

# **Workforce Integration of Philippine-Educated Nurses Who Migrate to Canada Through the Live-in Caregiver Program**

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Nurses who migrate through the Canadian Live-in Caregiver Program face significant barriers to their subsequent workforce integration as registered nurses in Canada. This study applies the concept of global care chains and uses single case study methodology to explore the experiences of 15 Philippine-educated nurses who migrated to Ontario, Canada, through the Live-in Caregiver Program. The focus is the various challenges they encountered with nursing workforce integration and how they negotiated their contradictory class status. Due to their initial legal status in Canada and working conditions as migrant workers, they were challenged by credential assessment, the registration examination, access to bridging programs, high financial costs, and ambivalent employer support. The results of the study are pertinent for nursing policy-makers and educators aiming to facilitate the integration of internationally educated nurses in Canada.

Keywords: immigration, internationally educated nurses, live-in caregivers, nurse migration, health human resources, Philippines

*Résumé*

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**L'intégration à la population active  
des infirmières formées aux Philippines  
et qui migrent au Canada par l'intermédiaire  
du programme des aides familiaux résidents**

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Les infirmières qui migrent par l'intermédiaire du programme canadien des aides familiaux résidents font face à des obstacles importants après leur intégration à la population active en tant qu'infirmières au Canada. Cette étude applique le concept de chaînes mondiales des soins et utilise une méthodologie fondée sur l'étude de cas unique pour explorer le vécu de 15 infirmières formées aux Philippines et qui ont migré en Ontario, au Canada, par l'intermédiaire du programme des aides familiaux résidents. L'étude se penche notamment sur les divers défis qu'elles ont dû relever dans le cadre de leur intégration en milieu de travail infirmier ainsi que sur la façon dont elles ont composé avec leur niveau de classe contradictoire. En raison de leur statut juridique au Canada et de leurs conditions de travail en tant que travailleuses migrantes, elles ont dû surmonter les obstacles que représentaient l'évaluation de leurs titres de compétences, l'examen d'accréditation, l'accès aux programmes de transition, les coûts financiers élevés et le soutien ambivalent d'employeurs. Les résultats de l'étude offrent de l'information pertinente aux décideurs et aux éducateurs qui œuvrent pour la profession infirmière et pour l'intégration des infirmières formées à l'étranger au Canada.

Mots clés : infirmières formées à l'étranger, chaîne mondiale des soins, aides familiaux résidents, Philippines, intégration en milieu de travail, programme de transition

## **Background and Literature Review**

Internationally educated nurses represent 7% of Canada's nursing workforce (Canadian Institute for Health Information [CIHI], 2013). Researchers have discussed the barriers that many face in becoming registered nurses (RNs) in Canada, including challenges related to communication, credential assessment, costs of the examination and credential assessment process, and difficulty passing examinations (Blythe, Baumann, Rheume, & McIntosh, 2009; Hawkins, 2013; Jeans, Hadley, Green, & Da Prat, 2005; Sochan & Singh, 2007). Furthermore, immigration status poses a barrier for internationally educated nurses, especially for those migrating not as nurses but under the Live-in Caregiver Program (Bauman, Blythe, Rheume, & McIntosh, 2006; Sochan & Singh, 2007).

The Live-in Caregiver Program is a migration stream that allows individuals to migrate temporarily to Canada to provide care to the elderly, children, the sick, and the disabled while living in the client's home (Citizenship and Immigration Canada, 2013). The program was implemented in 1992 as a successor to the Foreign Domestic Worker Program. After a minimum of 22 months of work as a live-in caregiver, these migrants qualify to apply for permanent residency. While they are employed as live-in caregivers, any educational courses they take must be related to their work, be taken on a full-fee basis, and be no more than 6 months in duration. As of December 1, 2012, there were 19,830 live-in caregivers in Canada (Citizenship and Immigration Canada, 2013).

Over 30% of internationally educated nurses (CIHI, 2013) and 85% of live-in caregivers (Kelly, Astorga-Garcia, Esguerra, & Community Alliance for Social Justice, 2009) in Canada are from the Philippines. In fact, the Philippines has an explicit policy to "over-produce" professionals as an export commodity, ensuring that a high number of migrants contribute to remittances that boost the Philippine economy (Rodriguez, 2002). In the year 2011, \$1.921 billion in remittances was sent from Canada to the Philippines (World Bank, 2012). The number of nursing training schools in the Philippines has increased rapidly to satisfy this export policy (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). Masselink and Lee (2010) argue that the proliferation of schools of nursing in the Philippines, often in the minimally quality-assured private sector, has had detrimental effects on the quality of educational programs in the country. The policy has produced 400,000 Philippine-educated nurses who are not working as professionals in the Philippines or internationally, a source of concern in terms of skill wastage (Kanchanachitra et al., 2011). A significant proportion of these nurses have been deskilled to work as caregivers or domestic workers in destination countries (Choo, 2003).

There is evidence indicating that nurses migrate to Canada through the Live-in Caregiver Program (Kelly et al., 2009; Zaman, 2006). However, data on the specific number of nurses who migrate through this stream are quite mixed. Kelly et al. (2009) estimate that 23% of live-in caregivers are health professionals, including 7% who are nurses. Bourgeault et al.'s (2010) survey of 75 migrant care workers across Canada providing low-skilled elder care, including live-in caregivers and personal support workers, found that 44.12% were nurses prior to migrating to Canada. Despite these statistical inconsistencies, what is established and (consistently) supported by all researchers is that most individuals who migrate through the Live-in Caregiver Program have a baccalaureate degree, that nurses migrate through the program, and that health professionals (including nurses) who migrate through the program come mainly from the Philippines (Bourgeault et al., 2010; Kelly et al., 2009; Zaman, 2006). Hawkins (2013) found that nurses who migrate from the Philippines to British Columbia as live-in caregivers use the program as a “stepping stone” to gain entry to Canada. These nurses, however, experience systemic barriers to nursing workforce integration and struggle to regain their professional identity (Hawkins, 2013; McKay, 2002; Philippine Women Centre of B.C., 2001).

The present study adds to the literature on internationally educated nurses by providing an in-depth perspective on the specific barriers to workforce integration faced by internationally educated nurses who migrate to Canada through the Live-in Caregiver Program.

### **Theoretical Framework**

The feminist concept of global care chains that was developed by the sociologist Arlie Hochschild (2000) provides a context for explaining the international migration of care workers; it refers to personal links across the globe based on engagement in the paid and unpaid work of caring. The concept illustrates the transfer of care work from the South to the North and has been used to theorize the movement of domestic workers (Hochschild, 2000; Parrenas, 2001) and nurses (Yeates, 2009). Parrenas (2001) argues that domestic workers often experience contradictions in class mobility — that is, a decrease in social status coupled with an increase in income — when they leave the weak economies of the South as skilled workers to work in the strong economies of the North as domestic workers.

The present study sought to answer the following research question: *How do Philippine-educated nurses who migrate to Ontario through the Live-in Caregiver Program experience contradictory class mobility, and how do they resist or negotiate this experience?* In negotiating and resisting their contradictory

status in their destination countries, domestic workers experience several barriers. The focus of this study is the barriers such workers face in nursing workforce integration as they negotiate and resist their contradictory class status in Canada.

### **Methodology**

The study used a single case study design, a method considered appropriate when *how* and *why* questions are being posed about a contemporary phenomenon in a real-life context (Yin, 2009). The unit of analysis for the study was nurses who migrated to Ontario through the Live-in Caregiver Program between 2001 and 2012. After ethics approval for the study was obtained from the University of Toronto Research Ethics Board, 15 internationally educated nurses who migrated to Ontario through the Live-in Caregiver Program and four nurse educators were interviewed. It was hoped that the interviews would shed light on nurses' struggle to establish their professional status in Canada, once eligible to do so. The participants were recruited through an educational service provider and newspaper advertisements. Their informed consent was obtained. The interviews lasted between 45 and 90 minutes. In line with Sandelowski's (1995) recommendation, the sample size was based on the adequacy of the data, in that data collection ceased when data saturation was reached. A semi-structured interview guide was used. The interview guide for the live-in caregivers included questions related to their career plans upon completion of the Live-in Caregiver Program, actions they took to become a nurse in Canada, the challenges and barriers they faced and the resources they used in doing so, and what/who was helpful to them during the process of registration.

All interviews were audiorecorded and all participants completed a demographic profile that included information on their education and experience. All interviews but one were conducted in person. One interview with a live-in caregiver was conducted over the telephone as the participant lived in a remote area of Ontario. Three interviews with nurse educators were conducted at their place of employment, while one was conducted at the University of Toronto. Nine interviews with live-in caregivers were conducted at their weekend place of residence, while others were conducted at diverse locations chosen by the participant. In line with the wishes of some participants, the first nine interviews with live-in caregivers were conducted while another person was present at the interview location; the context ranged from having someone (e.g., an observer) present at the interview to having someone in the next room of the apartment. Similarly, D'Addario (2013), in interviews with live-in caregivers, and Hawkins (2013), in interviews with nurses who had

migrated to British Columbia as live-in caregivers, found that this group of migrants often felt more comfortable being interviewed in the presence of a peer. Later interviews were conducted without a peer present, as participants increasingly felt comfortable with the researcher. Considering that ethics is a process in qualitative research (Morse, Niehaus, Varnhagen, Austin, & McIntosh, 2008), consent was renegotiated throughout the research process.

Method triangulation was used to strengthen the rigour of the study, by combining data from interviews with nurses and educators with analysis of immigration and nursing policy documents. Also, the researcher paid close attention to issues of power and her biographic position in the field by keeping a reflexive journal (Finlay, 2002). The interviews were transcribed verbatim and analyzed using thematic analysis, aided by NVivo 10 qualitative software. Fictitious names are used to disguise the participants' identities.

## **Results**

All 15 participants had completed a 4-year baccalaureate degree in nursing in the Philippines, although their predominant last country of residence before migrating to Canada was in the Middle East. Eleven of the participants had first worked in Saudi Arabia — being well remunerated but with no scope for permanent resident status or pension access. Pre-migration nursing specialties of participants included pediatrics ( $n = 3$ ), emergency room ( $n = 3$ ), neonatal intensive care ( $n = 2$ ), medical-surgical ( $n = 2$ ), nursing administration ( $n = 2$ ), public health ( $n = 2$ ), general medicine ( $n = 2$ ), intensive care unit, nephrology, post-anesthetic care, psychiatric nursing, hematology/oncology, and operating room nursing. Some participants had nursing experience in multiple specialty areas prior to migrating to Canada (as detailed above). All participants resided in the province of Ontario. They had lived in Canada from 3 months to 10 years. The range of challenges they faced in becoming a nurse in Canada included contradictory support from employers, difficulties with credential assessment, barriers in access to bridging programs, high financial costs, and difficulty passing the language and registration examinations.

### ***Contradictory Employer Support***

The relationship between employers and live-in caregivers influenced their nursing workforce integration in Canada. The employers of Bridget, Emily, Josephine, and Kristine were supportive of their plans to re-enter the nursing profession, encouraging them and providing flexibility in their work schedules. Employers could discourage career mobility by

being inflexible with work arrangements. Danielle and Emily both noted that employers play a critical role in caregivers' ability to establish registered nursing careers in Canada:

*I think the number one factor that can lead you to your success is the employer that you have. If the employer is trying to put you really down, it affects your plans. (Danielle)*

Participants reported that sometimes even an otherwise "good" employer can be caught between wanting to help their caregiver become a nurse in Canada and wanting to retain a good live-in caregiver. This ambivalence is reflected in Amy's experience:

*My employer was really good. They were nice people to me. . . . But . . . thinking of [my] leaving them is really painful for them. And then when I was talking about my assessment, about taking my courses in college, they always felt nervous that I would leave them sooner. . . . But she is not selfish. (Amy)*

Both Amy and Grace felt that they had good employers who valued them as caregivers. However, pursuing a nursing career signified an impending end to a good employer–employee relationship. None of the participants was interested in continuing to work for her employer or in home care (even as a nurse) after qualifying to work as a nurse in Canada. Their goal was to work in a hospital and gain Canadian citizenship for themselves and their families.

### ***Difficulties With Credential Assessment***

In order to commence the registration process, participants had to have their education and work documents verified. The two major issues with credential assessment were obtaining documentation of their previous work experience and having their education in the Philippines considered equivalent to that in Canada. Participants consistently described how difficult it was to get documents from the Middle East. This inability to procure documents hampered the participants from undertaking the registration process expeditiously. Grace, who had worked in Saudi Arabia for over 10 years, discussed her challenges with employment verification:

*Because Saudi, they don't want to give any information even though I work there. That is just what we want for the verification of employment, just for them to tell that, yes, you worked here for 10 years in this area, from this period to this period. . . . And until now, I started my assessment . . . they didn't complete it. That's why that keeps me. . . . They cannot assess me as an RN, so I apply to be assessed as a RPN [registered prac-*

*tical nurse]. At least as a RPN, they will consider me without that verification of employment. That is 13 years gone. (Grace)*

The participants also faced challenges in meeting the educational requirements for registration in Ontario. In the Philippines, they explained, nurses who graduate from colleges or universities complete a 4-year education program and receive a degree. But the nursing regulatory body in Ontario rates internationally educated nurses from the Philippines differently based on the school they attended and year of graduation:

*I don't have any idea that the colleges and the universities are different here, unlike in the Philippines. . . . In the Philippines, if you graduate [from a] college or a university, it is the same. We have the same curriculum. . . . But for me it is really disappointing, because they think that if you graduated from college . . . it's much lower than if you graduated from the university. (Amy)*

Two Philippine-born educators confirmed that internationally educated nurses from the Philippines tend to be assessed as RPNs rather than as RNs. The rationale provided by nurse educators is that elementary and secondary school education lasts 10 years in the Philippines, compared to 12 years in Canada. Nurse educators speculated that the assessment of nurses from the Philippines as practical nurses may be due to this difference in elementary and secondary education:

*I think one of the challenges with respect to Philippine education is [that], until last year, we only had the equivalent of grade 10 in secondary education . . . There was no grade 11 or 12. And my understanding is that, because of this situation, there's that gap in our educational system which results in credentials of Filipino nurses being evaluated as generally equivalent to a diploma. (Nurse Educator 3)*

This difference in equivalency assessment was stressful for these nurses since they were unaware that they would be assessed differently based on the type of postsecondary schooling (i.e., college versus university) they received before migrating to Canada.

### ***Barriers in Access to Bridging Programs***

Once live-in caregivers complete the assessment process, they often need to take extra courses to be able to register as a nurse in Canada. This is because new nurse registrants in Ontario must demonstrate having practised as a nurse within the previous 5 years plus have permanent resident status or authorization under the *Immigration and Refugee Protection Act* to become registered in Canada. Given the time it takes to become a per-



manent resident and subsequently become a nurse in Canada, live-in caregivers often need to enrol in bridging programs to prepare for safe practice in Ontario. Enrolling in education programs is especially important due to the loss of nursing skills over time:

*Not every time you are exposed to medical problem, right? The one you learned will be [out of date]; it is going to be rusty, isn't it? There are so many modern techniques now . . . compared to the last time you worked. Think, for 7 years you are not exposed to that. Imagine, even if you attend these seminars, still it is not sufficient, right? (Irene)*

Moreover, because of a recent policy change, new nurse registrants in Ontario are required to demonstrate safe nursing practice within the last 3 years. Since it takes 2 to 4 years to complete the requirements of the Live-in Caregiver Program and 3 to 7 years to become a permanent resident in Ontario, this means that since January 2013 almost all internationally educated nurses who migrate as live-in caregivers are required to complete bridging programs. The study participants, who were interviewed between February 2012 and October 2012, were unaware of the proposed change even though it would affect their ability to practise in Ontario. Nurse educators, however, *were* aware of the proposed change and identified issues that nurses/live-in caregivers might face:

*CNO has changed [its criteria for demonstrating] safe practice. It was 5 years and it's now dropped to 3. What [will] that do to the people that come in as caregivers? I wonder about them. It's going to put [internationally educated nurses who migrate as live-in caregivers] more in jeopardy. (Nurse Educator 4)*

Even though most nurses/live-in caregivers are required to enrol in bridging programs, they experience difficulty in doing so because they often work 12 hours a day, 5 days a week. They are available to attend bridging classes only on weekends, yet government-supported bridging programs often are available only during the week. Amy experienced barriers in accessing bridging programs because of the schedule of such programs:

*The thing is my time. The thing is, you know, I am a live-in caregiver. I'm still working as [a] nanny, so it's 5 days per week. The colleges, they didn't offer a lot of subjects during the weekend, so I need to take it during weekdays. So, the problem is, how can I take those things during weekdays when I have a job? (Amy)*

The participants also reported that they were not allowed to take education courses of more than 6 months' duration, as these exceed the time limit set by the Live-in Caregiver Program. This means that

nurses/live-in caregivers must wait until they complete the Live-in Caregiver Program before enrolling in bridging courses.

### **High Financial Costs**

Barriers to completing nursing registration are compounded by financial concerns. At a minimum, the costs related to securing registration in Ontario are as follows: \$678 to apply for credential evaluation as an RN; \$542 to write the Canadian Registered Nurse Examination (each time); \$40 to write the jurisprudence exam; \$231.65 to register with the College of Nurses of Ontario (initial registration); and \$300 to write the English-language exam (College of Nurses of Ontario, 2013). These costs amount to approximately \$1,800. Participants stated that they earned between \$1,000 and \$1,300 per month. They also had to pay for the bridging program courses. For those working as live-in caregivers or employed with an open work permit, educational service providers for bridging programs charge international student fees, an amount typically between \$11,000 and \$15,000 per year, which generally exceeds what a live-in caregiver earns in a year; this means that, even though live-in caregivers can take bridging courses while on an open work permit, it is unaffordable for them so they must wait until they receive permanent resident status to enrol in a bridging program at a lower (domestic) fee level.

Providers of bridging programs for internationally educated nurses in Canada also commented on the financial burden for live-in caregivers:

*I've had a few international students [including live-in caregivers] . . . enrol in our program, and the cost is almost three times [higher than for a Canadian resident] . . . For live-in caregivers who are on open work permit or work permit-general, it's still a barrier to pay humungous fees knowing that live-in caregivers generally still look after family back home. . . . It's basically asking them to give me your money . . . for the whole year. (Nurse Educator 2)*

Live-in caregivers are already financially pressured by the need to send remittances to their country of origin and the fees related to sponsoring their families as immigrants to Canada. Although a program run by the Registered Nurses Foundation of Ontario provides financial assistance to internationally educated nurses, live-in caregivers do not qualify for this assistance until they become permanent residents of Canada.

### **Difficulty Passing Nursing and Language Examinations**

In order to complete the nursing registration process and become a qualified nurse in Ontario, all internationally educated nurses must complete the Canadian Registered Nurse Examination or the Canadian Registered

Practical Nurse Examination, as well as an English- or French-language exam. Passing the nursing registration exam was a challenge for some of the study participants. Difficulty passing the nursing exam is compounded by the fact that live-in caregivers work long hours and are unable to study except on weekends. The long period of separation from clinical practice (typically between 3 and 7 years) also made it difficult to pass the nursing registration exam in Canada.

Language competency further inhibited the ability of these nurses to pass the nursing exam. One former live-in caregiver who had been successful in becoming an RPN in Ontario said that she failed the nursing registration exam once, then wrote the language exam, which helped her to pass in her second attempt at the nursing registration exam. Her advice for internationally educated nurses who are in the process of becoming nurses in Ontario was to focus first on improving their English-language skills:

*I will tell them that this is my experience and then give them advice on what to do first, because I have been there. Like, taking the English test first. . . . I already took [the nursing registration exam] first, but I failed, so I concentrated on doing the English test while at the same time reviewing for my next test. So at that time I pass my English and after a few months I pass my CNO [nursing exam]. (Michelle)*

Michelle was convinced that passing the language test helps internationally educated nurses to pass the nursing registration exam and reduces the length of time it takes to become registered as a nurse in Canada.

## **Discussion**

Limited data are available on the international migration of nurses as domestic workers in destination countries. The findings from this study reveal contradictions in class mobility as Philippine nurses migrate to Canada to work as live-in caregivers (that is, as members of the working class); their perceived social status in the Philippines rises (by virtue of being employed in Canada), while their social status and income in Canada fall in relative terms. This change in class is especially stark considering that a significant number of the participants had experience working as an RN in the Middle East. The downward occupational mobility constitutes a symptom of unequal relations between the sending country (i.e., the Philippines) and the receiving country (i.e., Canada) (Hochschild, 2000; Sassen, 1997).

Several new insights have been gained by exploring the experiences of this group of internationally educated nurses as they integrated into the health-care workforce in Canada, notably the role played by

employers in facilitating or impeding their careers and particular barriers related to obtaining verification of employment from the Middle East and being able to access bridging programs on evenings and weekends. Additional barriers to workforce integration faced by nurses who migrated to Canada through the Live-in Caregiver Program resulted from policies of the program itself, especially their lack of permanent resident status.

Credential verification is identified in the literature as a major challenge to the integration of internationally educated nurses in their destination countries. However, in addition to credential equivalence assessment, the emphasis in the literature is on procuring documents (especially educational documents) from the country of origin (Jeans et al., 2005; Newton, Pillay, & Higginbottom, 2012). The present study sheds light on a stepwise migration pattern and points to a greater challenge for this group of internationally educated nurses: securing employment documents from the transit destination in the Middle East. All of the nurses who had work experience in Saudi Arabia commented on their inability to secure the information and documentation that the College of Nurses of Ontario required to credit their work experience in Saudi Arabia.

Another issue with credential assessment identified by the participants was the difference in assessment based on school and year of graduation, which resulted in downward occupational mobility after completion of the Live-in Caregiver Program. Philippine-educated nurses are increasingly becoming registered as RPNs rather than RNs in Ontario (College of Nurses of Ontario, 2013). In fact, while the Philippines remains the top source country for applicants to the College of Nurses of Ontario (Office of the Fairness Commissioner, 2013), it is the second source country for individuals who become RNs, because Philippine-educated nurses predominantly become accredited as RPNs (College of Nurses of Ontario, 2013).

Congruent with the downgrading trend in credential assessment, Valenzuela and Caoili-Rodriguez (2008) point to issues of quality in education programs in the Philippines. According to these authors, there is a wide range in the quality of education programs in the Philippines due to the low percentage (19%) of accreditation among programs offered by institutions of higher learning. The issue of quality assurance may be a contributing factor in the differences in the assessment of qualifications of these internationally educated nurses upon their arrival in Canada. The educators interviewed in the present study alluded to the fact that one of the reasons why degrees earned in the Philippines are assessed as diploma-equivalent is that elementary and secondary education in the Philippines lasts 10 years, whereas in Canada it lasts 12 years.

In 2012 the Philippine government instituted a 12-year elementary and secondary education system, which should allow sufficient time for the mastery of concepts and skills as well as allow Filipinos to better compete in the global market (Department of Education, Government of the Philippines, 2012).

In response to the difference in credentials of internationally educated nurses, the College of Nurses of Ontario has partnered with the Centre for the Education of Health Professionals Educated Abroad to create the Internationally Educated Nurses Competency Assessment Program (Centre for the Education of Health Professionals Educated Abroad, 2013). Instituted in 2013, the Competency Assessment Program assesses internationally educated nurses using an objective structured clinical examination (OSCE) and a multiple-choice examination to assess the knowledge, skills, and communication abilities of internationally educated nurses before they are provided with a “letter of direction” by the College of Nurses of Ontario.

In response to the body of research on barriers to workforce integration of internationally educated nurses (Blythe et al., 2009; Jeans et al., 2005), several bridging and upgrading education programs have been instituted in Ontario to ease the path of these nurses. While these programs have had tremendous success in integrating internationally educated nurses into the health-care workforce in Ontario, those who migrate through the Live-in Caregiver Program are unable to fully benefit from them. This is because they are not permitted to take courses unrelated to their work as live-in caregivers, nor are they permitted to work in the nursing profession until they have completed the Live-in Caregiver Program. A source of great frustration for several of the live-in caregivers interviewed was the schedule of courses in the bridging program: most are offered during working hours on weekdays, when they are unable to attend, rather than weekends and late evenings. The Canadian Association of Schools of Nursing (2012), in its *Pan-Canadian Framework of Guiding Principles and Essential Components for IEN Bridging Programs*, identifies the need to make bridging programs more flexible and accessible by offering online and distance education opportunities. Findings from the present study support the need to offer bridging program courses in the evenings and on weekends to accommodate this group of nurses.

The federal government has implemented pre-arrival outreach programs to facilitate the integration of internationally educated nurses. However, these programs often do not effectively reach internationally educated nurses who migrate to Canada as live-in caregivers. For instance, to address the pre-migration issue of immigrants lacking knowledge about the Canadian labour market, Citizenship and Immigration

Canada has instituted the Canadian Immigrant Integration Program. This program delivers in-person pre-departure orientation services to potential immigrants (such as nurses) and includes online support from the program's partners in Canada (Canadian Immigrant Integration Program, 2014). However, only applicants to the Federal Skilled Worker Program or the Provincial Nominee Program are eligible for this program; live-in caregivers are ineligible.

### ***Implications***

While several measures were taken to increase the quality of the study, representatives of nursing regulatory bodies were not interviewed. Also, the sample comprised 15 live-in caregivers and four nurse educators. Although sufficient data were collected based on Sandelowski's (1995) recommendation regarding sample size in qualitative research, and consistent with qualitative research methodology in the critical social paradigm, a positivist orientation to sampling might consider the sample size to be small. Given the qualitative research methodology used, the utility of the study should be seen in light of its transferability rather than its generalizability.

Despite its limitations, the study suggests several areas for reform that could be of interest to nursing policy-makers, nursing educators, and researchers aiming to improve the integration of this group of nurses. First, given the increasing transnational migration of nurses, better communication among nursing regulatory bodies in various countries could facilitate the integration of internationally educated nurses. The difficulty in obtaining the required documentation from Saudi Arabia illustrates this need. Second, the gaps between nursing policy and immigration policy demonstrate the need for nursing policy-makers to consider the global context of migration and the multiple migration pathways followed, as well as the influences of immigration pathways on the integration of nurses in destination countries. The recent change in the requirement for entry into practice in Ontario, for demonstration of evidence of recent safe nursing practice from 5 years to 3, and its consequences for this group of migrants, who are often out of practice for over 3 years, highlights the need for effective policies and programs to promote integration.

While much progress has been made recently by policy-makers in nursing education, including the creation of bridging programs, more can be done to ensure access to programs, such as by providing flexibility in the scheduling of bridging programs (by offering courses evenings and weekends) and securing funding to cover the cost of bridging programs. Since live-in caregivers are not able to easily access bridging and upgrading programs due to the prohibitive cost, nursing educators should consider applying the domestic student rate to this group.

Given the increasing interrelatedness of nursing regulations across Canada, as reflected in the implementation of the *Labour Mobility Act* (Nelson, 2013), comparative research across the provinces on internationally educated nurses (especially those who migrate through the Live-in Caregiver Program) would be useful in the development of best practices for Canada-wide integration. Finally, while there have been several studies on the experience of internationally educated nurses after they have become registered in Canada, no study has focused on the experience of internationally educated nurses who have been out of practice for a long period (such as live-in caregivers). Such research would deepen our understanding of how to leverage existing human resource skills to Canada's benefit.

Finally, on October 31, 2014, the Canadian government announced changes to the Live-in Caregiver Program (Citizenship and Immigration Canada, 2014). The government has eliminated the live-in requirement of the program and changed its name to the Canada Caregiver Program. Individuals who migrate through the new Canada Caregiver Program can choose to live in or live out of the home of their employer. They are allowed to work in home care or in health-care facilities for the elderly. In the future, more internationally educated nurses will migrate through this program, as the government has now created a pathway for caregivers in health-care occupations as part of the program. Half of individuals who migrate through Canada's Caregiver Program in the future will be health-care workers, including nurses. However, there continue to be gaps between this new immigration policy and nursing policy, such as the need to demonstrate 3 years of safe nursing practice, which may affect those who migrate through this stream. Given the projected increase in the number of health professionals who migrate through Canada's Caregiver Program, immigration and nursing policy-makers should consider the barriers that this group of nurses will face in integrating into Canadian society, including contradictory support from employers, difficulties with credential assessment, barriers in access to bridging programs, high financial costs, and difficulty passing the language and registration examinations. Implementing policies to address these barriers will enable this group of nurses to better contribute to the Canadian health-care system and to economic life in Canada.

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