program offers applicants the option to complete a supervised practice experience in Ontario (CNO, 2022a).

The National Nursing Assessment Service (NNAS): NNAS is a Canadian not-for-profit organization that offers a streamlined process for IENs to submit their documents and provide them with the tools to apply for Canadian nursing registration (NNAS, 2024a).

Researcher's Perspective

I, the researcher, came to Canada on my own, as an international student. I came from India after completing high school. I started my educational journey in a Personal Support Worker program (PSW) in Canada. After completing my PSW certificate, I enrolled into a Registered Practical Nurse (RPN) program. Upon completion of that program, I worked as an RPN for five years in an acute setting in the hospital. After the five years, I decided to go back to school. I joined the University of New Brunswick (UNB) - Humber Registered Nurse (RN) Bridging program. During my full-time studies in the RPN-RN program, I continued to work part-time as an RPN in the hospital setting. I also started working as a lab and clinical instructor at Humber College for the IENs and domestic students.

The experience of arriving and living in a new country as an immigrant was challenging. Upon arrival, and in the first few years, I was afraid and experienced uncertainty about my future. English was not my first language, and I experienced many challenges with communication. I struggled with finding my first job because organizations kept asking for Canadian experience, but no one would allow me to work. At the time, I did not know much about the resources that were available to me. For example, I was not aware of any newcomer assistance centers, counselling services, or international student peer support groups. There were times I did not know who to ask for help and I experienced feelings of helplessness.

The inability to find a job also put me in financial hardship. My tuition fees were three times more than that of domestic students. In addition, I was paying rent for my

living accommodations without any family support. I had to use public transportation for groceries and food. I come from an extended family where many different family members live under one roof. We rely on each other for support. There is a big community network that connects people. In contrast, I did not find many extended families in Canada. Moreover, at home, I had lived in a village with people of the same religion. However, in Canada, there are people with different religions, so their religious values, beliefs, and traditions were different from my own.

The challenges that I faced as an immigrant affected my mental and physical health. There were times when I did not buy healthy food due to financial instability as a student. Lack of adequate nutrition affected my physical health. I noticed I started to get sick more often. There were times I did not want to meet or talk to anyone as I had feelings of loneliness. When I reflect on myself as an immigrant, I think of the various factors that affected my health. The Social determinants of health (SDOH) can be defined as the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole and determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (Raphael, 2016 as cited in Kushner & Jackson, 2019, p. 6). SDOH such as culture, income and social status, social support and coping skills, as well as employment and working conditions play a huge role in determining individual's health (Government of Canada, 2001). My experience as an immigrant made me intrigued about the population health and the SDOH. The transition to a new country took a toll on my health and well-being. However, during my

RN program, I became more aware of resources, so I felt comfortable navigating different resources at that time.

During the PSW program, I learned things that were helpful for my transition. For instance, my friends told me that my resume did not meet the expectations to get a job in the Canadian workforce. I went to the career center and with their help, I updated my resume and received tips on interviewing. After about six months of searching, I was able to get my first job in a local warehouse. I feel blessed that I received lots of guidance from my nursing professors during my school years and I performed well academically. In addition, after getting a stable job as an RPN, I could afford healthier food and make healthier lifestyle choices. Financial stability affected my physical and mental health in a positive way. During my role as a lab and clinical instructor, I interacted with other IENs and learned that some of them had several years of nursing experience. Many of them had higher education credentials and were RNs in their home countries. However, based on their evaluation from the College of Nurses of Ontario (CNO), the licensing body in Ontario, they were assessed to practice as RPNs. Before they could practice as RPNs, they had to meet the educational and practicing requirements outlined by the CNO.

The mandate of the CNO is to promote public safety and thus, many registration requirements are in place for the IENs before they get registered. In addition, nursing education, practice and credentialing requirements are different between different countries; and it is important all IENs meet the mandatory requirements needed to care for patients safely in Canada. For example, in some countries, more decision-making and skills, like head-to-toe assessments and inserting IV cannulas are the responsibility

of the physician, whereas in Canada, these things are the responsibility of the nurse. Nurses from these countries need to learn these things to safely care for patients. In these countries, nurses may be responsible for other things, like disinfecting their own equipment, which are not part of nursing practice in Canada. In Canada, everything is disposable or disinfected using a service within the organization, so Canadian nurses are not responsible for this practice. Consequently, Canadian nurses would need to learn about disinfecting equipment in order to practice safely in other countries. In countries where nurses need to disinfect their own equipment, this practice is a part of their nursing curriculum whereas it is not a component of the nursing curriculum in Canada. Similarly, there are many other practice differences between countries so having specific requirements for registration is important for patient safety.

During my interaction with IENs, I felt a strong sense of connection. Even though I did not come to Canada as an IEN, some of their experiences were closely linked to mine as an immigrant. Some IENs described their navigation experience during their registration process with CNO as very lengthy. Many IENs mentioned that they did not know where to seek help or even where to begin when they arrived in Canada. Moreover, many IENs were in Canada for more than three years and could not get registered with the CNO. Unfortunately, many of these IENs stated these setbacks were related to financial hardships, cultural differences, language barriers, and differences in the practices in their home country in comparison to Canada. Many IENs also mentioned the impact on their health (mental and physical) due to the registration system.

I became intrigued by their journeys and before I even started my Master of Nursing (MN) program, I knew that I wanted to focus my thesis on IENs' experiences.

To understand the lived experiences of IENs, I decided to choose Giorgi's descriptive phenomenology method (Descriptive Phenomenological Method as my methodology. Giorgi's Descriptive Phenomenology Method follows Heidegger's phenomenology and focuses on how phenomenon is experienced by the participants and helps to uncover essential framework which describes "things as they are" (Giorgi, 2008, 2009, 2012; Husserl, 1913/1983; Vagle, 2018; as cited in Leigh-Osroosh, 2021). Furthermore, from a nursing disciplinary perspective and from my own experience as an immigrant, I wanted to understand the setbacks and challenges faced by IENs during registration and its implications on health. To understand the health outcomes, I decided to use the PHPM lens as a framework (Kushner & Jackson, 2019). Importantly, Giorgi's Descriptive Phenomenological Method challenges several of the key features of other phenomenological approaches, such as 'bracketing' or refraining from biases/judgements, meaning the use of a model is appropriate (Giorgi, 2009). The PHPM lens during this research study helped me look at the barriers and challenges of IENs during registration before, after, and during the data collection and analysis phase. Furthermore, the PHPM lens is a good framework to guide and help healthcare systems to integrate IENs successfully using the perspectives of health inequities and disparities.

I am hopeful that my research will give guidance to decision-makers who are responsible for helping IENs integrate into the Canadian workplace in a timely, yet safe manner. The CNO has recently reviewed and updated their processes to help IENs with the registration. However, more research is needed to explore those changes' impact on IENs and a need for further changes/revisions. I am also hopeful that my research encourages the CNO and other professional organizations to continue to critically review

their registration processes on an ongoing basis to ensure the fair transition of these nurses into the workplace. I will also argue that IENs' registration experiences can be improved by taking SDOH into perspective. I believe policymakers and the professional bodies should think of these factors when setting up the registration requirements. During this research, a deeper exploration of the SDOH has helped me understand the impact of these determinants on the health of the IENs.

Chapter 1: Introduction and Background

The COVID-19 pandemic created many challenges for our health care system. Many news stories focused on how the pandemic exacerbated long-standing nursing workforce issues. The shortage of nurses in Canada has been well documented in the scholarly literature as well. An analysis from 2019 predicted a shortage of 117,600 nurses in Canada by 2030 (Scheffler & Arnold, 2019). IENs offer a possible solution to overcome this challenge in Canada but may amplify the shortage in these nurses' home countries.

IENs may encounter barriers that delay their journeys to become registered nurses (RNs) in Canada. For example, IENs may lack awareness about transitions programs and other licensing requirements (RNAO, 2022). Some researchers have found barriers of IENs' registration are linked to factors such lack of social support, income, coping, culture, and language (Government of Canada, 2001). The barriers and factors affecting registration can also have impact on IENs health. Ontario is on a path to incorporate IENs in the healthcare system workplaces, but these nurses may struggle to navigate the registration process. Ontario has recently rolled out changes to improve the registration process of IENs. An example of these changes is to match IENs with potential employers so they can obtain evidence of practice mandated by the CNO as one of the registration requirements. Research is needed to understand the impact of these changes for the IENs (College of Nurses of Ontario [CNO], 2022a).

The purpose of this study was to understand IENs' experiences of registration with the CNO and the impact of the registration process on their health. Giorgi's (2009) Descriptive Phenomenological Method was used. The Population Health Promotion

Model was used as the theoretical lens to view findings at a higher level of discourse to examine the health outcomes during IEN's registration with the CNO. Data collection and data analysis was completed using Giorgi's (2009) Method.

The results indicate that IENs go through various challenges such as social and economic, employment, health, financial, and ability to develop coping and personal skills. IENs outlined their past education in their home country, Social Support Network after migrating, and individual factors such as being able to adapt are some of their strengths that helped them with the registration process. The results also highlighted re-orienting the health services that IENs access to support their own health and well-being, creating supportive environments, and building healthy public policy to improve the health and wellbeing of the IENs during the registration process. Results also uncovered the effect of the registration process on IENs health outcomes. In addition, the study found issues IENs experienced during the registration process that can be further explored to help with current shortage and retention of nurses, improve the processing time for registration requirements, and add to research on the recent changes to the registration process in Ontario. The results will inform future policies around registration process in Ontario.

The World Health Organization (WHO, 2024) has expressed concerns about a shortage of nurses globally. An adequate nurse supply is increasingly important today due to ageing populations around the world (WHO, 2024). WHO estimates a shortage of 4.5 million nurses by the year 2030 (WHO, 2024). The need for nurses cannot be overlooked in Canada and is particularly pressing due to the rapidly ageing population and growing health challenges surrounding the COVID-19 pandemic (WHO, 2024). An

analysis from 2019 predicted a shortage of 117,600 nurses in Canada by 2030 (Scheffler & Arnold, 2019; Canadian Federation of Nurses Union [CFNU], 2022). This data is compelling, and the projected shortage emphasizes the importance of having a retention strategy in place. Moreover, many nurses who join the profession leave it because of burnout (McGill, 2019). In addition to those leaving the profession due to burnout, others are leaving the profession due to retirements. A survey by the Registered Nurses Association of Ontario (RNAO) found that 4.5 % of nurses in Ontario planned to retire in 2021 or immediately after the pandemic (CFNU, 2022). According to a poll conducted by CFNU (2023), 4 in 10 nurses are either wanting to retire, leave their nursing jobs, or leave the nursing profession entirely. The integration of IENs can be a great solution to address this deficit in Canada.

Covid-19 Pandemic

In Ontario, in a recent effort to combat the challenges of the global pandemic and the diminished nursing workforce, the CNO urged non-practicing nurses and nurses with resigned membership to re-apply (2020). The emergency assignment class comes into effect during provincial emergencies when more qualified nurses are needed to provide adequate health care (CNO, 2023d). When nurses work in emergency classes, they have a slightly different scope of practice and are restricted performing some activities such as delegation (CNO, 2023d). Applicants for the emergency class do not have to meet all the registration requirements and they can practice if they have completed the RPN or RN program and can speak in either English or French (CNO, 2021). In the emergency class, nurses were mandated to use their name and title also including ‘emergency

assignment.’ For example, nurses in the emergency classes were using titles such as RPN (Emerg. Assign). Nurses in the emergency class practiced under the supervision of other fully registered staff (e.g., RPN, RN, or NP) and had some restrictions on their practice (e.g., could not perform certain delegated acts). Since the nurses had to meet all registration requirements, IENs who met the criteria of language proficiency and evidence of practice were qualified to work in this class. If there is no provincial emergency, all nurses including IENs must apply for a general class registration. The general class registration means that the applicants must meet all the registration requirements of the CNO (CNO, 2018). To register under the general class, nurses must show that they have been practicing in Ontario within the last three years (CNO, 2018).

When the COVID-19 outbreak was increasing in March 2020, the provincial government released a three-phased framework for opening Ontario (Harnden, n.d.). Phase 1 occurred when there were strict emergency measures in place and the government's focus was on the health and well-being of the individuals (Harnden, n.d.). ‘Phase 1’ included gradually restarting health care services, resuming in-person services such as counselling, and adhering to face masks, social distancing, and decreased family gathering. In phase 2, the government took a stage-by-stage approach to loosen emergency measures and reopen the economy (Harnden, n.d.). ‘Phase 2’ involved opening more workplaces, community and outdoor spaces, and maintaining continued practice of physical distancing, hand washing, and plans to reduce health risks. ‘Phase 3’ was the recovery phase when the COVID-19 cases had significantly decreased and Ontario was opening slowly with minimal emergency measures (Harnden, n.d.). The minimal measures involved opening all workplaces responsibly, allowing large

gatherings such as concerts and nightclubs, and allowing full services in places such as libraries. In Phase 3, it was still recommended that people continue the practice of physical distancing, hand washing, and giving special attention to vulnerable populations, such as elderly. However, in August 2020, once the province moved to Phase 3 of the pandemic, the emergency class for nursing was suspended (CNO, 2020). When the emergency class was suspended, the registration was taken back from all the nurses in this class. IENs who were applicants for the CNO were allowed to work as unregulated care providers (UCPs). IENs described such experiences as degrading and exploitative (Merali, 2022, para. 4). This resulted in IENs without active registration, which exacerbated the overall shortage. Nurses who were previously employed had to re-apply to their positions under the general class and had to meet all the requirements of the general class. This was stressful for the IENs, and contributed to the nursing shortage which meant patients were not getting the care they deserved.

The CNO began looking at the barriers applicants may encounter in their journey to registration (CNO, 2022a). To understand the barriers, CNO administered a survey to 3,343 IENs who were eligible to write the national registration exam but had not tried it or had written and failed (CNO, 2022b). Upon reviewing the survey results, 1, 282 participants responded. The CNO found that the leading reason IENs stated for not writing the exam or failing the exam was due to having inadequate time to prepare (CNO, 2022b). Twenty-six percent of the IENs shared that the barriers to write and pass the exam were linked to family and personal reasons, while 22% indicated finances as one of the major challenges. Moreover, 20% of the participants reported a lack of confidence in their ability to write the exam. Only two percent of the participants stated

that they did not sit for the exam as they were planning to close their applications (CNO, 2022b). The CNO stated that they were identifying barriers so they could work with the government and other system partners to support applicants to meet requirements fairly and equitably (CNO, 2022a). Thus, looking at the registration experiences from a lens of equity, SDOH, and PPHM would certainly help to uncover the IENs experiences during the registration process and the impact on their health.

Importantly, CNO's registration requirements are set in place for public safety. Nursing is a self-regulated profession, which means CNO (a nursing regulatory body) has the responsibility of regulating nursing practice in the best interest of the public. During the pandemic, the CNO and ministry stated that since IENs were not able to work without nursing supervision amid nursing shortages, they were given roles of unregulated care providers in order to promote safety (Merali, 2022). No doubt, IENs should go through all the registration requirements for the promotion of safe patient care. This does not mean that the registration process is perfect. The results of this study will show how the registration process can be improved if different barriers can be looked at. According to the Canadian Nurses Association (CNA) (2022), some barriers to IENs registration are the complex permanent residency process, limited access to information, and e-registration resources.

IENs are a good solution to the shortage of nurses in Canada. IENs can provide health services to people of all ages with various chronic challenges. In addition, given their previous knowledge and experience, IENs can become job ready quickly in comparison to the time required for domestic students to become nurses . Despite the

need, many barriers exist for IENs to become registered with the CNO in Ontario. Nine years ago, the Fairness Commissioner, Jean Augustine (2015) reported that IENs were frustrated with the licensing process in Ontario and thus, underemployment and unemployment of IENs were mounting. The licensing process in Ontario is very time-consuming. The approximate application time for an IEN is around 3-18 months and may be longer if the assessment of the application is slower (CNO, 2023b). Moreover, IENs struggle to find resources to help them study for the NCLEX, navigate the bureaucracy, and sustain themselves while awaiting registration (Magno, 2022). These challenges could result in stress, anxiety, frustration, and can impact their physical and mental health (Magno, 2022).

Another consideration to make in relation to the migration of IENs is that a significant uptake in international recruitment may leave many developing countries in a nursing shortage crisis (Mcquillan, 2022). A joint report from International Council of Nursing and the WHO warned developed and rich countries of their high intake of IENs and suggested that these countries should train and retain their own health care staff (Mcquillan, 2022). The pandemic is a clear example of how lower-income countries struggle to hold onto their health care workers because wealthy countries continue to increase their recruitment of IENs. In these scenarios, the WHO recommends a bilateral deal approach that can be more ethical (Mcquillan, 2022). Bilateral deals means that instead of attracting IENs through recruitment agencies, the governments of both countries develop a bilateral agreement (Mcquillan, 2022). An example of bilateral agreement is when Ghana deployed nurses to Barbados for a two-year term and these nurses were made aware of their salaries and other employment conditions ahead of

time. Another example is when developed countries, such as Canada, give money towards building nursing schools or training more nurses in exchange of getting IENs. There needs to be better coordination of partnerships between various countries during IEN migration and registration to address the global shortage of nurses.

A great example of partnership between countries is the collaboration between UNB and India. To fill the staffing gaps in the health-care system, UNB created a dual degree in nursing with the Manipal Academy of Higher Education (MAHE) in India. This initiative aims to bring 100 National Council Licensure Examination- Registered Nurses (NCLEX-RNs) to New Brunswick from India between 2025-2029 (Seitz-Ehler, 2023). The students from MAHE university in India experience a New Brunswick Preceptorship Program in year three of the degree program. The student numbers are allocated in a way that it does not have a negative impact on health care in India (Seitz-Ehler, 2023). Upon graduation, these students will be eligible to write NCLEX-RN exam to qualify for licensure in Canada (Seitz-Ehler, 2023). This is one of an excellent partnership that other provinces including Ontario can implement for IENs.

Chapter 2: Literature Review

Search Strategy

For the literature review, I worked with a research librarian at the UNB and used multiple resources and databases. The focus of my research was articles about nurses' experiences during the registration process in Canada (particularly Ontario), other countries, and the registration process's impact on their health. The databases I searched included the following: CINAHL, PubMed, ProQuest, and Google Scholar. The keyword search terms that I used were 'internationally educated nurses (IENs),' 'registration,' 'health,' 'health outcomes,' 'immigration,' 'foreign-trained nurses,' 'immigrant,' 'registration experience,' 'licensing,' 'nursing practice,' 'Canada,' and 'Ontario.' I used these search terms in various combinations and with BOOLEAN operators AND and OR. I also used lots of grey literature from organizations like the Ontario Nurses Association, the CNO, the CNA, Care Center for IENs, National Newcomer Immigration System, RNAO, Registered Practical Nursing Association of Ontario (WeRPN) and Immigration Canada.

From the ProQuest database, the search strategy yielded 273 results. The relevant articles were scanned by reading the titles and abstracts. The duplicates were removed after scanning the titles and abstracts. Out of those, 20 main articles were selected that pertained to information regarding IENs and the registration process in Ontario and other Canadian provinces. I chose the comparison of registration process from other Canadian provinces to put Ontario into context. All the articles selected were peer-reviewed. Similarly, from CINAHL, the keyword search yielded 26 articles and 12 of

them were selected. Seven articles were selected from the PubMed database after getting 18 articles using the keyword search. Lastly, Google Scholar yielded 613 results, and out of those 21 articles were selected. Any article focusing on mentoring IENs by nurse educators, domestic nurses, and the registration process for other professionals were not included. Articles describing IENs as live-in caregivers, the journey of IENs in the workplace, career satisfaction, employment integration, and their experience post-registration were eliminated. Any duplicate articles across all databases were removed. There were around 18 studies on the experiences of IENs during registration. Other articles described the experience of IENs during workforce integration, bridging programs, and cultural navigation were eliminated. The details of the literature search are shared as PRISMA diagram in Appendix A. Despite an exhaustive search of the literature, I did not come across research articles on IENs experiences during registration and its impact on their health outcomes. Instead, some articles were focused on IENs and resiliency, and their experiences in general about the registration. Therefore, it was important to carry out my research study.

For my research, I focused on both practicing and non-practicing nurses. I also focused on both RNs and RPNs. Given the current shortage in the nursing workforce, this number could be increased if IENs are well integrated into the Canadian healthcare system. From the articles search, very less information was found on the actual registration process in Ontario. I also could not find any scholarly articles that shared the impact of IENs registration system on their health. Majority of the articles focused on IENs experience after registration, workplace bullying, and communication barriers within and outside Canada. In the next few paragraphs, I describe the IENs registration

processes and experiences in three developed countries to offer comparison and more context for the situation in Canada and Ontario. I present the situation in the United Kingdom, Australia, and United States.

The Registration Process for the United Kingdom

The United Kingdom (UK) has relied heavily on IENs to keep patients safe (Allan & Westwood, 2016). However, the UK's registration process is lengthy and complex. IENs have a range of language, practice, and educational requirements before they can register in the country (Allan & Westwood, 2016). For instance, IENs in the UK must go through mandatory English language proficiency testing under the International English Level Testing System (IELTS). Mandatory IELTS testing is discriminatory as many IENs complete their nursing education in English. For example, nurses from countries like India or Philippines who complete their nursing education in English still are required to go through the IELTS for their registration. This means that IENs trying to gain registration start working as healthcare assistants as there are no specific language requirements for becoming healthcare assistants. IELTS training ensures that nurses are fluent when providing care and being fluent in English promotes patient safety and communication. However, IELTS does not necessarily test the language skills that are needed to practice safely in the health care sector. IELTS does not test medical English and, thus, there should be other alternatives to ensure that IENs are meeting language proficiency. There are no formal tests that assess proficiency in medical English.

There have been growing concerns that IELTS testing is a huge barrier for IENs to achieve UK registration (Allan & Westwood, 2016). Nurses in the UK shared feelings of frustration, injustice, unfairness, and double standards for registration for domestic nurses and IENs. The nurses from the focus groups stated that even though they failed the IELTS test, they felt that their English was much better than that of some of the nurses who were already registered in the UK (Allan & Westwood, 2016). The IENs expressed concern that the problem lies with the testing system that is used for registration, and not their English skills (Allan & Westwood, 2016). The authors (Allan & Westwood, 2016) summarized that the discrimination and the mandatory IELTS testing contributed to the downward mobility of IENs as they end up taking on non-nursing roles.

IELTS becomes a barrier in the system (Allan & Westwood, 2016). The nurses reported that some level of spoken English can be acquired with practice. However, testing written skills requires a greater degree of precision (Allan & Westwood, 2016). IENs felt that they could speak English fluently and provide safe patient care. However, the strict written English requirement necessitates mastering written skills and thus was a barrier for them to become registered (Allan & Westwood, 2016). Most nurses' writing is limited to charting (e.g., nurses' notes), which requires nurses to document their patients' care (e.g., interventions provided). Nurses' notes are often guided by templates (e.g., SOAP) to help nurses remember what to include and use matter-of-fact language. Consequently, for example, most nurses do not need to master written skills, such as writing an essay, but They only need to have adequate English skills for communication and documentation during patient care.

Comparison of UK's registration process with Ontario

The UK registration process is like Ontario's registration process for IENs in the sense that IENs must provide their academic credentials, English testing results, and records of their practice in English (Allan & Westwood, 2016). According to the Nursing and Midwifery Council of the UK (2023), the total cost of fees and tests was £1170. The breakdown of the total cost £1170 is as follows: IENs are required to pay a qualification evaluation fee (£140), a computer-based test (£83), an objective structured examination cost (£794), and a registration fee of (£153) (Nursing & Midwifery Council, 2019). However, the difference in registration from Ontario is that the UK applications do not get assessed by a third party like National Nursing Assessment Service (NNAS). UK registrants do not have to pay any extra fees for NNAS evaluation, which is around \$1462 on top of other fees. Instead, the Council assessed their applicants themselves, and the qualifications were assessed in a period of 14-30 days, which is a much shorter period in comparison to Ontario (Nursing & Midwifery Council, 2019).

Certain factors were described as influencing the registration period. One key factor, that varies from candidate to candidate, is the time required for preparing for written and practical tests varies for each IEN (Nursing & Midwifery Council, 2019). Some IENs perceived themselves as having more nursing skills and experience than some registered staff (Allan & Westwood, 2016).

Registration Process for Australia

According to Organization for Economic Cooperation and Development (2020), Australia had the third largest upward swing in the percentage of internationally trained

qualified doctors and nurses (Cooper et al., 2020). For IENs looking to attain registration in Australia, they must become registered with the Nursing and Midwifery Board of Australia (Nursing & Midwifery Board [NMBA], 2022). IENs are required to meet the registration standards and qualification criteria in order to become eligible for registration (Nursing & Midwifery Board, 2023). The Australian Nursing and Midwifery Accreditation Council (ANMAC) performed skills assessments for IENs, and the Australian Health Practitioner Regulation Agency (AHPRA) assessed applications for registration (Nursing & Midwifery Board, 2023). The skill assessments include assessments on their English skills and to confirm if IENs need to complete any exam to verify their English proficiency.

In Australia, the applicants are assessed against the three qualification criteria for registration (Nursing & Midwifery Board, 2023). The qualification criteria included: registration standards (qualifications required for registration), quality assurance and accreditation, and academic level of qualification (Nursing & Midwifery Board, 2023). To maintain registration standards, IENs must provide a Criminal Record Check, English language skills, recency of practice, and professional indemnity insurance arrangements (Nursing & Midwifery Board, 2023). To ensure that IENs have met the English language skills, they must give proof that they have completed at least five years of full-time education in English (Nursing & Midwifery Board, 2023). Applicants also need to show proof of continuing education, which is five years of continuous full-time education. If the applicants are unable to demonstrate the continuous education requirement, they are required take an English Language Test pathway (Nursing & Midwifery Board, 2023). IENs in Australia believed that an IELTS test and other

English tests are mismatched between the linguistic criteria used by language professionals and those which are deemed relevant by the health professionals (Lynch, 2012). For IENs the process has been described as time consuming, and they felt that neither their employer nor their professional association should do testing like this (Lynch, 2012).

The NMBA has also chosen to exempt registration applicants from some recognized countries from having to demonstrate English proficiency (Nursing & Midwifery Board, 2023). For instance, IENs coming from the United States (US), UK, Canada, New Zealand, the Republic of Ireland, and South Africa do not have to demonstrate English language requirements. These countries are the chosen because they are recognized by the Department of Immigration and Border Protection for the purpose of exempting visa applicants from having to sit a test to demonstrate English language competency and is equivalent to English standards for IENs in Australia (Nursing & Midwifery Board, 2023). This exemption helps in decreasing the registration time required for IENs coming from these countries.

Applicants also have a self-check option from where they can assess their qualifications (Nursing & Midwifery Board, 2023). The self-check requires the IENs to enter all of their information into an online portal that places them into one of three registration streams. Each IEN's registration stream determines their next steps in the registration process. Many qualifications are previously assessed by AHPRA so that applicants can be advised of the steps they need to complete before applying for registration (Nursing & Midwifery Board, 2023). The self-check option has made the process more efficient. The AHPRA, however, does not indicate the approximate time

required for registration (Nursing & Midwifery Board, 2023). The registration body states that the actual time required for registration varies for each applicant. Another concern is that if IENs do not meet the qualifications, they must complete the bridging program that has an academic and clinical component and is often time consuming and expensive (Xu & He, 2012).

When comparisons are made between the registration process in Australia versus the one in Ontario, Ontario applicants could benefit from having a self-check option to assess their qualifications and knowing their English requirements ahead of time like Australian applicants do. As in Australia, IENs in Ontario must complete certain English requirements and possibly certain bridging programs. There are limited number of studies that explore the meaning of the registration experience for IENs in Australia (Aggar et al., 2019). Some studies have reported that IENs experience stress related to social and financial issues, choosing the appropriate bridging program and gaining employment (Aggar et al., 2019).

The Registration Process in the United States

In the US, nursing practice is regulated by the National Council of State Boards of Nursing (NCSBN, 2024). NCSBN is an independent, not-for-profit organization through which nursing regulatory bodies (NRBs) from each state ensure public health, safety, and welfare, and the development of nursing licensure examinations (NCSBN, 2024). Nurses in the US must follow similar licensure requirements as in Canada (NCSBN, 2024). For instance, nurses in the US must write the National Council Licensure Examination (NCLEX-RN) examination in order to attain their registration in

the US. Furthermore, IENs have to complete requirements such as, English proficiency examinations, credentials evaluation, and social security number registration requirements (NCSBN, 2024). The processing time and the exact registration process vary by state (NCSBN, 2024). The requirements are also different if the applicants want to register as a Licensed Practical Nurse (LPN) or an RN (NCSBN, 2024). In the US, the RPNs are called LPNs. In some states, the applicants must complete a criminal background check (NCSBN, 2024). The NCSBN (2024) does not state the exact processing time for each application. From my literature search, minimal studies focused on the actual meaning of experience for IENs as they navigate the nursing registration process in the US.

Classes of Registration in Ontario

Nurses register with one of the six classes with the CNO. The six classes are (i) General, (ii) Extended (iii) Non -Practicing (iv) Temporary (v) Special Assignment (vi) Emergency Assignment (CNO, 2023e). A registration class is defined as a group or category that is based on nursing education and practice experience (CNO, 2023e). Both RNs and RPNs can register under the general class (CNO, 2023e), which means most nurses register under the general class. In general class, nurses can practice in a variety of settings (CNO, 2023e). Nurses without practice experience in Ontario can become registered through one of the other classes, and then apply to register under the general class. The temporary class is for applicants who have met all the registration requirements for the general class except for completing the registration exam (CNO, 2023e). These nurses can practice in Ontario under the defined terms and conditions

(CNO, 2023e). Once the members of this class pass their licensure examination, they are added to the general class (CNO, 2023e). The special assignment class is for nurses who have an appointment as an RN or RPN with an approved facility in Ontario (CNO, 2023e). There is a time-limited registration for nurses under this category and they can only practice within the scope of their appointment mandated by the CNO for this class and as per the approved facility (CNO, 2023e). The extended class is for nurse practitioners (NPs; CNO, 2023e). This class is for RNs who have additional education, almost always at the graduate level, and advance clinical skills. Nurses registered under this class have an extended scope of practice (CNO, 2023e). With the extended scope of practice, these nurses have the authority to diagnose, prescribe medication, perform procedures, and order and interpret diagnostic tests (CNO, 2023e). The non-practicing class is for nurses who are not practicing in Ontario; however, they wish to remain members of the CNO (CNO, 2023e).

International Educated Nurses in Ontario

According to a report by the CNO (2024), in 2024 there were a total of 122, 841 RNs registered in the general class. This was a total increase of 5,883 from the year 2023 (Total number: 116,958). The number of non-practicing RNs has increased by a total of 917 from the year 2023 (11,373) to year 2024 (12,290; CNO, 2024a).

Appendix B outlines the numbers of IENs in Ontario over the past 22 years. These tables show the increasing contributions of IENs to Ontario's nursing workforce and their importance in maintaining health services throughout the province. As described in Appendix B, according to a report by the CNO's data analyst C.M. (2021),

as of October 1, 2023, the number of nurses the CNO registered in Ontario reached 183,954 - an increase of 3.6% since 2021 (CNO, 2022e). This number included 12,802 registrations newly available to the health care system. Of these new registrations, 5,848 were international registrations across all nursing categories. Thus, from year 2021 to year 2024, the international registrations have increased from 5, 848 to 5, 970. In a study conducted in August 2022, there were 6,000 total active IENs who are not already registered with the CNO, residing in Ontario and about 2,000 who have not met the educational requirement (CNO, 2022f). This implies that there are thousands of IENs that can help during nursing shortage but are not able to because of registration.

IENs who registered in the RN category increased from 12.0% to 14.7% from the past 10 years 2013 to 2023 (B. Dadzie, 2024, personal communication, May 23, 2024). Similarly, IENs who registered in the RPN category increased from 8.0% to 15.1% from the year 2013 to 2023 B. Dadzie, 2024, personal communication, May 23, 2024. NP registrations, on the other hand, declined from 2013 (8.1%) to 2023 (8.0%, B. Dadzie, 2024, personal communication, May 23, 2024). These statistics demonstrate that IENs register with CNO more as RPNs than as RNs. This could be because some RNs from other countries have to face deskilling due to the difference in competencies and registration requirements and they end up working as RPNs. The highest number of IENs were distributed in Ontario in comparison to the other provinces in Canada (Care4Nurses, 2014). Furthermore, Care4Nurses (2019) indicated that the top countries where IENs migrate from are India and China. According to the Canadian Institute of Health Information (CIHI) (2019), there were 37,370 IENs licensed to practice in Canada, representing 8.9% of Canada's regulated nursing supply. Unfortunately, in the

last two years (2022 & 2023), the percentage of IENs who register as either RPNs or RNs have declined. IENs who register as an RN have decreased from 9.6%-8.6% and for RPNs, its decreased from 48.3%-29.6%.

According to a report by the Jones (2022), in 2020, 14,633 IENs were pursuing a license through the CNO; however, only 2,000 of them were able to get registered by end of the year. The few numbers of registrations were due to financial constraints as many IENs did not get funding or have a pathway to finish their credentialling (Jones, 2022). Another reason for low registration numbers was the lengthy registration process involving language requirements and partnerships for practice opportunities (Jones, 2022).

A report from World Education Services (WES) (2022) indicated that immigrants made up 9% of the RNs licensed to practice in Canada. This number may be an under-representation. Not all immigrants declare their intended occupation at the time of arrival so estimating the total number of IENs that are waiting to be registered accurately is difficult (WES, 2022). In 2020, 14, 633 IENs were waiting to be registered. However, only 2,122 became eligible to register (WES, 2022). From 2020 to 2021, the number of new IENs registered increased from 2, 220 to 3,235 or by 46% (CNO, 2022d). Between January 2022 and December 2023, a total of 6727 new IENs had registered with the CNO. From May 2023 to April 2024, a total of 5,970 IENs (both RPNs and RNs) have registered with the CNO (CNO, 2024a).

According to McMaster University (n.d.), IENs could be beneficial to Ontario's community as they reflect the diversity of the patient population, offer new skills and ideas, offer valuable experience, and meet the requirements of an aging workforce.

Besides that, IENs also provide a significant and invaluable store of knowledge and expertise for the Canadian nursing system (Inscol, 2020). Since Canada is a multicultural country, the IENs can definitely play a major role to meet the needs of a diverse population (Inscol, 2020). Thus, the need to recruit and integrate IENs into the Canadian workforce becomes paramount. Having more IENs in the Canadian workforce will not only help with the shortage of nurses in Canada, but also will be able to meet the needs of patients from different ethnicities and cultures.

Process of Nursing Registration in Ontario

According to the WHO (2017), it is important to assess the next generation of nurses to ensure effective regulation toward 2030 (Nordstrom et al., 2018). In the next sections, I will clearly explain the current registration processes IENs must follow to get registered in Ontario. This process may be confusing, lengthy and expensive; and requires dedication on the part of the applicant.

Application with NNAS

To successfully register with CNO, IENs need to submit all their documents to an organization called NNAS. These documents include an identity document such as passports, nursing education verification forms, past nursing registrations, employment history, and test results. IENs have to provide proof to the NNAS that they have graduated from an RN or RPN program in their home country (Kolawole, 2009). This may be challenging because nursing programs vary from one country to another, and this difference makes credential assessment difficult (Kolawole, 2009). Some IENs face delays in getting documents from their home country because of threats to security

(Kolawole, 2009). NNAS verifies that all the submitted documents are valid, ensures that the applicant has all the documents required by the CNO, evaluates all the documents against Canadian standards and issues an advisory report about applicant's nursing education, history, and practice.

As per the advisory report of NNAS 2022/2023, the volume of new applicants to NNAS has increased over the last five years (NNAS, 2023a). In the year 2018/2019, NNAS processed a total of 6,679 new applications (NNAS, 2023a). In the year 2022/2023, the total number of applications increased to 13,486. Similarly, the number of advisory reports issued has been increased from the last five years from 2018/2019 (7,123) to 2022/2023 (14,115). The increase in processed applications implies that more international nurses submitted their documents to the assessment body as part of seeking registration to practice in Canada (NNAS, 2023a).

The annual report from NNAS (2018-2019) highlights that 90% of the applications were given an advisory report /assessment report within approximately 12 weeks. After the advisory report is submitted, it can take a year to 18 months or more for the applicant to complete the requirements as per their evaluation (CNO, 2023f). The actual time of assessment by NNAS varies for each applicant as it depends on if they are missing any information, or any delay associated with submission of all documents. The extensive assessment duration can cause a significant delay in the IENs' registration process. For Ontario, IENs start with NNAS for their registration requirements. If IENs want to practice in provinces other than Ontario, they have to follow the registration requirements of those provinces.

Once the NNAS assessment is complete, IENs are given an advisory report (The NNAS, 2022). The report will have one of the three outcomes: ‘Comparable’, ‘Somewhat Comparable,’ or ‘Not Comparable’ (NNAS, 2022). If IENs are given a ‘Comparable’ assessment, they become eligible to take the NCLEX exam and practice immediately after successfully passing the exam. They are not required to take additional education or practice experience (NNAS, 2022). The ‘Somewhat Comparable’ assessment indicates that IENs might have to take an IEN bridging/RN re-entry program to address any gaps that were identified in NNAS advisory report or take the Objective Structured Clinical Examination (OSCE) (NNAS, 2022). OSCE is a way to assess applicants’ practical skills, knowledge and/or interpretation of data in non-clinical settings. The bridging program can take approximately 12-18 months (NNAS, 2022). If the NNAS advisory report assessment result is ‘Not Comparable’, the applicant is required to take an IEN the bridging program, and additional courses along with an OSCE examination (NNAS, 2022). Based on each outcome assessment from NNAS advisory report, the registration process for each IEN varies and takes longer if they have to go through additional examinations.

On June 28, 2023, NNAS announced its expedited service (NNAS, 2023b). In the expedited service, NNAS confirmed that it will issue advisory reports within five days of all documents being submitted. It was developed on a streamlined set of requirements and the new approach to comparing international education to Canadian nursing competencies. However, the expedited service is only available with some nursing regulatory bodies that include the College of Licensed Practical Nurses of Manitoba (CLPNM), College of Registered Nurses of Saskatchewan (CRNS), College

of Registered Nurses and Midwives of Prince Edward Island (CRNMPEI), Nurses Association of New Brunswick (NANB), Saskatchewan Association of Licensed Practical Nurses (SALPN), College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL), College of Registered Nurses of Newfoundland and Labrador (CRNNL), British Columbia College of Nurses and Midwives (BCCNM), Nova Scotia College of Nursing (NSCN), Association of New Brunswick Licensed Practical Nurses (ANBLPN). Unfortunately, the expedited service is not available for the IENs applying to practice in Ontario (NNAS, 2023b).

The expedited service by NNAS also comes at an additional cost of \$750 for both RN and RPN application (NNAS, 2023b). The applicants have to request a course-by-course assessment report from an organization approved by the Immigration, Refugees, and Citizenship Canada (IRCC). The applicants are also responsible for any cost associated with the course-by-course assessment report. In their strategic plan 2023-2026, NNAS has identified transformation as one of their strategic goals (NNAS, 2023c). This means that NNAS aims to reduce the time it takes to complete the process by focusing on the essential requirements and aligning the process with immigration processes. Covell et al. (2017) reported achieving professional recertification as a regulated nurse, accomplished by achieving success on a licensure exam as one of the significant milestones for workforce integration. IENs must complete the additional education as per the advisory report (Kolawole, 2009).

Evidence of Practice

Other requirements for registration include providing evidence of recent, safe nursing practice. IENs must show evidence of practice which means that they must give proof to the CNO that they have experience practicing as a nurse within the past three years (CNO, 2022c). The delays associated with getting the advisory report from NNAS and other registration requirements often result when IENs need to complete additional courses or practice in their home country before they can become registered.

Registration Examination

Third, IENs must pass the registration exam approved by CNO's council for the nursing category for which the IENs are applying. The RN applicants write NCLEX-RN exam, the RPN applicants write the Regulatory Exam – Practical Nurse (REx-PN exam) (if writing in 2022 and onwards), and NP applicants have to write and pass the exam for their specialty (CNO, 2014). In April 2023, CNO launched the Next Generation NCLEX (NGN) exam. The NGN exam is designed to measure critical thinking and outcome of decision making for the nurses (CNO, 2024b). In 2022, the REX-PN replaced the previous exam- Canadian Practical Nurse Registration Examination (CNO, 2024b). In addition to the registration exams, the applicants also have to pass the Jurisprudence Exam (CNO, 2024b). The Jurisprudence Exam is a multiple-choice exam that assesses ethics and professionalism and is required for any nurse who wishes to register in Ontario (CNO, 2024b).

Proficiency in English or French

Language fluency is another barrier for IENs. IENs are required to self-identify their English and French language competence (Kolawole, 2009). CNO reviews the evidence to see if IENs can read, write, listen, and speak in either English or French (CNO, 2023a). The language requirement is met if IENs have completed additional nursing education with a clinical component in Canada, formal testing, or practice experience in a healthcare setting (CNO, 2023a). If not, IENs have to complete the language proficiency tests such as IELTS (CNO, 2023a). Without registration with CNO, many IENs are not able to practice in the health care setting and thus must go through additional language testing (CNO, 2023a).

NCLEX Exam

Many IENs find the registration exam to be a barrier as they have difficulty passing the exam in the first attempt due to lack of guidance and support around the registration exam (Kolawole, 2022). The perceived difficulty of the NCLEX is different between test-takers, but it is generally viewed as a difficult exam. This exam focuses on key nursing topics and has a pass rate around 18% on average. Even though many Canadian nursing students struggle with entry-to-practice exam, the process is even more difficult for IENs being immigrants and lacking support. The lack of support could be the lack of resources for IENs or their lack of practice with NCLEX type questions in their home country. In Canadian nursing programs, the NCLEX style questions are used throughout their study, so students get used to the wording and types of questions.

Authorization to Work and Criminal Check

IENs also need to provide proof of their citizenship, residency status, or authorization to practice nursing in Ontario before they can register as a nurse (CNO, 2024c). In addition, the applicants have to provide a criminal check and they have to confirm whether they have ever been found guilty of any offence, refused registration, or had a finding related to the practice of nursing, or if they were involved in certain proceedings (CNO, 2024c). Applicants also have to declare whether they suffer from any physical or mental condition that can affect their ability to safely practice as a nurse and that they will work in accordance with applicable laws (CNO, 2024c). While these processes are necessary to protect the public and ensure practicing IENs have appropriate credentials and ensure safe nursing practice, the burden of completing these requirements can be difficult for some applicants.

Navigation challenges

IENs must pass financial hurdles to get registration in Ontario. In addition to the NNAS fee, the IENs pay \$650 USD to begin their initial application and complete the registration and jurisprudence exam, as well as maintaining their initial registration and first-year membership (NNAS, 2024b). This initial application fee is for one nursing group, such as RNs or RPNs (not both) and for one province for the advisory report. The fees are valid for 12 months from when the first application is submitted. If the documents are not submitted and applicants pass the one-year mark, the fee expires. For reactivation or expired files, applicants pay an additional \$180 USD (NNAS, 2024b).

Applicants can only re-activate their file one time. After that, applicants must pay the main application fee (\$650 USD) again.

If applicants are interested in getting an advisory report for another province, they have to pay an additional \$55 USD (NNAS, 2024b). If the applicants choose to get their evaluation done for a different nursing regulatory body, in addition to their main application, the fee is \$220 USD. If the NNAS receives documents in languages other than English or French, the applicants are charged \$85 USD for each page of translation. Furthermore, if the applicants decide to appeal the application for any reason, a non-refundable fee of \$500 USD is charged. The appeal fee is only refundable if the appeal is successful. This process is significantly more costly than what newly graduated Canadian nurses pay to start their careers in Ontario. Newly graduate nurses in Canada do not have to go through NNAS to get advisory reports or pay any other fees related to the evaluation. New graduated nurses only have to pay the registration fees (initial application \$452.00, registration exam (\$395.50 for RPN and \$406.80 for RN), and Jurisprudence Exam \$45.20) (CNO, 2024d). Even though the initial registration fees for initial application, registration, and jurisprudence exam is same; IENs pay comparatively higher in comparison to the new graduate nurses in Canada due to the additional costs associated with NNAS evaluation.

It can be difficult for some IENs to obtain all the required paperwork, particularly their academic credentials and verification of their practice hours. The academic credentials include their degree and diploma certificate and transcripts from their college or university. If their diploma or transcripts were lost during moves or leaving their home countries, they must apply for copies. If their diploma is or

transcripts are in a language other than English or French, they must get them translated. These costs, in addition to all other costs associated with registration, come a difficult time when the IENs are settling as landed immigrants and setting up their homes and lives in a new country (Murphy & McGuire, 2005).

IENs have to face additional financial costs in comparison to the domestic students. This cost is involved in the process of immigration. One of the financial stressors on top of the costs associated with getting registered with the CNO is that many IENs cannot get registered until they get their permanent residency status (Flecker, 2022). This delay in getting the immigration status puts additional financial stress of them. In addition, the IEN's have less opportunities for Ontario Student Assistance Program that can help them in getting loan for education due to the residency status. Also, it has been documented that IENs are given less scholarship opportunities in the Colleges/Universities (Flecker, 2022). Eligibility requirements for certain government-funded programs and services can also prevent IENs with immigration restrictions from taking advantage of all the opportunities available to advance their careers. For example, eligibility for some publicly funded, college-level bridging programs is only available to IENs with permanent residency, protected person status, or a valid study permit, while excluding those with a temporary work permit (Flecker, 2022).

Some of the challenges identified by the Care4Nurses are a lack of appropriate funding, limited bridging programs and clinical practice opportunities, and low awareness in the IEN community (Care4nurses, 2019). Covell et al. (2017) reported that not all nurses benefit from the formal and informal assistance available to facilitate workforce integration. This may be because the "one size fits all" model may not be

effective for facilitating IENs certification and registration in Ontario (Covell et. al., 2017). IENs may benefit from getting help in financial resources as new immigrants so they can use it towards recertification and other career related purposes (Covell et. al., 2017). Furthermore, a case model approach should be used by the immigration and professional bodies to meet the individualized needs of the IENs (Covell et al., 2017). Another suggestion is to increase accessibility of bridging schools and training in the rural and remote areas (Covell et. al., 2017).

The lengthy registration process forces some IENs to choose alternative careers. IENs who are unable to attain their registration with the CNO may end up taking on lower income jobs and other healthcare-related roles, such as live-in caregivers (Kolawole, 2009). “Brain Waste” is a term often used when IENs are not integrated well into the Canadian Health Care System (Kolawole, 2009). Brain waste describes situations when educated individuals cannot use their knowledge and skills, and results in the loss of human capital (Kolawole, 2009). Human capital can be defined as “the people, asset based on the unique capabilities and expertise of each individual and collectively to the organization or society” (Kocakulah & Harris, 2002, p. 27 as cited in Kolawole, 2022, p. 185). This is important because a loss of human capital is hurtful to both individuals and society in general. It means that people cannot use their skills for the betterment of others.

Beyond loss of human capital, employment discrimination has been reported as another challenge for integration. Walani (2015) reported that IENs report more physical and verbal violence in their workplace in comparison to Canadian-born/educated nurses. Furthermore, IENs reported that they face emotional abuse, receive fewer hourly wages,

and are treated as outsiders when they try to integrate into the Canadian Health Care System (Walani, 2015). Hence, challenges around racism and discrimination also pose a big challenge for the IENs and could affect their health and wellbeing. The navigation challenges are not limited to IENs experiences. IENs can have greater job satisfaction and have better retention rates if they are successfully integrated into the work environment (Hernandez & Kai, 2021).

Bill 124

Bill 124 was passed in 2019, which capped wages for all workers in the public sector at one percent for three years (Jones, 2022). The CEO of RNAO, Doris Grinspun, expressed concerns about the legislation around Bill 124 (Jones, 2022). According to Doris Grinspun, Bill 124 will become a financial constraint to offering IENs support in orienting and mentoring (Jones, 2022). This means that even though there are plans to bring many IENs into Canada, there may not be enough money to support, orient, or mentor them. The legislation and financial constraints may lead to challenges around the retainment of nurses (Jones, 2022). Furthermore, RNAO urged that to bring more nurses and retain them, Bill 124 should be repealed. However, the Ontario government stated that Bill 124 would not be repealed now (Jones, 2022). The lack of financial support for mentoring and training new IENs is also a barrier for many IENs to continue nursing as a career.

Registration Process in Other Provinces

The registration process for IENs in other provinces in Canada follows a similar pattern as that in Ontario. All nursing regulatory bodies in Canada (except Quebec or the

territories) require new applications for registration from IENs to go through NNAS (CNO, 2023). The first step of registering with NNAS means that IENs cannot register with a provincial regulatory body directly. Once NNAS assesses applications, they issue an advisory report and send the completed file to the nursing regulatory body where the IENs are applying (Visa Centre, 2020). The next step is for IENs to register with the province where they want to work and settle (Visa Centre, 2020). With each NNAS application, IENs have to pay a separate fee; however, they can use the same advisory report for different colleges. Some of the common outcomes after the provincial bodies assess the application include IENs becoming eligible to apply for the nursing permit, being ineligible for registration, or being required to undergo a second assessment (Visa Centre, 2020). All provinces require IENs to pass the NCLEX-RN licensure exam and maintain their nursing registration (Visa Centre, 2020).

The process for IENs to demonstrate entry to practice level competencies has not been consistent across the country. The differences in the registration process are that once an advisory report is issued from the NNAS, each province will decide on the assessments or courses that IENs have to take (Visa Centre, 2020). Some provinces will require more assessments and courses than others will. Therefore, the total time to get registration will vary for each IEN (Visa Centre, 2020; Nordstrom et al., 2018). The next difference is that each province sets their fees for registration (Visa Centre, 2020). For instance, the initial registration fee for initial registration and first-year membership for IENs with the CNO is \$455.39 (both RN and RPN applicants); whereas with the College of Registered Nurses of Manitoba (CRNM) it is \$510.79 (CNO, 2024d; CRNM, 2020a). The third difference is that each registration body takes different times to process

applications and contact the IEN with a decision (Visa Centre, 2020). The provinces also differ regarding the nursing registration requirements. For instance, most RN regulatory bodies need 1,125 hours of clinical nursing practices in the last five years (Visa Centre, 2020), while Saskatchewan, Alberta, and Nova Scotia require an additional 450 hours in the most recent years of practice (Visa Centre, 2020).

Another example is that the College and Association of Registered Nurses of Alberta may request IENs to go for a second assessment or defer their application so they can complete additional education (Visa Centre, 2020). Moreover, the nursing regulatory bodies of New Brunswick, Newfoundland and Labrador, and Saskatchewan may require nurses from certain countries to complete a Substantially Equivalent Competence Assessment (Visa Centre, 2020). This competence assessment is similar to an OSCE testing where the applicant will respond to some critical health care scenarios as a nurse. The assessment is usually conducted in a lab setting and the applicant gets an opportunity to demonstrate their knowledge and application skills.

Current Services in Place to Help with Navigation

Care4Nurses is a government association founded in 2001 to support the IEN integration and address a major gap in Ontario's healthcare human resources strategy (Care4Nurses, 2019). Some of the services provided by the Care4Nurses are the 'Pre-arrival Support and Services' (PASS) program, which include information, and orientation sessions, RPN exam review workshops, specialized workshops, professional development, language testing, and employment strategies (Care4Nurses, 2019). The

Care Centre has the mandate to help IENs integrate successfully into the workplace, and they use a variety of methods to deliver information.

The Access Centre is another centralized access point for all Internationally Educated Health Professionals (IEHPs) including nurses in Ontario (National Newcomer Navigation Network, 2024; Health Force Ontario, 2023). The access center has been helping IENs with information on registration, licensing process, community resources, and sharing information on available supports and services (National Newcomer Navigation Network, 2024; Health Force Ontario, 2023). The center offers webinars and group appointments to address different questions from the IENs. These services are offered free of charge.

The government of Ontario also announced “As of Right” rules in July 2023, which allowed highly trained physicians, nurses, respiratory therapists, and medical laboratory technologists already licensed in other Canadian provinces to start working immediately in Ontario without going through the registration process (Ontario, 2023). This program will also allow IENs who have registered in other Canadian provinces to work in Ontario without going through the registration process. The government also launched the clinical scholar program which pairs an experienced front-line nurse as a mentor with IENs and new graduate nurses to help with their smooth transition to the workplace (Ontario, 2023).

Another recent initiative to support IENs during the registration process is the Supervised Practice Experience Partnership (SPEP) program. As indicated earlier, the SPEP program is an initiative by Ontario to give IENs an opportunity to demonstrate their current nursing knowledge and practice while working to meet the entry to practice

requirements (Ontario, 2023; National Newcomer Navigation Network, 2024). Some organizations also allow IENs to work as clinical externs in their Enhanced Extern program which allows IEN students to work as externs in the hospitals (Ontario, 2023; National Newcomer Navigation Network, 2024)

IENs move to Canada through formal immigration channels or provincial or private initiatives (Covell et al., 2017). The Canadian government funds the Internationally Educated Health Professionals initiative. This initiative provides financial support to develop consistent approaches for integrating IEHP into the Canadian workforce. There is no fee for these programs. The bridging programs offered by colleges and universities have courses designed to assist IENs with workforce integration by offering to update their professional competencies. Bridging programs also help IENs address gaps in their cultural, practical, and theoretical knowledge (Covell et al., 2017).

In August 2022, Ontario's health minister directed regulatory colleges to quickly register internationally trained professionals (Jones, 2022). The directives were sent to the CNO, directing them to register IENs as soon as possible so they can practice in the province quickly. Health Minister, Sylvia Jones, directed CNO to provide a report within two weeks on the process they will use to register the IENs. This was in recognition of the nursing shortage. Some hospitals were even closed temporarily in various regions of the province due to staffing shortages. The CNO is still looking for more ways to both improve and streamline the process for registration. With the provincial and federal governments understanding the need to integrate the IENs into the workplace, CNO has been able to register more IENs than the previous years. According to a report by the CNO

(2022), as of October 1, 2022, the CNO has been able to register 12,802 new applicants, which includes 5,848 IENs through their new process. This increase in registration is due to CNO's modernized application process (CNO, 2022e). An example of this is the SPEP program which has allowed more flexibility to register IENs (October 2022).

Hamilton Health Sciences (HHS) is a similar project that was initiated in 2009 to support the workforce integration of IENs once they registered with the CNO (Lee et al., 2021). This project has clinical integrators who work as mentors and guide IENs with any matters related to registration requirements (Lee et al., 2021). The integrators also help with alleviating IENs fears around English pronunciation (Lee et al., 2021). The project's focus is on IENs' successful workforce integration using a community collaboration employment model (Lee et al., 2021). The IENs under this project are connected with educational institutions, like Mohawk College, to help them with bridging programs required for their registration, as well as the community organizations like CARE center (Lee et al., 2021). Once the IENs are registered with the CNO, they are connected with the Hamilton Health Sciences organization, which hires and integrates IENs into the workforce (Lee et al., 2021).

Since 2022, the provincial government in Ontario has been pushing to add more IENs to the frontline (Callan & D'Mello, 2023). The government had allowed CNO to temporarily register the IENs to practice while they were working towards their full registration. However, only 27 nurses were successfully registered in the first month (December 2022) and 40 (January 2023) since starting this initiative. The applicant's data from the CNO shows that there are still more than 6000 IENs waiting to get their temporary registration (Callan & D'Mello, 2023). The number of registered nurses is very

low in comparison to those waiting to be registered. The few numbers is attributed to the challenges with registration as well as the process delays. Thus, an ongoing improvement process is needed to ensure a fair, yet safe, registration process for all nurses and to avoid any further delays.

Recognizing the shortfall of nurses during the COVID-19 pandemic, different provinces are coming up with many support services for IENs. For instance, B.C. is offering bursaries, hiring nurse navigators, consolidating the provincially based assessment process, and launching a marketing campaign and targeted website to promote services for IENs (BC Gov News, 2022). Similarly, the government of Manitoba (2022) is offering support services related to language classes, assistance for navigating registration, and financial assistance for bridging tuition, transportation, child expenses, and living support. New Brunswick has an IEN navigation service, designed specifically for IENs. This service helps each IEN to navigate key challenges they might experience with registration including NNAS, provincial entry-to-practice competency assessments, bridging programs, and provincial regulatory bodies (New Brunswick Canada, 2022).

Social Determinants of Health

According to the Government of Canada (2001), the SDOH are income, social support, education, working conditions, physical environments, biology and genetics, personal health practices and coping skills, healthy child development, and health services. As previously discussed, several factors create challenges for IENs as they register with the CNO. These challenges can be related to the social determinants of health. For example, lack of guidance with the registration process for new IENs relates

to social support system, bullying and harassment in the workplace relates to working conditions, education gaps between their home country and Canada relates to education, financial constraints relate to income and social skills, and frustration with the registration process impacts their personal health practices and coping skills as they may adopt unhealthy coping mechanisms. Therefore, it is paramount to understand the effect of social determinants of health on persons' health. These nurses need to be supported with resources that take the social determinants of health into consideration.

Population Health Promotion Model

Concepts and Assumptions of PHPM

The PHPM was proposed by Hamilton and Bhatti in 1996 (Registered Nurse Association of Ontario [RNAO], 2014). The model has three major components linked to each other and reflected in the three sides of the cube. These components include SDOH, Comprehensive Action Strategies and Levels of Action (RNAO, 2014). The various SDOH are outlined above. The Levels of the Action include an emphasis on the individual, family, community, sector/system, and society. Comprehensive Action Strategies refer to the strategies involving strengthening community action, building healthy public policy, creating supportive environments, developing personal skills, and reorienting health services. According to the PHPM model, the health of individuals and groups is defined as holistic in nature (Government of Canada, 2001). Furthermore, health is a combined result of individual's own health practices and impact of physical and social environments. This model recognizes that the health outcomes are influenced

by the factors included in SDOH. The graphical illustration of the model is shown in Figure 1 (RNAO, 2014) below.



Note: The image was created from RNAO to represent Population Health Promotion Model. From “Registered Nurses Association of Ontario (2014). *Guiding framework: Population health promotion model and childhood obesity.*

<https://bpgmobile.rnao.ca/sites/default/files/Population%20Health%20Promotion%20Model.pdf>

The holistic nature of the model implies that the health of the population is influenced by broader social and systemic factors in addition to the individual factors (Government of Canada, 2001). Thus, this model can guide health leaders to develop policies using knowledge gained through research and practice. Furthermore, PHPM strives to achieve health equity for the population. PHPM uses a lens that everyone should get a fair opportunity to attain the best health outcomes. Health outcomes can be only achieved if we address the health disparities among the population. Thus, the environment around all populations should be based on the principles of social justice and equity. The fair environment helps to nurture relationships among people and

ensures that relationships are built on mutual respect, rather than power and status (Government of Canada, 2001).

In addition to being useful to health leaders, the model is also relevant to individuals. The model guides individuals to take accountability of their own health and thus empowers the population by giving the knowledge, skills, and resources to take control of their health (Government of Canada, 2001). The individuals are advised to use health promotion behaviours to achieve optimal health. The health promotion component of the model involves creating and sustaining environments that support healthy behaviours and improve the overall wellbeing of the population. Thus, the model has a big focus on developing personal skills and reorienting health services.

Another key pillar of the model is the emphasis on intersectoral collaboration, advocacy, and community engagement (RNAO, 2014; Government of Canada, 2001). The model emphasizes that community action can be strengthened by involving communities in the decision-making process. Moreover, culturally appropriate interventions should be used to meet the needs of the community. The model also acknowledges the importance of advocacy and policy change. Governments should invest in building healthy public policy to address systemic issues that impact health. An example of a health policy is creating fair education opportunities for the population. In addition, to target the SDOH, various sectors such as healthcare, government, professional bodies, and education should collaborate to come up with comprehensive strategies.

Application of PPHM in the Context of IENs

The PPHM views health as a dynamic and multidimensional concept that extends beyond the absence of illness (Government of Canada, 2001). This holistic model not only considers individual health behaviours, but also takes into effect the broader social, economic, political, and environmental determinants of health that influence the well-being of populations. PPHM recognizes the importance of SDOH and acknowledges that health is influenced by factors such as education, income, employment, social support, and housing (Government of Canada, 2001). As discussed in the literature review, these SDOHs play a significant role in the IENs registration process and overall well-being. For example, having more access to educational resources, financial support, and employment opportunities could impact how IENs navigate the registration process, leading more IENs to be successfully integrated into the Canadian healthcare system. An understanding of the SDOH led the New Brunswick provincial government to announce an initiative to reduce financial barriers for IENs (Horizon Health Network, 2023). Under this initiative, the government made a five-year commitment to cover various costs associated with becoming eligible to work for up to 300 nurses per year (Horizon Health Network, 2023).

To summarize, the model is useful to understanding the health of IENs in a number of ways. First, it acknowledges that health inequities are due to disparities in social determinants and access to resources (Government of Canada, 2001). Research suggests that IENs face unique challenges based on their race, gender, immigration status or culture, which leads to differential experiences and outcomes during the registration process (Lee & Wojtluk, 2021). Second, the model provides a framework

policymakers can use to address health inequities to build a fair and equitable pathway for IENs to practice nursing in Canada. Third, another key pillar of this model is the importance of health promotion and supportive services to improve health services (Government of Canada, 2001). These supportive services for IENs are mentorship programs, language support, and networking opportunities to enhance their professional integration and overall well-being (Lee & Wojtluk, 2021). Fourth, PPHM views health as being affected by policies and institutional practices (Government of Canada, 2001). As stated earlier, many provinces are changing policies to ensure a smooth transition of IENs. It is important to note that addressing policy barriers and promoting inclusive practices are supporting the health and prosperous registration of IENs (Mathew, 2023)

Fifth, the model is holistic in nature and sees the interconnectedness of physical, emotional, and mental well-being (Government of Canada, 2001). The research states that the registration process and the challenges during registration can affect the mental and emotional health of IENs. Policymakers need to support IENs' professional health as it will affect IENs directly and is paramount for providing quality patient care. Sixth, the model recognizes the value of a diverse healthcare workforce. IENs come from diverse backgrounds and much experience and, thus, can provide patient-centered care for diverse populations. In addition, the PPHM model emphasizes intersectoral collaboration and thus can stress the importance of collaboration between policymakers, professional bodies, and community organizations to ensure a coordinated approach to the registration process for IENs. An example of this is the collaboration of the Ministry of Health and Long-Term Care in Canada with various partners, such as the CNO and Ministry of Citizenship and Immigration, to support the integration of IENs in Ontario

(Ministry of Health & Ministry of Long-Term Care, 2018). Finally, the PPHM model has the goal of promoting positive health outcomes. Positive Health outcomes can include the considerations of their mental and emotional well-being during the registration process and the impact on their future job satisfaction and patient care.

Gaps in Research

There are many gaps in the research on IENs that need to be explored. According to Covell et.al. (2017), despite Canadian Institute for Health Information (CIHI) providing information about registered IENs, estimating the exact number of IENs in Canada remains difficult. Covell et.al. (2017) reported that, “[a]n absence of data systems to collect information about immigration and integration of IENs further limits our ability to identify the IENs who are not registered with a regulatory body” (p.2). Furthermore, lack of statistics poses challenges to describe the IEN population in Canada, or to explain why some IENs are unable to practice their profession (World Education Services (WES), 2022). In addition, the Internationally Educated Health Professionals (IEHP) initiative is reported to create many programs to help IEHPs in the practice; however, little research has been conducted on the appropriateness and effectiveness of these initiatives in facilitating IENs’ workforce navigation and registration with CNO (Covell, et al., 2017; WES, 2022).

Also, there is little research on the registration process, and it was proposed that additional studies are needed to clarify the navigation experience during the registration process with the CNO. The registration process has also changed a lot, so the previously conducted studies will be ‘out-of-date’ and new research needs to be conducted to see

the effectiveness of the new process. In addition, since the registration process is different between countries, and provinces Although Ontario specific studies are needed to inform Ontario processes, there is a lack of statistical information on IENs is prevalent worldwide (Blythe et al., 2009). Harun and Walton-Roberts (2022) report that there is no universal registry of health workers in Canada that records stock, demand, and supply. CIHI gives information on the nurses and IENs; however, the data functionality and timeliness need improvement (Harun & Walton-Roberts, 2022). The lack of timeliness in the data indicates that it is difficult to estimate the IENs that are currently waiting for registration and the IENs that leave the profession due to immigration delays. The lack of statistical data is problematic since it is paramount to assess the contribution of internationally educated healthcare workers to address shortage of nurses (Harun & Walton-Roberts, 2022). There is a dearth of research on the health outcomes of IENs when they navigate the registration process so there is a need for research on this area.

McLeod (2022) also identified that there is no data on the number of IENs registering with the CNO before 2001. This makes it difficult to identify the registration information and integration challenges for these IENs in the past. Given the changes related to increased statistical and qualitative information for IENs in 2023, it will be easier to understand some of the challenges related to IEN's registration through more research. Furthermore, the college is unable to provide the total number of applicants still waiting to be registered due to lack of a universal database that has information on all IENs to accurately identify international nurses (Turner, 2021). Therefore, the data from my study is relevant to add to this gap.

In addition, delays with any immigration process does not allow IENs to complete their registration. This means that applicants cannot complete their online application until they have a valid work permit. Furthermore, lack of access to online application implies that they will not know about the missing educational or practice requirements (that they know after completing the application) until they receive their work permit from Immigration Canada. This causes further delays in registration (Turner, 2021). The application process should allow applicants to complete their application and receive information on additional requirements while waiting for their work permit (Turner, 2021). Due to the work permit delays, many IENs feel that the immigration paperwork is “botched”, and it is increasing the actual time to get the registration (Omstead, 2022). This means that the immigration process is poorly organized and thus, delays the registration time for the IENs. In addition, little research is conducted on the impact of SDOH on IEN’s health and their overall registration process.

Strategies for Future Research as Suggested in the Literature

There is limited research that focuses on both IENs’ registration experience and the impact this process has on their health. There is value in examining these experiences from a population health promotion perspective. As mentioned above, IENs face many challenges as immigrants and the social determinants of health further affect their ability to get their registration in a timely manner. Since IENs are not a homogenous population and they arrive in Canada with varying types of education and experiences from various healthcare systems throughout the world, consideration should

be given to adopting a case management approach to assist IENs with workforce navigation (Covell et al., 2017). Furthermore, efforts should be made to reach IENs in urban and rural setting to provide them with guidance on recertification so that they do not end up dropping out of the profession and ending up in survival jobs (Covell et al., 2017).

Also, despite the literature that explores the professional integration of IENs, sparse research is available to inform regulators' decision-making processes regarding the registration process for IENs (Kwan et al., 2019). Registration processes should be evidence-informed, fair, and transparent (Kwan et al., 2019; Kleef & Werquin, 2013). To ensure that registration processes are smooth for IENs, research is needed to support proper competency assessments, review of scopes of practice, or nursing education programs (Kwan et al., 2019). This study will share information on IENs experiences that could be used to improve the registration process and health outcomes.

Research Statement and Research Questions

This project will explore the experiences of IENs as they navigate registration to practice as RNs or RPNs in Ontario using Giorgi's Descriptive Phenomenological Method. Some changes to the registration process were made shortly following the COVID-19 pandemic.

The research questions for this study include:

(a) What might be the experiences of IENs during the registration process, including barriers and facilitators?

(b) How might the registration process impact IENs' health?

(c) How might the IENs experiences through the registration process impacted by the SDOH? The research questions were developed using a social determinants/population health lens.

Chapter 3: Methodology

Introduction

This chapter focuses on the methodology of my research study. According to Creswell and Poth (2018), qualitative methodology is a means for exploring, explaining, and understanding the meaning individuals or groups attach to a social human problem. When undertaking the literature review, I was interested in exploring what is known about the registration process for IENs. As indicated in the literature review, there was very little Canadian qualitative evidence exploring the first-hand experiences of IENs. Thus, this warrants further investigation. My interest in understanding the lived experience of IENs undergoing the registration process in Ontario helped me to choose a descriptive phenomenological approach for my proposed research. I also wanted to understand the impact of registration experience on participants' health using qualitative research. Descriptive phenomenology is a good way to learn about the subjective experiences of a particular group of people. The findings from a descriptive phenomenological study may contribute to changes in policy in relation to the registration of IENs.

I used Giorgi's (2009, 2017) Descriptive Phenomenological Method to conduct my research. The purpose of the phenomenological study was to understand the IENs' lived experiences of registration with the CNO in Ontario and the impact on their health. In this chapter, I describe Giorgi's approach and its appropriateness for my study. The chapter is divided into three main areas: research design, the philosophical

underpinnings, and the relevance and importance of Giorgi's (2009) descriptive phenomenological study. Then, I discuss the data collection and data analysis/synthesis methods that I used for my research. By explaining the steps in the data analysis/synthesis and data collection, I explain the rationale and appropriateness of choosing the research method.

Research Design

Qualitative

According to Creswell and Poth (2018), "Qualitative research is a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretive, material practices that make the world visible" (p. 35). Practices from qualitative research turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self (Creswell & Poth, 2018). Qualitative researchers study phenomena in their natural settings and make sense of the phenomena in terms of the meanings people bring to them (Creswell & Poth, 2018). Thus, qualitative researchers look at any research problem through the lens of those who have experienced the phenomenon (Creswell & Poth, 2018).

The results from qualitative research included the voices of participants, the reflexivity of the researcher, and a description of the phenomenon (Creswell & Poth, 2018). In phenomenology, data analysis/synthesis follows systematic procedures (Creswell & Poth, 2018). The data analysis/synthesis in this thesis moved from narrow units of analysis to broader units, and detailed written descriptions explaining the description of the phenomenon (Creswell & Poth, 2018). The description was then

interpreted further for the meaning of the investigation under study (Creswell & Poth, 2018). The results of this qualitative study may be used to advance literature and also be used towards changes in policy or current practice (Creswell & Poth, 2018).

Research Methodology

Phenomenological Research

Phenomenology was first used by German mathematician Edmund Husserl (Creswell & Poth, 2018). The concept of phenomenology has been expanded by other researchers, such as van Manen, Moustakas, and Giorgi (Creswell & Poth, 2018). Husserl's transcendental phenomenological method focuses on capturing pure essences of consciousness by studying phenomena by means of bracketing any preconceived beliefs about the chosen phenomenon. Bracketing is done to ensure that the researcher can focus solely on the participants' experiences without bringing in their own experiences (Creswell & Poth, 2018). This tradition helps researchers to approach a phenomenon holding in abeyance all beliefs about it (Parse, 1996). The transcendental phenomenological method is aimed at capturing pure essences of the phenomenon by means of bracketing. Hence, in the transcendental phenomenological method, phenomenologists try to suspend all judgements about what is real or the natural attitude until they are found on a certain basis (Creswell & Poth, 2018). The suspension of all judgements or biases is known as epoche (Creswell & Poth, 2018).

In contrast, in the Heideggerian method (Hermeneutic phenomenology), the notion of bracketing is abandoned. In the Heideggerian method, the researchers make explicit any preconceptions at the outset of the research study while remaining open to

the possibility of discovery. Heideggerian combined Husserl's method of phenomenology for data analysis. Parse (1996) elaborated on the Heideggerian method and stated that researcher's perspective should be made explicit at the outset of any research project. The first reason for making the perspective explicit is so that researchers can follow the path of scientific inquiry, and second, so that disciplinary relevance is preserved. This method helps to make interpretations in light of the researcher's theoretical perspective where findings are gradually weaved into the theory and interpreted to enhance lived experience at the level of science (Parse, 1996). The Heideggerian method will be used in this study to enhance understanding of the lived experience of IENs through the lens of PHPM. Giorgi (1970) supports this method by in that one can hold their beliefs in abeyance (bracket) during the data analysis/synthesis phase.

As noted by Creswell and Poth (2018), phenomenological studies are used to examine and describe participants' lived experiences of a certain phenomenon. In other words, phenomenologists aim to describe what participants have in common as they experience the phenomenon. Thus, the goal of a phenomenological study is to reduce the individual experiences with a phenomenon to a description of the universal essence. The researcher collects data from persons who have experienced the phenomenon. The researcher then develops a description of the essence of the experience that can be used for all individuals. The description includes the "what" and "how" about the experience.

There are a few philosophical assumptions that guide phenomenological research. First, as indicated earlier, a distinguishing feature of some phenomenological studies is bracketing that may or may not be used depending on the type of

phenomenological study, phenomenologists may or may not include bracketing in their research. The second characteristic of phenomenology is that phenomenologists follow the intentionality of consciousness (Creswell & Poth, 2018). The intentionality of consciousness means that the reality of an object is found in both subjects and objects as they appear in consciousness (Creswell & Poth, 2018). Third, there is a notion of the refusal of the subject-object dichotomy for phenomenological studies (Creswell & Poth, 2018). The subject-object dichotomy means that “the reality of an object is only perceived within the meaning of the experiences of an individual” (Creswell & Poth, 2018, p. 122). The researcher studies both the subjective experience of the phenomenon and the objective experience of something in common with other people (Creswell & Poth, 2018). A phenomenological study is concluded with a passage that explains the essence of the experience for the participants (Creswell & Poth, 2018).

Research Philosophical Assumptions

As indicated earlier, Giorgi’s Descriptive Phenomenological Method is rooted in the Heideggerian tradition (Parse, 1996). The difference is that Giorgi’s method takes into consideration the psychologically sensitive and scientific level of analysis instead of the philosophical analysis (Giorgi, 2009). Furthermore, Giorgi’s Descriptive Phenomenological Method is a synthesis of philosophical phenomenology, human science perspective, and psychology (Giorgi, 2009). This synthesis helps in understanding the meanings as they may relate with the facts.

Giorgi (1970) guides researchers to understand a phenomenon by first seeing how the object presents itself to consciousness. The next step as a researcher is to

engage in bracketing (or holding ideas in abeyance) and to put aside any presuppositions, directing unprejudiced attention to the phenomenon. Giorgi wrote that one can hold beliefs in abeyance (bracketing) during the data analysis/synthesis phase. Giorgi directs researchers to refrain from jumping in and labelling something in a particular way for the first time it is encountered, based on their own point of view and thus bracketing is used to suspend any biases. Giorgi's method also challenges some of the other phenomenological practices as this model argues that use of a model during data analysis is acceptable. Giorgi's perspective allows researchers to see, hear, and understand what the individuals are saying about the phenomenon. Thus, Giorgi described the entire process of data analysis/synthesis as an amalgamation of the participant's and the researcher's perspectives. Finally, Giorgi's Descriptive Phenomenological Method allows researchers to combine the scientific phenomenological method with nursing subject matter. This will allow researchers to choose a model of science from their own discipline that can help to gain a complete understanding of the phenomenon.

Giorgi's Descriptive Phenomenological Method

Giorgi's Descriptive Phenomenological Method was used to describe and analyze the experiences being lived through phenomenological reduction (Giorgi et al., 2017). This methodology aimed to break the written descriptions of the phenomenon from the participants into parts to understand the meaning of the experience (Giorgi, 2019). Giorgi et al. (2017) stated that phenomenology grows by including the experiences of others.

Giorgi's Descriptive Phenomenological Method was used in this study to understand the essence of the lived experience of IENs during their registration processes with the CNO. Accordingly, in this research study, I was interested in learning more about how IENs experience the registration process through Giorgi's (2009) Descriptive Phenomenological Method as viewed through the PHPM (Hamilton & Bhatti, 1996). The Descriptive Phenomenological Method is appropriate when little is known about a phenomenon to uncover the meaning of lived experiences (Giorgi, 1997, 2009). According to Giorgi (2009) "situations to be described are selected by the participants themselves and what is sought is simply a description that is as faithful as possible to the actual lived-through event" (p. 96). I used the Descriptive Phenomenological method to describe the lived experiences of individuals who participated in the process of registration with CNO as an IEN.

There are several concepts in Giorgi's Descriptive Phenomenological Method that should be clearly understood before delving into the research methodology. The first concept is bracketing or epoche. The Descriptive Phenomenological Method implies that one describes what presents itself precisely as it presents itself, neither adding nor subtracting from it (Giorgi, 1992). Thus, the description notion also helps in the bracketing of past knowledge about the phenomenon being experienced. In other words, Giorgi does not see bracketing as forgetting past experiences, instead, it is about being aware and acknowledging of those experiences, so that they do not create bias during the research process (Creswell & Poth, 2018), that is, holding one's beliefs in abeyance.

The second concept is scientific reduction, derived from Husserl's concept of transcendental reduction. Transcendental means "in which everything is perceived

freshly, as if for the first time” (Moustakas, 1994, p. 34 as cited by Creswell & Poth, 2018, p. 66). Transcendental reduction is a process by which the researcher assumes a transcendental attitude to analyze the written descriptions in a way that gives access to pure consciousness (Giorgi et al., 2017). To ensure scientific reduction, the researcher tries to be fully present during the interaction with the research participants and puts their own past findings, experiences, beliefs, and values aside so that they do not interfere with the research findings (SHP-TV by The Society of Humanistic Psychology-APA Division 32, 2019).

The third concept relates to the results of the study. In other words, in Giorgi’s Descriptive Phenomenological Method researchers are concerned about essences (Giorgi et al., 2017). The essences are in a middle range of theoretical achievement which implies that there is always a more philosophical essence above it and lower-level essences below it (Giorgi et al., 2017). To achieve essences, the researcher goes through the process of imaginative variation in which they ask themselves “What is essential to the phenomenon I am interested in?” (Giorgi, 2019). The term imaginative variation is best described as a mental experiment in which the features of the experience are imaginatively altered to view the phenomenon under investigation from varying perspectives (Turley et al., 2016).

After understanding the concepts, the researcher starts conducting this research. The first step in this method involves a clear description of the phenomenon under study (Giorgi et al., 2017). The experiences described are those lived by the study participants (Giorgi et al., 2017). For this step, I asked participants to write their responses to an exploratory question statement: Please describe what it was like for you to become

registered with the CNO and the impact on your health. In addition, I asked the following sub questions: (a) Discuss your experiences with the registration process including facilitators and barriers (b) How do you think the registration process has impacted your health? (c) What factors have influenced your registration process with the CNO?

The Relevance of Giorgi's Descriptive Phenomenological Method for this Study

The appealing aspect of a phenomenological study is that phenomenology always starts from the perspective of consciousness and involves comprehensiveness (Giorgi, 1994). The goal of a phenomenological study is to discuss the essence of the experience for research participants incorporating “what” they have experienced and “how” they experienced it (Creswell & Poth, 2018). The research problem, the integration experience of IENs, was best suited for this methodology as my goal was to develop a deeper understanding of the integration experiences of IENs during their registration with CNO or the meaning of their experiences and the impact on their health.

Furthermore, phenomenological study had much to offer in my chosen research area. How an object presents itself to the researcher's consciousness is critical for determining the strategies to be used for studying it (Giorgi, 2005). This implies that a phenomenological approach can help understand the quality, essence or meaning of others' experiences. The analysis of lived experiences depends heavily upon the content to determine what the experiences are like (Giorgi, 2005). Thus, it was pivotal to gain an understanding of participants' experiences using a methodology like phenomenology.

Giorgi (2005) further stated that phenomenology shifts the focus of research from quantitative to qualitative, meaning human subjectivity, intentionality, the meaning of actions, and the freedom and responsibility that intrinsically belong to them.

Population Health Promotion Model

Giorgi's (2009) Descriptive Phenomenological Method was used for data analysis/synthesis, and participants' words were viewed through the lens of PHPM for nurses. As mentioned earlier, Giorgi's (1970) method allows for the analysis of participant's description to be viewed through a lens of the discipline in the data analysis phase. As indicated earlier, the researcher practiced bracketing in abeyance during the data collection and analysis phase. Analyzing participants descriptions through a disciplinary lens allows for a deeper analysis from the participant's words to a higher level of abstraction or discourse to the language of science (Giorgi, 1970). However, the researcher must go back to the participants' words to view the linkages (Giorgi, 1970). As stated earlier, PHPM was used as a higher level of discourse for this study during the later phases of data analysis. According to Giorgi (1970), a researcher should always go to the participant's written descriptions for clarification and justification. Giorgi (1970) stated that one can use one's own disciplinary lens to review and describe the meaning of participant's words to build on the knowledge of discipline.

This study was viewed through the lens of the PHPM (Kushner & Jackson, 2019). The PHPM identifies the prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity (Kushner & Jackson, 2019). The Ottawa Charter reflects a socioenvironmental approach

in which health is seen to be affected by the SDOH. The Ottawa Charter provides five strategies to address health. These strategies include build healthy public policy, create supportive environments, strengthen community actions, develop personal skills, and reorient health services (Kushner & Jackson, 2019). These strategies suggest that to improve population health, action should be taken at a variety of levels (Kushner & Jackson, 2019). I used the PHPM because it is a foundation to ensure that policies and programs focus on the right issues and produce effective results to assist persons in their health journey (Hamilton & Bhatti, 1996, as cited by Kushner & Jackson, 2019). I believe that the PHPM was the right fit for me to understand the navigation experiences of IENs during their registration process with the CNO and the impact on their health.

Research Sample

The sample for this study were IENs who were in the process of registration with the CNO and IENs who were recently registered (within the last five years). This population described their experiences of becoming registered with the CNO and the impact on their health. The analysis helped to uncover the essence of the experience. The inclusion criteria for this study were as follows:

1. IENs who were in the process of registering or who have registered within the last five years in Ontario
2. Ability to write and understand English
3. Age 25-55 years
4. Reside in Ontario

This inclusion criteria helped me to gain the perspective of IENs through their descriptions of their experiences. I needed the participants to write a description about their experiences, and hence, the ability to write and understand English was essential. I required the IENs to either be trying to register or have been registered within the last five years because to help me understand their experiences concerning Ontario's current registration process and the impact on their health. I chose the age category of 25-55 years because these are the likely years when IENs would be obtaining their registration to practice in Ontario.

Recruitment

I began by attaining ethics approval from the UNB's Faculty of Nursing Ethical Review Committee and then the Research Ethics Board, prior to initiating recruitment for my study. I did purposeful sampling for this research study. In purposeful sampling, researchers select the sample based on their research study requirements/criteria (Purposive Sampling, n.d.). I recruited participants using a variety of methods, including outreach to professional groups (e.g., Care4Nurses), poster advertisements/invitational letters, and word-of-mouth.

I reached out to the professional association Care4Nurses in December 2023, for a meeting. In the meeting, I requested the research study invitation letter (Appendix F) and recruitment poster (Appendix E) to be sent to all Care4Nurses members. In the research study invitation letter, I shared the link for participants to complete their responses using an electronic medium: LimeSurvey.com. I also included the link to the Demographic Questionnaire (See Appendix D). The Demographic Questionnaire was

also in Lime Survey so participants would be able to respond to the questions and complete the Demographic Questionnaire. I asked participants to participate in the research project voluntarily using LimeSurvey.com.

I also shared the recruitment poster and research invitation letter (see Appendix E and F) with my nursing colleagues and asked them to share it on social media. The nursing colleagues were not in any power of authority and worked at the same level as me so there were no power imbalances. One of my colleagues confirmed that they shared the recruitment poster on a Philippines IEN group on Facebook. I had planned to reach out to the local colleges: Sheridan College and Humber College in Toronto as an additional strategy if I did not receive enough participants. Fortunately, I was able to secure enough participants through Care4Nurses, nursing coworkers, colleagues, and through social media.

In the research invitation letter, I shared the link to Lime Survey as well as the demographic questionnaire. LimeSurvey is open-source software and completely free to use (LimeSurvey, n.d.). I created a free account with LimeSurvey. The free account gave me various options to create surveys. I created a survey with two parts. The first part outlined the research questions, and the second part gave them access to the demographic questionnaire for them to complete and submit. In the invitation letter, I had advised the participants to reach out to me by an anonymous email if they had any questions. None of the participants reached out to me directly via email. The link to the LimeSurvey and the information on the demographic questionnaire is provided in the Appendix E and F. A copy of email communication that was used is outlined in Appendix G.

Recruitment and data collection took one month, and even though I had planned to recruit three to five participants for my study, I was able to recruit ten participants. According to Giorgi's Descriptive Phenomenological Method (2009), greater attention is placed on the essence of the experience instead of the number of participants. I was able to complete my data collection and analysis using the ten participants.

Data Collection

The data collection process entailed attaining descriptions from the participants about their integration experience during registration with the CNO and the impact on their health. Phenomenology deals with concrete descriptions of experiences that participants themselves have experienced (Giorgi et.al., 2017). The participants' raw descriptions were helpful to me because, as a researcher, I did not go to the data collection phase with the pre-assumptions about what to look for in the descriptions. Instead, it allowed the participants to guide the study according to the more important and meaningful aspects for each of them individually.

I collected the data using written descriptions submitted by participants via LimeSurvey.com. I also journalled my reflections during the research process. Reflexivity journals are used by used by researchers to both facilitate reflexivity and create a valuable record of the study to enhance credibility and transparency. I journalled my experiences after reading before and after reading each response and during each phase of data analysis phase.

Written Descriptions Using LimeSurvey.

Through the LimeSurvey, I asked participants to write a descriptive response to the following question to encourage them to focus on their experience of navigating the nursing registration process. Specifically, I asked, *“Please describe what it was like for you to become registered with the CNO and the impact on your health. When writing about this question, you can think of the following sub questions: (a) What were your experiences during the registration process, including barriers and facilitators? (b) How do you think the registration process impacted your health? (c) What factors contributed towards your health during the registration process?”*

There should be a “custom fit” between the phenomenon and the data collection design (Englander & Morli, 2021). Participants were allowed to share as little or as much as they would like, according to their wishes. In a phenomenological study, the participants decided where to start and what to include based on their experiences. They are welcome to exclude details that are not important to them (Groenewald, 2004). The participants were given a period of one month to send in their descriptions. This approach was effective for acquiring a full description of their lived experiences on time. I received all responses from the 10 participants in less than a month time period. The responses ranged from a minimum of five sentences to three small paragraphs. All responses are presented later in the thesis.

Demographic Data Sheet.

As stated above, all participants were asked to complete a demographic data sheet (Appendix D) through LimeSurvey.Com. The form was tailored to specific

elements related to the population health model to assist me in describing participants' context. Details from the demographic data sheet are discussed in Chapter 5.

My Reflections

I documented all research patterns, changes, work progress, and challenges while conducting this research. The documentation was in the form of a journal. I wrote detailed notes after reading every written description, and I reflected on my thoughts and feelings during the research process. Journalling helped me hold my biases in abeyance for the study. Also, I was in touch with my supervisor and committee member to discuss the research process. They provided invaluable guidance on data collection, data analysis /synthesis, and addressed any issues that I encountered during the research process.

Data Analysis/Synthesis

The data analysis/synthesis involving Giorgi's Descriptive Phenomenological Method comprises of six steps (Giorgi et al., 2017) located in Figure 2 below. Data analysis/synthesis is best achieved by applying each step in a sequential relationship to the other steps, so that all six steps work as an integral whole (Englander & Morli, 2021). The steps in the data analysis/synthesis phase, however, have both linear and non-linear dimensions (Englander & Morli, 2021). The linear and non- linear dimensions indicate that the practice data analysis and synthesis is iterative in nature. The linear sequential step offers an initial structure and organization that allows the researcher to move back and forth to review and revise previous steps according to the new information (Englander & Morli, 2021). The reader will note that the

data/descriptions from the participants are included in this section to explain the analysis process.

Step 1: Obtaining a description of a situation

The first step of data analysis involves obtaining a description of the situation reflecting the phenomenon under the study (Englander & Morli, 2021). During this step, I obtained descriptions of participants' experiences via LimeSurvey.com. I organized all the descriptions in UNB's OneDrive and secured them with password before moving to the next step.

Step 2: Initial reading for a sense of the whole

The second step involves getting a sense of 'the whole' through the whole-part-whole method (Englander & Morli, 2021). This whole-part-whole method means that the researcher reads the whole description to get an overall sense and then proceeds with analysis of the parts of the description (dividing the whole description into smaller parts). During the second step, I read the entire description of the phenomenon from each participant under study to grasp a basic sense of the entire description. I read the text freely and openly as often as necessary to get a good sense of the whole (Giorgi, 1985 as cited by Englander & Morli, 2021). I tried to understand their experiences from their lens or perspective.

When I was reading their descriptions, I read them without any preconceived ideas. I focused on the words participants used to describe the phenomenon and what I was feeling when I re-read those descriptions. This step involved being conscious and aware of what I was reading to understand the phenomenon. This helped me get a

general picture of description of each participant. For the data analysis/synthesis, I ensured I used a quiet space (community library) where I was able to review the data without distractions. I focused on one participant at a time, which allowed me to reflect on what the participant was trying to tell me. I took my time with each participant's descriptions.

Step 3: Assuming the Attitude of the Phenomenological Scientific Reduction and determining meaning units in participant's own words

In this step, the researcher adopts the overall phenomenological attitude or way of seeing (Englander & Morli, 2021). The phenomenological attitude involves looking at the data from a disciplinary lens. This step involved two sub-steps: 1) the assumption of the scientific phenomenological reduction and 2) the epoche (Giorgi et al., 2017). To assume the scientific phenomenological reduction, I assumed that the elements within the participants' transcripts were the phenomenon that was presenting itself. The assumption of the attitude created the phenomenological scientific perception (Giorgi et al., 2017). To assume epoche, I bracketed, or held in abeyance, my experience, biases, proposition, and culture with the phenomenon. I did this by journaling to get a true sense of the information without judging its existence. I was journaling my thoughts so I could be aware of any preconceived bias. For example, before working on the data analysis/synthesis, I had a preconceived assumption that every participant's registration process would be full of challenges. However, some participants described the registration process as being very smooth. Hence, journaling was very helpful in this first step to help me reflect on my biases.

I went through the descriptions to mark a transition in the meanings. Each transition in meaning led to a meaning unit (Giorgi et al., 2017). During phenomenological analysis I separated the parts of the written descriptions based on meanings. Each of the separated parts is known as a meaning unit. Some of the participants' transcripts were very lengthy (three paragraphs); hence, it was important for me to break down the long descriptions into parts for easy data analysis/synthesis.

This step resulted in many meaning units that emerged from the descriptions. In this step, when reading through the transcribed material, I separated the descriptions into smaller manageable parts to allow for a closer and more detailed focus. I labeled the smaller manageable parts as meaning units. The length of a meaning unit varied from one sentence to an entire paragraph or a full page (Englander & Morli, 2021). The length of a meaning unit also varies from researcher to researcher (Englander & Morli, 2021). The key part is to have the material easily differentiated and easy to analyze. It is possible that not all meaning units will be essential to the general structure of the phenomenon and, thus, some units may be excluded (Englander & Morli, 2021). I only used the meaning units that were added to the general structure or essence of the phenomenon.

I separated the meaning units and the analysis into two side-by-side columns. I refer to the columns as Column 1 and Column 2 (described as Tables in the latter part of this section). The two-column transcription procedure organized the process for me and made the data analysis/synthesis process more convenient and transparent (Englander & Morli, 2021). I used Column 1 for everyday expression or naïve description (description obtained from the participants), and Column 2 for phenomenological description

(descriptions developed by the researcher using a disciplinary lens while reading the participant's responses). The phenomenological descriptions are obtained by modifying the participants' expressions into third-person expressions (Englander & Morli, 2021). The modification of the participant's expression helped me to see the difference between the individual and the phenomenon (Englander & Morli, 2021). It is important to note that the meaning units are written in participants' own words.

Step 4: Identifying the focal meanings using a higher level of discourse (using PHPM)

During the fourth step, I went through all the meaning units to identify which meaning units were powerful using a disciplinary lens of the PHPM (Englander & Morli, 2021). This step involved transforming participants' real-life expressions or meaning units into expressions that highlight the theoretical perspective (i.e., bringing the participants' words to a higher level of discourse, to the language of science (Giorgi et al., 2017)). To obtain the meanings, I was sensitive to the meaning of what was being expressed. In this step, I analyzed column 1 and column 2 to transform essential meanings into generalizable terms using the PHPM words and descriptions. I extracted the deeper phenomenological meanings embedded within the everyday description. One element that was considered in this step was the eidetic variation (Englander & Morli, 2021). Eidetic variation means that the researcher should maintain a general focus on the phenomenon during analysis (Englander & Morli, 2021) using the PHPM as the lens.

To follow the eidetic variation, I thought broadly from the perspective of the health promotion model to understand the full meanings of participants' naïve

descriptions, with a focus on the phenomenon. In this step, the participants' language or meaning units were transformed into the researcher's scientific expressions using the PHPM. The meaning units were transformed from participants' everyday language to a higher level of discourse to focal meanings. Using higher level of discourse meant that the meaning units were transformed in a way that made sense in the language of the nursing discipline using the PHPM.

Step 5: Synthesizing the Situated Structural Descriptions

The fifth step entailed reviewing all the transformations (focal meanings) to determine the essential ones. The essential structure or situated structural description may be expressed in ways that are different from the individual elucidations (meaning units) since the general structure relates to the whole description (Giorgi et al., 2017). The focal meanings were transformed into a situated structural description for each participant's specific context. I used the population health promotion lens and performed imaginative variation by changing the qualities of the subject being analyzed to include the essential qualities (Giorgi et al., 2017). The imaginative variation helped me to determine the essence of the phenomenological structure of the lived experience.

I came up with a structure after extracting and synthesizing all the meaning units. The whole structure is composed of only essential parts of participants' written descriptions. (Englander & Morli, 2021). I elucidated the structure by being careful of all the meaning units. This step did not involve the presentation of the themes (Englander & Morli, 2021). The descriptive approach emphasizes phenomenon as

structures, so the product becomes a structured analysis or situated structural description instead of themes for each participant (Englander & Morli, 2021).

In this step, I reflected on the statements by each participant to grasp their lived experience and wrote them in a manner sensitive to nursing discipline. Tables 1, 2 - 8 below includes examples of the process used with one of the participant's descriptions as a visual representation of analysis/synthesis process that was followed for all participants. These tables are presented below to demonstrate the level of analysis used for the research. My committee member, C.A-R, who is an expert in Giorgi's Descriptive Phenomenological Method, reviewed each of my analyses to ensure that I was correctly following the synthesis of the descriptions.

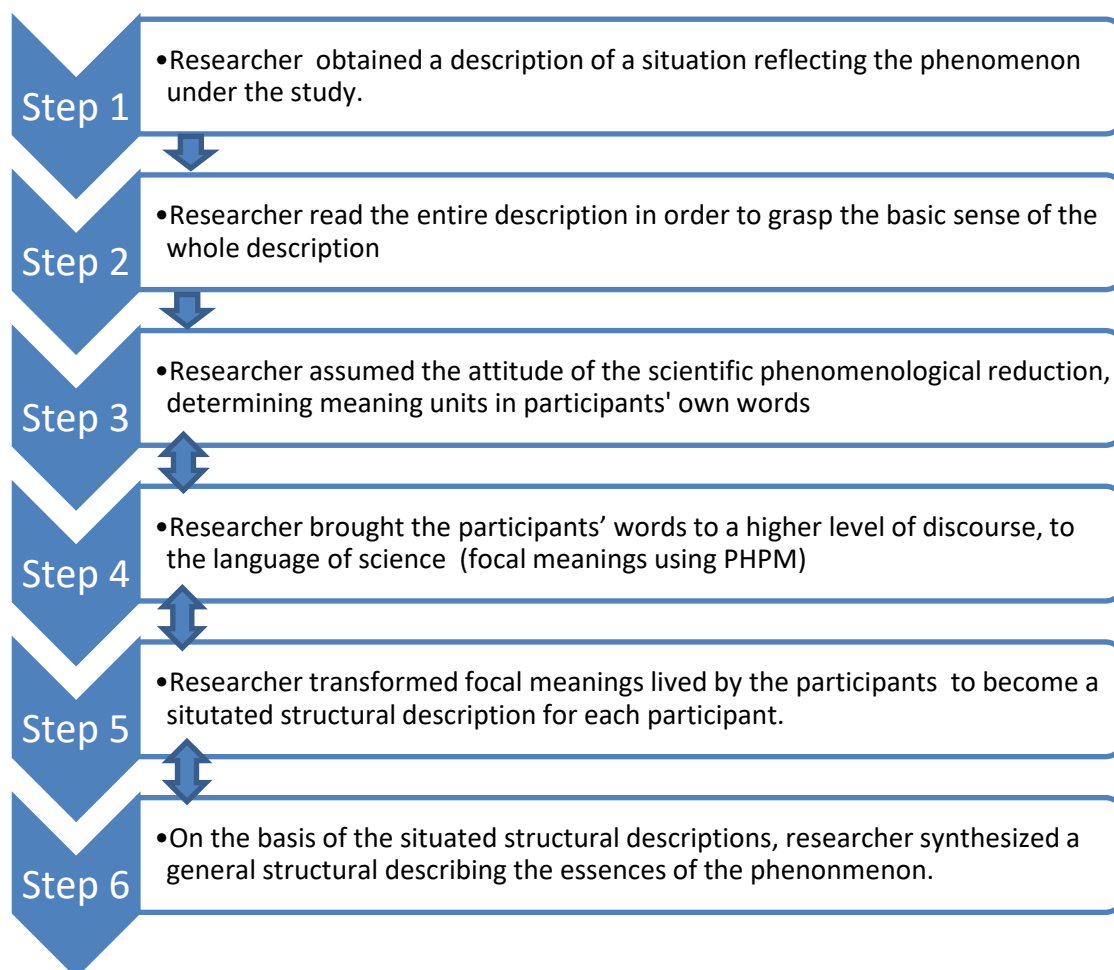
Step 6: Synthesizing the General Structural Descriptions (GSD's)

The general structure involved the formation of a new whole when the phenomenologically elucidated parts of the data analysis/synthesis are brought back (Englander & Morli, 2021). Husserl suggested that the primary technique that is used for this analysis is known as "eidetic analysis" or "imaginary variation" (Englander & Morli, 2021). In eidetic analysis, I imaginatively reviewed the phenomenologically clarified parts of the previous analysis with an eye for intuiting a new whole (Englander & Morli, 2021). The process of imaginary variation involved imagining the phenomenon in its various possibilities (Englander & Morli, 2021).

Once all situated structural descriptions were developed, I reviewed them all to generate a general structural description, which is a synthesis of all participants situated structural descriptions. To arrive at this point, I asked myself: Is the phenomenon

feasible without any of the constituted parts that I have discovered in my analysis? I also imagined adding some new parts that are suggested by the data. Thus, the idea is to come up with a general structure that represents the whole without separate themes. Since the general structure represents totality, it is important to edit it with rigour and integrity (Englander & Morli, 2021). I completed this section with the guidance of my supervisor and committee member.

The essences of the general structural description were extracted from all the participant's situated structural descriptions. These written descriptions included the essences of all participants. I left the specifics out to create a generalized perspective. The PHPM was used to describe the generalized experience of IENs as they complete their registration with the CNO. The steps are briefly outlined in Figure 2 below.



Note: This image was constructed using data analysis of Giorgi's (2009) Method. From "Phenomenological psychology and qualitative research" by Englander, M., & Morley, J., 2023, *Phenomenology and the Cognitive Sciences*, 22, 25-53. <https://doi.org/10.1007/s11097-021-09781-8>.

Example of data analysis for Participants A-J.

All participants were assigned unisex names/pseudonyms (Arya, Bryce, Casey...) for the data analysis phase. To illustrate all the steps, I have shared the information from the first participant's (Arya's) description, the differentiation of

meaning units and focal meanings in columns and a summary of situated structural descriptions. All words taken from PHPM are bolded to show how this model was incorporated into the data analysis process. Out of the 10 participants, two participants (Dillon and Gurleen) did not submit a description, they only submitted the Demographic Questionnaire. Hence, their responses are not included. The data analysis/synthesis for all other participants is shared in the discussion chapter.

Arya’s Written Description

The experience that I had when I was doing the process to be a Canadian nurse was very smooth. At first, I really don’t know where to ask help, since we had different experiences back home, then by networking and asking some of the nurses and attending also some information session, it helps me to pursue my dream to be a nurse and it go smoothly, from the application process, going to school and registration exam.

B) mentally it was very draining since you don't know what to expect. You don’t know if it going to be smooth or if there is a lot of obstacles that will come your way.

C) support system from family and friends, social factors, I always being motivated to pursue nursing because of many IEN who are successful in this field.

Table 1

Table 1: Illustration of Steps 1- 6 For Arya

Column 1	Column 2
Exact Language of the participant (Meaning Units)	Participants’ words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>
The experience that I had when I was doing the process to be a Canadian nurse was very smooth.	<i>Arya described the process to become a Canadian nurse as being effortless.</i>
Meaning Unit 2	<i>Focal Meaning 2</i>

At first, I really don't know where to ask help, since we had different experiences back home.	<i>Initially, Arya was unsure of where to seek support because of dissimilar practices in their home country.</i>
Meaning Unit 3	Focal Meaning 3
Then by networking and asking some of the nurses and attending also some information session, it helps me to pursue my dream to be a nurse and it go smoothly, from the application process, going to school and registration exam.	<i>Through communicating with individuals and professionals within their Social Support Network Arya found the registration process effortless.</i>
Meaning Unit 4	Focal Meaning 4
Mentally it was very draining since you don't know what to expect. You don't know if it going to be smooth or if there is a lot of obstacles that will come your way.	<i>Demands on mental health surfaced with uncertainty and thoughts of potential impediments.</i>
Meaning Unit 5	Focal Meaning 5
Support system from family and friends, social factors, I always being motivated to pursue nursing because of many IEN who are successful in this field.	<i>For Arya, contributors to supporting health included their Social Support Network and individual drive towards Developing Personal Skills with admiration of professional community members' achievements.</i>

Situated Structural Description: Arya

Arya described the process of becoming a Canadian nurse as being effortless. Initially, Arya was unsure of where to seek support because of dissimilar practices in their home country. Through communicating with individuals and professionals within their Social Support Network, Arya found the registration process effortless. Demands on mental health surfaced with uncertainty and thoughts of potential impediments. For Arya, contributors to supporting health included their Social Support Network and own individual drive towards developing personal skills with admiration of professional community members' achievements.

Trustworthiness in Qualitative Research

I used Lincoln and Guba's (1985) overview that guides the researchers to have trustworthiness in qualitative studies. In qualitative studies, reality is constructed and hence, qualitative researchers strive for trustworthiness in their research work (Stahl & King, 2020). In simple words, trustworthiness can be defined as the confidence of readers in the researcher's written work (Stahl & King, 2020). Lincoln and Guba (1985) rely on four general criteria in their approach to trustworthiness: credibility, transferability, dependability, and confirmability. I ensured that the descriptions of the data collection and data analysis/synthesis are rigorous and trustworthy.

Credibility

Credibility asks, "How congruent are the findings with reality" (Stahl & King, 2020, p. 1). Credibility helps the researcher to consider if the results are an accurate interpretation of the participant's meanings (Creswell & Poth, 2017). The credibility of the findings of this research study were increased through various methods. In qualitative research, journaling and reflexivity are considered critical. I documented and added notes during the data collection and the data analysis/synthesis phase. Journaling and reflexivity ensure credibility by making the researcher more accountable and transparent about their views and assumptions. It allows the researcher to show how their perspective and prior experiences may have influenced the research study. Journalling views and assumptions help in increasing the confidence that the researcher has on the research findings.

The third way of ensuring credibility is peer debriefing. According to Lincoln and Guba (1985), “[peer debriefing] is a process of exposing oneself to a disinterested peer in a manner paralleling an analytical session and the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind” (p. 308). Peer debriefing helps the researcher to become aware of biases (Lincoln & Guba, 1985; Stahl & King, 2020). I consulted my supervisor and committee member as peers throughout the research process to get their guidance and explore different aspects of analysis. I also connected with one of my peers who is currently pursuing this program for peer debriefing. I will also have the study reviewed by an Internal reader so I will use that guidance as well. My supervisor, committee members, and internal readers have experience in qualitative research and thus, I took their comments, questions, and feedback throughout the research process. I also felt that having one of my peers assess the work helped me get constructive feedback to improve my work. Peer debriefing helped me gain new recommendations on the data analysis.

Transferability

Stahl and King (2020) define transferability as findings have applicability in other contexts. I ensured that the final general structural description from data analysis/synthesis can be linked to participants’ own words. I also engaged in member checking by providing my participants with an opportunity to review my findings and comment on them. I will provide participants with an executive summary of the phenomenon, which included their quotes to describe their experiences. The quotations were followed by the Generalized Structural Descriptions that summed up participants’

shared experiences. I hope that my research is meaningful to the IENs who have started their journey of becoming registered as a nurse in Ontario as well as future IENs who aim to register with the CNO. My findings may assist both the current and future IENs, policymakers, and other researchers to understand the experiences of IENs, the challenges they face and how these experiences affect their health.

Dependability

Dependability means showing the findings from the research study are consistent (Lincoln & Guba, 1985). Inquiry audits are a way to establish dependability (Lincoln & Guba, 1985). For this study, I used both external and internal auditing. In external audits, a researcher not involved in the research process examines both the product and the process of the research study (Lincoln & Guba, 1985; Stahl & King, 2020). My study will be reviewed by internal reader who is not involved in the research process to get unbiased feedback. Internal audits are typically completed by researchers who may have some involvement in the research. In my study, I had my supervisor (Dr. David Busolo) and the supervisory committee member (Dr. Catherine Aquino-Russell) examine each phase of the research process to give me feedback. I used their guidance on whether or not the findings, interpretations and conclusions are supported by the data. I also ensured that the raw data used for my research is organized and stored in a way that was available to my supervisor and my committee member at any time. One way to achieve dependability is by making efforts to enhance the credibility of the findings (Stahl & King, 2020). As indicated above, throughout the research process, I journalled the

changes that occurred, and how these changes affected the way the research was conducted.

Confirmability

According to Lincoln and Guba (1985), confirmability means the extent to which the findings of a study are shaped by the participants. In other words, confirmability ensures that the research findings are free of researcher bias and the researcher has an opportunity to get close to the empirical reality (Lincoln & Guba, 1985; Stahl & King, 2020). Some techniques for establishing confirmability are having an audit trail and engaging in reflexivity (Lincoln & Guba, 1985). I have kept a record of the written descriptions in a secure folder on my computer. I understand that an audit can be requested, so I will have the raw data organized and easy to share. I have also journalled throughout the research process to describe how the data collection and analysis/synthesis occurred, and what challenges were experienced.

Reflexivity is another way to demonstrate confirmability (Lincoln & Guba, 1985). Reflexivity is an attitude of attending systematically to the context of knowledge construction (Lincoln & Guba, 1985). A researcher's background and position will affect how they carry out the entire research process including the data collection and data analysis/synthesis phases (Malterud, 2001). As mentioned earlier, I used a reflexive journal to make regular entries during the research process. I also wrote down the rationale for making various decisions, as well as any reflection on how my biases, values, and interests affected them. Finally, I ensured bracketing by holding my beliefs

in abeyance, knowledge, and experience of the phenomenon during the study during the data collection-analysis phase by journaling.

Timelines

I defended my proposal discussion in October 2023. Then, ethical approval from the Research Ethics Board (REB) at the UNB was obtained in November 2023. I started my data collection at the end of November and December 2023. Data was collected from participants between November and the end of December 2023. From January – March 2024, I undertook the process of data analysis/synthesis. I successfully defended my thesis on July 29th. I have added my detailed timeline in Appendix C.

Summary

In summary, the Giorgi's descriptive phenomenological approach fits well with understanding the essence of the experience of IENs during their registration process. I was able to enhance my understanding of the meaning of the experience by following the data collection and data analysis/synthesis process of Giorgi's (2009, 2017) Descriptive Phenomenological Method viewed through the lens of the PHPM (Kushner & Jackson, 2019). I ensured trustworthiness and rigour in my data collection and data analysis/synthesis phase with the descriptions from the participants.

Ethical Considerations

I followed the ethical principles from the Tri-Council Policy (Government of Canada, 2022) to guide my research. According to this policy, research is defined as an undertaking intended to extend knowledge through a disciplined inquiry to improve the

world in which we live (Government of Canada, 2019). The policy's fundamental premise is that research can benefit human society. Research involving humans should meet high scientific and ethical standards that respect and protect the participants (Government of Canada, 2019). I understood that collecting data from IENs might pose certain risks to participants. For example, when sharing their experiences via written descriptions, I might have elicited feelings such as vulnerability, emotional turmoil, anger, mistrust, and dissatisfaction. I included this information in the information sheet, so the participants had the time to reflect before they start writing the descriptions. My duty as researcher was to protect the participants. A researcher can contribute to the advancement of knowledge by being honest and adhering to the use of professional standards when conducting and disseminating research (Government of Canada, 2019). I also shared the research invitation letter and the infographic with my colleagues for them to share on their social media. There were no power imbalances since I was not in a position of authority or power over any of my colleagues.

The project was approved by the Ethical Review Committee in the Faculty of Nursing, as well as the REB at UNB. It is on file REB 2023-152. The application was submitted to the Nursing Ethics Committee (NEC) in October 2023. I was asked to make minor modifications and clarifications to the data collection of initial application. I made the changes and resubmitted my application to NEC in November 2023. I received approval from NEC on November 13, 2023. The application was then sent for approval at UNB's REB. The ethics approval was obtained on November 16, 2023. For Data collection, I was able to get all participants through community outreach and I did not have to get REB approval from the two Colleges, Humber College and Sheridan

College. Taking the Tri-Council Policy as a guide, I considered the ethical issues outlined below:

Informed Consent

One of the Tri-Council policy's core principles is Respect for Persons, which implies that participants should participate in the research voluntarily, understanding the purpose, risks, and benefits (Government of Canada, 2019). I reached out to the professional association Care4Nurses in December 2023, for a meeting. In the meeting, I requested the research study invitation and recruitment poster to be sent to all Care4Nurses members. I followed the principles of informed consent by giving participants full information about the possible risks and benefits of a study so they can voluntarily decide if they want to participate. This information was supplied in the research invitation letter. Participants could make the decision to click the link of their own free will without coercion from me or any other member of the research team. In the research study invitation, I shared the link for participants to complete their responses using LimeSurvey.com. I also attached the Demographic Questionnaire in the Lime Survey so participants can give response to the question and complete the Demographic Questionnaire. I asked participants to participate in the research project voluntarily using LimeSurvey.com. The introductory letter/information regarding the study's purpose and importance outlined can be found in Appendix F. I also ensured that the participants could request the withdrawal of any data that they submitted.

I also shared the recruitment poster and research invitation letter with my nursing colleagues and requested them to share it on social media. Following the principles of

informed consent, my colleagues were not pressurized in any way to share the information on their social media accounts. As mentioned earlier, I did not hold any power of authority my colleagues. Even though I had planned to get responses from three to five participants, I was fortunate to get responses from ten participants by the end of December 2023. Since the participants sent the written descriptions anonymously using the Lime Survey, I assumed informed consent.

This research benefitted the participants by helping them validate their feelings and share the challenges and hardships they have gone through as an IEN. In the Demographic Questionnaire, I asked participants to send an anonymous email if they wanted to get the research results. The goal was to share research results with participants again after the project is completed, so it can help them reflect on other participants' experiences, the impact on their health, and it may be a learning experience for those who may have just started their registration process with CNO. Four participants gave their email address to get results after the study is completed

Fairness and Equity

The principle of Justice states that no particular people, organizations, or communities should unfairly bear a disproportionate amount of the direct costs of engaging in research or unfairly be excluded from its potential rewards (Government of Canada, 2019) For this research, I did not exclude individuals from the opportunity to participate in research based on culture, religion, race, disability, sexual orientation, ethnicity, or gender.

Privacy and Confidentiality

Privacy is a fundamental law that involves the right to be free from intrusion by others (Government of Canada, 2019). Privacy is related to the identifiability of the participants. I understand that privacy risks can occur throughout many stages of a research project. The risks may be during the collection of information, dissemination of findings, storage, and information retention. The participants sent the written descriptions anonymously using LimeSurvey.Com. Therefore, participants' full names were not disclosed anywhere in the research process to ensure privacy. As mentioned above, pseudonyms and unisex names were assigned to the participants. This approach ensured that no identifiable information about the participants is disclosed to anyone. The descriptions were secured on my OneDrive and access was given only to my supervisor (Dr. David Busolo) and to my committee member (Dr. Catherine Aquino-Russell).

The confidentiality of the information is different because it involves the obligation of an individual or organization to safeguard entrusted information (Government of Canada, 2019). To ensure confidentiality, I saved all the written transcripts using an encrypted code on my computer under UNB's OneDrive, and no one other than me or my committee members will have access to this information. I reviewed the descriptions for any identifying information (participant's names). None of the participants disclosed their name. The email and address information shared by the participants is saved on my computer under UNB's OneDrive. The participant's responses were only shared with my supervisor, committee member, and will be shared with other proposal review team members on request.

In the recruitment letter, I had informed participants not to include their names to ensure complete anonymity. None of the 10 participants disclosed their names through Lime Survey. Their responses to the Lime Survey indicated their consent to participate in the study. I did not request names, so anonymity and confidentiality were assured. I have saved their emails in a secured folder on my computer. During the data collection and analysis phase, I maintained the anonymity of the participants by assigning pseudonyms and unisex names beginning with A, B, C...to their written transcripts. Since I had obtained written descriptions anonymously, I was not able to identify any participant that might have felt vulnerable or had conflicting emotions. However, information for counselling services was outlined in the invitation letter (Appendix F).

fData was analyzed by me under the guidance of my committee member and supervisor. After I graduate, the data will be kept with my supervisor and on my OneDrive with UNB. Data will be deleted from any personal OneDrive/Cloud. I used UNB's IT department to help me ensure this information is secure. The process of ensuring physical, administrative, and technical safeguards refers to security during the research project (Government of Canada, 2019). I plan to keep study data for seven years after the research project is completed in case I need to revisit the findings for publication purposes. I understand that, like privacy, confidentiality is also a significant factor in establishing trust between the researcher and the participant. As this research topic may elicit descriptions of sensitive topics in the future, I will ensure that the information is kept private and confidential.

Risks and Benefits

Participants were informed that the purpose of the research is to understand the meanings of their experiences as they completed their registration process with CNO and the impact of this process on their health. Participants may have benefitted from participating in the study. First, the nurses shared their stories, and it might have been therapeutic for them. Second, since this thesis will be shared with Care4Nurses, the research will guide future or current IENs who are trying to attain their registration with the CNO. In addition, nurse leaders and other decision-makers will read this research and potentially make changes to improve the process. Other IENs and nurses in general will have better understanding of the experiences of navigating the research process. The primary research benefits produced are for population of research and the advancement of knowledge (Government of Canada, 2019). Participants' experiences will shed light on the challenges or hurdles that they must go through to complete their registration and the possible impact on their health. These challenges will help the policymakers to think of solutions to help IENs as they complete their registration and promote their health.

There was a very low risk of harm. I took into consideration that sharing any challenging experiences during the registration process can bring emotional distress. I provided participants with information about counselling services as indicated in Appendix F in case they needed any support throughout the research process. Many of these services were free of charge.

Chapter 4: The Findings

This section of the thesis presents findings from the current research using Giorgi's Descriptive Phenomenological Method which was obtained through written descriptions. This section describes the descriptions of the participants who participated in the study using a demographic table. The GSD's that emerged from the data analysis are also shared in this section. The PHPM was used as a lens during the data analysis-synthesis, which helps to uncover the essence of experience of IENs during their registration process in Ontario and its impacts on their health.

Description of the Participants

Demographic Table

Table 2 below represents the findings from the demographic table. All participants were asked to submit both the demographic questionnaire and the response to the questions in the LimeSurvey. Of the 10 participants, eight participants submitted the response. Five participants did not submit the demographic questionnaire. Out of the remaining five participants who submitted the demographic questionnaire, some participants submitted an incomplete demographic questionnaire and did not answer all the questions. Three participants submitted both the response and the demographic questionnaire. Four of the participants who submitted the Demographic Questionnaires identified themselves as females, one declined to answer this question. Three of the participants identified themselves as being older than 35 and one participant declined to answer this questions. Four of the participants stated they were married, while one did not answer this question. I was fortunate to get responses from participants from

different countries. Three participants identified themselves as RNs in their country of origin and two participants identified themselves as RPNs or equivalent. The registration process for the participants varied with three years to get registration as the maximum time frame. The participants worked in different roles (e.g., ‘infection control’). Four participants indicated that they had gone through NNAS and one participant indicated they had recently started the process through NNAS. Participants have listed Care4Nurses, CNO, and Peer support as supports during the registration, which shows that the professional organizations are trying their best to support the IENs.

Table 2

Findings from Demographic Table (n=5) (Only five participants completed the demographic questionnaires)

Characteristics	Number and Description
Sex	
Identifies as Male	
Identifies as Female	4
Others or not wishing to define	1
Age	
25-35	0
35-45	1
45-55	3
Others or not wishing to define	1
Country of origin	
	Philippines, China, Jordan, Brazil
Others or not wishing to define	1
Marital Status	
Married	4
Not Married	0
Does not wish to declare	1
Year of completing the nursing	(1995 - 2014) (2009,2014, 1995,2000)
Education in the Country of Origin	
Others or not wishing to define	1

Title in the Country of Origin	
RN	3
RPN	2
Other	0
<hr/>	
Current Occupation and Employment status	RN, RPN, Knowledge Mobilization
	Specialist, Infection Control Specialist
Others or not wishing to define	1
<hr/>	
Date of Landing in Canada	2017-2018
<hr/>	
Legal Status in Canada	
Permanent Resident	4
Canadian Citizen	0
Landed Immigrant	0
Work Permit Holder	0
Others or not wishing to define	1
<hr/>	
Current living arrangements:	
Private residence	3
Shared accommodation (friends/family)	
Institutional (e.g.: shelters)	
Other accommodation or not wishing to define:	2
<hr/>	
Have you completed your assessment with the National Nursing Assessment Service (NNAS)?	
Yes	3
No	0
In process (Include Start Date)	2, (2020.03.23; second start date not provided)
<hr/>	
If you indicated Yes to question 11, how long it took you to complete the NNAS	(10 months -3 years) (n=3)
Others or In process	2
<hr/>	
If you indicated No to question 11, please indicate the reason for not completing the NNAS assessment	
No Response	1
Other responses	Hard to get cooperation from their school
<hr/>	

Did you complete the International English Language Testing Service test or other English requirements?	
Yes	4
No	1
When did you start your nursing registration with the College of Nurses of Ontario?	
	2018-2023
Are you currently registered with the College of Nurses of Ontario?	
Yes	5
No	0
Title after registration with the CNO	
RN	3
RPN	0
Other/Not registered	2
What resources helped you during your registration with the CNO?	
	Care4Nurses, CNO, Peer Support, Social Media Platforms
Would you like a copy of the research findings?	
Yes	4
No	1

Main Findings of the Qualitative Study

Nine GSD's that describe the meaning and essences of IENs experiences emerged during data analysis and presented in this section. The essence of their experiences was seen with a lens of PHPM as a higher level of discourse that can be applied to the nursing discipline. An example of how data analysis/synthesis was conducted for the first participant 'Arya' is shared in Chapter 3. The data analysis/synthesis from the remaining participants is described as below.

Bryce's Written Description

Before we can register to CNO, we have to be stressed out by NNAS, specially the reviewing time 12 weeks minimum before they can review, reject or accept, then pass through final review, then just be rejected until it expired, then repeat the process... then once the AR submitted to CNO, here come more bills, besides the General registration fee, there's the exam fee, other requirements, jurisprudence or language exam, or OSCE, and the licensing fee, or annual fee, besides the stress of reviewing, plus physical stress from work, before we can be RN or RPN, after registration, another stress from hunting Jobs.

Table 3

Table 3: Illustration of Steps 1- 6 For Bryce

Column 1	Column 2
Exact Language of the participant (Meaning Units)	Participants' words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1 Before we can register to CNO, we have to be stressed out by NNAS, specially the reviewing time 12weeks minimum before they can review, reject or accept, then pass through final review, then just be rejected until it expired, then repeat the process	<i>Focal Meaning 1</i> <i>Bryce described the registration process with CNO as straining and demanding due to the extended waiting time, potential rejection, and repetition of the same process numerous times</i>
Meaning Unit 2 Once the AR submitted to CNO, here come more bills, besides the General registration fee, there's the exam fee, other requirements, jurisprudence, or language exam, or OSCE, and the licensing fee, or annual fee,	<i>Focal Meaning 2</i> <i>Bryce described the financial stressors associated with registration including general registration, Jurisprudence exam, language exam, or OSCE.</i>
Meaning Unit 3 Besides the stress of reviewing, plus physical stress from work, before we can be RN or RPN, after registration, another stress from hunting Jobs.	<i>Focal Meaning 3</i> <i>Bryce described emotional and physical stressors before, during, and after registration from the job-hunting process.</i>

Situated Structural Description: Bryce

Bryce described the straining **social and economic factors** associated with registration process with CNO as the extended waiting time, potential rejection, and repetition of the same process numerous times. Bryce described **Income and Social status** factors due to the financial challenges associated with general registration, Jurisprudence exam, language exam, or OSCE. Participant 2 described turmoil of **coping skills** and stress during registration from the job-hunting process in the **Work environment**.

Casey’s Written Description

A) Major barriers would be the financial resources and feeling of incompetence of having been idle for so long due to the lengthy and tedious processing. I landed in Montreal, so language barrier was a big barrier for me. To have an advisor who can guide the IEN thorough the processes is a big factor for success.

B) I would say the registration process caused me so much stress. And due to this stress, it predisposes me to hypertension and anxiety issues. I was not able to enjoy leisure time and not eating healthy for the sake to be able to save up money to pay for the registration and exams.

C) Lack of sleep of having to juggle to work and study. Majority of IEN who landed in Canada alone like myself takes multiple jobs to be able to finance for the registration process and the daily expenses.

Table 4

Table 4: Illustration of Steps 1- 6 For Casey

Column 1	Column 2
Exact Language of the participant (Meaning Units)	Participants’ words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>
Major barriers would be the financial resources and feeling of incompetence of	<i>Casey described obstacles to registration as Income and Social Status, Coping</i>

having been idle for so long due to the lengthy and tedious processing. I landed in Montreal, so language barrier was a big barrier for me	<i>skills due to extensive tiresome course, and Education</i>
Meaning Unit 2	Focal Meaning 2
To have an advisor who can guide the IEN through the processes is a big factor for success.	<i>Casey described having a mentor as a Social Support Network a factor for registration achievement</i>
Meaning Unit 3	Focal Meaning 3
I would say the registration process caused me so much stress	<i>Casey described the registration process as nerve-wracking.</i>
Meaning Unit 4	Focal Meaning 4
And due to this stress, it predisposes me to hypertension and anxiety issues. I was not able to enjoy leisure time and not eating healthy for the sake to be able to save up money to pay for the registration and exams. Lack of sleep of having to juggle to work and study.	<i>Casey described those variations in Personal Health and Coping Skills during registration resulted in hypertension, anxiety, unhealthy eating patterns, reduced relaxation, and sleep deprivation from managing job and education.</i>
Meaning Unit 5	Focal Meaning 5
Majority of IEN who landed in Canada alone like myself takes multiple jobs to be able to finance for the registration process and the daily expenses	<i>Casey shared challenges in the Working Conditions and Income as most immigrated IENs take numerous employment opportunities to meet the financial constraints associated with the registration process.</i>

Situated Structural Description: Casey

Casey described obstacles to registration as being **Income and Social Status**, **Coping Skills** due to extensive tiresome **Education**. Having a mentor as a **Social Support Network** was a factor for registration achievement. The registration process

was nerve-wracking including variations in **Personal Health (physical/mental) and Coping Skills** (unhealthy eating patterns, reduced relaxation, and sleep deprivation) from multitasking, employment, and schooling because most immigrated IENs take go through different **Working Conditions** such as numerous employment opportunities to get **Income**.

Ella’s Written Description

The registration process through CNO was grueling. I felt diminished, demoralized, invisible. I started doubting my education and my capacity to be a nurse and a professor (as I have a PhD and used to be a faculty in a Nursing School in my home country). Barriers included: lack of clear directions on the process on the CNO website; lack of email responses (i.e., it took more than 3mo to receive an email response from CNO and the response was generic, not addressing the question properly); lack of a navigator or someone dedicated to the process (I mean, every time I called, someone not familiar with my application, my documents, my needs answered the phone and was not able to provide specific responses/directions). I have lost professional opportunities because it took 3+ years to complete my registration (and all the exams, documentation, and tests). I developed mental health issues (anxiety and depression) and physical health problems (heart palpitations and migraine). It was the worst experience I could ever imagine. I hope this study collects enough information to help CNO improve the process and to avoid others to take the same path I have been through.

Table 5
Table 5: Illustration of Steps 1- 6 For Ella

Column 1	Column 2
Exact Language of the participant (Meaning Units)	Participants’ words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>
The registration process through CNO was grueling. I felt diminished,	<i>Ella described that the exhausting registration process impacted their</i>

demoralized, invisible. I started doubting my education and my capacity to be a nurse and a professor (as I have a PhD and used to be a faculty in a Nursing School in my home country).

***Personal Health and Coping Skills** as they felt undermined, unnoticed, and questioned their own competence and previous advanced **Education**.*

Meaning Unit 2

Barriers included: lack of clear directions on the process on the CNO website; lack of email responses (i.e., it took more than 3mo to receive an email response from CNO and the response was generic, not addressing the question properly); lack of a navigator or someone dedicated to the process (I mean, every time I called, someone not familiar with my application, my documents, my needs answered the phone and was not able to provide specific responses/directions)

Focal Meaning 2

*Ella explained System issues regarding hurdles of registration as an absence of evident registration pathway, non-transparent communication, and no access to **Social Support Network** (mentor/guide)*

Meaning Unit 3

I have lost professional opportunities because it took 3+ years to complete my registration (and all the exams, documentation, and tests). I developed mental health issues (anxiety and depression) and physical health problems (heart palpitations and migraine). It was the worst experience I could ever imagine

Focal Meaning 3

*Ella described the lengthy registration experience as unimaginably terrible as it impacted their **Income and Social Status, Personal Health (physical and mental health issues) and Coping Practices**.*

Meaning Unit 4

I hope this study collects enough information to help CNO improve the process and to avoid others to take the same path I have been through.

Focal Meaning 4

*Ella hoped that the research will help **Create Supportive Environments, Reorient Health Services** by considering the health on IEN, and **Build Healthy Public Policy**.*

Situated Structural Description: Ella

Ella described that the exhausting registration process impacted their **Personal Health and Coping Skills** as they felt undermined, unnoticed, and questioned their own competence and previous advanced **Education**. Some of the system issues were the hurdles of registration as an absence of evident registration pathway, non-transparent communication, and no access to **Social Support Network** (mentor/guide). The lengthy registration experience was as unimaginably terrible as it impacted their **Income and Social Status, Personal Health (physical and mental health issues) and Coping Practices**. They hope that the research will help **Create Supportive Environment, Reorient Health Services** by considering the health on IEN, and **Build Healthy Public Policy**.

Farah’s Written Description

Hi, I might have had impact on my health directly or indirectly while processing for registration. I had to over work to bear all the extra expenses while also paying the current bills. Overall, the most frustrating part is that my Bsc is not comparable and recruited as RPN (diploma) where my friends who have their diploma were recruited as RN. Sad but it is what it is, small [person] like me cannot do anything.

Table 6
Table 6: Illustration of Steps 1- 6 For Farah

Column 1	Column 2
Exact Language of the participant (Meaning Units)	Participants’ words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>

Hi, I might have had impact on my health directly or indirectly while processing for Registration. I had to over work to bear all the extra expenses while also paying the current bills	<i>Farah described the registration process influenced their Personal Health directly and indirectly. Participant 6 had to undertake different Working Conditions to generate Income to meet financial needs.</i>
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Meaning Unit 2

Overall the most frustrating part is that my Bsc is not comparable and recruited as RPN(diploma) where my friends who have their diploma were recruited as RN.

Focal Meaning 2

*Farah described registration process as upsetting as the **Education** credentials in their home country and Canada were not equivalent.*

Meaning Unit 3

Sad but it is what it is, small man like me cannot do anything

Focal Meaning 3

*Farah described their inability to make a difference in the registration process as one **Individual**.*

Situated Structural Description: Farah

Farah described the registration process influenced their **Personal Health** directly and indirectly. They had to undertake different **Working Conditions** to generate **Income** to meet financial needs. Moreover, they described the registration process as upsetting as the **Education** credentials in their home country and Canada were not equivalent and their inability to make a difference in the registration process as one **Individual** (on their own).

Harper's Written Description

The process was smooth when I put in my registration application with CNO. The process affected my health as I developed anxiety when CNO said I need to write

IENCAP, during the process of having to write IENCAP exam due to the gap in my practice, I was so scared of failing, because if I failed, I can't retake the exam and I have to go back to nursing school to bridge the gap in practice. I paid so much to get some training and education from a private tutor in preparation for the exam, My health improved when I passed IENCAP, and I was qualified to write Nclex-RN.

Table 7
Table 7: Illustration of Steps 1- 6 For Harper

Column 1	Column 2
Exact Language of the participant (Meaning Units)	Participants' words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>
The process was smooth when I put in my registration application with CNO.	<i>Harper described the registration process with CNO as effortless.</i>
Meaning Unit 2	<i>Focal Meaning 2</i>
The process affected my health as I developed anxiety when CNO said I need to write IENCAP, during the process of having to write IENCAP exam due to the gap in my practice, I was so scared of failing, because if I failed I can't retake the exam and I have to go back to nursing school to bridge the gap in practice.	<i>Harper described anxiety as a stressor to Personal Health due to fear of completing and becoming unsuccessful in the registration exam and having to repeat Nursing Education over again.</i>
Meaning Unit 3	<i>Focal Meaning 3</i>
I paid so much to get some training and education from a private tutor in preparation for the exam.	<i>Harper expressed going through financial hurdles to hire a personal mentor to help with completing the additional required Education.</i>

My health improved when I passed IENCAP and I was qualified to write Nclex-RN.

*Harper stated better **Personal Health** outcomes after they were given eligibility to write their registration exam.*

Situated Structural Description: Harper

Harper described the registration process with CNO as effortless. They mentioned anxiety as a stressor to **Personal Health** due to fear of completing and becoming unsuccessful in the registration exam and having to repeat Nursing **Education** over again. They went through financial hurdles to hire a personal mentor to help with completing the additional required **Education**. However, they had better **Personal Health** outcomes after they were given the eligibility to write their registration exam.

Indra's Written Description

The experience during registration process from CNO was good. The response for the questions was prompt. The time taken by CNO for updates was normal. The registration process didn't impacted my health at all. If the process is planned and started from home country before arrival in Canada, it is very helpful. It is the stress which one takes to study and prepare for the registration exam that may impact health of the potential registrant.

Table 8

Table 8: Illustration of Steps 1- 6 For Indra

Column 1 Exact Language of the participant (Meaning Units)	Column 2 Participants' words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>
The experience during registration process from CNO was good. The response for the	<i>Indra described the registration process with CNO as wonderful due to speedy</i>

questions was prompt. The time taken by CNO for updates was normal. *responses to inquiries and timely information.*

Meaning Unit 2

Focal Meaning 2

The registration process didn't impact my health at all.

*Indra described no influences on their **Personal Health** because of the registration process.*

Meaning Unit 3

Focal Meaning 3

If the process is planned and started from home country before arrival in Canada, it is very helpful.

*Indra described the **Individual factors** of pre-planning before migrating to Canada as helpful in **Coping**.*

It is the stress which one takes to study and prepare for the registration exam that may impact health of the potential registrant.

*Indra described getting ready for registration exam as a potential stressor on **Personal Health***

Situated Structural Description: Indra

Indra described the registration process with CNO as wonderful due to speedy responses to inquiries and timely information. Indra described no influences on their **Personal Health** because of the registration process. The **Individual factors** of pre-planning before migrating to Canada were helpful in **Coping**. Getting ready for registration exam emerged as a potential stressor on **Personal Health**.

Juan's Written Description

I started the process in 2014 by applying to NNAS. I still don't understand why CNO make us do this as NNAS do not give a positive assessment. Everybody learn the same anatomy and physiology, medical surgical nursing and all other branches of nursing and it doesn't change with race, nationality or anything else. I feel IENs learn more thoroughly and are better nurses with empathy and

compassion. In short it took 9 years for me to get RN license in Canada after mental breakdowns, depression and anxiety going through the long process which is totally unnecessary to become a nurse. I had sleepless nights, no appetite for days, emotional distress and family issues (Emotional abuse from spouse). On OSCE day I was on second day of menstrual period, had heavy bleeding and cramps and they didn't allow me to take any extra pads inside. So my mind was just preoccupied with the thoughts and stress of staining my dress and the pain. In fact I was unable to concentrate on OSCE and I failed just for few points. I feel in this era they should change all those unnecessary restrictions which give candidates extra stress.

Table 9

Table 9: Illustration of Steps 1- 6 For Juan

Column 1 Exact Language of the participant (Meaning Units)	Column 2 Participants' words brought to a higher level of discourse, to the language of science (Focal Meanings) using PHPM
Meaning Unit 1	<i>Focal Meaning 1</i>
I started the process in 2014 by applying to NNAS.	<i>Juan initiated the process with NNAS in 2014</i>
Meaning Unit 2	<i>Focal Meaning 2</i>
I still don't understand why CNO make us do this as NNAS do not give a positive assessment. Everybody learn the same anatomy and physiology, medical surgical nursing and all other branches of nursing and it doesn't change with race, nationality or anything else	<i>Juan described NNAS as not being an affirming evaluation. Juan expressed that every nurse has same Education regardless of country of origin, ethnicity, or people</i>
Meaning Unit 3	<i>Focal Meaning 3</i>
I feel IENs learn more thoroughly and are better nurses with empathy and compassion	<i>Juan described that IENs have more positive individual factors are they are comprehensive, understanding, and widespread</i>
Meaning Unit 4	<i>Focal Meaning 4</i>
In short it took 9 years for me to get RN license in Canada after mental	<i>Juan described the nursing registration process as lengthy (9 years), that resulted</i>

breakdowns, depression and anxiety going through the long process which is totally unnecessary to become a nurse.

in emotional halts, sadness, and apprehension.

Meaning Unit 5

Focal Meaning 5

I had sleepless nights, no appetite for days, emotional distress and family issues (Emotional abuse from spouse).

*Juan expressed effects to **Personal Health and Social Support Network** as disturbed sleep, mental suffering and misuse from partner.*

Meaning Unit 6

Focal Meaning 6

On OSCE day I was on second day of menstrual period, had heavy bleeding and cramps and they didn't allow me to take any extra pads inside. So my mind was just preoccupied with the thoughts and stress of staining my dress and the pain. In fact I was unable to concentrate on OSCE and I failed just for few points. I feel in this era they should change all those unnecessary restrictions which give candidates extra stress.

*Juan described challenges with **Personal Health** on OSCE day as they had menstruation pain. Participant 10 was not permitted to take extra menstrual supplies to testing so they were uncomfortable and anxious about possible stains on clothing. Participant 10 mentioned less consideration to accessibility (allowing another pad) in practical testing as an added stressor to the registration process.*

Situated Structural Description: Juan

Juan initiated the process with NNAS in 2014 and found it not an affirming evaluation. In participant's opinion, every nurse has the same **Education** regardless of country of origin, ethnicity, or people. IENs have positive **Individual Factors** that are comprehensive understanding and widespread. The nursing registration process was described as lengthy (9 years), that resulted in emotional halts, sadness, and apprehension. There were effects to their **Personal Health and Social Support Network** as disturbed sleep, mental suffering and misuse from partner. One challenge with **Personal Health** on their OSCE day was that they were experiencing menstrual

pain. They were not permitted to take extra pads to testing so they felt uncomfortable and anxious about possible stains on clothing. Less consideration to accessibility (allowing another pad) in practical testing was described as an added stressor to the registration process.

Generalized Structural Descriptions

Nine essences of the GSD emerged from the data analysis/synthesis of the IENs written descriptions as viewed from the lens of the PHPM. These essences reflect the meaning of the experiences of IENs around their registration process in Ontario and the impact that occurred on their health. These essences include specifics of PHPM, which are bolded:

- 1. We feel that having a **Social Support Network** is important for a smooth integration and registration process with the CNO.*
- 2. The **social and economic challenges** such as financial instability and **low Income** posed a big challenge for our successful registration as an IEN.*
- 3. Our **health** was affected negatively during the registration process as we attempted to adopt various **Coping Strategies and** develop **Personal Skills**.*
- 4. We found that attaining **Employment** as a nurse was difficult, resulting in the requirement to undertake other underpaid employment opportunities.*
- 5. We feel that our **Education** in our home country is equivalent to the education in Canada*

6. *We hope that this current research on IENs will help to **Create Supportive Environments** with more resources and support.*
7. *We want the health services **to be Re-oriented** to create a fair registration process for all IENs.*
8. *We think that the Government could **improve and Build Healthy Public Policies** which consider the registration process and the impact on our health.*
9. *We developed enhanced resilience and **Positive Individual Factors** that have helped us during the registration process.*

Next, I will delineate each essence of the meaning of this experience and go back to the participants' own words from their written descriptions to demonstrate how the essences of the GSD relate to what the participants' perspectives were.

1. We feel that having a Social Support Network is important for a smooth integration and registration process with the CNO

As IENs, social support was paramount for them during the registration process with the CNO. The participants in this study received social support from communities, their families, and friends. (1) Some participants mentioned that support from the fellow nurses and attending information sessions by professional organizations was helpful. Some professional organizations offer advisors that can guide on the registration process. (2) Other participants described family and friends as a big support for their successful registration with the CNO. The following are the meaning units that describe the essence of the experience:

Arya:

Then by networking and asking some of the nurses and attending also some information session, it helps me to pursue my dream to be a nurse and it go smoothly, from the application process, going to school and registration exam.

(1)

Support system from family and friends, social factors, I always being motivated to pursue nursing because of many IEN who are successful in this field.

(2)

Casey:

To have an advisor who can guide the IEN thorough the processes is a big factor for success.

(1)

2. The social and economic challenges such as financial instability and low

Income pose a big challenge for our successful registration as an IEN

Some participants described the costs involved in the registration process as a big stressor for them. (1) The major financial stressor was the costs associated with various exams such as Jurisprudence exam for the licensure, language exams to prove language proficiency, or OSCE. (2) The second stressor was discussed in terms of getting private assistance for a tutor or mentor to prepare for the exam. (3) The third stressor was taking multiple jobs to cover the cost of all the expenses and stressors involved with finding a job after the registration. (4) One participant described stress due to lack of social support and abuse from the partner. The following are the participants' words (meaning units) that depict this essence.

Bryce:

Once the AR submitted to CNO, here come more bills, besides the General registration fee, there's the exam fee, other requirements, jurisprudence, or language exam, or OSCE, and the licensing fee, or annual fee.

(1)

Besides the stress of reviewing, plus physical stress from work, before we can be RN or RPN, after registration, another stress from hunting Jobs. (3)

Casey:

Majority of IEN who landed in Canada alone like myself takes multiple jobs to be able to finance for the registration process and the daily expenses. (3)

Juan:

I had sleepless nights, no appetite for days, emotional distress and family issues (Emotional abuse from spouse). (4)

Harper:

I paid so much to get some training and education from a private tutor in preparation for the exam. (2)

3. Our health was affected negatively during the registration process as we attempted to adopt various Coping Strategies and develop Personal Skills

The participants in the study described the registration process as taking a toll on their health. (1) Even though one participant described the process of registration didn't impact their health, they stated the stress involved with preparing for the registration exam can impact participants' health. (2) Mental health issues emerged as another big stress to health with symptoms of anxiety, depression, lack of sleep, and emotional distress. (3) Other participants described getting predisposed to different diseases due to strain on health because of the licensure process. (4) One participant described improved health outcomes after the registration process was completed and the after the participant successfully passed the registration exam. The following are the participants' words (meaning units) that depict the essence.

Indra:

The registration process didn't impacted my health at all. (1)

It is the stress which one takes to study and prepare for the registration exam that may impact health of the potential registrant. (1)

Arya:

Mentally it was very draining since you don't know what to expect. You don't know if it going to be smooth or if there is a lot of obstacles that will come your way. (2)

Ella:

I developed mental health issues (anxiety and depression) and physical health problems (heart palpitations and migraine). It was the worst experience I could ever imagine. (2)

Farah:

Hi, I might have had impact on my health directly or indirectly while processing for Registration. I had to over work to bear all the extra expenses while also paying the current bills. (2, 3)

Harper:

The process affected my health as I developed anxiety when CNO said I need to write IENCAP, during the process of having to write IENCAP exam due to the gap in my practice, I was so scared of failing, because if I failed I can't retake the exam and I have to go back to nursing school to bridge the gap in practice. (2)

My health improved when I passed IENCAP and I was qualified to write Nclex-RN(4)

Juan:

In short it took 9 years for me to get RN license in Canada after mental breakdowns, depression and anxiety going through the long process which is totally unnecessary to become a nurse. (2)

I had sleepless nights, no appetite for days, emotional distress and family issues (Emotional abuse from spouse). (2)

Casey:

I would say the registration process caused me so much stress. And due to this stress, it predisposes me to hypertension and anxiety issues. I was not able to enjoy leisure time and not eating healthy for the sake to be able to save up money to pay for the registration and exams. Lack of sleep of having to juggle to work and study. (3)

4. We found that attaining Employment, as a nurse, was difficult, resulting in the requirement to undertake other underpaid employment opportunities

Participants described having to take many jobs to help with the financial burden associated with the registration process. An example from one participant's response (meaning units) is shared below.

Casey:

Lack of sleep of having to juggle to work and study. Majority of IEN who landed in Canada alone like myself takes multiple jobs to be able to finance for the registration process and the daily expenses.

I was not able to enjoy leisure time and not eating healthy for the sake to be able to save up money to pay for the registration and exams. Lack of sleep of having to juggle to work and study.

5. *We feel that our Education in our home country is equivalent to the education in Canada*

Participants in the study felt that they should not be taking extra education. (1) The participants felt that the education in their home country was equivalent to the education in Canada. (2) Despite having higher education, such as a PhD, their education was not considered comparable, and it affected their confidence and mental health (3) Some participants felt that IENs are better nurses than domestic nurses. The statements below from the participants (meaning units) depict the essence.

Ella:

The registration process through CNO was grueling. I felt diminished, demoralized, invisible. I started doubting my education and my capacity to be a nurse and a professor (as I have a PhD and used to be a faculty in a Nursing School in my home country). (2)

Farah:

Overall the most frustrating part is that my Bsc is not comparable and recruited as RPN(diploma) where my friends who have their diploma were recruited as RN.(1)

Juan:

I still don't understand why CNO make us do this as NNAS do not give a positive assessment. Everybody learn the same anatomy and physiology, medical surgical nursing and all other branches of nursing and it doesn't change with race, nationality or anything else. (1) (2)

I feel IENs learn more thoroughly and are better nurses with empathy and compassion. (3)

6. *We hope that the current research on IENs help to Create Supportive Environments with more resources and support*

One of the participants hoped that the current research would shed light on CNO's registration process and help to make it smoother for future participants (1). (2) The participants also shared that language was one of the barriers where future IENs should be supported. The following are the participants' words (meaning units) that depict the essence.

Ella:

I hope this study collects enough information to help CNO improve the process and to avoid others to take the same path I have been through.

Casey:

Major barriers would be the financial resources and feeling of incompetence of having been idle for so long due to the lengthy and tedious processing. I landed in Montreal, so language barrier was a big barrier for me

7. *We want the health services to be Re-oriented to create a fair registration process for all IENs*

The participants in the study expressed interest in making changes to the current registration process in order to improve registration processes and health outcomes. (1) Participants described the current registration process as being very lengthy, and that the process could be improved. (2) One participant mentioned that they alone could not make a difference and it must be done at a higher level. Below are the participant's words that depict the essence.

Ella:

I hope this study collects enough information to help CNO improve the process and to avoid others to take the same path I have been through. (1)

I have lost professional opportunities because it took 3+ years to complete my registration (and all the exams, documentation, and tests). (1)

Farah:

Sad but it is what it is, small [person] like me cannot do anything. (2)

8. *We think that Government can improve and Build Healthy Public Policies which consider the registration process and the impact on our health*

This essence involves participants wanting to see changes in the registration process at different levels to improve the process and facilitate smooth integration of IENs. (1) Participants perceive that the current research could add to the improvement of the current registration process. (2) Participants identified lack of accommodation and accessibility as other areas that should be investigated. Below are the participant's words (meaning units) that depict the essence of the experience.

Ella:

I hope this study collects enough information to help CNO improve the process and to avoid others to take the same path I have been through. (1)

Juan:

On OSCE day I was on second day of menstrual period, had heavy bleeding and cramps and they didn't allow me to take any extra pads inside. So, my mind was just preoccupied with the thoughts and stress of staining my dress and the pain. In fact, I was unable to concentrate on OSCE and I failed just for few points. I feel in this era they should change all those unnecessary restrictions which give candidates extra stress. (1) (2)

9. We have developed enhanced resilience and positive Individual Factors that have helped us during the registration process

Participants in the study perceived that IENs could develop better individual factors to have a smoother transition during the registration process. (1) The participants in the study believe that if they could have planned for the various aspects of the registration process, their transition would have been smoother. (2) Participants felt that they are resilient and have thorough skills and education to be a nurse in Canada.

Indra:

If the process is planned and started from home country before arrival in Canada, it is very helpful. (1)

Juan:

I feel IENs learn more thoroughly and are better nurses with empathy and compassion. (2)

The meaning of these essences of the GSD for the general population and future research will be discussed in the last chapter.

Chapter 5: Discussion

The purpose of this descriptive phenomenological study was to develop an understanding of the lived experience of IENs during their registration process in Ontario and its impact on their health. This chapter is organized in different parts. In the first part, I focus on discussing the research findings (GSD's) in relation to existing literature. I proceed on to discuss the implications of this study in relation to nursing practice, future research, and for policy makers. Then, I share the strengths and limitations of the current study and finally, discuss steps that I will be taking for knowledge translation.

The nine GSD's give a good insight on the current challenges faced by the IENs in their process of registration. As mentioned earlier, these nine GSD's are outlined below.

1. *We feel that having a **Social Support Network** is important for a smooth integration and registration process with the CNO.*
2. *The **social and economic challenges** such as financial instability and **low Income** posed a big challenge for our successful registration as an IEN.*
3. *Our **health** was affected negatively during the registration process as we attempted to adopt various **Coping Strategies and develop Personal Skills**.*
4. *We found that attaining **Employment** as a nurse was difficult, resulting in the requirement to undertake other underpaid employment opportunities.*
5. *We feel that our **Education** in our home country is equivalent to the education in Canada*

6. *We hope that this current research on IENs will help to **Create Supportive Environments** with more resources and support.*
7. *We want the health services **to be Re-oriented** to create a fair registration process for all IENs.*
8. *We think that the Government could **improve and Build Healthy Public Policies** which consider the registration process and the impact on our health.*
9. *We developed enhanced resilience and **Positive Individual Factors** that have helped us during the registration process.*

Social Support Network

The literature has highlighted social support network to be a huge factor that determines IENs integration in the workplace (Covell et al., 2017; CFNU, 2023; Dahl et.al., 2022). For IENs, social support may exist in the form of support from family, friends, employers, and professional associations, such as Care4Nurses. The previous literature has focused the role of social support network during workplace integration. Social Support Network could also be considered in the context of completing registration requirements with the CNO for future studies. For instance, a questionnaire sent out to all IENs after they achieve registration to see what sources of social support they relied on. The literature has identified the role of professional bodies as social support, a positive factor for their overall registration process in Ontario (Flecker, 2022).

Social and Economic Challenges

The study sheds light on the registration process with CNO as time consuming and costly. In addition, one of the other themes that emerged was financial stressors and

low income. IENs face many financial challenges during the registration process that have an impact on their experiences during the registration process and health. My findings are similar to the ones from a survey conducted by World Education Services, which indicated financial challenges as one of the major barriers to completing the registration process (WES, 2024). In addition, the grey literature has outlined the registration process to be expensive (Flecker, 2022). Future studies need to look at financial barrier as one of the challenges that affect IENs registration. Similar to the WES survey, my study presents participants' experiences in work words and phrases.

Impacts on health

The GSDs in the current study shed light on mental and physical impacts on health due to the registration process. There are no current research articles studies which describe the impact of IENs registration process on their health outcomes. However, some grey research including newspaper articles share stories of IENs and their health outcomes during the registration process (CTV News, 2022; Flecker, 2022). Future research should be focused on more qualitative and quantitative studies outlining the impact of registration process on IEN's health. More specifically, many mental health challenges emerged from the study so the future studies can focus on experiences of IENs with existing mental health concerns. The current study highlighted lengthy and complex registration process as one of the factors impacting health. Even though, lot of current research is focused on reducing the registration time (CNO, 2022e; Flecker, 2022; WES, 2024), the research can be looked through the lens of PHPM on the health outcomes. I also did not come across any models, such as PHPM, that were used in the

previous research to understand the health outcomes of IEN during the registration process.

Employment Opportunities

In my study, participants indicated that they were faced with challenges of working as unregulated care providers or other roles throughout the registration process. For participants, they felt undervalued and underestimated while working in these roles as some mentioned that they felt that they had the necessary education and training to work as a nurse in Canada. Research shows that upon immigration, IEHPs are significantly less likely to work in their area of practice compared to domestic, Canadian-born professionals (WES, 2024). In the study by WES (2024), many IENs mentioned that they experienced deskilling because they ended up doing other jobs than nursing. A significant number of IENs were working in non-nursing roles in the health sector such as UCPs, dietary aids, lab technicians, pharmacy assistants, and other roles (WES, 2024; Flecker, 2022; Dahl et.al., 2022). This deskilling creates a lose-lose situation as IEN's skills become under-utilized and creates underemployment (WES, 2024). IENs not only face personal and professional hardships; the healthcare system also loses on valuable training and experience (WES, 2024). The study highlighted that some participants perceived that they were viewed as less skillful and were underutilized which may have been harmful to their mental health. Therefore, the study highlighted deskilling as a major barrier to IENs registration.

Education

CNO has recognized that getting their education credentials assessed in Canada and completing additional education as a biggest barrier to the registration process (CNO, 2022e; Dahl et.al., 2022). IENs in this current study felt less confident because they had to complete additional education to meet evidence of practice or bridging courses despite completing the nursing education in their home country. Realizing that as a barrier for registration and possible impacts on IENs health, CNO had launched the SPEP program (CNO, 2024c). Under this program, the applicants can complete their language proficiency and evidence of practice together. CNO has indicated increased registration numbers of IENs since the launch of SPEP (CNO, 2024c). Since the SPEP program is a recent change, future studies can be focused on the IENs experiences during the completion of SPEP program to get accurate feedback on the program and to recommend ongoing changes to the program if needed. Lee and Wojtluk (2021), identified that some employers may not be willing to hire IENs because there exists a failure to acknowledge IENs previous knowledge and experience. Future research can be looked at recognizing and empowering IENs' knowledge, and the value and experience they bring to the healthcare system. The IENs in the current study mentioned that they felt that they had all the needed education to work in Canada. The registration process can be examined to make it fairer and more transparent to help IENs identify any competency gaps, and flexible solutions for them to complete additional courses instead of having them go through a structured bridging program.

Positive Individual Factors

IENs in the current study indicated that positive individual factors, such as good coping skills, help from others, and positive attitude were some of the factors that helped them during their registration process. The literature supports that different coping strategies, such as being spiritual, are linked to how applicants successfully complete the registration process (Dahl et.al., 2022). Some other positive individual factors related to successfully completing the registration process described in the literature are self-efficacy, self-esteem, positive peer relation, and adaptation strategies (Dahl et.al., 2022). More studies can be done to understand the effect of resilience on IENs during the registration process and on their health outcomes.

Creating Supportive Environments, Reorienting Health Services, and Building Healthy Public Policy

Participants in the current study recommended increased supportive environments, reoriented health services, and improved healthy public policies. The need to have better policies and supportive environments is well documented in the literature (CFNU, 2022; WES, 2024; Lee & Wojtluk, 2021). The policies could be tailored to create more support for IENs when they immigrate by connecting them to accreditation and licensing bodies directly. This would provide them with clear information to guide decision making (WES, 2024). Another policy can look at working with the employers in the health care sector to identify IENs who are working as UCPs and giving targeted support to pursue registration as a nurse. The policymakers and stakeholders in Ontario have to uphold the principles of ethical recruitment by

supporting IENs who are already in the province towards their efforts to pursue nursing registration (WES, 2024).

Strengths

I think this section needs a little more massaging before you publish your thesis. First, I picked an appropriate approach as Giorgi's Descriptive Phenomenology to explore my topic and I was able to employ this approach correctly. The Descriptive Phenomenological Method developed by Giorgi was an appropriate methodology to enhance my understanding of the lived experience of IENs during the registration process. The PHPM helped me with a disciplinary lens to capture the various social determinants of health that impact the health of IENs. These findings will shed more light on the integration experience of the IENs from a social justice perspective. The written descriptions have a greater value than some of the other data collection methods such as face-to-face interviews as the participants were free to write about the sensitive topics and there was no effect of interviewer's biases (Taherdoost, 2022). In this research study, ten participants participated but only eight participants submitted descriptions. The number of participants were a considerable sample for a study using the Giorgi's phenomenological approach which is a strength of my study. The experiences of the participants offered an empirical understanding of the phenomenon under study and was enough to understand the less researched area of interest. The participants' characteristics might be considered optimal to capture the experience of IENs and the impact on their health during the registration process.

Second the topic is under researched and because I used the approach correctly, I contributed to a ‘hole’ in the existing research. This study contributed to the current knowledge by exploring the lived experiences of IENs during the registration process with the CNO and the impact of this process on their health. As discussed in the findings, there is a dearth of qualitative research focused on Ontario’s registration process for the IENs. Furthermore, the impact of the registration process on IEN’s health is not well understood. From the research findings, it was evident that the previous research has primarily focused solely on the registration process in Canada and not specifically in Ontario.

Another strength of the study is that the research was able to bring the perspective of participants from different countries of origin, as shared in the demographic table (Appendix D).

Limitations

Despite having 10 participants, the findings of the study cannot be considered generalizable to all IENs in Ontario. The findings are limited to the stories of IENs who participated in the study and to my ability to analyze their experiences. Another limitation was that not all participants completed both Demographic Questionnaires and the responses. Out of the ten participants, only five participants completed the Demographic Questionnaires, and eight participants completed the actual responses. Two participants failed to submit an actual response to the research question and only submitted the Demographic Questionnaires. Not all of the Demographic Questionnaires had every question answered. From the five Demographic Questionnaires, all

participants identified themselves as females. It is not sure of the gender of the other participants who submitted the responses only without a Demographic Questionnaires. This made is difficult to adequately describe the participants who participated in the study.

Implications

The study findings have several implications for the registration process and improving health outcomes for IENs. The discussion is shared below in terms of implications of nursing practice, healthcare policy, and future research.

Implications for Nursing Practice

The research on the navigation experience of IENs could have at positive impact on nursing practice. There is a nursing shortage in Canada related to the COVID-19 pandemic, the aging nursing workforce, and nurses leaving the profession. IENs are a way to address this shortage. IENs can ease the strain on the health care system if they are given the opportunity to work in their chosen profession of nursing (CTV News, 2022; Rovito et.al., 2022). Furthermore, the current nursing workforce is burning out due to working overtime. IENs can help reduce this burden, improving the work lives of domestic nurses (Yun & Wright, 2022). Moreover, more IENs in the healthcare system can also temporarily affect nurses who have been in isolation due to becoming positive with COVID-19 or other infections (Yun & Wright, 2022). Even after the pandemic and isolation requirements, the shortage of nurses have continued (as documented in the literature search) so IENs can help fill the gaps that exist in the current healthcare.

Moreover, IENs can also help in remote and rural communities where it is hard to recruit the domestic nurses and help with the nursing shortage.

The findings from the study are consistent with the literature that getting registration with the CNO is a very time consuming and costly process (Yun & Wright, 2022). Many nurses who get their registration in time cannot practice due to immigration delays (Yun & Wright, 2022). This means that IENs who want to get through the registration process and have all requirements of CNO may be delayed because of the immigration process. It was suggested that research on this issue can help the registration body, CNO, to find ways to make the registration process simplified (Yun & Wright, 2022). In addition, I believe that this study findings can be used to retain qualified IENs. For instance, many IENs end up leaving the profession because of the frustration with the registration system (DeRosa, 2022). Ultimately, having more IENs in the health care system will ensure patient safety by decreasing the waiting time and providing more timely care (DeRosa, 2022).

Understanding the financial barriers, the government of Ontario announced temporary reimbursement of fees for IENs (Health Force Ontario, 2024). According to this announcements, IENs and inactive nurses who have submitted their reinstatement or general class applications to the CNO between August 2022 and March 2025 are eligible for the program (Health Force Ontario, 2024). The IENs will be able to get reimbursement for the following fees: Application to CNO, jurisprudence Exam, language proficiency test, background check, registration exam, and CNOs initial registration and annual membership fee (Health Force Ontario, 2024). Similar future

programs can focus on funding and provide financial assistance to IENs. In a similar manner, the findings showed IENs taking lower-waged jobs. The registration process and the resources could be tailored to IENs so that they can work to their full potential.

Implications for Policy Makers

From the findings, there is no doubt that the registration process for IENs is complex, lengthy, and costly. There are many ways policy makers can help streamline the registration process for IENs. Policy makers can come up with ways to bridge the gaps between various sectors including: CNO, immigration, and other professional bodies. For instance, the SPEP program is a partnership between the CNO, Ontario Health and CNO approved organizations (CNO, 2024e). This program has registered 5,848 new international registrants since October 2022. As of March 2024, the program has been successful in matching 4,230 applicants with employers, enabling 3,324 nurses to register with CNO to provide safe care for patients (CNO, 2024e). CNO has worked with Ontario Government to make SPEP investment permanent for future nurses (CNO, 2024e).

Policy makers will also need to work with immigration and government to ensure a smooth transition for IENs. For example, many nurses wait for over two years in order for immigration to process their documents that are required for work permits and permanent residency (Yun & Wright, 2022). The pandemic related delays in the immigration processing have increased frustration among many IENs who are eager to practice (Yun & Wright, 2022). The Ontario government needs to build a partnership with the immigration office to avoid such delays.

In addition, policy makers can learn from the other provinces of what is being done to help IENs. For example, B.C. has realized the financial pressure that IENs face during the registration and thus, the province has announced that it will be spending \$9 million in bursaries and \$1.2 million to speed up the registration process for IENs (DeRosa, 2022). Ontario could take similar measures to reduce financial barriers for IENs. However, more research needs to be done to explain the benefits of funding and how the funds were used. As discussed earlier, the example of UNB and India 's partnership is a way to collaborate early with IENs to enable transition easily in the workplace. Furthermore, the CNO should assess whether an expedited service could be made available for IENs wanting to register in Ontario with NNAS.

Another implication for policy makers centers on data collection. To make good decisions about IENs and participation in the Canadian nursing workforce, reliable data is needed. As discussed in the literature review, there is a huge gap in the data collection and statistical information on the number of IENs in Canada (WES, 2022; CFNU, 2022). It would be helpful to have a dedicated coordinating body to address critical workforce data gaps with respect to IENs in Canada (CFNU, 2022). Ontario and Immigration Canada should collaborate to establish a database that reports the number of IENs in Ontario (WES, 2022; CFNU, 2022). IRCC has acknowledged that the system of immigration is “overly complex” and can be simplified for various IEHP (WES, 2024). The overly complex database does not identify the actual number of immigrants that come as IENs.

Implications for Nursing Researchers

This research will help other researchers who are interested in this topic. Given the current shortage of nurses, more research needs to be done on the experiences of IEN as they navigate the registration process with CNO in Ontario. In addition, the results of this study help fill the gap on the limited research focused on the experience of IENs in Ontario. This study also adds to the knowledge of the impact of various SDOH on IENs' health during their registration process. These SDOH include the impact of Social Support Network, Working Conditions, Education, Income and Social Status, and developing Personal Skills on health. In addition, the participants have outlined the strategies included in the Ottawa Charter and PHPM, such as Creating Supportive Environments, Reorienting Health Services, and Building Healthy Public Policy (Government of Canada, 2019).

The lessons from this study can be used to come up with research questions for future studies. A study focused on social determinants of health using PHPM can be used to develop an assessment tool to understand IENs health outcomes, coping mechanisms, and effects on their registration process. More specifically, issues around mental health emerged from the participant's descriptions. The mental health of IENs can be explored further. Further research could also be done using different other models from nursing or another health focused theoretical frameworks. In my study, since the participants who shared Demographic Questionnaires identified themselves as women, future studies could also aim to study the gender-based differences in experiences of

IENs and impact on their health. Other studies could also be tailored and conducted specifically for IENs with the same country of origin.

Implications for IEN's Health Outcomes

There is a dearth of research focused on the registration process and its impact on IENs' health. Keeping in mind the strategies of the Ottawa Charter for the IENs, the government can assess the impact of the immigration process on IENs. The five strategies to promote health by Ottawa charter are to build healthy public policy, create supportive environments, strengthen community actions, develop personal skills, and reorient health services (Kushner & Jackson, 2019). For instance, as discussed earlier, IENs face a considerable amount of time in getting their immigration documents assessed. This challenge can be understood using the Healthy Public Policy lens of the Ottawa Charter. Building Healthy policy is a measure of health promotion that is directed at changes in the development of legislation, fiscal measures, taxation, and organizational change (Kushner & Jackson, 2019).

The findings from the study outlined barriers for IENs such as the lack of supportive environments. This can be done by bringing more awareness to the educational institutions and workplace environment about the unique challenges of IENs so they can be properly supported. In addition, the SDOH can be taken into consideration to learn more about the experiences and health outcomes of IENs who come to Canada without their families or social support. To strengthen community action, different facilities can work together to advocate for the smooth integration of the IENs. For instance, Sunnybrook Health Sciences is the first hospital in Ontario that

offers an IEN pathway to help and mentor IENs and to help them transition from their non-nursing roles to nursing roles (Winter, 2021).

Other ways to create supportive environments is by reducing the lengthy and complex process for registration for IENs (Flecker, 2022). Similarly, in other research on IENs' experiences, participants identified the lengthy registration time as one of the obstacles for registration (Flecker, 2022; WES, 2024). One way the services could be re-oriented is allowing students to have the expedited registration service by NNAS for Ontario applicants. In addition, government can assist with services by providing financial support. In 2021, the Ontario government announced a Foreign Credential Recognition program that allocated funds to the Progress Career Planning Institute, Touchstone Institute, and McMaster University to support IENs (Employment and Social Development, 2021)

Knowledge Translation

After completing the analysis, writing, and defending my thesis, I plan to share the findings with the general population. I plan to disseminate the findings using scientific journal publication (e.g., through the Journal of Immigrant and Minority Health and presentations at the Sheridan College during the recruitment of students for the bridging programs, presentations at the organizations such as Care4Nurses and HHS network, and by using social media. With the guidance of my supervisor and my committee member, I am planning to write a manuscript for publication after my thesis defense. The manuscript will be useful for future and current IENs, educational institutions, as well as policy makers. I am also planning to present my findings at

UNB's graduate student conference, and on the Faculty of Nursing Research Day. I am also interested in sharing the findings with CNA so that can be included in their executive summary.

References

- Aggar, C., Shinnars, L., Thomas, T., & Stockhausen, L. (2020). Experiences of internationally qualified registered nurses enrolled in a bridging program in Australia: A pilot study. *Collegian Royal College of Nursing, Australia*, 27(3), 298–303. <https://doi.org/10.1016/j.colegn.2019.09.003>
- Allan, H., & Westwood, S. (2016). Non-European nurses' perceived barriers to UK nurse registration. *Nursing Standard*, 30(37), 45–51. <https://doi.org/10.7748/ns.30.37.45.s41>
- BC Gov News. (2022, April 19). *Supporting international nurses into B.C.'s health system*. <https://news.gov.bc.ca/releases/2022HLTH0120-000589>
- BC Care Providers Association. (n.d). *IENs (IEN's) can help with COVID-19*. <https://bccare.ca/2020/04/calling-all-nurses-its-time-to-activate-internationally-educated-nurses-living-in-canada/>
- Callan, I., & D'Mello, C. (2023, January 25). *Fewer than 100 international nurses registered under new Ontario plan to boost health-care staffing*. <https://globalnews.ca/news/9376657/number-of-international-nurses-registered-ontario/>
- Canadian Federation of Nurses Unions. (2022). *Canada's nursing shortage at a glance*. https://nursesunions.ca/wp-content/uploads/2022/07/nurses_shortage_media_ref_guide_comp.pdf

Canadian Federation of Nurses Unions. (2023). *New poll: alarming number of nurses are looking for the exit sign, with early-career nurses leading the march.*

<https://nursesunions.ca/new-poll-alarming-number-of-nurses-are-looking-for-the-exit-sign/>

Canadian Institute for Health Information. (2019). *Nursing in Canada.*

<https://www.cihi.ca/en/nursing-in-canada-2019#:~:text=In%202019%2C%20there%20were%2037%2C370,of%2028%2C306%20internationally%20educated%20nurses.>

Canadian Institute for Health Information. (2024). *About CIHI.*

<https://www.cihi.ca/en/about-cihi>

Canadian Nurses Association. (2000). *Competencies.* [https://www.cna-](https://www.cna-aiic.ca/en/nursing/career-development/career-planning/career-competencies)

[aiic.ca/en/nursing/career-development/career-planning/career-competencies](https://www.cna-aiic.ca/en/nursing/career-development/career-planning/career-competencies)

Canadian Nurses Association. (2022). *Addressing Canada's health workforce crisis.*

<https://www.ourcommons.ca/Content/Committee/441/HUMA/Brief/BR11678849/br-external/CanadianNursesAssociation-e.pdf>

Care4nurses. (2014). *Canada's regulated nurses: A look at internationally educated*

nurses in Ontario and Canada. [PDF]. https://www.care4nurses.org/wp-content/uploads/02-Distribution-and-_Characteristics_-of-IENs-working-in-Ontario-Whose-Working-Where1.pdf

College of Nurses of Ontario. (2018). *General class.* [https://www.cno.org/en/become-a-](https://www.cno.org/en/become-a-nurse/classes-of-registration/general-class/)

[nurse/classes-of-registration/general-class/](https://www.cno.org/en/become-a-nurse/classes-of-registration/general-class/)

- College of Nurses of Ontario. (2020a). *About the College of Nurses of Ontario*.
<https://www.cno.org/en/what-is-cno/>
- College of Nurses of Ontario. (2022a). *Identifying barriers for internationally educated applicants*. <https://www.cno.org/en/news/2022/august-2022/identifying-barriers-for-internationally-educated-applicants/>
- College of Nurses of Ontario. (2022b). *IENs want more exam prep time: CNO survey*.
<https://www.cno.org/en/news/2022/september-2022/iens-want-more-exam-prep-time-cno-survey/>
- College of Nurses of Ontario. (2022c). *Evidence of practice*.
<https://www.cno.org/en/become-a-nurse/registration-requirements/evidence-of-practice/>
- College of Nurses of Ontario. (2022d). *IENs register in record numbers: 2021 New Registrants Report*. <https://www.cno.org/en/learn-about-standards-guidelines/magazines-newsletters/the-standard/February-2022/IENs-register-in-record-numbers-2021-New-Registrants-Report>
- College of Nurses of Ontario. (2022e). *CNO sets new registration record*.
<https://www.cno.org/en/news/2022/october-2022/cno-sets-new-registration-record/>
- College of Nurses of Ontario. (2022f). *CNO helps international applicants fill gap in meeting education requirement for nursing registration*.
<https://www.cno.org/en/news/2022/august-2022/cno-helps-international-applicants-fill-the-gap/>

College of Nurses of Ontario. (2023a). *Proficiency in English or French.*

<https://www.cno.org/en/become-a-nurse/registration-requirements/language-proficiency/>

College of Nurses of Ontario. (2023b). *About NCLEX-RN.*

<https://www.cno.org/en/trending-topics/about-nclex-rn/>

College of Nurses of Ontario. (2023c). *Jurisprudence examination.*

<https://www.cno.org/en/become-a-nurse/entry-to-practice-examinations/jurisprudence-examination/>

College of Nurses of Ontario. (2023d). *Emergency assignment class.*

<https://www.cno.org/en/become-a-nurse/classes-of-registration/emergency-assignment-class/>

College of Nurses of Ontario. (2023e). *Classes of registration.*

<https://www.cno.org/en/become-a-nurse/classes-of-registration/>

College of Nurses of Ontario. (2023f). *FAQs: National nursing assessment service.*

<https://www.cno.org/en/become-a-nurse/qa-national-nursing-assessment-service/#:~:text=All%20nursing%20regulatory%20bodies%20in,regulatory%20bodies%20in%20Canada%20require.>

College of Nurses of Ontario. (2024a). *Registration statistics.*

<https://www.cno.org/en/what-is-cno/nursing-demographics/registant-statistics/>

- College of Nurses of Ontario. (2024b). *Examinations*. <https://www.cno.org/en/become-a-nurse/entry-to-practice-examinations/#:~:text=On%20April%201%2C%202023%2C%20the,the%20clinical%20judgment%20measurement%20model>.
- College of Nurses of Ontario. (2024c). *Registration requirements*. <https://www.cno.org/en/become-a-nurse/registration-requirements>
- College of Nurses of Ontario. (2024d). *Application and membership fees*. <https://www.cno.org/en/become-a-nurse/application-membership-fees/>
- College of Nurses of Ontario. (2024c). *Making SPEP permanent in Ontario budget*. <https://www.cno.org/en/news/2024/april-2024/cno-welcomes-ontarios-investment-in-nursing/>
- College of Licensed Practical Nurses of Alberta. (2022). *IENs—frequently asked questions*. <https://www.clpna.com/internationally-educated-nurses-frequently-asked-questions/#Application>
- College of Registered Nurses of Manitoba. (2022). *Renewal FAQs*. <https://www.crnmb.ca/rns-nps/registration-renewal/renewal-faqs/>
- Cooper, M., Rasmussen P., & Magarey.J. (2020). *Regulation, migration, and expectation: Internationally qualified health practitioners in Australia—A qualitative study*. <https://doi.org/10.1186/s12960-020-00514-7>
- Covell, C. L., Primeau, M.-D., Kilpatrick, K., & St-Pierre, I. (2017). Internationally educated nurses in Canada: predictors of workforce integration. *Human Resources for Health, 15*(1), 26–26. <https://doi.org/10.1186/s12960-017-0201-8>

- Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry and research design: Choosing among five approaches (4th ed.)*. Los Angeles.
- Dahl, K., Nortvedt, L., Schröder, J., & Bjørnnes, A. K. (2022). Internationally educated nurses and resilience: A systematic literature review. *International Nursing Review*, 69(3), 405–415. <https://doi.org/10.1111/inr.12787>
- DeRosa, K. (2022, April 20). “We need more nurses now”: B.C. to fast track approval for internationally trained nurses. *Vancouver Sun*.
<https://vancouversun.com/news/local-news/bc-to-fast-track-approval-for-internationally-trained-nurses>
- Employment and Social Development Canada. (2021, May 12). *Government of Canada helps internationally trained nurses to get their foreign credentials recognized and find quality jobs*. <https://www.canada.ca/en/employment-social-development/news/2021/05/national-nurses-work--international-nurses-day-2021.html>
- Englander, M., & Morley, J. (2023). Phenomenological psychology and qualitative research. *Phenomenology and the Cognitive Sciences*, 22, 25-53.
<https://doi.org/10.1007/s11097-021-09781-8>.
- Fairness Commissioner. (2015). *Assessment of registration practices: Progress and problems in 2013-14*. http://www.fairnesscommissioner.ca/index_en.php?page=assessment_of_registration_practices.

- Flecker (2022, January 25). *The Struggles of Internationally Educated Nurses in Canada's Residential Care Sector: Focus Group Findings*.
<https://wenr.wes.org/2022/01/the-struggles-of-internationally-educated-nurses-in-canadas-residential-care-sector-focus-group-findings>
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. New York.
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp.243-273). Washington, DC: American Psychological Association.
- Giorgi, A. (1992). Description versus interpretation: Competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology*, 23(2), 119–135.
- Giorgi, A. (1994). A phenomenological perspective on certain qualitative research methods. *Journal of Phenomenological Psychology*, 25(2), 190–220.
- Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly*, 18(1), 75–82.
<https://doi.org/10.1177/0894318404272112>
- Giorgi, A. (2009). *The Descriptive Phenomenological Method in psychology: A modified Husserlian approach*. Duquesne University Press.
- Giorgi, A., Giorgi, B., & Morley, J. (2017). The descriptive phenomenological psychological method. In C. Willig & W. S. Rogers (Eds.), *The sage handbook of qualitative research in psychology* (pp.176-192).

Government of Canada (2001). *Population Health Promotion: An Integrated Model of Population Health and Health Promotion*. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion/why-are-we-doing-this.html#Doing>.

Government of Manitoba. (2022). *Internationally educated nurses in Manitoba project FAQ*. <https://forms.gov.mb.ca/iens-in-manitoba/faq.html>

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1), 42–55.
<https://doi.org/10.1177/160940690400300104>

Harnden, E. (n.d). *Government of Ontario introduces phased plan to reopen the province*. <https://ehlaw.ca/government-of-ontario-introduces-phased-plan-to-reopen-the-province/>

Harun, R., & Walton-Roberts, M. (2022). Assessing the contribution of immigrants Canada's nursing and health care support occupations: A multi-scalar analysis. *Human Resources for Health*, 20(1), 53–53.
<https://doi.org/10.1186/s12960-022-00748-7>

Health Force Ontario. (2023). Services for Internationally Educated Health Professionals.
https://www.healthforceontario.ca/en/Home/All_Programs/Access_Centre/Services_for_IEHPs.

- Health Force Ontario. (2024). *Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses*.
https://www.healthforceontario.ca/en/Home/All_Programs/Temporary_Reimbursement_of_Fees_for_Internationally_Educated_and_Inactive_Nurses
- Horizon Health Network (2023, June 2). *Financial barriers reduced for internationally educated nurses*. <https://horizonnb.ca/news-releases/financial-barriers-reduced-for-internationally-educated-nurses/>
- Immigration Canada. (2016). *Imminent nursing shortage favours foreign trained nurses in Canada*. <https://www.immigration.ca/fr/imminent-nursing-shortage-favours-foreign-trained-nurses-canada-audio>
- Immigrant Visa Centre. (2020). *How IENs can practice nursing in Canada*.
<https://www.visacenter.org/nursing-registration-in-canada-for-internationally-educated-nurses/>
- Inscol (2020, September 24). *Reasons why Canada is relying on internationally educated nurses*. <https://inscol.com/canada/blog/reasons-why-canada-is-relying-on-internationally-educated-nurses/>
- International English Language Testing System. (2024). *What is IELTS?* <https://ielts.org/>
- Jones, A. (2022, August 4). *Ontario directs regulator to register internationally trained nurses more quickly*. CBC News. <https://toronto.ctvnews.ca/ontario-directs-regulator-to-register-internationally-trained-nurses-more-quickly-1.6014340>
- Kolawole, B. (2009). Ontario's IENs and waste in human capital. *International Nursing Review*, 56(2), 184–190. <https://doi.org/10.1111/j.1466-7657.2008.00666.x>

- Kolawole, B. (2010). International nurse migration to Canada: Are we missing the bigger picture? *Canadian Journal of Nursing Leadership*, 23(2), 16-20. <https://doi.org/10.12927/cjnl.2010.21829>.
- Kushner, K., & Jackson, M. K. (2019). *Canadian fundamentals of nursing* (6th edition ed. J. C. Ross- Kerr, M. J. Wood, B. J. Astle, & W. Duggleby, eds.).
- Kwan, J. A., Wang, M., Cummings, G. G., Lemermeyer, G., Nordstrom, P., Blumer, L., Horne, N., & Giblin, C. (2019). The evaluation of evidence-informed changes to an internationally educated nurse registration process. *International Nursing Review*, 66(3), 309–319. <https://doi.org/10.1111/inr.12518>
- Lee, R., Beckford, D., Jakabne, L., Hirst, L., Cordon, C., Quan, S., Collins, J., Baumann, A., & Blythe, J. (2021). Multiorganizational partnerships: A mechanism for increasing the employment of IENs. *Nursing Leadership (Toronto, Ont.)*, 34(3), 51–62. <https://doi.org/10.12927/cjnl.2021.26593>
- Lee, R., & Wojtluk, R. (2021). *Transition of Internationally Educated Nurses into Practice: What we need to do to evolve as an inclusive profession over the next decade*. <https://care4nurses.org/wp-content/uploads/2022/01/Transition-of-Internationally-Educated-Nurses-into-Practice.pdf>
- Leigh-Osroosh, K. (2021). The Phenomenological House: A Metaphoric Framework for Descriptive Phenomenological Psychological Design and Analysis. *Qualitative Report*, 26(6), 1817–1829. <https://doi.org/10.46743/2160-3715/2021.4815>
- LimeSurvey. (n.d.). *Home*. <https://www.limesurvey.org/>
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA.

- Lynch, T. (2012). What is the experience of migrant nurses in attempting to meet the English level requirements for registration in Australia? *Journal of Teaching and Education*, 1(3), 143-149.
https://www.academia.edu/21338843/WHAT_IS_THE_EXPERIENCE_OF_MIGRANT_NURSES_IN_ATTEMPTING_TO_MEET_THE_ENGLISH_LANGUAGE_REQUIREMENTS_FOR_REGISTRATION_IN_AUSTRALIA
- Magno, C.M. (2022, October 17). *Internationally educated nurses are already here-let's get them working*. <https://www.canadian-nurse.com/blogs/content/2022/10/17/q-a-part-1-iens-solution-to-nursing-shortage>
- Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *The Lancet (British Edition)*, 358(9280), 483–488. [https://doi.org/10.1016/S0140-6736\(01\)05627-6](https://doi.org/10.1016/S0140-6736(01)05627-6)
- Mathew, M. (2023, February, 22). *Internationally trained nurses in Ontario call for better support*. <https://globalnews.ca/news/9504375/ontario-nurses-shortage-internationally-trained-nurses-support/>
- McGill University. (2019). *Global shortage of nurses*.
https://www.mcgill.ca/nursing/files/nursing/nurse_shortages.pdf
- McMaster University. (n.d.). *Why hire IENs*. Retrieved February 20, 2021, from https://fhs.mcmaster.ca/ien/why_hire_iens.html.

Mcquillan, L. (2022, November 20). *Canada's push to poach nurses from abroad fuels fears of shortages in developing countries*. CBC.

<https://www.cbc.ca/news/health/canada-international-nurses-poorer-countries-worried-1.6655231>

Merali, F. (2022, January 25). *Making internationally trained nurses work as PSW is exploitative, RNAO tells province*. CBC.

<https://www.cbc.ca/news/canada/toronto/rnao-blasts-move-to-bring-iens-to-work-as-psws-ucps-1.6325172>

Ministry of Health and Ministry of Long-Term care (2018). Supporting Internationally Educated Nurses.

https://www.health.gov.on.ca/en/pro/programs/hhrsd/nursing/internationally_educated.aspx

Murphy, S., & McGuire, M. (2005). The internationally educated nurse: Well-researched and sustainable programs are needed to introduce IENs to the culture of nursing practice in Canada. *The Canadian Nurse*, 101(1), 25–29.

National Newcomer Navigation Network. (2022). *Sunnybrook: Internationally educated nurses (IENs) pathway at Sunnybrook*.

<https://www.newcomernavigation.ca/en/news/sunnybrook-internationally-educated-nurse-ien-pathway-at-sunnybrook.aspx>

National Newcomer Navigation Network. (2024). *IEHP resource hub: Leveraging IEHPs to close healthcare labour market gaps*.

<https://www.newcomernavigation.ca/en/iehps/iehp-resource-hub.aspx#FederalProvincialTerritorial-Initiatives-FPT->

- National Nursing Assessment Service. (2022). *NNAS applicant handbook*.
https://www.nnas.ca/wp-content/uploads/2022/10/NNAS-Applicant-Handbook_ENG_p11a_Oct2022.pdf
- National Nursing Assessment Service. (2023a). *A bold plan in action: Walking the talk on transformation, annual report 2022/2023*. <https://www.nnas.ca/wp-content/uploads/2023/09/NNAS-AnnualReport-2023-ENG.pdf>
- National Nursing Assessment Service. (2023b). *Expedited service applicant handbook*.
<https://www.nnas.ca/expedited-service/>
- National Nursing Assessment Service. (2023c). *Strategic plan 2023-2026*.
<https://www.nnas.ca/wp-content/uploads/2023/02/NNAS-Strategic-Plan-2023-2026-Approved.pdf>
- National Nursing Assessment Service. (2024a). *About NNAS*.
<https://www.nnas.ca/about-nnas/>
- National Nursing Assessment Service. (2024b). *Application and other fees*.
<https://www.nnas.ca/application-fees/>
- NCSBN. (2024). *Nursing licensure guidance*. <https://www.ncsbn.org/nursing-regulation/licensure/nurse-licensure-guidance.page>
- New Brunswick Canada. (2022). *Internationally educated healthcare professionals (IEHPs)*. https://www.welcomenb.ca/content/wel-bien/en/international_nurses.html
- Newton, S., Pillay, J., & Higginbottom, G. (2012). The migration and transitioning experiences of IENs: A global perspective. *Journal of Nursing Management*, 20(4), 534-550. <https://doi.org/10.1111/j.1365-2834.2011.01222.x>.

- Nordstrom, P. M., Kwan, J. A., Wang, M., Qiu, Z. (Winston), Cummings, G. G., & Giblin, C. (2018). Internationally educated nurses' competency assessment and registration outcomes. *International Journal of Migration, Health and Social Care*, 14(3), 332–346. <https://doi.org/10.1108/IJMHS-07-2017-0029>
- Nursing and Midwifery Board. (2023). *Qualification and Registration requirements*. <https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply/Meeting-the-registration-requirements.aspx>.
- Nursing and Midwifery Council. (2023). *Information for internationally trained applicants*. <https://www.nmc.org.uk/registration/information-for-internationally-trained-applicants/>
- Omstead, J. (2022, July 28). As Ontario ERs buckle, nurses' groups want international applicants' licences expedited. *CBC News*. <https://www.cbc.ca/news/canada/toronto/ont-international-nurses-1.6535290>.
- Ontario. (2023, July 24). *Ontario doing even more to grow its health care workforce*. <https://news.ontario.ca/en/release/1003310/ontario-doing-even-more-to-grow-its-health-care-workforce>
- Oxford University Press. (n.d). Methodology. *Oxford English dictionary*. Retrieved November 30, 2022, from <https://www.oxfordlearnersdictionaries.com/definition/english/methodology>
- Parse, R.R. (1996). Building knowledge through qualitative research: The road less traveled. *Nursing Science Quarterly*, 9(1), 10-16.

- Registered Nurses Association of Ontario (2014). *Guiding framework: Population health promotion model and childhood obesity*.
<https://bpgmobile.rnao.ca/sites/default/files/Population%20Health%20Promotion%20Model.pdf>
- Registered Nurses Association of Ontario. (2022). *About RNAO*.
https://rnao.ca/about?_ga=2.6540978.1041978858.1665828450-1319984174.1639594331
- Registered Practical Nurses of Ontario (WeRPN). (2022). *About we are practical nurses*. <https://www.werpn.com/about/>
- Rovito, K., Kless, A., & Costantini, S. D. (2022). Enhancing workforce diversity by supporting the transition of internationally educated nurses. *Nursing Management, 53*(2), 20–27.
<https://doi.org/10.1097/01.NUMA.0000816252.78777.8f>
- Salami, B., Nelson, S., Hawthorne, L., Muntaner, C., & McGillis Hall, L. (2014). Motivation of nurses who migrate to Canada as domestic workers. *International Nursing Review, 61*, 479-486.
- Scheffler, R. M., & Arnold, D. R. (2019). Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead. *Health economics, policy, and law, 14*(2), 274–290. <https://doi.org/10.1017/S174413311700055X>
- Seitz-Ehler, M., (2023, August 9). *UNB welcomes nursing students from India to Fredericton*. <https://blogs.unb.ca/newsroom/2023/08/nursing-students.php#:~:text=As%20part%20of%20UNB's%20ongoing,from%20India%20between%202025%20and>

SHP-TV by The Society for Humanistic Psychology – APA Division 32. (2019, March 17). *Amedeo Giorgi on Descriptive Phenomenological Method (APA DIV 5 - SQIP)* [Video]. YouTube.

<https://www.youtube.com/watch?v=lcSyQzoBRic&t=680s>

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education, 44*(1), 26–29.

Sunnybrook Health Sciences Centre. (2022). *Internationally educated nurse pathway at Sunnybrook*. [https://sunnybrook.ca/content/?page=careers-internationally-trained-nurses#:~:text=Internationally%20Educated%20Nurses%20\(IENs\)%20are,variet,y%20of%20skills%20and%20expertise](https://sunnybrook.ca/content/?page=careers-internationally-trained-nurses#:~:text=Internationally%20Educated%20Nurses%20(IENs)%20are,variet,y%20of%20skills%20and%20expertise).

Taherdoost, H., (2022). Data Collection Methods and Tools for Research: A Step-by-Step Guide to Choose Data Collection Technique for Academic and Business Research Projects. *International Journal of Academic Research in Management, 10*, (1), pp.10-38. <https://hal.science/hal-03741847/document>

Turley, E. L., Monro, S., & King, N. (2016). Doing it differently: Engaging interview participants with imaginative variation. *Indo-Pacific Journal of Phenomenology, 16*(1–2), 153–162. <https://doi.org/10.1080/20797222.2016.1145873>

Turner, L. (2021, September 27). *Forced to sit out during pandemic, nurse calls for changes to Ontario's registration process*. CBC News. <https://www.cbc.ca/news/canada/thunder-bay/christy-tashjian-waiting-to-work-1.6189165>

- van Kleef, J., & Werquin, P. (2013). PLAR in Nursing: Implications of situated learning, communities of practice and consequential transitional theories for recognition. *Journal of International Migration and Integration*, 14, 651–669.
<https://doi.org/10.1007/s12134-012-0260-6>
- Walani, S. R. (2015). Global migration of IENs: Experiences of employment discrimination. *International Journal of Africa Nursing Sciences*, 3, 65–70. <https://doi.org/10.1016/j.ijans.2015.08.004>.
- Winter, K. (2022). *Supporting integration into practice: The internationally educated nurse (IEN) pathway at Sunnybrook health sciences*. Sunnybrook Health Sciences. <https://newcomernavigation.zoom.us/w>.
- World Education Services. (2022). *Addressing the underutilization of internationally educated health professionals (IEHPs) om Canada: What the data does and doesn't tell us*. https://knowledge.wes.org/rs/317-CTM-316/images/canada-report-addressing-the-underutilization-of-iehps-in-canada.pdf?mkt_tok=MzE3LUNUTS0zMTYAAAGFB3PRvdtyykbb7B4FIQXaKpJJ4gs1L9Gup0Bq4JL4hPeKocygdUvLfg8B_7Fj_hB0Vrdemographicquestionnaires6vishVMnN6eYDNhGP39axBHV76sWD0C7VCbWm-aWQ
- World Education Services. (2024). *Counting on Care: A Survey of Internationally Educated Nurses not working as nurses in Ontario*.
<https://knowledge.wes.org/rs/317-CTM-316/images/wes-canada-report-ien-survey.pdf>

World Health Organization. (2024). Nursing and midwifery [Fact Sheet].

<https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery#:~:text=There%20are%20an%20estimated%2029,midwives%20by%20the%20year%202030.>

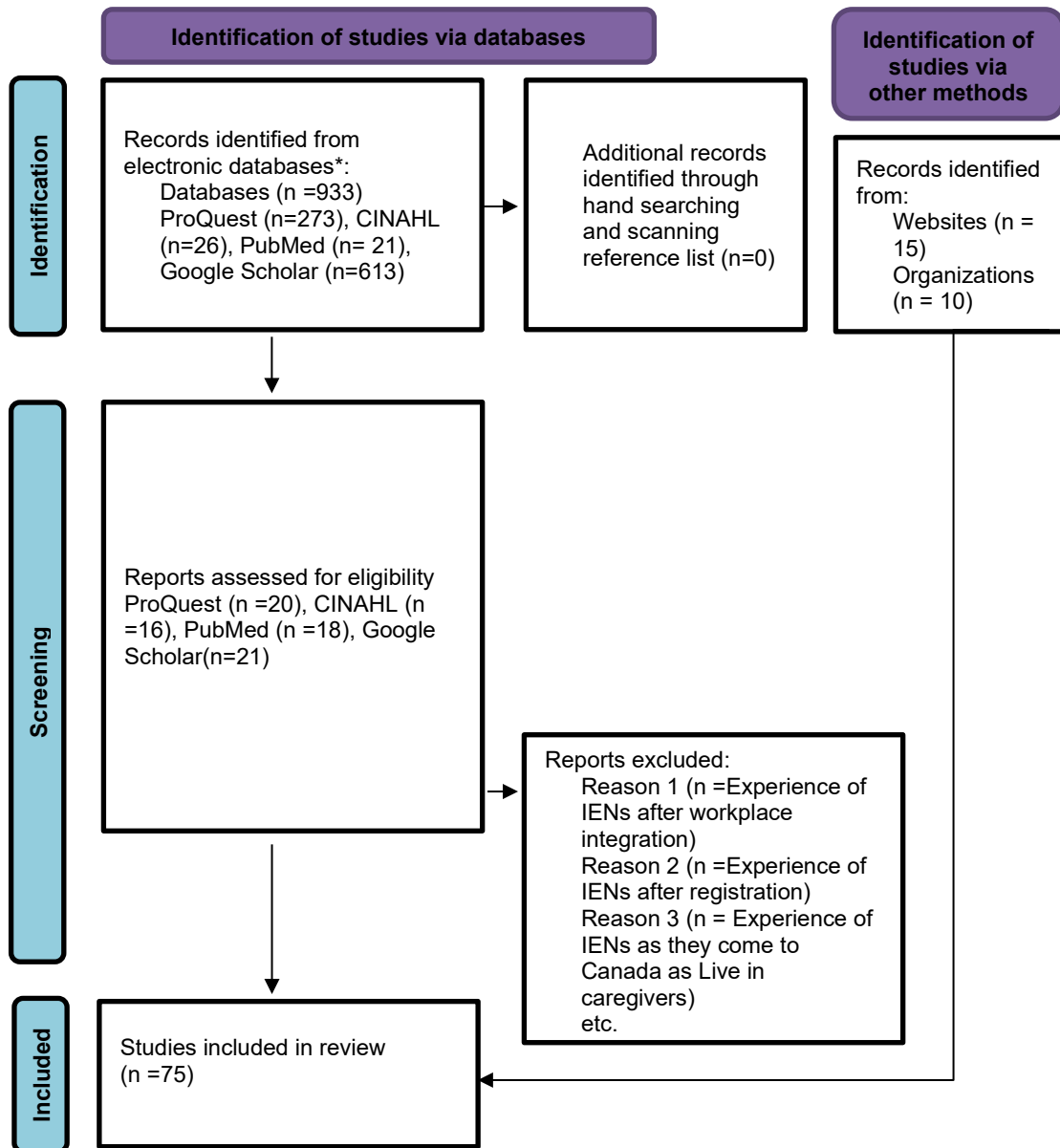
Xu, Y., & He, F. (2012). Transition programs for internationally educated nurses: What can the United States learn from the United Kingdom, Australia, and Canada? *Nursing economics*, 30(4), 215–239.

Yun, T., & Wright, H. (2022, January 11). “*We can help*”: *Internationally trained nurses in Canada eager to work*. CTV News.

[https://www.ctvnews.ca/health/coronavirus/we-can-help-internationally-trained-nurses-in-canada-eager-to-work-1.5736558.](https://www.ctvnews.ca/health/coronavirus/we-can-help-internationally-trained-nurses-in-canada-eager-to-work-1.5736558)

Appendices

Appendix A: PRISMA Diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372: n71. doi: 10.1136/bmj. n71. For more information, visit: <http://www.prisma-statement.org/>

Appendix B: Literature Review

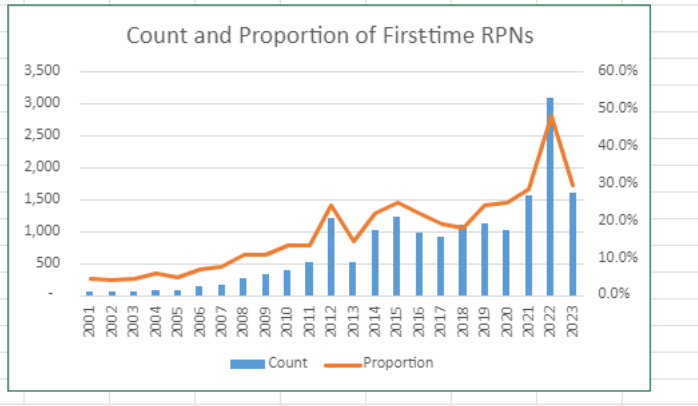
The percentage represents the proportion of first-time IENs in that nursing class, compared to Ontario-educated nurses and Canadian-educated nurses (not including Ontario).

RNs in the General and Extended Class						
Year	Count RN & NP	Proportion RN & NP	Count RN	Proportion RN	Count NP	Proportion NP
2001	634	20.4%	---	---	---	---
2002	943	23.5%	---	---	---	---
2003	1,008	18.8%	---	---	---	---
2004	1,532	23.8%	---	---	---	---
2005	1,114	34.1%	---	---	---	---
2006	249	10.0%	---	---	---	---
2007	326	9.6%	---	---	---	---
2008	309	8.9%	---	---	---	---
2009	336	9.3%	---	---	---	---
2010	380	10.4%	---	---	---	---
2011	421	9.8%	---	---	---	---
2012	645	13.0%	---	---	---	---
2013	268	6.9%	---	---	---	---
2014	423	9.0%	---	---	---	---
2015	387	9.5%	---	---	---	---
2016	338	7.2%	---	---	---	---
2017	545	10.1%	522	10.1%	23	8.6%
2018	889	13.6%	855	13.9%	34	9.7%
2019	930	14.9%	900	15.4%	30	9.1%
2020	1,200	18.7%	1,163	19.1%	37	12.7%
2021	1,677	24.1%	1,645	25.1%	32	7.5%
2022	3,875	42.8%	3,838	44.3%	37	9.6%
2023	6,472	53.5%	6,433	55.3%	39	8.6%

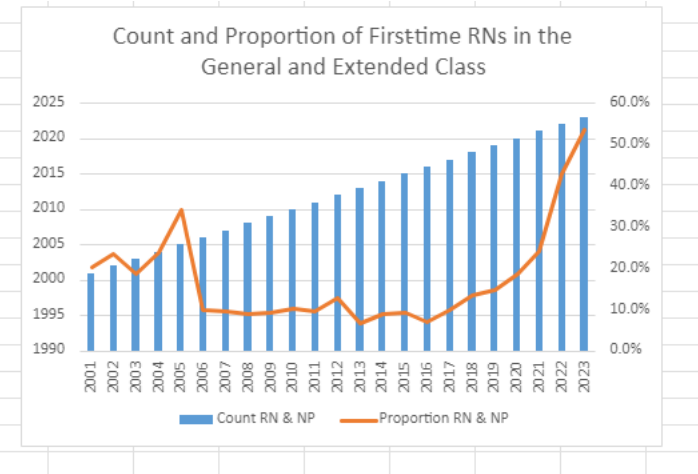
(B. Dadzie, 2024, personal communication, May 23, 2024)

RPNs		
Year	Count	Proportion
2001	53	4.6%
2002	53	4.3%
2003	56	4.5%
2004	79	5.9%
2005	87	4.9%
2006	146	7.0%
2007	163	7.8%
2008	271	11.0%
2009	325	11.1%
2010	387	13.7%
2011	530	13.7%
2012	1,201	24.2%
2013	529	14.7%
2014	1,021	22.3%
2015	1,240	25.0%
2016	977	22.2%
2017	915	19.3%
2018	1,102	18.2%
2019	1,119	24.3%
2020	1,026	25.2%
2021	1,565	28.6%
2022	3,084	48.3%
2023	1,606	29.6%

(B. Dadzie, 2024, personal communication, May 23, 2024)

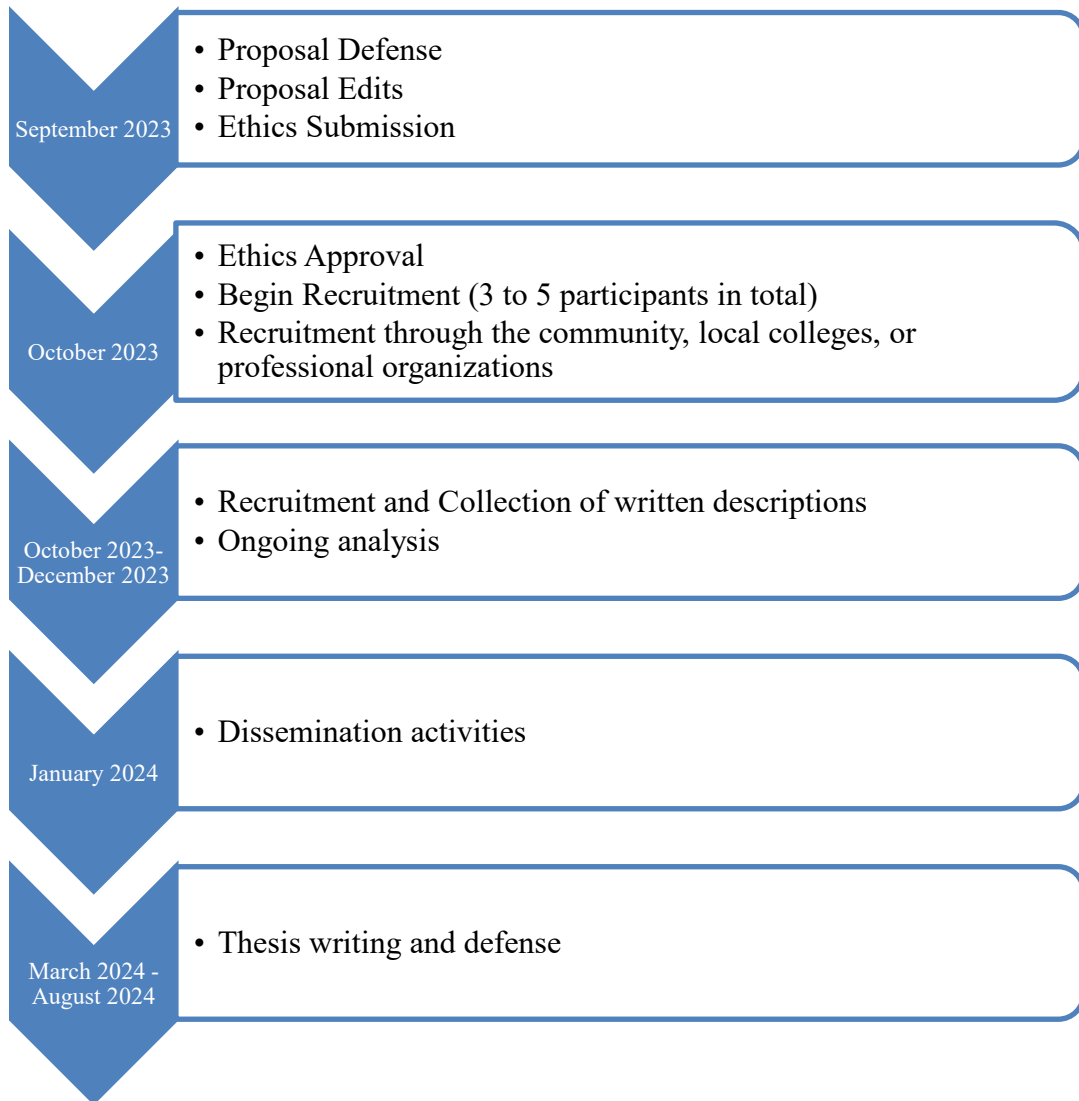


(B. Dadzie, 2024, personal communication, May 23, 2024)



(B. Dadzie, 2024, personal communication, May 23, 2024)

Appendix C: Thesis Timeline



Appendix D: Demographic Questionnaire

1. Sex:
 - Identifies as Male
 - Identifies as Female
 - Other or not wishing to define

2. Age:
 - 25-35
 - 35-45
 - 45-55

3. Country of origin: _____

4. Marital Status: _____

5. Year of completing the nursing Education in the Country of Origin: _____

6. Title in the Country of Origin before registration with the CNO?
 - RN
 - RPN
 - Other _____

7. Current Occupation and Employment status: _____

8. Date of Landing in Canada: _____

9. Legal Status in Canada:
 - Permanent Resident
 - Canadian Citizen
 - Landed Immigrant
 - Work Permit Holder
 - Other: _____

10. Current living arrangements:
 - Private residence
 - Shared accommodation (friends/family)
 - Institutional (e.g.: shelters)
 - Other: _____

11. Have you completed your assessment with the National Nursing Assessment Service (NNAS)?
- Yes
 - No
 - In process (Include Start Date) _____
12. If you indicated Yes to question 11, how long did it take you to complete the National Nursing Assessment Service (NNAS)? _____
13. If you indicated No to question 11, please indicate the reason for not completing the National Nursing Assessment Service (NNAS) assessment _____
14. Did you complete the International English Language Testing Service test or other English requirements?
- Yes
 - No
15. Have you started your nursing registration with the College of Nurses of Ontario?
- Yes
 - No
16. When did you start your nursing registration with the College of Nurses of Ontario?


17. Are you currently registered with the College of Nurses of Ontario?
- Yes
 - No
18. Title after registration with the CNO:
- RN
 - RPN
19. What resources helped you during your registration with the CNO?

20. Would you like a copy of the research findings?
- Yes
 - No
- If yes, please provide the contact information


Email: _____

Address: _____
Signature: _____
Date: _____

Appendix E: Recruitment Poster



ARE YOU AN INTERNATIONALLY EDUCATED NURSE (IEN)?



“I am interested in understanding the IEN’s experience of completing nursing registration in Ontario and its impact on their health.”

Please think about participating in the study if you meet the following criteria:

1. IENs who are in the process of registering or have registered within the last five years in Ontario with the College of Nurses of Ontario
2. Ability to write, speak, and understand English
3. Age 25-55 years

This study has been approved by UNB REB and is on file # **REB 2023-152**

If you have questions, please contact:
Mandeep Kaur, RN, BN, MN student
647-215-7941
Mkaur1@unb.ca
Supervisors: Dr. David Busolo;
David.Busolo@unb.ca
Committee Members: Dr. Catherine Aquino-Russell; caquinor@unb.ca
REB Chair: David Coleman;
dcoleman@unb.ca

Participating in the study is:

- Confidential
- Voluntary
- Involves one time participation involving a written description to a research question.
- Can withdraw at any time without any penalty

Appendix F: Study Invitation

Title of the Study: Internationally Educated Nurses' Experiences of Completing Nursing Registration in Ontario and the impact of this process on their health: A Descriptive Phenomenological Study.

Principal Investigator: Mandeep Kaur, RN, BN, MN student

Faculty Supervisor: Dr. David Busolo, Ph.D., Nursing, David.Busolo@unb.ca, (1) 506-
456-2898

Faculty Committee Member: Dr. Catherine Aquino-Russell, RN, Ph.D., CCDC,
Nursing, caquinor@unb.ca

Research Ethics Board Chair: David Coleman, dcoleman@unb.ca

Dear Participant,

I would like to invite you to take part in a research project. The purpose of my research is to understand your experiences during registration with the College of Nurses of Ontario. In this study, I am hoping to understand the experience of Internationally Educated Nurses (IENs) as they complete their registration with the College of Nurses of Ontario. In addition, you can explain how the registration experience affected your health. This study will help current or future IENs who are hoping to complete their nursing registration in Ontario. The results of the study may give suggestions for policymakers, government bodies, and professional associations to improve the registration process for IENs and help in their smooth integration in the workplace.

This research project has been reviewed and received ethics clearance through the REB
(file REB 2023-152)

Please see the attached Infographic. Please connect with me using an anonymous email. You can create an email that is anonymous to promote privacy. An example of an anonymous email is IEN123@gmail.com. You should be able to create an email on different accounts (Hotmail/Gmail/Other sources) by using steps of ‘Create an Account’. Once you connect with me, I will be sharing the link to limesurvey.com which will be used to collect your responses.

You will be asked to ‘Please describe what it was like for you to become registered with the CNO and the impact on your health’ in writing. Please see further questions that might help with reflecting your experience: (a) Discuss your experiences with the registration process including facilitators and barriers (b) How do you think the registration process has impacted your health? (c) What factors have influenced your registration process with the CNO? You may write as much as or little as you wish. Your participation involves the time for your written description.

Please share your descriptions using LimeSurvey link provided below.

You can type your description in a word document and submit it by copying and pasting into LimeSurvey. Please note that your personal information will be kept confidential. All the written descriptions and reflections will be stored in my password protected computer to ensure privacy and confidentiality. These reflections will be kept for seven years after the completion of the study and then will be destroyed from the computer as well as from the OneDrive. I will assume informed consent if you copy and paste your

information into LimeSurvey. Informed consent means that you are entitled to ask questions about the study before you agree to participate, and the participation is voluntary, and you can withdraw from the study at any time without any penalty.

Please complete the demographic questionnaire as well that you will be able to access through LimeSurvey.

I understand that this reflection can bring on past feelings or experiences, and hence, I am including the counselling services link to support you. There are also various provincial counselling services available that you can access by using the link below:

<https://ontario.cmha.ca/provincial-mental-health-supports/>

You can also give me feedback about the study and study findings via your anonymous email.

If you do not wish to participate in the study, you can simply ignore this message.

If you have any questions or concerns, please feel free to contact me or my supervisor.

Best Regards,

Mandeep Kaur RN, BN, Master of Nursing Student

University of New Brunswick

647-215-7941

Mkaur1@unb.ca

Appendix G: Copy of Email Communication to Care4Nurses

University of New Brunswick

3 Bailey Drive

Post Box 4400

Fredericton, NB

Canada

N3B 5A3

Date: _____

Dear _____

I am a student in the Master of Nursing Student (thesis stream) University of New Brunswick, and I am conducting research titled ‘Internationally Educated Nurses’ Experiences of Completing Nursing Registration in Ontario and The Impact of This Process on Their Health: A Descriptive Phenomenological Study’. The study has been reviewed by the University of New Brunswick Research board and is on file # **REB 2023-152**.

The purpose of this study is to understand the lived experience of Internationally Educated Nurses (IENs) as they complete their nursing registration with the College of Nurses of Ontario. The results of the study may help future IENs who are in the process of registration with the CNO. The study may also help policymakers, government

bodies, and professional associations to make changes to the registration process in Ontario.

Your organization has always been in the forefront at supporting and guiding IENs. I am seeking your assistance in recruiting participants for this research study. I hope that you provide an opportunity for me to share my research poster with your participants or advertise on your social media networks. This will help me get in touch with the participants directly.

Enclosed is a copy of the research poster, research invitation letter, and a copy of the proposal.

If you have any questions, please feel free to get in touch with me. I look forward to working with you.

Best regards,

Mandeep Kaur RN, BN, MN ©

Mkaur1@unb.ca

647-215-7941

Appendix H:

Copy of Email Communication from Sheridan College, Humber College and Care4Nurses

From: Humber Research Ethics Board

You will need to submit the Humber REB application through our website at www.humber.ca/ppdr/humber-research-ethics-board. The REB application, deadline schedule and resources are available through this website. There are guidelines under the REB Resources section to help with the process. Please send your application to me at reb@humber.ca and I will respond.

Please go through the REB checklist and make sure all questions on the application are complete and all supporting documents are included. All researchers are required to complete and submit a copy of their TCPS Certificate. The TCPS certificate can be completed through their website at https://ethics.gc.ca/eng/education_tutorial-didacticiel.html

Upon receipt, the application will be assessed for its risk factors and the REB would determine if it's a delegated (10-day turnaround) or full committee review. If it's determined that it's a full review the application would take approximately 30 days as

long as the application is received by the deadline for that month. Please see the deadline schedule on our website. Please note there is no set deadline for delegated reviews.

You will be notified if any revisions are needed once the REB members review the documents. We appreciate that you want to get your research underway as soon as possible but we must follow TCPS guidelines.

You may also need to apply for institutional approval, this is a separate process.

From: Sheridan Research Ethics Board

If your proposed research will involve members of the Sheridan community as participants or utilize Sheridan resources, Sheridan REB approval is required. Given that you are conducting this project to fulfil the requirements of your master's you will also need Sheridan Institutional approval prior to seeking Sheridan REB approval.

With existing approval of your project from the University of New Brunswick REB, the SREB will accept submission of your final approved UNB REB application and supporting documents along with the UNB REB letter of approval and your TCPS2: CORE-2022 certificate of approval dating on or after Jan 1, 2022, so you do not have to complete and submit the SREB application.

Once you have UNB REB approval please send all the above to me copying the SREB Coordinator and I will help facilitate the Institutional Approval process.

From: Care4Nurses

Once you obtained REB approval from the UNB, you may send a description of your research and what specifically you would like CARE Centre to help you with to me. I will share the info with our leadership team and decide if we would forward your request to our member IENs for them to participate.

Curriculum Vitae

MANDEEP KAUR, RN, BN

EDUCATION

Month/Year Completed or In Progress; Full-time or Part-time	Degree or Academic Credential Achieved	Institution
September 01, 2019 – Present	Master of Nursing (Part-time)	University of New Brunswick (UNB)
January 24, 2019	Foundations of inclusive design	Humber College
August 2020	Neonatal Resuscitation re-certification	William Osler Health System
May 2020	Welcome to Ontario Virtual Mini Simulation User Experience	Laerdal Simulation
May 2020	The three pillars to ensure quality with simulated patients	Avkin Technology
April 2020	Taking your OSCE's online	Education Management Solutions
April 2020	Learning remotely using virtual simulation	Laerdal Simulation
March 2020	Advanced Word and Excel workshop	Humber College
November 21, 2019	12-Lead ECG workshop	Humber College/UNB
July 30, 2019	Participation in design of Cardiac Output video	Humber College
February 6, 2018	STABLE course	William Osler Health System
July 11, 2019	Neonatal Resuscitation Certificate (NRP)	William Osler Health System
June 14, 2017	Degree in Nursing -RN	Humber College /UNB
June 30, 2017	RNAO Breastfeeding Certificate	RNAO
April 2017	BEST Start certificate	Credit valley Hospital
April 2012	Coronary Care Unit course	Humber College and William Osler Health System

March 2012	Basic and Advanced Wound Care Course	William Osler Health System
Sept. 2009 to July 2011	Diploma in Nursing-RPN	Humber College
September 2008-June 2009	Personal Support Worker Certificate-PSW	Humber College

EMPLOYMENT HISTORY

Month/Year (Current/ Most Recent)	Institution	Role and Status (e.g., Full-time, Part-time or Casual; Tenured or Probationary)
October 2023 - Present	Sheridan College	Clinical Placement Coordinator, Nursing
May 2024 – August 2024	Sheridan College	Instructor, Pharmacology for Nurses
January 2024 – April 2024	Sheridan College	Instructor, Pharmacology for Nurses
January 2024 - April 2024	UNB	Teaching Assistance for Theoretical Foundations of Nursing
September 2023 - December 2023	Sheridan College	Instructor, Pharmacology for Nurses
September 2020-October 2023	Sheridan College	Portfolio Support Specialist, Health
July 2017- Present	William Osler Health System	Casual, Neonatal Intensive Care unit (NICU) and Paediatrics, RN
January 2023 – April 2023	UNB	Teaching Assistant for Professional Nursing Practice
January 2021- April 2021	UNB	Teaching Assistant for Theoretical Foundations of Nursing
September 2020 – September 2021	Sheridan College	Instructor for the RPN Safe Practice Certificate courses – theory and clinical
March 2019 – September 2020	Humber College	Program Advisor for Medication Administration and patient assessment post-graduate courses and PT instructor

March 2020 – September 2020	Sheridan College	Course development for the RPN (out of safe practice) CE certificate. Developed two courses for the certificate program
January 2020 - March 2020	Humber College	Theory Instructor for Patient Assessment courses
May 2019 - August 2019	Sheridan College	Instructor Coronary Care 1 course
June 2014 - March 2019	Humber College	Support Staff Nursing/ PT instructor
January 2012 - July 2017	William Osler Health System, Etobicoke, ON	FT and Casual Cardiology Nurse, RPN
May 2017 - January 2019	Humber College	PT RPN Refresher lab instructor (RPNR 010) PT RPN Refresher clinical instructor (RPNR 040)
May 2016 - August 2016	Humber College	PT RPN Refresher lab instructor (RPNR 010) PT RPN Refresher clinical instructor (RPNR 040)
January 2016 - May 2016	Humber College	PT RPN Refresher lab instructor (RPNR 010)
May 2015 - August 2015	Humber College	PT RPN Refresher lab instructor (RPNR 010) PT RPN Refresher clinical instructor (RPNR 040)
March 2014 - June 2014	Humber college	PT RPN Pregrad Clinical Instructor (NURS 561/571)
January 2014 - March 2014	Humber College	PT RPN Community Clinical Instructor (NURS 461)
March 2013 - June 2013	Humber College	PT RPN Pregrad Clinical Instructor (NURS 561/571)
January 2013 - March 2013	Humber College	PT RPN Community Clinical Instructor (NURS 461)
September 2012 - December 2012	Humber College	PT RPN NURS 161

SCHOLARLY AND PROFESSIONAL ACTIVITIES

HONOURS AND AWARDS

Month/Year	Course number and title	Program and Institution
July 2022	Jane S. Ekers Scholarship	MN, UNB
July 2020	Jane S. Ekers Scholarship	MN, UNB

September 2019	Jane S. Ekers Scholarship	MN, UNB
March 2017	RNFOO Regina Borowska	RN, RNFOO
March 2016	RNFOO Regina Borowska	RN, RNFOO
January 2009 - June 2011	Academic Honor's Certificate, PSW and RPN	Humber-PSW and PN program
November 2011	Care - Cor Award of Excellence	Humber-PN program, postgraduate
November 2009	President Letter	Humber-PSW Program

PROFESSIONAL CONTRIBUTIONS

Month/Year	Related Organization or Program	Activity and Outcome
September 2021	S-Sense Project lead for CE at Sheridan College	Developed and presented S-Sense Framework for the CE at Sheridan
Feb 2021	Guest speaker for undergraduate class	University of New Brunswick
Sep 2020 – Present	Quest Research member	Attend qualitative meetings, participate in the research activities
February 2017	Guatemala Interprofessional Organization	Volunteer Interprofessional experience- Worked in an orphanage working with the kids with an interprofessional team of doctors, paramedic students, nurse practitioners.
2015 - 2017	Registered Nursing Association of Ontario	Student member of the professional organization
2009 - 2013	Registered Practical Nurses Association of Ontario	Member of the professional organization
2010	Practical Nursing Student	Member of Board of Directors of Humber Nursing Society (HSF)
2010	Practical Nursing Student	Advisory committee member for program development as part of Program Representative for Practical Nursing.
2010	Practical Nursing Student	Go Purple Event. Helped in gathering funds for the event.
2010	Practical Nursing Student	IPE (Intra-professional Education). An event where students from different health

		professionals gathered to understand the importance of roles in Health Care Settings and importance of Teamwork.
2010	Practical Nursing Student	Attended Patricia Benner's Speech.
2010	Practical Nursing Student	Attended Aids Walk of Life in Toronto and helped to gathered funds for people living with Aids.

CLINICAL EXPERIENCES

Jan 2017- April 2017	NICU	Credit Valley Hospital
September 2016 - Dec 2016	Acute Care of the Elderly	William Osler Health System, ON
January 2016 - April 2016	Pediatrics Unit	William Osler Health System, ON
September 2015- December 2015	Community Nursing	Humber College, ON
2010 -2011	Reactivation /Rehabilitation unit	William Osler Health System, ON
2011	Doctor's Office	MCI Clinic, Vaughan, ON
2011	Medical/Surgical Unit	York Central Hospital, Vaughan, ON
2010	Long Term Care	Extendicare Brampton, ON
2009	Long Term Care	Leisure world Brampton Woods, ON

Professional Memberships:

College of Nurses of Ontario, RPN Registration, AB820254, 2012 - 2017

College of Nurses of Ontario, RN Registration, 17188339, 2017- Present

Registered Nurses Association of Ontario 2020- Present

Registered Practical Nurses Association of Ontario, student member 2009 – 2012.

Publications and Research:

Williams, S. (2019, November 18). *Cardiac Output*.

<https://www.youtube.com/watch?v=1L0vs792g9o>

References:

Provided upon request.