

**Quitter les Philippines :
récits oraux sur la transition que vivent
les infirmières dans le processus d'adoption
de pratiques infirmières canadiennes**

Charlene Ronquillo

Les infirmières philippines constituent le plus important groupe d'infirmières immigrantes au Canada. Bien qu'elles comptent pour une grande proportion de la main-d'œuvre infirmière, nous avons peu d'information sur les contextes dans lesquels s'inscrivent leurs expériences individuelles d'immigration et de transition. Cette étude se penche donc sur les expériences de transition d'infirmières philippines ayant immigré au Canada entre 1970 et 2000. Utilisant les récits oraux comme cadre et méthode de travail, elle établit un corpus de travaux en examinant l'histoire de ce groupe d'infirmières en contexte canadien. Des entrevues individuelles ont été réalisées auprès de neuf infirmières philippines qui occupent des emplois dans deux provinces canadiennes. L'étude met en lumière les raisons qui ont fait que certaines infirmières ont tardé à entamer les démarches qui leur permettaient de devenir une infirmière autorisée : elles accordaient la priorité à leur famille; elles constataient que l'ajustement que nécessitaient le rôle et la portée de la pratique infirmière canadienne exigeait du temps; elles se sentaient comme des « étrangères » et avaient l'impression de devoir prouver qu'elles étaient compétentes aux yeux de leurs collègues canadiennes.

Mots clés : infirmières immigrantes, Philippines, main d'œuvre infirmière, transition, récits oraux, contexte canadien

Leaving the Philippines: Oral Histories of Nurses' Transition to Canadian Nursing Practice

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Filipino nurses are the leading group of immigrant nurses in Canada, making up a substantial portion of the nursing workforce, yet little is known about the contexts surrounding their immigration and transition experiences at the individual level. This study examines the transition experiences of Filipino nurses who immigrated to Canada between 1970 and 2000. Using oral history as the framework and method, it establishes a body of work in examining the history of this group of nurses in a Canadian context. Individual interviews were conducted with 9 Filipino nurses working in 2 Canadian provinces. Findings suggest that nurses may have delayed the process of becoming a Registered Nurse because the family was considered a priority, they found that adjusting to the role and scope of Canadian nursing practice required time, and they felt “foreign” and sensed a need to prove their competence to Canadian nurses.

Keywords: immigration, migration, transition, Philippines, history of nursing, Canada, oral history, culture

Background

The Philippines is often identified as the leading producer of nurses for global export (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004; Bach, 2003; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). It has been identified as one of the main source countries of Registered Nurse (RN) immigrants for the Canadian workforce (Baumann, Blythe, Kolotylo, & Underwood, 2004; Canadian Institute for Health Information [CIHI], 2011). Recent statistics show that nurses from the Philippines make up Canada's largest group (31%) of RNs who graduated from an international nursing program in 2010 (CIHI, 2011). Considering the predicted shortage of nurses in North America in the coming years (Bach, 2003), the general trend of nurses migrating from the global South to the global North (Kaelin, 2011), and an overall increase in the immigration of health professionals, Canada continues to grow as an important destination country for Filipino nurses (Goode, 2009). To gain insight into the immigration and transition experiences of Filipino nurses in Canada and implications of these experiences, an important initial step is to explore

the roots of this phenomenon. Therefore employing a historical lens to examine the context surrounding their experiences is timely.

The work of the historian Catherine Choy on the history of immigrant Filipino nurses in the United States highlights the importance of the colonial relationship between the United States and the Philippines and shows that the seemingly recent popularity of immigration and of nursing as a career choice for Filipinos is in fact deeply rooted in their country's colonial history. These roots lie in US efforts in the 1940s to popularize and promote immigration of Filipino nurses to the United States as a move towards educational and professional advancement (Choy, 2003). The US establishment of an Americanized model of nursing training and education in the Philippines in the early 20th century included the use of American textbooks focused on Western medical knowledge and with a substantial English-language component (Choy, 2003). The Westernized training model facilitated the initial migration of Filipino-trained nurses to the United States and arguably served as an important precondition for the mass emigration of Filipino nurses in the last decades of the 20th century (Choy, 2003; Kingma, 2006). Choy's seminal work emphasizes the importance of an oral history perspective in obtaining a detailed look at the life histories of this group. This approach provides a complementary perspective to dominant economic and policy discourses and also mitigates the common depiction of migrant health professionals as faceless workers (Choy, 2003, 2010).

By bringing attention to the lived experiences of foreign-trained nurse migrants and immigrants, the theme of international immigration complements two new approaches to nursing history: the agenda to internationalize its frameworks and the call to move away from "great women, great events" and toward the experiences of seemingly "ordinary" nurses of nursing. (Choy, 2010, p. 15)

This study is part of a larger study providing a regional and personal picture of immigration as voiced by those who have experienced it firsthand. The larger study examines two distinct temporal periods: (1) the motivation surrounding the choice to pursue immigration and leave the Philippines, and (2) the transition experience and the process of integrating into the Canadian nursing workforce and Canadian life. The present study focuses on the transition period, the part played by social, cultural, and historical influences in the transition experiences of the group, and how these influences have coalesced at the individual level. The research question for the part of the study presented here was as follows: *How are the motivations behind the decision to migrate and the transition to the Canadian workforce and Canadian life remembered by RNs who have emigrated from the Philippines?*

Global Transition of Nurse Migrants

An increasingly globalized world is facilitating the rapid movement and growth in numbers of migrant nurses. With some countries taking in a larger number of immigrant nurses each year, there is an increased focus on immigrant nurses' transition experience — the process of acculturating to work and life in the host country. A systematic review of transitional programs for internationally educated nurses (IENs) in the United States found that many studies focus on the effectiveness of transitional programs (Zizzo, 2009). A number of studies have explored the experiences of migrant nurses employed by the National Health Service in the south of England (Alexis, Vydelingum, & Robbins, 2007; Allan, Larsen, Bryan, & Smith, 2004; Daniel, Chamberlain, & Gordon, 2001; Withers & Snowball, 2003). Some of these studies report contradictory findings on support received by Filipino nurses from their British counterparts (Alexis et al., 2007; Daniel et al., 2001; Matiti & Taylor, 2005). A meta-synthesis of the experiences of immigrant Asian nurses working in Western countries found four overarching themes in the literature: the daunting challenges of communication; marginalization, discrimination, and exploitation; cultural differences; and differences in nursing practice (Xu, 2007).

Studies discussing the transition experiences of IENs in Canada are emerging. Early work reveals challenges similar to those reported in the British and American literature, such as language and communication barriers to workplace integration (Blythe & Baumann, 2009). Canadian studies similarly reveal difficulty becoming registered in Canada as a significant challenge for IENs, including a tendency to underestimate the amount of time and effort required to complete the process (Blythe, Baumann, Rheume, & McIntosh, 2009).

Nurse Immigration History: Race, Gender, and Identity

The exploration of nursing immigration history in Canada has been analyzed within the frameworks of gender, identity, and race, in an attempt to understand the experiences of immigrants. Caribbean nurses are one of the few groups of immigrant nurses for whom there exists a historiography in Canada. Calliste (1993) and Shkimba, Flynn, Mortimer, and McGann (2005) discuss the roles played by race, class, and gender in controlling Canadian immigration in the post-World War II period. Nursing historians have argued that a perceived shortage of nurses in Canada in the mid-20th century prompted changes in immigration policies to facilitate immigration of foreign nurses and their incorporation into the Canadian workforce (Calliste, 1993; Shkimba et al., 2005). Notably, race played a prominent role in shaping the recruitment of foreign nurses.

Calliste (1993) explores the different immigration policies based on the nurses' race and country of origin. For example, in the 1950s and early 1960s Caucasian nurses' general admissibility was sufficient for them to be admitted as permanent settlers. In contrast, Caribbean nurses were admitted only "as cases of exceptional merit," and it is argued that Canadian immigration policies were subsequently changed to further Canada's trade interests in the British Caribbean (Calliste, 1993).

Establishment of nursing education and practice in the Philippines is influenced heavily by its colonial ties with the United States in the mid-20th century. Therefore a historical context is essential to any analysis of Filipino nurses' experiences (Choy, 2003, 2010). Analyses of the global immigration of nurses often focus on economic- and health-policy issues as the dominant contextual frameworks (Calliste, 1993; Choy, 2003, 2010; Connell, 2008; Damasco & Knowles, 2008; Kelly, 2003, 2006; Kelly & D'Addario, 2004; Kingma, 2006, 2009; Lorenzo et al., 2007; Yeates, 2010). Recent work examining the contexts of Filipino nurses' immigration to Canada from a historical perspective solidifies the importance of the historical colonial US-Philippines relationship as well as the cultural and societal pressures that come into play in the nurses' immigration decision (Ronquillo, Boschma, Wong, & Quiney, 2011). The present study adds to this historical perspective through an analysis of oral histories in order to complement ongoing work with respect to Filipino nurses.

Oral History Study

Method and Framework

Oral history research involves interviews with a select group of individuals — those with firsthand knowledge of the event or period under study — and a narrative of each individual's experiences in the context of the topic under study (Boschma et al., 2008). As both a method and a framework, oral history provides a bottom-up view, highlighting the everyday experiences of ordinary people (Boschma et al., 2008; Burke, 2001; Thompson, 2000). Experiences are captured in oral history research as they are presented by participants, complete with their possible ambiguities, disorganization, complexities, and inconsistencies (Boschma et al., 2008). Instead of a chronological and concrete telling of history, the focus is on how events are experienced, interpreted, and remembered by individuals (Sugiman, 2004). Oral history does not focus on the events themselves but instead explores the meaning that speakers give to their own experiences and how they view their relationship to their history (Boschma et al., 2008; Portelli, 1998). By examining how events are recollected over time, we gain insight into how they have shaped and coloured the individuals' perspectives on their experiences.

Sampling and Recruitment

This study examined the experiences of nine female Filipino nurse immigrants residing in the provinces of Alberta and British Columbia. Health-care structures in Canada are governed provincially and this study provides a regional look at the experiences of Filipino nurse immigrants in western Canada. Alberta and British Columbia have seen rapidly increasing numbers of new RN registrants from abroad, with numbers doubling in British Columbia and increasing fivefold in Alberta between 1999 and 2002 (Baumann et al., 2004).

Participants were recruited through purposive and snowball sampling, as the study called for individuals who had had particular experiences and were willing and able to share them. Volunteer third parties from the author's professional and personal networks initiated contact with potential participants and facilitated the recruitment process.

Ethics approval was granted by the University of British Columbia's Behavioural Research Ethics Board in the fall of 2009. The study was carried out from December 2009 to May 2010 inclusive.

Data Collection and Analysis

Written informed consent was obtained from all participants and interviews were conducted individually in person or by phone. Face-to-face interviews were conducted in locations convenient for participants. Some locations were public (coffee shops and restaurants) and others private (participants' homes). Participants were encouraged to speak freely and openly so that the nuances of their experiences could be captured. An open-ended script was used to guide the interviews. Consistent with oral history research methodology (Boschma et al., 2008), a semi-structured interview guide was used, but precedence was given to the stories that participants wished to tell.

All interviews were conducted by the author, digitally audiorecorded, and stored on a secure drive on the author's password-protected personal computer. All recordings were transcribed by the author and de-identified during transcription. Quotes that appeared unclear were checked with the interviewee for clarification. All participants were assigned pseudonyms.

Transcripts were analyzed and concepts related to motivations for migrating to Canada, and experiences related to the transition to becoming an RN in Canada, were identified. Sub-themes were identified across the transcripts, facilitated by continuous comparison between narratives as they were produced. The oral historian Alice Hoffman (1974) describes validity in oral history methodology as "the degree of conformity between the reports of the event and the event itself as recorded by other

primary resource material such as documents, photographs, diaries, and letters” (p. 29). Using Hoffman’s description as a guideline, the study employed continuous comparison between the oral history narratives and the literature on the events. In this way, participants’ experiences could be contextualized and placed within the historical, social, and cultural influences that ultimately shaped their experiences. Broad themes were identified from the data as a whole.

Results

Participant Demographics

Of the nine participants, eight were practising as RNs at the time of the interview and one was on medical leave. All nine women had completed their nursing education in the Philippines. They ranged in age from early thirties to late fifties. Seven participants had a baccalaureate degree in nursing and two had graduated from hospital-based schools of nursing. Dates of departure from the Philippines ranged from 1974 to 2004. Five participants had lived and worked as RNs in other countries (Austria, Saudi Arabia, United Arab Emirates, United Kingdom, United States) prior to arriving in Canada. Five migrated with other family members and four as individuals. Seven migrated with the aid of a sponsor and two entered Canada through the Live-In Caregiver Program. Two nurses migrated independently, without aid from a sponsoring person or agency. Five of the nine participants indicated that they provided financial support to family members in the Philippines, either regularly or according to their family’s needs.

Family First, Nursing Later

The concept of the loyal, cohesive family is central to the Filipino identity (Wolf, 1997). The narratives revealed that, for these nurses, family cohesiveness often took priority over any professional goals they may have had upon arrival in Canada and the need to provide immediate financial support and other familial responsibilities often took precedence. One consequence of putting the family first was a delay in obtaining RN registration in Canada. Often, this was coupled with being unaware of the amount of additional time and education required in order to register and work as a nurse in Canada. RNs who had worked in other countries where their Filipino nursing education and experiences were deemed equivalent were particularly frustrated by these delays.

Many recalled that their entry to Canada coincided with a period in their lives when they began to raise a family. To contribute to the financial support of their families, many nurses first worked for a number of years as care attendants or nurse’s aides until they were able to obtain RN

registration. Participants recalled that it became “comfortable” to continue working as aides or assistants indefinitely; they valued a guaranteed income over their career pursuits. (All names presented hereafter are pseudonyms.) Carmen was sponsored upon entering Canada by her grandparents and arrived at a time when nursing standards and reciprocity for IENs in Canada were beginning to change. Upon her arrival in 1974, she was able to obtain a graduate nurse position in a small town in Alberta. After taking time off to start a family, she found that the situation for IENs in Canada had changed:

When I'm ready to come back, I can't come back as a graduate nurse any more . . . I worked as a nursing aide. And actually I worked for a long time as a nursing aide. I was really comfortable . . . having a family . . . you never really think of [going back to school]. Until I got a call from [the registrar in] Edmonton, and they're saying: What are you going to do? Are you going to still take your exam, or what?

Carmen recalled the registrar's persistence in encouraging her to pursue nursing registration in Canada. After working as a graduate nurse and nurse's aide for 16 years, she obtained her RN licence in 1991. She emphasized that she had wanted to complete the registration process immediately after re-entering the workforce but the demands of her new family took priority. Carmen's story mirrors the experiences of many of the nurses: Starting a family and establishing a nursing career in Canada came to be at odds.

A number of nurses explained that familial relationships were an important reason for choosing to immigrate to Canada versus another country. Nurses who actively chose Canada as a destination country often did so in order to bring their families together. Lydia recalled:

My husband got his immigrant visa here [in Canada]. He applied when he was single and I was waiting to be a citizen back in the States. It would take at least 3 more years before we can be together. Because we have a son . . . I have to sacrifice [US citizenship] . . . basically because of my husband. That's why I came here.

For Alida, similarly, the hope of joining her sister was what she recalled as the reason for migrating to Canada. Alida was working as a nurse in the United Kingdom when both she and her sister in the Philippines decided to apply for immigration to Canada. Other than the wish to join her sister, Alida made no mention of any personal desire to come to Canada. While Alida was in the midst of the immigration process, her sister opted to remain in the Philippines to be with her own family. Alida shared the trade-off and challenges she faced in choosing to immigrate:

Being away from the family. Alone. Loneliness. You can never handle it. I've been away but you never get used to loneliness, I guess. It's always going to be there. Also [pause] depression. I got depression when I got here . . . [The] loss is not being able to be there for your family. But the gain is being able to financially support them. And, yeah, the loneliness too. Being away and being alone.

In Filipino culture the cohesive and loyal family is of utmost importance (Oxman-Martinez, Hanley, & Cheung, 2004; Wolf, 1997). The participants in this study often brought up the concept of sacrifice. They put their family before their own wishes and either postponed pursuing their RN career in Canada or came to Canada based on a family decision.

Nursing in Canada: Different Expectations

Expectations and experiences of autonomy varied between those nurses who immigrated to Canada directly and those who first worked in another country. Nurses who immigrated to Canada directly indicated their need for a period of adjustment to new expectations of them as nurses, with additional decision-making responsibilities, as well as a significant difference in their working relationships with physicians. Some, like Patricia, who arrived in Canada in 1999, had initial reservations:

Back home, doctors, they're like gods. You can't even talk to them . . . you can't be on a first-name basis there. Here, oh my gosh! The doctors, they treat the nurses better . . . they treat nurses here with respect. They acknowledge that nurses have good knowledge of what they are doing, and they [nurses] are not just there saying yes to whatever they [doctors] want. They accept suggestions and you know you could tell them what you're thinking. Back home, we can't do that . . . I never go on a first-name basis with the doctor even though I know them. I can't help it. I'm never comfortable, even though they treat you nice and all that. I never assume we're equal because I was always taught that you were always . . . one step under them.

Despite initial reservations, however, the increased expectations and less hierarchical relationships between nurses and physicians were described as a welcome change. Lonnie reflected:

Oh, Philippines and Dubai is almost the same. You're just following what the doctor said. We cannot decide. Unlike here, [where] we can decide on our own. We have our own nursing . . . I enjoy [here in Canada] because you can decide before calling a doctor . . . You have your own judgement, instead of calling the doctor right away . . . because they [doctors] don't like it also. I like that you have independence here.

Lucita, who graduated from nursing school in the Philippines in 1974, also described a positive change in the relationship between nurses and doctors:

It's quite different [in Canada]. Once you know the doctor, they want you to call them by their first name. You never call them, back home, with their first name. And, you know, back home, like, when the doctor comes around, you stand up. But here it's different. And the thing I like here too is that the doctor listens to you. If you say something to the doctor, like, "This patient has a problem," they listen to you. And if patients complain about nurses . . . the doctor is going to back you up too. So I like that.

The consistency of the nurses' perceptions of the physician–nurse relationship in the Philippines, whether they attended nursing school in the 1970s or in the 1990s, was notable. Nurses expressed feelings of being valued and respected by physicians in Canada, contrasting with their experiences in the Philippines. This change was described as giving them the confidence necessary for the increased autonomy as well as encouraging critical thinking and interdisciplinary teamwork. The participants needed a period of acclimatization to fully accept the increased expectations of nurses. Despite the period of adjustment, they believed that the sharing of their knowledge and expertise was not only valued but expected and contributed to a remarkable and rewarding nursing experience in Canada.

Alida shared a different story about her transition to nursing in Canada, where she felt her autonomy was decreased. Alida worked as an RN in the United Kingdom prior to arriving in Canada and recalled the challenges in her transition:

Work is, way, way too different from the UK . . . Everything will be under the nurse's discretion. We don't have RTs [respiratory therapists] there. If the patient is bubbly and chesty, put a naso tube down, suction through the nose . . . I think because of the nursing autonomy you do more for the patient there, in a way. Like the ECG — patients complaining of chest pain, you do the ECG right then and there . . . Here, you have to call the technician.

Although Alida's story was unique in that she experienced a decrease in autonomy, it similarly illustrates the challenges of transitioning to a different nursing culture.

Being Foreign: Proving Oneself and Perceptions of Discrimination

Experiences of adapting to work in Canadian hospitals and integrating into Canadian nursing culture varied among individuals. Some remembered being supported by nursing colleagues upon their entry to RN

practice in Canada, while others recalled much more challenging experiences. The theme of having to prove oneself was consistent within the narratives. Lydia worked in the United States for a number of years and upon arriving in Canada was struck by the fact that she was the only Asian person attending the regional orientation. Lydia described feeling that she was constantly being tested because she had not received her education in Canada:

Most of them try to kind of test you, how good you are . . . so I have to prove myself to them by saying . . . “Yeah, I’m a graduate nurse for now, but I have experience back in the States. I’ve been a nurse back home [in the Philippines].” They try to test your abilities, I think, but when they see . . . how you work, then they will try to be more accepting. That’s what I feel . . . Even in this unit, the first time I started, most of the senior ones, they’re saying . . . “Oh, Filipino nurses are different because their curriculum is not the same” as the one that they have here . . . I can still feel it. But most of us Filipino nurses, we kind of get the respect of the people working there because they know how hard-working we are . . . Well, you’re working in a foreign country, hey, so what do you expect? You have to live [up] to their expectations . . . You have to prove yourself all the time because you’re not a graduate here.

The choice of phrases like “how hard-working we are” seems to be an attempt to legitimize Filipino nurses as just as competent as their Canadian counterparts. Lydia later noted that although her initial experiences were unsettling, they were not surprising. Lonnie revealed a similar perspective:

Yes, there is discrimination. That is everywhere. Even in Dubai there’s discrimination. Because you are a foreigner. For me, so far, I didn’t experience. But I can observe . . . For example, here in Canada if you work in your unit they will ask you where you’re from, you’re graduated from Philippines, how you got an RN right away. Then they will expect you more. That’s what I observed. They expect you more. Just to prove to them that you are an RN.

The narratives as a whole indicate that, for these nurses, proving oneself meant being competent, experienced, qualified, and, most importantly, worthy of the respect of their colleagues. For many, the feeling of being foreign influenced the perception that colleagues did not view them as equal. It is notable that although most participants did not explicitly identify discrimination as an important transition issue, “feeling foreign” was consistently identified as an issue. Tess’s comments illustrate this:

In [name of hospital] I felt like I was a foreigner. I felt like an outsider. I felt most of them are the older Caucasian group. So I really felt like, not that I'm not welcome, but I'm just different from all of them. I'm young, and then I'm not Canadian. But I didn't feel any discrimination.

Although Tess described a sense of isolation as a result of feeling foreign initially, she also spoke at length of feeling welcomed and supported in her workplaces. Describing the workplace as a source of support was common in the narratives. Lucita remembered being unjustly treated by a patient, which she perceived as discriminatory:

I'm in tears and this patient giving me a hard time. And the next day my supervisor backed me up. . . . She talked to the patient. She said, "Do you know that she's the best nurse I have? And you're giving her a bad time and she's threatened to quit . . . because of you . . ." [laughing] So that's the only thing. They give you lots of support here. They don't let it just go by.

The narratives reveal the participants' acknowledgement that discrimination was an unavoidable issue that would arise at one point or another. Despite claims that discrimination was not an issue upon their transition to practice, narratives consistently illustrated the significance of "feeling foreign" as an issue in transition.

Discussion

The goal of this study was to employ an oral history method and framework to explore how the transition experiences of a group of immigrant Filipino nurses in Canada were remembered. Familial responsibility and sacrifice, shifting expectations of what it means to be a nurse in Canada, and perceptions of "feeling foreign" and the need to prove oneself were common themes. The first theme of needing to put family first and the concept of sacrifice described in the narratives link with women's historical roles in the family, the cultural constructions of Filipino women, and the expectations associated with those ideals. Historically, it is well established that women's roles have been shaped by their need to successfully manage domestic, reproductive, and economic responsibilities (D'Antonio, 1999), and it has been suggested that gendered expectations of women will likely persist in the coming decades (Kan, Sullivan, & Gershuny, 2011). The ideological roots of Western cultural norms that define "good mothering" are based on the model of intensive mothering in the context of the nuclear family (Arendell, 2000). A core value of the social construct of what makes a "good mother" is the expectation that women will sacrifice personal gains for the good of the family and that familial responsibilities take priority (Liamputtong, 2006; Milkie & Peltola, 1999; Mintz &

Kellogg, 1988; Mottarella, Fritzsche, Whitten, & Bedsole, 2009; Vincent, Ball, & Braun, 2010). Personal sacrifice for the good of the family can be seen in several of the participants' stories. In the context of nursing, researchers have found that female Caribbean immigrant nurses are expected to provide for their families despite any personal sacrifices (Flynn, Feldberg, Ladd-Taylor, Li, & McPherson, 2003; Flynn & Henwood, 2000). Cultural values in which the family is of central importance reinforce the expectation that individuals, especially women, will put the needs of their family above their own. These cultural and gendered expectations may have contributed to the postponement of the interviewees' pursuit of RN registration in Canada in order to devote themselves to their families. Participants were expected to juggle multiple roles as a wife, mother, and nurse while prioritizing family cohesiveness.

The second theme is the unexpected shift in understanding of what it means to be a nurse in Canada. The disconnect between expectations and the reality of working as a nurse overseas is discussed in several studies (Dicicco-Bloom, 2004; Matiti & Taylor, 2005; McGonagle, Halloran, & O'Reilly, 2004), which illustrates that the issue is not unique to Filipino immigrants. The narratives suggest that the autonomy and professional relationships expected of Filipino nurses were often at odds with their education, training, and nursing experience in the Philippines. There is a paucity of information on the structure of nursing education and development of the nursing curriculum in the Philippines since the establishment of the US-based educational model in the early 1900s. Western nursing education has undergone transformations over recent decades (Elliott, Stuart, & Toman, 2008; McPherson, 1996; Mortimer & McGann, 2005). From custodial care provided by untrained and uneducated matrons to the professionalization of nursing, contemporary nursing baccalaureate programs emphasize the importance of developing critical thinking skills (Boychuk Duchscher, 1999; Profetto-McGrath, 2003; Simpson & Courtney, 2002) and actively contributing unique nursing knowledge within interdisciplinary teams (Baldwin, 2007; Heller, Oros, & Durney-Crowley, 2000; Larson, 1995). The narratives describe a seemingly dated nurse-physician relationship in the Philippines, a hierarchical one with the physician in charge. The contrast between nurses' training environments and the nursing culture they encountered in Canada was identified as an important aspect of acculturation to Canadian nursing. Participants identified this shift in power dynamics as a process that they continued to adjust to, as evidenced in the example of being free to "call a doctor by their first name." Although the nursing education system in the Philippines is modelled on Western standards, the narratives illustrate this important difference in nurses' professional relationships at the time when these individuals were educated.

Notably, one nurse's comparison of her experiences working as an RN in the United Kingdom and in Canada is consistent with descriptions by Caribbean nurses working in Canada. A historical study in which researchers explored Caribbean nurses' entry to Canadian practice in the 1950s revealed that challenges in transition to nursing practice included restrictions on nursing autonomy and scope of practice in the host country (Flynn, 1998; Shkimba et al., 2005). Caribbean nurses were one of the first immigrant groups to enter Canada after World War II, with most having first worked in the United Kingdom (Calliste, 1993; Flynn, 1998; Shkimba et al., 2005). Indeed, the transition from the United Kingdom to Canada for foreign-trained nurses is not a new phenomenon. Concurrent comparison of participant narratives to nursing education and immigration history revealed that the transition experiences were products of social constructs with deep historical roots.

The third theme — the distinction between racial experiences and simply feeling different — remained vague throughout the study. Although participants denied experiencing discrimination, a sense of being judged and having to prove oneself were consistently attributed to being “foreign.” This suggests that the nurses often did not realize they were experiencing discrimination, similar to Caribbean immigrant nurses who recognized discriminatory behaviour only after recalling their experiences decades later (Flynn, 1998). Arguably, Caribbean nurses entered Canada during a period when there was less diversity and tolerance in the country on the whole (Calliste, 1993; McPherson, 1996). Filipino migrants did not begin to arrive in large numbers until decades later, in the 1980s (Kelly, 2006). Additionally, Canadian society and professional culture have grown more diverse in recent decades and diversity is now a distinguishing ideological characteristic of the country. This aspect of Canadian culture — the embrace and growth of “multiculturalism” — may have contributed to the more subtle experiences of discrimination described by the participants, along with the vagueness and uncertainty in their recollection of discriminatory behaviour. The narratives reveal that despite feeling foreign and having to prove themselves, these nurses were generally accepted as fellow RNs and that their reception was conducive to successful integration into Canadian nursing practice.

The number of emerging studies that focus on transition programs for foreign nurses suggests a preoccupation with the integration of IENs in the host country. This preoccupation is evidenced by the large number of transition programs for IENs as part of hospital work orientation or specialty education programs in colleges and universities in recipient countries. Arguments for implementing such programs include addressing gaps in knowledge and training of foreign nurses in the host country and facilitating smooth integration into the health-care system and daily

life, particularly considering the growing numbers of migrant nurses (Edwards & Davis, 2006; Ryan, 2003). In Canada, commitment to the smooth workplace integration of migrant nurses includes prior learning assessment and recognition (PLAR) programs such as that of the College of Registered Nurses of British Columbia (2006), the Creating Access to Regulated Employment (CARE) program for nurses (Centre for Internationally Educated Nurses, 2006), and education programs especially designed for immigrant nurses. Although the focus on evaluating transition programs is less evident in Canada than in the United States or the United Kingdom, it is reasonable to expect that Canada will see a similar phenomenon. Given current trends in nursing immigration, the focus on the transition of foreign nurses will continue to increase and has the potential to reach the national policy level in Canada.

Limitations

In oral history research, particular attention must be paid to the interpretation of the life histories shared by participants (Borland, 1998; Bornat, Henry, & Raghuram, 2009; Boschma, 2007). Although the interpretation is in theory guided primarily by the literature and knowledge of the historical background, the potential for introducing personal biases should always be considered. Being a fellow Filipino and a fellow nurse, I had an intimate connection with the topic. In this regard, it was especially important for me to maintain reflexivity during the interviews, in analyzing the narratives, and in connecting themes that arose from the narratives with available knowledge on corresponding topics (Sugiman, 2004). Recording field notes of my thoughts, ideas, and perceptions of each interview, written immediately after the interview, and reviewing these prior to the next interview was one way in which reflexivity was maintained (Anderson & Jack, 2006; Boschma et al., 2008). Discussing the interviews and emerging themes with my thesis committee was another means by which reflexivity was maintained. This allowed for the exploration of ideas surrounding the interviews that were outside of my own perceptions and provided alternative perspectives from which to view and analyze the narratives.

Due to time constraints and some participants' inability to meet in person, a number of interviews were conducted by phone, possibly imposing a limitation on the richness of the narratives. It can be argued that, in the absence of a person-to-person connection during the interview, the memories shared by the participants may be limited; in addition, the researcher misses non-verbal cues to an individual's feelings about a subject, which can add richness and can sometimes contradict the person's oral statements.

Conclusions

This investigation can be viewed as a case study, providing a snapshot of the transition history of a growing and significant group of nurse migrants in Canada. It is the first historical study of the experiences of immigrant Filipino nurses in Canada in the context of societal, cultural, and historical influences. This research reflects a growing scholarship in global nursing immigration and touches on issues that will increase in relevance with Canada's diversifying nurse population. It is also an important addition to the Canadian nursing and immigration historical literature.

The use of oral history as the primary method and framework directed this study towards a specific course. In addition to illustrating the themes that arose from the narratives, as in many qualitative studies, the oral history framework called for the presentation of results in the context of the historical background and social and cultural influences. By examining not only what memories were recalled, but how, the study was able to gain insight into the influences that were important to the participants at different points in their immigration journey. In sharing these memories in their own words, the nurses were censored only by their own thoughts and reservations, providing further clues to the significance of the events they experienced and the influences surrounding them. The nuances and richness of the stories were captured through the nurses' detailed storytelling, an advantage afforded by oral history.

Throughout their immigration journey, the Filipino nurses encountered a number of challenges in the transition process, but they also met with a number of successes. The challenges that came with the transition process were numerous, yet the focus on family loyalty and cohesiveness, shaped by cultural and societal constructs, remained a central value in their stories. The narratives describe a seemingly unchanged hierarchical relationship between physicians and nurses in the Philippines, a welcome challenge in the transition to Canadian nursing culture's greater focus on autonomy and interdisciplinary and collaborative care. Another notable issue in the transition was that of discrimination, often subtle and unrecognized by participants.

This study places in historical context the experiences of a group of immigrant Filipino nurses and adds to the literature on migrant nursing history in Canada.

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