

# A Precarious Journey: Nurses From the Philippines Seeking RN Licensure and Employment in Canada

Margery Hawkins, Patricia Rodney

Increasingly, internationally educated nurses (IENs) from developing countries are seeking RN licensure and employment in Canada. Despite efforts to support their integration into the nursing workforce, a significant number never achieve integration. To explore this phenomenon, the authors use ethnographic methods informed by postcolonial feminism and relational ethical theory to examine the experiences of nurses educated in the Philippines as they seek Canadian RN licensure and employment. The study's focus on a journey that begins in the Philippines and continues in Canada adds an important temporal dimension located in tensions within and between the contexts of regulatory and immigration policies. The findings illuminate the dual challenge of being a new arrival in the country and being an IEN pursuing the Canadian RN credential. Additionally, the findings deepen our understanding of the dominant political, ideological, and social values, both in the Philippines and in Canada, that shape this experience.

**Keywords:** internationally educated nurses, Philippines, nurse migration, post-colonial feminism, relational ethics, health human resources

*Résumé*

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## **Infirmières et infirmiers des Philippines en quête d'une accréditation d'IA et d'un emploi au Canada : un parcours précaire**

**Margery Hawkins, Patricia Rodney**

De plus en plus, des infirmières et infirmiers diplômés à l'étranger (IIDE) provenant de pays en développement cherchent à obtenir une accréditation d'infirmière ou infirmier autorisé (IA) afin de pouvoir se trouver un emploi au Canada. Malgré les efforts déployés pour soutenir leur intégration au sein de la profession infirmière, un nombre important d'entre elles et d'entre eux ne réussissent pas à s'intégrer. Dans le but d'étudier ce phénomène, les auteures de la présente étude ont utilisé les méthodes de l'ethnographie adaptées au point de vue du féminisme postcolonial et de la théorie de l'éthique relationnelle afin d'analyser l'expérience que vivent les IIDE des Philippines dans le cadre de leurs démarches pour l'obtention d'une accréditation d'IA et d'un emploi au Canada. Mettant l'accent sur un parcours qui commence aux Philippines et se poursuit au Canada, l'étude ajoute une importante dimension temporelle aux tensions qui existent à l'intérieur des différents contextes réglementaires et des politiques d'immigration, de même qu'entre ceux-ci. Les constatations des auteures mettent en lumière le double défi que doivent relever les IIDE, soit celui d'être des nouveaux arrivants et celui de devoir obtenir une accréditation d'IA canadienne. L'étude contribue également à approfondir notre compréhension des valeurs sociales, idéologiques et politiques dominantes aux Philippines et au Canada, lesquelles ont façonné les expériences étudiées.

**Mots-clés :** infirmières et infirmiers diplômés à l'étranger, Philippines, immigration, féminisme postcolonial, éthique relationnelle, profession infirmière

## **Background**

Internationally educated nurses (IENs) play an important role in the provision of health care in Canada. They represent approximately 8% of the country's RN workforce (Canadian Institute for Health Information [CIHI], 2003). While this percentage has not increased significantly over the past decade, there has been a shift in source countries. An increasing majority of IENs in Canada are coming from developing countries (CIHI, 2013). Although IENs constitute a substantial proportion of the RN workforce, many who migrate to Canada never complete the registration process and remain underemployed (Atanackovic & Bourgeault, 2013, 2014; Salami, Nelson, McGillis Hall, Muntaner, & Hawthorne, 2014).

Concerns about the vulnerable status of these nurses (Atanackovic & Bourgeault, 2013; Brush, 2008; Ishi, 1987; Kingma, 2008; Salami & Nelson, 2014) and curiosity about broader structures and processes limiting their opportunities for Canadian licensure led the first author to conduct an in-depth exploration of the phenomenon of nurse migration to Canada for her doctoral research (Hawkins, 2013). Since studying IENs overall as a homogeneous group renders invisible the unique challenges encountered by nurses from different source countries (Kingma, 2006), the focus of the study was the experiences of IENs educated in the Philippines. These nurses represent one third of IENs currently working in Canada (CIHI, 2013) and have a long history of migration and experience from which we can learn (Ishi, 1987; Ronquillo, Boschma, Wong, & Quiney, 2011). While there is growing awareness of the importance of studying the experiences of IENs in general, there is an insufficient empirical base from which to inform nursing regulation, education, and related policy (Atanackovic & Bourgeault, 2013; Brush, 2008; Ronquillo et al., 2011; Salami & Nelson, 2014). It is our hope that knowledge gleaned from this study will help to inform the structures and processes that shape the experiences of nurses entering Canada from the Philippines and other countries.

## **Literature Review**

Numerous published accounts provide a helpful overview of regulatory challenges encountered by IENs seeking Canadian RN licensure (Blythe, Baumann, Rheaume, & McIntosh, 2009; Salami et al., 2014; Sochan & Singh, 2007) and challenges encountered by regulators assessing foreign credentials (Blythe et al., 2009; College of Registered Nurses of British Columbia [CRNBC], 2009b). However, there is a paucity of literature addressing the root causes of these challenges.

Several bodies of knowledge are particularly salient in our understanding of the context of nurse migration from the Philippines. Brush and Sochalski (2007) provide a critical analysis of the policies that have eased the way for this migration; Ronquillo et al. (2011) describe the deeply embedded culture of migration in the Philippines that influences the migration of nurses; Parrenas (2008) discusses the shifting gender ideologies that affect women's emigration from the Philippines; and Guevarra (2010) examines the neoliberal ideology that promotes the commodification and export of nurses educated in the Philippines. While this literature deepens our understanding of the structures and processes that foster migration, little is known about how these play out for IENs residing in Canada.

Almutairi and Rodney (2013) explicate the complexity of cultural and linguistic issues and power relations induced by race, class, and gender that can contribute to vulnerabilities among both providers and recipients of health care internationally. Further, several authors have shed light on how power relations such as gender, race, and class intersect within broader contexts to contribute to the marginalization and exploitation of live-in caregivers in Canada, many of whom are nurses from the Philippines (Atanackovic & Bourgeault, 2013, 2014; Pratt, 2012; Salami & Nelson, 2014). Others have examined how such oppressions shape the experiences of skilled immigrants in Canada in general (Beiser, 2005; Creese & Wiebe, 2009; Gogia & Slade, 2011; Turriffin, Hagey, Guruge, Collins, & Mitchell, 2002). Turriffin et al. (2002) address how racial relations influence the workplace experiences of visible minority IENs in Canada. How such relations inform the experiences of IENs as they seek RN licensure in Canada, however, is poorly understood.

### **Aim**

The purpose of this study was to learn from IENs educated in the Philippines about their subjective experiences seeking Canadian RN licensure and, with these nurses, to critically examine structures and processes that intersect at international, national, and local levels and pose challenges for them. The study was guided by one overarching research question: *How do social, political, economic, and historical contexts mediated by intersecting forms of oppression come to shape the everyday experiences of nurses educated in the Philippines as they seek RN licensure in the province of British Columbia?* The ultimate goal of the study was to promote socially just approaches to the international migration of nurses from the Philippines and other countries.

## **Methodology and Methods**

### ***Design***

To address the power-laden context of the research question and the aim, we located the study's meta-theoretical context within postcolonial and feminist scholarship and relational ethical theory. Postcolonial feminism provides an analytic lens for a multi-layered examination of intersecting sources of oppression, such as gender, race, and class, located within broader historical and political contexts that have structured, and continue to structure, opportunities and choices (Reimer-Kirkham & Anderson, 2010). Postcolonial feminism challenges the notion that social behaviours are determined by fixed cultural characteristics that are in turn linked to specific "racial groups," and it calls for the inclusion of voices that have typically been overlooked in the social production of knowledge (Reimer-Kirkham & Anderson, 2010). In relational ethical theory, individuals are seen as rooted in a dynamic web of social relationships and affinities that influence each person's identity, development, and aspirations (Rodney, Harrigan, Jiwani, Burgess, & Phillips, 2013). Relational ethical theory also refers to larger system (political) relationships of power that may interfere with individuals' ability to exercise autonomy (Rodney, Jiwani, et al., 2013; Sherwin, 2000).

A qualitative research design inspired by ethnographic traditions of research was selected, to deepen our understanding of the context of nurse migration as perceived by the study participants. This approach directed the researcher to begin with the experiences of the nurses and to analyze the tensions between agency and structural constraints embedded within the social and historical contexts that shape their everyday lives (Reimer-Kirkham & Anderson, 2010). Further, ethnographic inquiry offered an opportunity to use data from a variety of sources to enhance our understanding of complex concepts and practices (Hammersley & Atkinson, 2007).

### ***Context and Sample***

Ethics approval was obtained in 2010 and, over the course of 11 months, 47 nurses educated in the Philippines were recruited for the study. Recognizing that as white, middle-class professionals, the authors may not be fully cognizant of the complexities of the experiences of research participants, an Advisory Group of five nurses from the local Filipino community was formed. These volunteers were able to advise on strategies for fostering interest in the study and recruiting participants, inspiring dialogue during interview sessions, interpreting the data, and disseminating the findings.

Recruitment letters were sent to immigrant-serving organizations and community colleges and universities offering nurse bridging courses and programs for IENs. Purposive sampling was used to identify nurses educated in the Philippines who had sought or had considered seeking Canadian RN licensure and/or employment within the past 10 years, who could converse comfortably in English, and who would be willing to talk about their experiences.

The mean age of the participants was 37 years, the majority were female, and most had been in Canada less than a year. The majority had arrived under the Federal Skilled Worker Program (FSWP) (35). Others had come under the Live-in Caregiver Program (LCP) (8), Family Class sponsorship (2), and the Temporary Foreign Worker Program pre-arranged RN employment (2). They had diverse nursing experience, ranging from voluntary nursing work in the Philippines to 17 years of RN practice in the Middle East.

### ***Data Collection***

After obtaining informed consent, we used in-depth individual and focus group interviews to collect data. We developed an interview guide of open-ended questions to learn about how participants decided and prepared to migrate, how they pursued RN licensure in Canada, how life had changed for them since arriving, and their thoughts about the future. Seventeen individual and six focus group interviews were held, each lasting from 1 to 2 hours. All interviews were audiorecorded. To safeguard confidentiality, an identification number was assigned to each participant and attached to the data. As well, personal identifiers were removed from the data and any documents with identifying information were isolated and kept in a locked filing cabinet.

### ***Data Analysis***

The collection and analysis of data proceeded concurrently. NVivo 8 was used to organize data for ease of retrieval. Through an iterative process of coding, reflecting, and memoing and then discussing interpretations with the Advisory Group, initial codes were refined. Consistent with an ethnographic approach, analysis became more focused on the context influencing individual experiences (Emerson, Fretz, & Shaw, 1995). Core themes observed in participants' descriptions of their experiences were used to cluster data and to conceptualize experiences as temporal sequences on a precarious journey that began in the Philippines and continued in Canada, with each sequence influenced by and influencing another.

## **Results**

### ***Beginning the Journey: “Seeking Greener Pastures”***

Participants explained that “greener pastures,” or factors inspiring their migration to Canada, included opportunities for an improved economic situation, better prospects for their families, employment as an RN, and improved social status. One participant stated, “Our families look up to us if we get out of the Philippines.” The decision to migrate was seldom made in isolation. It was mediated by unemployment in the Philippines, access to Americanized nursing education programs, family pressure to migrate, and Canadian immigration policies that prioritized RNs and offered Canadian citizenship.

The participants’ accounts also show that preparing to relocate to Canada requires significant agency. The first step in their journey was to complete RN licensure in the Philippines. Further, they had to strategize about how to obtain Canadian immigration status (or, in the case of live-in caregivers, a Canadian work contract). This step included gaining RN work experience, which frequently entailed temporary relocation to the Middle East.

### ***Being a New Immigrant in Canada: “Not for the Faint of Heart”***

Arrival in Canada proved equally daunting. Although Citizenship and Immigration Canada (CIC) may recognize an IEN’s education and skills, RN employment is not automatic upon arrival. All participants had to obtain licensure, which is a provincial or territorial responsibility. Consequently, skilled workers had to find interim employment, which often meant low-paying survival jobs in the service sector. Those who had arrived in Canada under the LCP had to fulfil the terms of their caregiver contract, commonly referred to as “the countdown,” prior to taking steps leading to RN licensure. There was a dissonance between what participants had hoped for and the reality that awaited them. The following comment captures the despair noted among many: “It’s like you’re being dropped off in a field where you are by yourself, there’s the *enemy zone*, and you’re, like, ‘what am I supposed to do to survive?’” One participant referred to “the great struggles of being a nurse and an immigrant.” Instead of finding greener pastures, participants were faced with two intersecting challenges: being a new immigrant in Canada and obtaining Canadian RN licensure.

### ***Being an IEN in Canada: “One Block After Another”***

The first licensure hurdle was meeting the regulatory body’s English-language proficiency requirement. In addition to the challenge of the expenses associated with English review classes and proficiency tests,

participants communicated frustration with being required to prove competency in English, as they felt they deserved some recognition for being socialized to English since childhood. Moreover, failure to achieve the required test scores typically caused deep disappointment. After failing her second test, one participant lamented, “I really miss my work. But when I tried [the test] again, the score . . . was deteriorating because I didn’t have any confidence . . . I give up” [crying].

Participants were also troubled by the Substantially Equivalent Competency (SEC) assessment, a series of activities introduced in 2008 as a means to efficiently assess the competency of foreign nurses and determine the need for follow-up education (CRNBC, 2009a). In particular, they worried about how to prepare for the assessment. One nurse explained, “In my country we don’t do physical assessment. It’s done by doctors. So how would I [know how to do one]? And it’s a *Canadian way* here.” Further, some questioned the usefulness of the SEC assessment since employers demand Canadian education and experience regardless of the assessment outcome.

For many participants, a nurse re-entry program was not a viable option if educational upgrading was deemed necessary. Financial pressures, intersecting with family responsibilities and lengthy waitlists, often constrained aspirations. One nurse expressed it this way: “I would not be able to take [the re-entry program] because, you know, it’s very hard for me to be feeding four mouths, and then I’ll be studying.”

Nurses also voiced frustration at being excluded from hospital mentorship programs offered to Canadian-educated new graduate nurses. Compounding their struggles was the employer requirement of Canadian RN education or experience. One nurse described how a job interview typically unfolded: “They are asking . . . ‘Your experiences?’ And then there is one point when they usually ask . . . ‘Do you have any formal education here in Canada?’ And you say, ‘No.’ Then . . . the doors will close . . . there’s no other follow-up questions.” Consequently, for participants who did eventually meet the RN licensure requirements, employers came up with another unforeseen hurdle.

### ***Reconciling the Journey: “I Have to Move On”***

Deliberations about the future took a variety of forms. Some participants described struggling to come to terms with lost aspirations, in particular becoming deskilled and hence unemployable. One nurse stated, “If I had known that I would suffer this kind of fate, I would have not chosen Canada.” Some turned to private colleges to seek certificates in alternative health-related fields. However, one participant who had enrolled in such a program said that the private college lowered its entry qualifica-

tions to accommodate her and then was unable to fulfil the promise of employment upon graduation.

For some, aspirations extended beyond the realm of health care. One nurse said, “Actually . . . when I came in here I didn’t really want to [be a nurse]. Nursing was my *ticket* to come here . . . to put on the application.” For others, options included relocating to the United States or temporarily resuming an RN career in the Middle East. However, terminating their precarious journey and returning permanently to the Philippines was not articulated as an option by any of the participants.

## **Discussion**

As can be seen from the participants’ descriptions of their precarious journey, nurse migration is a multifaceted phenomenon fraught with ethical and practical concerns about the nurses’ well-being as well as the safety and competency of their practice. The results of this study deepen our understanding of nurses’ experiences in complex organizational and sociopolitical contexts over time. Insights were gleaned from their experiences both prior to and after their arrival in the country, and at various stages of the regulatory process. These insights provide a valuable means of inspecting structures at international, national, and local levels that intersect to shape entry into nursing practice in Canada.

### ***Culture of Migration***

Our findings, similar to those from other research (Brush & Sochalski, 2007; Choy, 2006; Guevarra, 2010; Pratt, 2012; Rafael, 1997; Ronquillo et al., 2011; Salami & Nelson, 2014), reveal a culture of migration in the Philippines, or an inexorable trend of seeking overseas employment. This trend appears to be deeply embedded within a colonial context, such as Americanized education and hospital systems that include the promotion of fluency in English (Choy, 2006). Our findings also support the notion that this culture of migration is informed by a neoliberal market economy (Choy, 2006; Guevarra, 2010; Kingma, 2006; Pratt, 2012): in response to a demand for nurses in developed countries such as Canada, the nursing profession has become a commodity or a means of sustaining migration (Guevarra, 2010; Kingma, 2006). As explained by most of our participants, it is their “passport” or “ticket” out of the Philippines.

While the above structures foster a desire for overseas employment, they also have far-reaching implications after one’s arrival in Canada, and our study’s focus on the “journey” adds an important temporal dimension located in tensions within and between the contexts of regulatory and immigration policies. For instance, while Americanized nursing education programs contribute to eligibility for immigration, they also

mislead some nurse immigrants into assuming that their RN licence will be readily recognized in Canada — a notion reinforced by CIC policies that prioritize immigration on the basis of nursing education and skills. We have learned that a disconnect between immigration (at the federal level) and RN regulation (at the provincial level) means that IENs from the Philippines arrive in Canada unable to work to their professional capacity until they meet Canadian nursing standards. Moreover, a nursing education in the Philippines does not guarantee eligibility for practice in Canada. While we certainly appreciate the importance of effective Canadian nursing regulation, the disconnect that our participants pointed to is a serious concern for IENs from the Philippines, and likely for IENs from other developing countries as well.

Further, the shifting nature of immigration policies often requires IENs to act hastily, so as not to miss immigration opportunities, and to delay applying for RN licensure until after their arrival. At the same time, rapidly changing RN regulatory policies (e.g., the introduction of the SEC assessment) that cause confusion about Canadian regulations also serve to lower the likelihood of nurses beginning the application process prior to departure and further delay their readiness for employment after arriving.

### ***Precariousness of Being a New Arrival***

The period following our participants' arrival in the country was characterized by uncertainty, consistent with reports pertaining to immigration in general (Beiser, 2005; Creese & Wiebe, 2009; Gogia & Slade, 2011; Pratt, 2012; Salami & Nelson, 2014; Teelucksingh & Galabuzi, 2007). However, as our above discussion indicates, our results suggest dual challenges confronting IENs seeking RN licensure in Canada: the day-to-day challenges of being a new arrival and those related to obtaining the Canadian RN credential.

Contributing to the precariousness of the nurses' situation, the federal government has not taken steps to ensure that skilled immigrants, such as nurses, can effectively use their skills in Canada — a situation that underscores a neoliberal ideology whereby individuals must increasingly assume responsibility for their own survival (Teelucksingh & Galabuzi, 2007), including paying for private education (Coburn, 2010). Indeed, a particular concern expressed by our participants was that they had recently come to rely on — and pay high tuition to — private colleges in navigating their precarious journey. Limited access to daycare programs and a deep-rooted conviction that child care is a gendered responsibility (Man, 2004) hinder the ability of nurses who arrive in Canada with their families under the FSWP to attend English classes or take part in nurse bridging programs.

As noted in related immigration literature, while migration may be seen as a solution to oppression for some, it should not be equated with improved status for women (Walton-Roberts, 2012). Indeed, IENs' inability to enter professional nursing practice until they complete a rigorous registration process after arriving in Canada initiates a cascade of events that too often put them in jeopardy of poverty, low self-esteem, family breakdown, and deskilling. The findings of our study and others indicate that the journey is equally perilous for those who come to Canada as caregivers (Salami & Nelson, 2014; Salami et al., 2014). For example, several of our participants indicated that they were unable to attend nursing information sessions or to schedule English-language or nursing review classes since these are typically offered during the work week when they are caught up in their caregiver responsibilities.

### ***Elusiveness of the RN Credential***

For those who initiate the application process for registration, the RN credential proves elusive. Consistent with findings from other studies (Blythe et al., 2009; Salami et al., 2014; Sochan & Singh, 2007), our participants confronted numerous obstacles to obtaining RN licensure. Participants' accounts of these obstacles raise concerns about evolving and increasing regulatory scrutiny.

The increasing mobility of nurses is making it progressively more difficult for regulatory bodies to assess whether an IEN's competency to practise meets the same requirements expected of a Canadian RN (Blythe et al., 2009; CRNBC, 2009b) and have necessitated new methods for assessing competency (CRNBC, 2011, 2014). Further, in reviewing archived regulatory requirements for nurses in British Columbia we found that there have been recent and progressive increases in English fluency requirements. At the same time, there has been an increasing influx of nurses from other countries.

Clearly, effective regulation of all nurses is foundational to safe, effective, and ethical nursing practice. However, our data indicate that increased regulatory rigour has not been met with commensurate support for IENs from the Philippines. As new arrivals in the country, our participants did not have adequate resources to achieve English proficiency, to prepare for competency assessment, or to secure employment without Canadian mentorship. Further, they indicated that delays in RN licensure and employment put them at risk of becoming deskilled and underemployed — a concern that has been raised in other research with IENs (Salami & Nelson, 2014; Wagner, Brush, Engberg, Castle, & Capezuti, 2015). While the diversity of education and work experience among IENs can be significant (Wagner et al., 2015) and the magnitude of the task of assessing foreign credentials enormous (CRNBC, 2009a),

experts in nursing regulation caution that regulators must continually re-evaluate the intricacies of regulation to ensure that the processes have global as well as local relevance and are “fair, robust, transparent, and informed” (Barry & Ghebrehiwet, 2012). It is ethically imperative that the skills of all internationally educated health professionals be used to the maximum (Bourgeault, 2013). We see this imperative as a prerequisite to respectful and ethical treatment of nurses within and across countries (Almutairi & Rodney, 2013).

### ***Limitations***

Although the sample comprised 47 participants, the majority had entered the country as federal skilled workers and live-in caregivers. The study did not adequately represent those nurses who come to Canada with temporary work permits to fill RN positions. Though several nurses who had come as temporary foreign workers did express an interest in participating, in the end only two followed up with interview appointments. Despite this limitation, our results, together with those of other, related, studies, suggest numerous possibilities for improvement for nurse regulators, educators, employers, and researchers at international, provincial, and local levels.

### **Conclusion**

Overall, the findings increase our understanding of nurses’ migration experiences over time, especially with regard to tensions within and between the contexts of shifting regulatory and immigration policies. Nurses who migrate are confronted with not only the challenges of being new immigrants but also the challenges associated with navigating a complex and evolving set of professional licensing requirements. The findings also shed light on the power dynamics that prevail at each step of the migration journey and raise questions about what ought to be done to mitigate the root causes of difficulties encountered by IENs from the Philippines and other countries.

### ***Regulation***

At a global level, nurse regulators must strive to promote universal standards of performance (Barry & Ghebrehiwet, 2012; Blythe et al., 2009; International Council of Nurses [ICN], 2013). Such standards would foster greater uniformity of the profession internationally and ease entry into foreign workplaces. At national and provincial levels, immigration policy-makers and RN regulators should work in partnership to obviate the disconnect between immigration policy that encourages admittance to Canada on the basis of education and skills and provincial nurse reg-

ulatory policy that delays entry into professional nursing practice until post-arrival.

### ***Education***

Global guidelines recommended by the World Health Organization (2013) to revise and update nursing curricula and strengthen nursing competencies should be supported by national and provincial nursing organizations in Canada. At the national level, IENs need to be orientated to the country's official languages, to local cultural, social, and political values, and to the health-care system (ICN, 2007). At the local level, re-entry programs for IENs must have flexible delivery options and IENs with limited resources must be given special consideration (Hawkins, 2013). Since democratic engagement is foundational to ethical policy work (Rodney, Jiwani, et al., 2013), IENs should also be included on advisory committees and related policy vehicles.

### ***Health Human Resources Planning and Management***

While recruitment of IENs may be seen as a short-term solution to the deep-seated problems driving the shortage of nurses (Brush, 2008; Kingma, 2008), efforts must be made to support the integration of IENs into the Canadian workforce. A comprehensive orientation and support program for IENs should be established in British Columbia. Such a program should, like the CARE Centre for Internationally Educated Nurses funded by the Province of Ontario, include professional communication courses, networking, observational job shadowing, and professional nursing workshops (<http://www.care4nurses.org/>). Educating IENs to their highest skill level will not only foster healthy workplaces and but also reduce inefficiencies in the health-care system (Bourgeault, 2013). At the same time, we ought to address our Canadian nursing shortage by providing more supportive workplaces for all nurses (Canadian Nurses Association & Canadian Federation of Nurses Unions, 2015; Rodney, Buckley, Street, Serrano, & Martin, 2013) — nurses who are educated in Canada as well as IENs.

### ***Research***

The importance of an advisory group of IENs to inform research projects related to their experiences cannot be overstated. It is paramount that IENs also assume leadership positions in such projects. Future research ought to expand on the ethical implications of nurse migration and the effects of political, ideological, and social values embedded in societal institutions on the mobility and integration of nurses in diverse workplaces.

## References

- Almutairi, A. F., & Rodney, P. (2013). Critical cultural competence for culturally diverse workforces: Toward equitable and peaceful health care. *Advances in Nursing Science, 36*(3), 200–212.
- Atanackovic, J., & Bourgeault, I. L. (2013). The employment and recruitment of immigrant care workers in Canada. *Canadian Public Policy, 39*(2), 335–350.
- Atanackovic, J., & Bourgeault, I. L. (2014). *Economic and social integration of immigrant live-in caregivers in Canada*. Montreal: Institute for Research on Public Policy.
- Barry, J., & Ghebrehiwet, T. (2012). An exploration of globalization through nursing regulatory and ethical lenses. *Journal of Nursing Regulation, 24*(4), 4–9.
- Beiser, M. (2005). The health of immigrants and refugees in Canada. *Canadian Journal of Public Health, 96*(Suppl 2), 30–44.
- Blythe, J., Baumann, A., Rheume, A., & McIntosh, K. (2009). Nurse migration to Canada: Pathways and pitfalls of workforce integration. *Journal of Transcultural Nursing, 20*(2), 202–210.
- Bourgeault, I. L. (2013). Ethical considerations for effective health human resources planning and management. *Healthcare Management Forum, 26*(2), 65–67.
- Brush, B. L. (2008). Global nurse migration today. *Journal of Nursing Scholarship, 40*(1), 20–25.
- Brush, B. L., & Sochalski, J. (2007). International nurse migration: Lessons from the Philippines. *Policy, Politics and Nursing Practice, 8*(1), 37–46.
- Canadian Institute for Health Information. (2003). *Workforce trends of registered nurses in Canada, 2002*. Ottawa: Author.
- Canadian Institute for Health Information. (2013). *Regulated nurses, 2012 – Summary report*. Ottawa: Author.
- Canadian Nurses Association & Canadian Federation of Nurses Unions. (2015). *Joint position statement. Practice environments: Maximizing outcomes for clients, nurses and organizations*. Ottawa: Authors.
- Choy, C. C. (2006). *Empire of care: Nursing and migration in Filipino American history*. London: Duke University Press.
- Coburn, D. (2010). Health and health care: A political economy perspective. In T. Bryant, D. Raphael, & M. Rioux (Eds.), *Staying alive: Critical perspectives on health, illness, and health care* (2nd ed.) (pp. 65–91). Toronto: Canadian Scholars' Press.
- College of Registered Nurses of British Columbia. (2009a). *Board highlights*. Vancouver: Author. Retrieved from <https://www.crnbc.ca/crnbc/Newsletters/Documents/BoardHighlights/HighlightsJune2009.pdf>.
- College of Registered Nurses of British Columbia. (2009b). Getting internationally educated nurses to the front line. *Nursing BC, 41*, 19–21.
- College of Registered Nurses of British Columbia. (2011). *Occupational fact sheet for internationally-educated nurses*. Vancouver: Author.

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- College of Registered Nurses of British Columbia. (2014). *Introducing the Nursing Community Assessment Service (NCAS) for internationally educated practitioners (IEPs) initiative*. Vancouver: Author.
- Creese, G., & Wiebe, B. (2009). "Survival employment": Gender and deskilling among African immigrants in Canada. *International Migration*, 50(5), 56–76.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic fieldnotes*. Chicago: University of Chicago Press.
- Gogia, N., & Slade, B. (2011). *About Canada: Immigration*. Halifax: Fernwood.
- Guevarra, A. R. (2010). *Marketing dreams, manufacturing heroes: The transnational labor brokering of Filipino workers*. New Brunswick, NJ: Rutgers University Press.
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd ed.). London: Routledge.
- Hawkins, M. E. (2013). *A precarious journey: Experiences of nurses from the Philippines seeking RN licensure and employment in Canada*. PhD dissertation, University of British Columbia.
- International Council of Nurses. (2007). *Position statement: Nurse retention and migration*. Geneva: Author.
- International Council of Nurses. (2013). *Position statement: Nursing regulation*. Geneva: Author.
- Ishi, T. (1987). Class conflict, the state, and linkage: The international migration of nurses from the Philippines. *Berkeley Journal of Sociology*, 32, 281–312.
- Kingma, M. (2006). *Nurses on the move: Migration and the global health care economy*. Ithaca, NY: Cornell University Press.
- Kingma, M. (2008). Nurses on the move: Historical perspective and current issues. *Online Journal of Issues in Nursing*, 13(2). Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/vol132008/No2May08/NursesontheMove.html>.
- Man, G. (2004). Gender, work and migration: Deskilling Chinese immigrant women in Canada. *Women's Studies International Forum*, 27(2), 135–148.
- Parrenas, R. S. (2008). *The force of domesticity: Filipina migrants and globalization*. New York: New York University Press.
- Pratt, G. (2012). *Families apart: Migrant mothers and the conflicts of labor and love*. Minneapolis: University of Minnesota Press.
- Rafael, V. L. (1997). "Your grief is our gossip": Overseas Filipinos and other spectral presences. *Public Culture*, 9(2), 267–291.
- Reimer-Kirkham, S., & Anderson, J. (2010). The advocate–analyst dialectic in critical and postcolonial feminist research. *Advances in Nursing Science*, 33(3), 196–205.
- Rodney, P., Buckley, B., Street, A., Serrano, E., & Martin, L. A. (2013). The moral climate of nursing practice: Inquiry and action. In J. Storch, P. Rodney, & R. Starzomski (Eds.), *Toward a moral horizon: Nursing ethics for leadership and practice* (2nd ed.) (pp. 188–214). Toronto: Pearson.
- Rodney, P., Harrigan, M. L., Jiwani, B., Burgess, M., & Phillips, J. C. (2013). A further landscape: Ethics in health care organizations and health/health care policy. In J. L. Storch, P. Rodney, & R. Starzomski (Eds.), *Toward a moral*

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- horizon: Nursing ethics for leadership and practice* (2nd ed.) (pp. 358–383). Toronto: Pearson.
- Ronquillo, C. E., Boschma, G., Wong, S. T., & Quiney, L. (2011). Beyond greener pastures: Exploring contexts surrounding Filipino nurse migration in Canada through oral history. *Nursing Inquiry*, 18(3), 262–275.
- Salami, B., & Nelson, S. (2014). The downward occupational mobility of internationally educated nurses to domestic workers. *Nursing Inquiry*, 21(2), 153–161.
- Salami, B., Nelson, S., McGillis Hall, L., Muntaner, C., & Hawthorne, L. (2014). Workforce integration of Philippine-educated nurses who migrate to Canada through the Live-in Caregiver Program. *Canadian Journal of Nursing Research*, 46(4), 65–82.
- Sherwin, S. (2000). A relational approach to autonomy in health care. In E. Boetzkes & W. J. Waluchow (Eds.), *Readings in health care ethics* (pp. 69–87). Peterborough, ON: Broadview.
- Sochan, A., & Singh, M. D. (2007). Acculturation and socialization: Voices of internationally educated nurses in Ontario. *International Nursing Review*, 54(2), 130–136.
- Teelucksingh, C., & Galabuzi, G.-E. (2007). Working precariously: The impact of race and immigrant status on employment opportunities and outcomes in Canada. In T. Das Gupta, C. E. James, R. C. A. Maaka, G.-E. Galabuzi, & C. Andersen (Eds.), *Race and racialization: Essential readings* (pp. 202–216). Toronto: Canadian Scholars' Press.
- Turrittin, J., Hagey, R., Guruge, S., Collins, E., & Mitchell, M. (2002). The experiences of professional nurses who have migrated to Canada: Cosmopolitan citizenship or democratic racism? *International Journal of Nursing Studies*, 39(6), 655–667.
- Wagner, L., Brush, B., Engberg, J., Castle, N., & Capezuti, E. (2015). Quality care outcomes in nursing homes: The effects of a nurse's country of origin and education. *Journal of Nursing Regulation*, 5(4), 49–56.
- Walton-Roberts, M. (2012). Contextualizing the global nursing care chain: International migration and the status of nursing in Kerala, India. *Global Networks*, 12(2), 175–194.
- World Health Organization. (2013). *Transforming and scaling up health professionals' education and training: Guidelines 2013*. Geneva: Author.

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*Margery Hawkins, RN, MSN, PhD, is a BScN Program faculty member, Vancouver Community College, Vancouver, British Columbia, Canada. Patricia Rodney, RN, MSN, PhD, is Associate Professor, School of Nursing, University of British Columbia, Vancouver.*