

FULL REPORT

February 2025

# Bolstering Pathways to Practice: Empowering Internationally Educated Nurses in Canada

DR. MAKINI MCGUIRE-BROWN



## About the CFNU

The CFNU is Canada's largest nurses' organization, representing frontline unionized nurses and nursing students in every sector of health care – from home care and long term care to community and acute care – and advocating on key priorities to strengthen public health care across the country.

## About WES

World Education Services (WES) is a non-profit social enterprise that supports the educational, economic and social inclusion of immigrants, refugees and international students in the US and Canada. For 50 years, WES has set the standard for international academic credential evaluation, supporting millions of people as they seek to achieve their academic and professional goals. Through decades of experience as a leader in global education, WES has expanded its mission to pursue and scale social impact.

## Land acknowledgement

From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis and First Nations Peoples that call this land home. The Canadian Federation of Nurses Unions is located on the traditional unceded territory of the Algonquin Anishnaabeg People. As settlers and visitors, we feel it's important to acknowledge the importance of these lands, which we each call home. We do this to reaffirm our commitment and responsibility to improve relationships between nations, to work towards healing the wounds of colonialism and to improve our own understanding of local Indigenous peoples and their cultures.

### Published by:

Canadian Federation of Nurses Unions  
2841 Riverside Drive  
Ottawa, ON K1V 8X7  
613-526-4661  
www.nursesunions.ca

### ISBN

978-1-990840-32-6

### CFNU project team

Tyler Levitan  
Emily Watkins  
Oxana Genina

### CFNU advisory team

Angela Crawford (BCNU)  
Marierose Acero (SUN)  
Baljinder Singh (NSNU)

### WES project team

Dr. Makini McGuire-Brown  
Joan Atlin  
Caroline Ewan  
Ashley Craddock

**Translation:** Jocelyne Demers-Owoka,  
Ideal Translation

**Designer:** Raven Davidson

### © 2025 Canadian Federation of Nurses Unions

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means without the permission of the publisher.



Access the short version  
of the report.



Access the short version of the  
report in French: The full report  
is available in English only.



# CFNU MEMBER ORGANIZATIONS





## MESSAGE FROM LINDA SILAS,

### CFNU PRESIDENT

**Arguably the most precious resource in our health care system is nurses** – and like never before, we need more of them. We also need to make their working conditions far better. As it turns out, many of them are already living in our communities but for a multitude of reasons are not employed in our hospitals, long-term care homes or community care settings. Some of them are educated domestically, however a great many of them are educated and trained in their country of origin.

Internationally educated nurses (IENs) often choose to come to Canada to seek a better life for themselves and their families. The decision can be a very difficult one to make, leaving behind family, friends, networks and career opportunities to start afresh. In addition to the immediate and obvious challenges posed by such a monumental undertaking, there are many barriers placed before them as they prepare to join the nursing workforce.

This report offers solutions to overcoming these barriers for IENs in Canada, taking into account the primacy of the ethical recruitment of IENs as a longstanding CFNU position.

**Statistics Canada reported vacancies in nursing positions in Canada stood at 42,045 in the second quarter of 2024.** That represents a 147% increase over the past five years. Meanwhile, tens of thousands of IENs currently living in Canada aren't working in the nursing profession. Despite the sacrifices they made to relocate their lives to this country, only 42% of those who are employed are working as nurses (Frank et al., 2023). That should bring shame to us all.

We can and must do far better. It is our responsibility to ensure health care jobs are the best in our communities, and all workers, be they domestically trained or foreign-trained, are treated with dignity and respect in the workplace.

As Canada's working nurses, the CFNU wanted to understand what the key barriers have been to address this untapped potential of nurses in our midst. We were aware that many IENs have been itching to provide care to us and our loved ones but have been unable to become registered in a timely fashion. We got in contact with the team of experts at World Education Services (WES), which had finished digging into this issue for internationally trained physicians (ITPs) in Ontario, who have experienced their own barriers to joining the medical workforce.

Coming off the heels of the policy pathways report WES completed for ITPs in Ontario, we sought to explore similar engagement with the IEN community in Canada. We knew that unless we spoke directly to IENs about their experiences and solicited their feedback for smoothing the journey to registration, we wouldn't have the nuanced recommendations required to advocate for a more streamlined and compassionate set of policy changes that are desperately and urgently needed across the country.

IENs from virtually every region of Canada took time out of their busy schedules to share their input with us in a series of workshops, forming the basis of this report. We are incredibly grateful for their contributions. WES leadership in helping to plan and facilitate these workshops was instrumental, with Dr. Makini McGuire-Brown playing an integral role in drafting the report. Thank you, Dr. McGuire-Brown and the entire WES team, for your dedicated commitment and leadership.

I am also grateful to the members of my team, including Tyler Levitan, and the IEN advisory committee comprised of three IENs from across Canada: Angela Crawford of BCNU, Marierose Acero of SUN and Baljinder Singh of NSNU. Additional feedback was provided by Donna Gillis, 1st Vice-President of NSNU and a Clinical Nurse Educator, who helps to onboard IENs in Nova Scotia. Thank you all for your important contributions.

I look forward to working closely with WES and our IEN advisory committee on advocating for the wide-ranging recommendations put forward in this report. I urge all policy makers to take the time to carefully review them and, in collaboration with all stakeholders, get to work on swiftly implementing them.

In solidarity always,

A handwritten signature in black ink, appearing to be 'Linda Silas', with a long horizontal stroke extending to the left.

**Linda Silas**  
CFNU President



**MESSAGE FROM SHAMIRA MADHANY,**

**MANAGING DIRECTOR CANADA &**

**DEPUTY EXECUTIVE DIRECTOR, WES**

**IENs have long played an important role in providing health care services.** Despite great need, there is a significant underutilization of internationally obtained nursing education and training in this country. This is a loss for both IENs and our health care system.

World Education Services (WES) is a non-profit social enterprise that supports the educational, economic and social inclusion of newcomers. For 50 years, WES has set the standard for international academic credential evaluation, fostering recognition for the diverse educational backgrounds and experiences newcomers bring. WES has been particularly active in the health care field, helping to ensure professionals such as doctors and nurses receive recognition for their credentials and get a job in their field.

**Given the pressures on our health care system and our nursing needs, concrete action needs to be taken to address the underutilization of IENs. It is imperative that we ensure that IENs can become licensed efficiently, re-enter their profession, and use their skills and experience to strengthen our overall health care system.**

WES would like to sincerely thank the IENs who participated in this study for openly sharing with us the challenges and struggles that they are facing in becoming registered to practice as nurses in Canada.

I also want to acknowledge the Canadian Federation of Nurses Unions for their leadership in undertaking this important study on IENs and for engaging WES to be part of it. We have a shared goal of helping IENs to register and work here as nurses.

I would like to recognize the team from WES for their exemplary work. Your dedication to amplifying the voices of newcomers, including IENs, will continue to help open doors for them.

The recommendations in the report reflect the important voices and experience of IENs. The report also describes highly effective programs and initiatives already underway in each region that can serve as replicable models of best practice. Moving the recommendations forward will require participation from a multi-stakeholder group. WES looks forward to



further collaborative discussions aimed at enacting a pan-Canadian nursing registration process that includes optimized routes to registration, adequate wrap-around supports and comprehensive workplace integration programs.

Sincerely,



**Shamira Madhany**  
Managing Director Canada & Deputy Executive Director  
World Education Services



***“Family and economic challenges cause nurses to leave their career paths or leave the health sector to just survive.”***

**- IEN, British Columbia**

# EXECUTIVE SUMMARY

Canada is not alone in experiencing a shortage of skilled health care workers, including nurses, to address the growing demands for care from coast to coast to coast. For many years, provincial governments have actively recruited nurses from abroad to address ballooning vacancies in Canada's care economy.

There are now a significant number of IENs in Canada who are well-placed to fill many of these vacancies. However, only 42% of employed immigrants to Canada with a nursing degree are working as nurses (Frank et al., 2023). IENs face many challenges with current licensure pathways, support towards obtaining licensure and workplace integration. Through a standardized system of requirements and supports across jurisdictions in Canada, IENs can be efficiently and effectively integrated into our health care workplaces and communities.

The report's recommendations are centred primarily around the lived experiences of IENs in Canada, as well as current initiatives in various jurisdictions across Canada and internationally that have had a positive impact toward an expedited process for licensure and a smooth integration for IENs.

## **We recommend:**

Establishing a collaborative multi-stakeholder body to assist with strategy, planning and coordination of IEN registration, integration and necessary supports to be hosted at the federal level by Health Canada. This would include representatives from Immigration, Refugees and Citizenship Canada (IRCC), Employment and Social Development Canada (ESDC), provincial regulatory bodies, provincial and territorial health ministries, nursing education, IEN support providers, nurses' unions, employers and IENs.

1. Standardising the registration process for IENs across Canadian jurisdictions to reduce complexity, redundancies, barriers and costs through federal-provincial-territorial joint coordination.
2. Approving nursing education abroad that prepares one for practice as a regulated nurse as sufficient to meeting the educational requirements for registration, accompanied by a transition to practice in Canada course.
3. Expanding proof of language proficiency options.
4. Implementing a comprehensive curated supervised clinical experience (SCE) to provide income, clinical orientation and assessment opportunities, and to meet recent practice and language requirements. SCE compensation packages should consider the whole IEN context. Nursing preceptors participating in the SCE should be compensated for their involvement.



5. Providing NCLEX (or CPRNE) preparatory resources and flexibility in exam timing as well as a reimbursement for those able to pass the NCLEX (or CPRNE) within the first 6 months of their SCE.
6. Ensuring paid mentors (preferably IENs who are now registered and working) are available to support incoming IENs in every jurisdiction.
7. Instituting anti-bias/discrimination training for Canadian-trained health care professionals to safeguard IENs from discrimination in the workplace, accompanied by anonymous reporting mechanisms.
8. Implementing institution-specific orientation plans that foster a supportive and welcoming environment.

“

*“I’m disappointed in the system and the process –  
it’s not taking advantage of those  
who are here and want to work as nurses.”*

- IEN, New Brunswick



# CONTENTS

<b>MESSAGE FROM LINDA SILAS, CFNU PRESIDENT</b>	<b>4</b>
<b>MESSAGE FROM SHAMIRA MADHANY, MANAGING DIRECTOR CANADA &amp; DEPUTY EXECUTIVE DIRECTOR, WES</b>	<b>6</b>
<b>EXECUTIVE SUMMARY</b>	<b>8</b>
<b>SECTION 1: NURSING WORKFORCE: CURRENT CONTEXT</b>	<b>11</b>
1.1 Overview	11
1.2 Nursing vacancies	11
1.3 Nursing ratios	12
1.4 Nursing burnout	13
<b>SECTION 2: THE IEN POTENTIAL SUPPLY</b>	<b>14</b>
2.1 IENs in Canada not working as nurses	14
2.2 Ongoing international recruitment	15
2.3 Mental health of IENs: impact of negative experiences with registration and workplace inclusion	15
2.4 Underutilizing IENs is unfavourable to the economy	16
2.5 Widespread support for change	17
<b>SECTION 3: IEN WORKSHOP SERIES – METHODOLOGY</b>	<b>19</b>
3.1 Overview	19
3.2 Ontario	20
3.3 CFNU convention	20
3.4 British Columbia	20
3.5 Prairie and Atlantic provinces	21
3.6 Data collection and analysis	22
<b>SECTION 4: FINDINGS AND RECOMMENDATIONS</b>	<b>23</b>
4.1 Overarching issues	23
4.2 Obtaining licensure	24
4.2.1 Recommendations for a standardized route to licensure for IENs across Canada	32
4.3 Wrap-around supports	33
4.3.1 Recommendations for wrap-around supports for IENs	37
4.4 Workplace integration	39
4.4.1 Recommendations for effective workplace integration for IENs	40
<b>SECTION 5: CONCLUSION</b>	<b>41</b>
<b>APPENDIX A</b>	<b>43</b>
<b>REFERENCES</b>	<b>44</b>



# SECTION 1: NURSING WORKFORCE: CURRENT CONTEXT

## 1.1 Overview

The World Health Organization projects that by 2030 there will be a global shortage of 4.5 million nurses (Boniol et al., 2022). Nationally, pre-pandemic forecasting models estimate shortages in Canada will be in excess of 100,000 nurses by 2030 (Baumann & Crea-Arsenio, 2023). While these numbers alone paint a stark reality, many other indicators point to the scope of the problem created by nursing shortages. The level of nursing vacancies going unfilled remains alarmingly high. Nurse-to-patient and nurse-to-population ratios are inadequate. The effects of the strained work environment on the nursing workforce in terms of mental health and attrition are well documented. No matter what indicators are examined, one thing is clear: a massive shortage of working nurses is the current reality, and the situation is projected to get worse.

At the same time, Canada continues to welcome tens of thousands of internationally educated health care workers, including nurses. Between 2015 and 2024, Immigration, Refugees and Citizenship Canada has data showing more than 18,500 nurses have become permanent residents (IRCC, 2024b). Given significant gaps in data collection, this number likely underrepresents significantly the actual number of IENs who have moved to Canada during this period through a variety of immigration streams (WES, 2022, 2024a).

There are significant numbers of skilled IENs already here in Canada who could be helping to address Canada's dramatic nursing shortages. Yet, according to Statistics Canada, only 42% of employed immigrants with a nursing degree are working as nurses in this country (Frank et al., 2023). Despite recent advances, IENs still face systemic barriers that impede them from practicing nursing and filling the nursing needs of the Canadian population.

## 1.2 Nursing vacancies

In Q2 2024, there were 88,600 vacancies in the Canadian health care sector. Registered nurses (RNs) and registered psychiatric nurses make up 31% of these vacancies (27,730 spots), and licenced practical nurses (LPNs) make up 14% (12,335 spots) (Statistics Canada, 2024). Overall, there were

42,045 vacant nursing positions. Ontario and Quebec had the highest vacancies for nursing positions in the second quarter of 2024, with 16,620 and 11,150 vacancies respectively.

### 1.3 Nursing ratios

Even though there are often no mandated nurse-to-patient ratios, and the norm may vary (by region, legislation, department, acuity of patient and more), Canada's ratios can be seen as problematic in many instances.

Norms in international jurisdictions align with many norms and mandates within Canada (Sharma & Rani, 2020), (ONA, 2024), (BCNU, 2024a). However, ratios in some jurisdictions are notably high. In 2016, ONA reported that RN-to-patient ratios in Ontario medical and surgical wards were as high as 1:9, despite the recommended norm of 1:4 (ONA, 2016).

Some provinces, like British Columbia (BC), have begun mandating nursing staffing ratios to ensure patient safety and quality care (BC Gov News, 2024). These ratios also serve as a target for success of retention and recruitment efforts, which include signing bonuses and other incentives (BCNU, 2024b). Nova Scotia has committed to a safe staffing framework to determine the appropriate number of nurses for safe care in different settings, and which would follow a transparent formula (Nova Scotia Nurses' Union, 2024).

Nurse-to-population ratios in many parts of Canada are also stark. Across the country, the number of nurses, particularly RNs and LPNs, per 1,000 population varies widely with the supply of nurses always exceeding the numbers of nurses who are in the nursing workforce (CIHI, 2024). A number of factors contribute to this disjuncture, including poor working conditions that, on the one hand, often stem from understaffing, and on the other, contribute to many nurses' decision to leave the field.

Total nursing workforce per thousand population is lowest in British Columbia (10.3) and Ontario (10.7). Alberta, Nova Scotia and Ontario have the largest gap between the supply of nurses and the active workforce amongst the provinces (CIHI, 2024).

RNs make up the largest percentage of the nursing workforce. Canada has 10.2 RNs per 1,000 residents (CIHI, 2024). While this ratio surpasses that of the United States, which has 9.4 RNs per 1,000 residents (US Bureau of Labor Statistics, 2023), Australia, by contrast, has 12.7 RNs per 1,000 residents (Australian Government Department of Health and Aged Care, 2024).

More concerning is that RN workforce per thousand population varies widely by province, with values as low as 6.9 in Ontario, 7.6 in British Columbia and 7.8 in Alberta, and as high as 15.1 across the Northwest Territories and Nunavut. (See Figure 2.)

Similar disparities exist with LPNs: British Columbia and Manitoba have the lowest LPN workforce at 2.5 and 2.6 per 1,000 residents respectively; Prince Edward Island and New Scotia have 4.5 and 4.4 LPNs per thousand population respectively (CIHI, 2024).

## 1.4 Nursing burnout

Staffing shortages lead to increased burnout which, in turn, increases staffing shortages as nurses leave the profession more quickly than they can be replaced. Burnout also compromises quality of care and extracts a high cost on the mental health of nurses who continue working.

The Canadian Federation of Nurses Unions (CFNU) reports that even prior to the COVID-19 pandemic, 60% of nurses intended to leave their nursing jobs within a year (Stelnicki et al., 2020). More recent CFNU data shows that 7 in 10 nurses report that workplaces or units are regularly overcapacity and that 40% of nurses work overtime at least once a week. Among those who reported working overtime, 33% worked unclaimed overtime (CFNU, 2024).

Empirical evidence indicates that when “nursing staff levels are sufficient, hospital readmission rates are lower, as are mortality rates, inpatient falls, and hospital-acquired pressure ulcers.” (Peng et al., 2023) This study also demonstrates that a “lower nurse staffing level is associated with higher levels of dissatisfaction, burnout, and turnover.” It is no surprise then that nursing burnout is associated with decreased quality of life in physical, psychological and social spheres (Khatatbeh et al., 2022).

These findings align with pre-COVID-19 CFNU data, which showed that one in three nurses experienced suicidal thoughts, and that one in three screened positive for major depressive disorder (Stelnicki et al., 2020). A 2024 CFNU member survey report indicated that 39% of nurses believed their mental health to be worse than one year ago (CFNU, 2024).

The ramifications of allowing nursing shortages to continue and even grow include increased risk to patient care and risk to the integrity of the health care system in general. There is also a tremendous personal cost to these workers, adding to the imperative to address staffing shortages.





## SECTION 2: THE IEN POTENTIAL SUPPLY

### 2.1 IENs in Canada not working as nurses

The ongoing burden on the current nursing workforce could be alleviated in part by tapping into the large supply of IENs living in Canada who are ready and eager to join the nursing workforce. However, the barriers to registration render many of them unable to join the workforce to alleviate the burden on overworked nurses and to improve patient care.

Census data draws a clear picture of the extent to which IENs' skills are underutilized in Canada. Statistics Canada's 2023 report on the labour market outcomes of internationally educated health professionals (IEHPs) reveals that although there were approximately 85,700 IENs in Canada, with an employment rate of almost 80%<sup>1</sup>, only 69%<sup>2</sup> of those employed were employed in a health-related occupation. Only 42% of employed IENs were working as regulated nurses (34% as registered nurses and registered psychiatric nurses, and 8% as licensed/registered practical nurses) (Frank et al., 2023).

Despite the ongoing underutilization of IENs already living in Canada, Canada continues to recruit more IENs from abroad. Investing in removing barriers and creating an effective system for assessing, registering and integrating qualified IENs already living in Canada could make a tremendous contribution to filling nursing shortages.

Statistics from Ontario are illustrative. According to the College of Nurses of Ontario (CNO), as of November 2024, 7,271 IENs had active applications for registration. At the same time, a 2024 World Education Services' (WES) survey of IENs not working as nurses in Ontario revealed that 50% of the IENs surveyed had not yet applied for registration, though they intended to (WES, 2024a). While the available data does not allow us to accurately identify the total number of IENs in Ontario who could potentially be registered, the CNO applicant data and the WES findings taken together show that there are in fact thousands of IENs already living in Ontario who, if registered, could make a very substantial contribution to filling the province's nursing vacancies.

---

1 Taken from a subsample of 52,377 IENs

2 Taken from a subsample of 48,303 IENs



## LABOUR MARKET STATISTICS FOR IENS ACROSS CANADA (%)

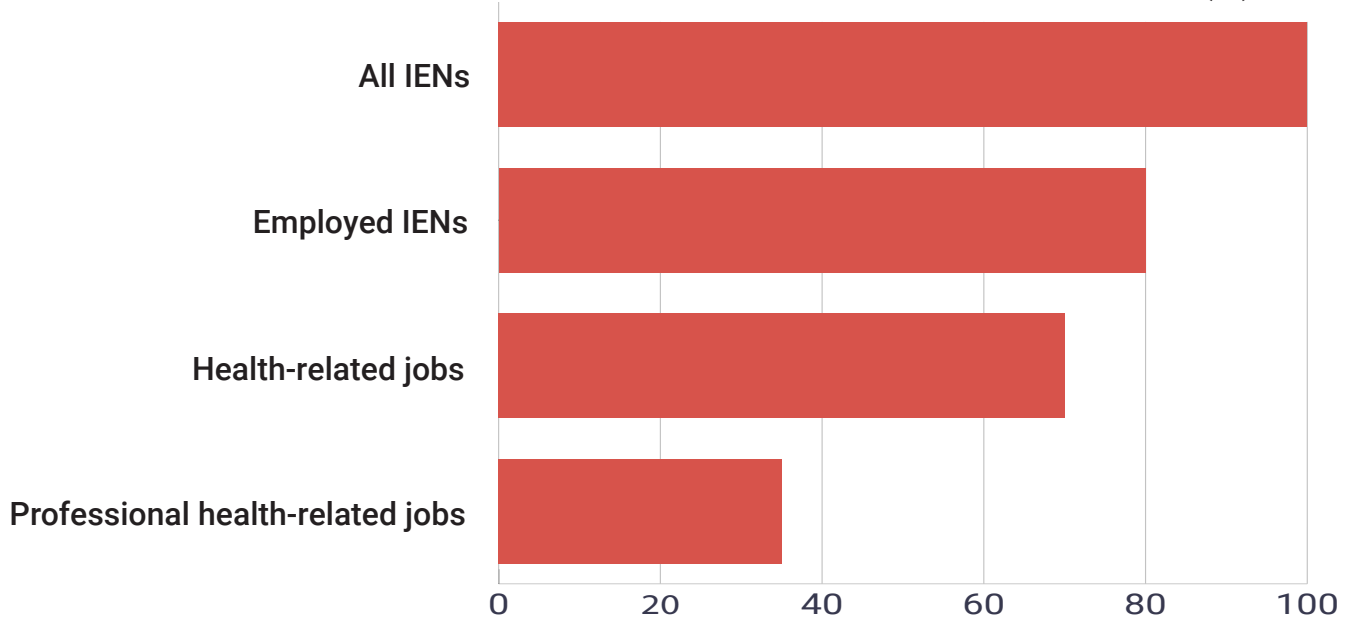


Figure 3: National labour market statistics for IENS (Statistics Canada)

In addition to the obvious benefits of integrating IENS to ease the shortages and benefit our economy, the importance of diversity in the nursing workforce cannot be overstated (Spencer, 2020). A diverse nursing workforce that more closely resembles the patient population benefits from increased cultural competencies and sensitivities, and improved patient-provider trust and communication, which can reduce health disparities among non-white patient populations (Swinney & Dobal, 2008). The opportunity for IENS to add their international perspective and knowledge to the knowledge pool in Canada is also advantageous to developing a global health perspective to nursing care (Premji & Hatfield, 2016).

## 2.2 Ongoing international recruitment

Despite the large supply of under-employed IENS in Canada, many provinces are actively engaged in recruitment abroad. In recent years, the provincial governments of Alberta (Government of Alberta, 2022), New Brunswick (Singer, 2024), Newfoundland and Labrador (Executive Council et al., 2022; 2023), Nova Scotia (Government of Nova Scotia, 2023), Quebec (CBC News, 2022), Manitoba (Shared Health, 2023) and Saskatchewan (Nation Talk, 2023) have organized targeted recruitment missions to the Philippines, Kenya, Ireland, India, Belgium, Morocco and West Africa.

Such recruitment missions must be examined against the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2010), to which Canada is a signatory. The WHO Code encourages the commensurate employment of IEHPs in the receiving country and reciprocating benefits for the supplying country. With just 42% of employed IENS working as nurses, Canada can be seen to be failing in its obligation to provide commensurate employment. In a 2024 news story about nurses recruited on a 2022 Quebec mission to West Africa, a human rights organization in Montreal reported that “at least 50 of the recruits have met bureaucratic hurdles or outright discrimination since coming to Quebec” (Forrest, 2024).

In addition to ongoing challenges with ensuring that IENs coming to Canada have an effective path into practice once they arrive, these missions also drain nurses' skills from countries also suffering from nursing shortages. The need to ensure that the sending country receives reciprocal benefit is another key issue addressed by the WHO Code. The government of Canada has recently reiterated its commitment to the ethical recruitment of IEPs according to the WHO Code (Health Canada, 2023).

### **2.3 Mental health of IENs: impact of negative experiences with registration and workplace inclusion**

Many IENs experience psychologically unhealthy situations during the registration process and once they begin work in the Canadian health care system. A focus group done with IENs in July 2024 by the New Brunswick Nurses Union (NBNU) found that IENs felt frustrated and disappointed with systemic challenges that prevent or delay their registration, had a sense of resentment toward a system that failed to recognize their qualifications and experience, and a sense of dissociation with their self-worth and perception of themselves as competent professionals facing a system that treats them differently.

Once in the workforce, the IENs in the focus group reported facing racism and discrimination, and feeling isolated and alienated from Canadian-trained nurses. They reported patronising comments regarding their clinical skills and felt that they were often given the "silent treatment". The workplace produced fear and anxiety, which manifested in crying in private areas on the worksite. IENs felt unsupported in their transition to work in Canada.

The experiences reported by the focus group are not unique. IENs have told personal stories of frustration and disillusionment at the wastage of time, money and resources experienced in the registration process (Sultani, 2023). IENs report being discriminated against for their accent despite fluency in English (Kaphle, 2017). These experiences make IENs feel less competent in their professional abilities and puts added strain on them when performing their job (Baptiste, 2015).

These experiences undermine the contribution of IENs to creating a more diverse workforce and providing culturally specific communication for the expanding incoming immigrant population (Njie-Mokonya, 2016). Supporting IENs is essential to deriving the full benefit of their skills.

### **2.4 Underutilizing IENs is unfavourable to the economy**

Underutilization of professional skills is costly not only to the health care system but to the overall economy in two ways: less growth and more spending.

York region, in Ontario, has estimated conservatively that the total direct lost revenue per unemployed individual is more than \$25,000 (Workforce Planning Board of York Region, 2020). This study also estimates that lost GDP due to loss in productivity from unemployment for the year 2016 in York region was conservatively \$3.7 billion.

As income increases, spending increases, bringing revenue growth for the economy. Average household spending varies by more than \$70,000 between the lowest income quintile to the highest (Statistics Canada, 2023b). Therefore, commensurate employment provides positive effects to the economy.

Income varies widely across the nursing-related health professions. The average hourly wage for registered nurses (RNs) in Canada is \$41. This declines progressively to \$31 for licensed practical nurses (LPNs), \$25 for personal support workers (PSWs) and \$23 for nursing aides (Statistics Canada, 2023). Many IENs work as aides or PSWs to maintain financial stability while trying to get registered. In a WES survey, as many as 68% of those IENs who did work in the health sector said that they worked in jobs that only use some or none of their nursing skills (WES, 2024a). This lower wage earning and therefore loss in GDP-contributing potential is unfavourable to the Canadian economy and health care system.

At the same time, public spending to increase the nursing workforce has increased exponentially because of burnout. As nurses leave their organisations, millions of dollars are being put into temporary staffing through for-profit nursing agencies. A recent CFNU study found that \$1.5 billion public health dollars are projected to be paid out to for-profit nursing agencies in the 2023-2024 fiscal year (Almost, 2024). This is occurring while thousands of IENs with GDP-contributing potential await re-entry into the profession (Lindsay, 2023).

## **2.5 Widespread support for change**

Many nursing leaders who study the integration of IENs into the Canadian nursing workforce have emphasized the need for change, provided resources to guide the implementation of that change and advocated for efficient and effectively implemented integration of IENs into the workforce as an important part of effecting change.

For example, Dr. Ivy Bourgeault and Dr. Housseem Eddine Ben Ahmed (an IEN) present a comprehensive look at sustaining the health care workforce, including the integration of IENs (Ben Ahmed & Bourgeault, 2022). Other nursing leaders, including Dr. Edward Cruz (Cruz et al., 2017), Dr. Andrea Bauman (Crea-Arsenio et al., 2023) and others, have all offered solutions to increasing the nursing workforce that include IENs. Dr. Leigh Chapman, Canada's Chief Nursing Officer, championed the release of the Nursing Retention Toolkit, which makes important mention of improving, streamlining and standardising the integration of IENs (Health Canada, 2024). Bessie Nasiopoulos, Abigail Lim and Ruth Wojtiuk, nurses from the CARE Centre for Internationally Educated Nurses (CARE), demonstrated the importance of recruiting, integrating and retaining IENs through their successful workplace integration program (Lee & Wojtiuk, 2021).

Other leaders, nurses' unions, associations and institutions have called for the system to use the skills of IENs to boost the nursing workforce. In 2023, the National Newcomer Navigation Network released a comprehensive set of recommendations for change developed by a working group of IEN stakeholders (Maddock et al., 2023).

Many nursing regulators, provincial/territorial governments and the federal government have made significant efforts (WES, 2024) to improve elements of the registration process for IENs since the COVID-19 pandemic, with IEN registration numbers improving in some provinces. Between May and October 2023, the Nova Scotia College of Nursing licenced approximately 1,338 IENs, with 94% of them (1,261) going through the newly implemented expedited pathway for designated countries (NSCN, 2023).

Between May and November 2024, that number of IENs processed through the expedited pathway increased to 3,205 (NSCN, 2023). In June 2022, the CNO reported a 132% increase in the registration of IENs, compared to the same time in 2021 (CNO, 2022). Much of this success was attributed to the “modernisation of processes” and the institution of the Supervised Practice Experience Partnership (SPEP) program. Since the institution of SPEP in Ontario in 2022, 4,333 IENs were registered after passing through the program as of November 2024 (CNO, 2024b).

In this paper we will review many of these promising practices that have led to these increases. At the same time, this paper will show that these efforts are still insufficient and that much work remains to resolve the problem of IEN integration. IENs remain in distress and underutilized in the health care system. Using insights from four focus groups held across Canada, we will offer recommendations toward a nationally standardized process for IEN registration and workplace integration.



## SECTION 3: IEN WORKSHOP SERIES – METHODOLOGY

### 3.1 Overview

From May 2023 to June 2024, WES and the CFNU embarked on a workshop series across Canada to gather insights from IENs on their lived experience with the registration process in Canada, including comments on current registration pathways, new initiatives and programs, as well as the social, personal and professional impact of the licensure journey on their lives. Some workshops also gathered commentary from regulators, employers and other health system stakeholders.

WES and the CFNU held a joint workshop at CFNU's biennial convention in Charlottetown, PEI, in early June 2023, where IENs shared perspectives and identified opportunities for action linked to recent provincial initiatives.

For the workshops held in the Atlantic, Prairie and Western regions, WES partnered with CFNU staff and committees, and the following CFNU affiliates: British Columbia Nurses' Union (BCNU), United Nurses of Alberta (UNA), Saskatchewan Union of Nurses (SUN), Manitoba Nurses Union (MNU), New Brunswick Nurses Union (NBNU), Registered Nurses' Union Newfoundland and Labrador (RNUNL), Nova Scotia Nurses' Union (NSNU) and Prince Edward Island Nurses' Union (PEINU). These unions brought provincial perspectives, demonstrated their desire to advocate for and support IENs, helped in workshop facilitation and supported in developing the recommendations.

In Ontario, the Ontario Nurses' Association (ONA) formed a part of the discussion group, and WES benefited from the collaboration and advisory support of four health sector employer associations: the Ontario Long-Term Care Association (OLTCA), AdvantAge Ontario, VHA Homecare and the Ontario Hospital Association (OHA). The perspectives of employer association partners were critical to informing the design of the workshop series.

A literature review of the IEN experience in Canada, as well as an environmental scan of the policies that exist at the provincial level across the country, was conducted prior to workshops being held, with additional scanning completed afterward.

Participants were offered a small incentive such as a dinner in British Columbia and a \$50 gift card in the Atlantic and Prairie regions.

The breakdown of the workshops was as follows.

<b>PROVINCE/REGION</b>	<b>WORKSHOP DETAILS</b>	<b>PARTICIPANTS</b>
Ontario	2 workshops, May and June 2023	9 IENs plus health system stakeholder representation
Across Canada (members of the CFNU at biennial convention)	1 workshop, June 2023	31 IENs, 4 Canadian-trained nurses working with IENs
British Columbia	1 workshop, February 2024	26 IENs
Prairies (AB, MB, SK)	1 workshop, June 2024	23 IENs, 1 Canadian-trained nurse
Atlantic (NS, NB, NL, PEI)	1 workshop, June 2024	25 IENs, 1 IEN mentor, 1 IEN navigator, 1 clinical nurse educator

*Further participant breakdown can be found in Appendix A.*

### **3.2 Ontario**

In May and June 2023, WES brought together a wide range of stakeholders in Ontario, including internationally educated nurses (IENs), health care employers, professional associations, unions, regulators, government, the Office of the Fairness Commissioner of Ontario and leaders from the postsecondary sector in two virtual workshops, with the goal of better understanding the impact of recent initiatives supporting IENs in Ontario.

The first virtual workshop gathered feedback from IENs, employers, unions and professional associations on the impact of six recent initiatives: i) Supervised Practice Experience Partnership, ii) Temporary Class registration for IENs, iii) modernization of the College of Nurses of Ontario Language Proficiency Policy, iv) financial supports for education and/or bridging courses, v) temporary reimbursement of registration, application, and exam fees for IENs, vi) the IEN Competency Upgrade Pathway.

The second virtual workshop gathered stakeholders from government, regulators, assessors and nursing education involved in the design and governance of these initiatives to engage with the feedback from the first workshop and to consider what it might take to advance the many opportunities for action identified.

The workshop process demonstrated the value of cross-sector multi-stakeholder convening and collaboration in a complex and rapidly evolving landscape. The workshops also highlighted the imperative of centering IEN voices and employer perspectives in the design of interventions and supports.



### 3.3 CFNU convention

At CFNU's biennial convention held in Charlottetown, PEI, in early June 2023, a consultation was held with primarily IENs along with a few educators and mentors. Most of them worked in a hospital setting and a few worked in community care. There was very little participation from IENs working in long-term care.

Participants were asked to go around the conference room, view examples of recent initiatives for IENs across Canada and provide feedback on what is working well, where there are gaps/opportunities, or where they had questions – they wrote these on sticky notes and attached them to the corresponding group of initiatives.

The groups of initiatives were: i) supervised practice/regulatory changes, ii) financial supports/education, bridging, iii) immigration processes/international recruitment, and iv) retention.

### 3.4 British Columbia

On February 29, 2024, IENs living in the lower mainland of BC gathered in person at the BCNU headquarters to share perspectives on ongoing challenges and barriers to nurse registration and employment in the province, and to offer recommendations on ways to improve the systems in place. The BCNU/WES facilitation team centered the discussion around three key questions.

- 1. What types of challenges/barriers have most affected your journey to becoming registered, entering nursing and feeling supported at work?**
- 2. In terms of recent initiatives (e.g. supports, services, policies), what is working well and having a positive impact on your journey towards registration and employment in nursing in BC?**
- 3. In your perspective, where are there gaps or opportunities for further actions in the system to support IENs in BC?**

While numerous initiatives have been introduced in recent years to reduce barriers and streamline pathways to practice for IENs, the dialogue made it clear that IENs in BC continue to face barriers to registration and skills-commensurate employment.

Recent initiatives, such as: i) waiving of assessment fees for IENs, ii) updates to proof of English language proficiency (ELP), iii) expanded assessment options for international credentials, iv) registration pathway for applicants educated in Australia, New Zealand, UK or US, and v) fair registration legislation were discussed. While the impact of some recent initiatives is positive, participants indicated that more can still be done to address long-standing barriers, reduce complexity, support easier navigation for IENs, and increase multi-stakeholder collaboration and coordination to design a more effective system.

As stakeholders in BC work towards system improvements, the lived experiences of IENs should be a central focus.

### **3.5 Prairie and Atlantic provinces**

In June 2024, WES, the CFNU, UNA, SUN and MNU held a 90-minute virtual workshop with IEN participants from Alberta, Manitoba and Saskatchewan. This workshop involved gathering IEN experiences with the registration process in each province in smaller groups and then reconvening as a larger group to share feedback and have a discussion. Participants were given a \$50 gift card after attending.

Discussion was focused on the following main requirements for registration as a nurse in each province: i) education, ii) examination, iii) language proficiency and iv) currency of practice. In each breakout room the planning team assigned a facilitator and a scribe. Discussion under each topic was guided by three major questions:

- 1. Do you face barriers to meeting the [insert regulation requirement category] requirements for registration in your province?**
- 2. How can these be addressed?**
- 3. How helpful have recent initiatives been in reducing these barriers? Should these initiatives be improved? How?**

Participants were provided before the workshop with pre-reading materials that described new program initiatives that had been implemented in their province.

Additional discussion was focused on v) lived experience with financial support and vi) open comments on other issues on the route to nursing registration. Discussion for these was guided by similar questions.

The analysis and ensuing discussion of the strengths and weaknesses of registration policies and programs by province in this workshop highlighted the importance of a national strategy to ensure equitable access to nursing registration for IENs.

Later in June 2024, WES, the CFNU, NBNU, RNUNL, NSNU and PEINU held a 90-minute virtual workshop with IEN participants from New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island that proceeded in the same way as the Prairie provinces workshop.

### **3.6 Data collection and analysis**

Prepared data collection templates were used to help guide documentation of participant insights in each workshop. Facilitators and scribes were guided through the template during the planning process. As much as possible participants' words were captured verbatim with additional context added for clarity. Demographic data, such as status as an IEN or other stakeholder, registration status and province, were also captured to add context to the findings during analysis. Names were not

documented on the data collection templates. Discussion questions were used as guides but not to detract from the free-speaking platform that we wanted to encourage.

Findings were analysed using qualitative data analytic methodologies. Similar and popular themes were captured and grouped iteratively while maintaining the original voice of the IEN. Organic themes were then developed into recommendations by transforming the pain points and feedback on current initiatives into policy recommendations. Featured quotes from workshop participants were maintained verbatim alongside recommendations to emphasize the evidence-based nature of the policy suggestions.







## SECTION 4: FINDINGS AND RECOMMENDATIONS

To move toward a coordinated and effective national strategy, each phase and element of the path of an IEN to becoming a well-supported practicing nurse in Canada must be identified and addressed. Analysis of the findings of the workshops across provinces, as well as secondary data, has led to the following categorization, challenge identification and ensuing recommendations. The discussion is broken down into licensure requirements, wrap-around supports and workplace integration. However, there are important overarching systemic issues that cannot be overlooked, which will be highlighted first.

### 4.1 Overarching issues

**Disenfranchisement.** Many IENs feel disenfranchised by the various systems in place. There are feelings of discrimination, injustice and inequity. Many feel that their training and background are not valued and are being wasted. The discrimination carries over into the workplace after licensure.

*“Foreign nursing curricula are always held lower than Canadian curriculum for nurses.” IEN, British Columbia*

*“I’m disappointed in the system and the process – it’s not taking advantage of those who are here and want to work as nurses.” IEN, New Brunswick*

*“Alberta has issues. They have failed to recognize the domestic IENs, those already in Canada. There are thousands of domestic IENs underutilized in health care. Meanwhile there are reports of recruitment missions employing 60 newly arrived IENs. There is an ethics and distributive justice issue here.” IEN leader, Alberta*

**Laborious process.** IENs face long and convoluted processes filled with bottlenecks, inefficiencies and repetition, that decrease their chances of becoming practicing nurses in Canada and increase financial burdens.

*“People chose to not pursue licensing in Canada even though they worked as an RN in a previous country simply because of long waits and costs.” IEN, Newfoundland and Labrador*

*“I switched careers many times because of bureaucracy around getting my nursing certification.” IEN, New Brunswick*

*“IENs are required to engage in a significant volume of paperwork, including individual application processes, requests for documents, verification of documents and exchanges of information. Stakeholders should consider the extent to which processes, paperwork, digital forms and/or documentation can be streamlined, digitized, automated and/or omitted to facilitate, and expedite registration processes and workplace integration. Data compilation of IEN voices, Ontario IEN workshop*

**Provincial misalignment.** The licensing process varies widely among provinces, causing IENs to province-hop toward the path of least resistance. This destabilizes their family life and is costly. Even after becoming an RN in one province, it isn’t always easy to transfer that license to another province. National consistency is paramount.

*“There is misalignment between provinces. I had to complete the Nursing Community Assessment Service (NCAS) process for registration as an RN in British Columbia, despite being registered as an RN in Alberta.” IEN, British Columbia*

*“I submitted all documents to NNAS, but when I transferred to Saskatchewan, the regulating body asked me to submit almost all the same documents again.” IEN, Saskatchewan*

**Dysfunctional silos.** The lack of collaboration amongst the organizations involved in the path to registration for an IEN creates a stressful environment for the applicant. Immigration officials, regulators and employers must work together for the process to improve.

*“It is important to gather stakeholders and key players to come up with concrete solutions that break down silos.” IEN, British Columbia*

*“More coordination is needed between the various parts of the system.” IEN, British Columbia*

**System guidance.** IENs consistently asked for more guidance through the system at each stage, including when regulations are changed and after a work placement. This guidance should preferably come from an IEN who has been through the system.

*“It would be nice to get people willing to precept IENs, especially from an international background to guide us through the system.” IEN, Saskatchewan*

*“I’m getting a lot of information through word of mouth; no formalized notifications.” IEN, Manitoba*

## 4.2 Obtaining licensure

IENs reported many issues with the requirements to obtain registration with provincial regulators. Some provinces have made changes in recent years which have improved the process for some IENs. This has led to IENs province-hopping to obtain registration, which is a destabilising experience. Elements of newly instituted requirements found to be helpful by IENs can be built upon, and some innovation is required to establish an effective national registration system that gets IENs back into their profession.

### PAIN POINT: EDUCATION RECOGNITION

#### Findings

- **The process to obtain education equivalency was found to be lengthy and punctuated with obstacles**, including certifying organisations losing documents, IENs being unable to supply the exact documentation required and some IENs waiting for years for a response. Transferring from some provinces to another requires resubmission of the same documents. This leads to a loss in recency of practice, expired language exams and IENs province-hopping to find the least-resistant route to registration.
- IENs felt that their **education curricula were treated as substandard**. This was not appreciated for the experience that they bring.
- Some provinces such as the Atlantic provinces, Alberta and British Columbia offer easier routes to licensure for certain international jurisdictions; a process that was seen as **inequitable**.
- The long wait for educational equivalency was seen as a **barrier to being able to sit the NCLEX**, which should demonstrate competency. Many sit the exam in New York for easier access.



## Commentary/promising practices

In May 2024, the College of Nurses of Ontario proposed a change in the education requirement such that IENs with baccalaureate nursing degrees from any jurisdiction that prepared them for practice as an RN would be considered acceptable to meet the education requirement for registration as an RN in Ontario. Similarly, those who complete a diploma would meet the educational requirements for an RPN (LPN). This change was proposed after a rigorous process of research, consultation and approval by the CNO Council. It does not negate any of the other registration requirements such as nursing examinations or nursing practice hours. IENs would also be required to complete a Transition to Practice course of 12 weeks that would cover “31 critical safety competencies to ensure applicants are aware of their accountabilities that are crucial to patient safety as they enter practice in Ontario” (CNO, 2024). This regulation has been approved by the government of Ontario and takes effect in April 2025.

The move toward recognizing international baccalaureate nursing degrees will lead to more qualified IENs being able to work as nurses in Ontario. Similarly, registered practical nurses (RPNs) from any jurisdiction will meet the educational requirements if they have a nursing diploma.

This is a welcome initiative that will allow for a more efficient pathway towards nursing practice for thousands of IENs. This regulation validates IEN skills, helping to overcome the bias that has existed against those with international credentials.

This move can help to overcome the lengthy evaluation time, propelling nurses toward assessment of competency through the NCLEX. Shorter processing times also help prevent practice gaps and financial instability.

## Featured quotes

***“Even if we have started the process a year ago, we don’t know how long it will take.” IEN, British Columbia***

***“The National Nursing Assessment Service (NNAS) lost my package twice, even though I had a tracking number. I talked to a different person every time on follow up.” IEN, New Brunswick***

***“The process is long and laborious. Creating an NNAS account, document submission of your transcript and syllabus are lots of work. International institutions don’t always have the same documentation or don’t provide access to these documents to students.” IEN, Manitoba***

***“I am from Mauritius, and we’re not given priority like other countries, although our curriculum is from the UK as we were colonized, but it is not accepted like UK education because we became independent.” IEN, Manitoba***

## PAIN POINT: EXAMINATIONS

### Findings

- The NCLEX is a standardized test for entry-to-practice competencies for regulated nurses in Canada. It is required for practice. IENs wished to be able to take the assessment to demonstrate their competencies but were held back by the educational evaluation process required to be permitted to sit the exam.
- Several IENs found the process in New York and Alberta to be much quicker and therefore applied (successfully) to sit the NCLEX in these jurisdictions.
- Lack of sufficient preparatory resources was cited as an issue, particularly to inform North American-specific material.
- Delays and expiring documents and applications along with financial instability create a difficult environment that prevent some IENs from being able to study for the exam.

### Commentary/promising practices

- Policies that recognize international degrees which provide training toward practice as a nurse can lead to quick approval for eligibility to write the NCLEX exam. More efficient processes decrease the stress associated with the application, allowing IENs to be in a better state of mental health while studying.
- Orientation to nursing care guidelines and practice in Canada would help IENs toward success with the NCLEX.
- As of 2023, Nova Scotia Health has provided those IENs who have a conditional license and who were offered employment with free access to UWorld to help prepare them for their NCLEX exam. UWorld is a nursing license exam preparation program that provides challenging practice questions, explanations and performance tracking. This free service ought to be replicated in other jurisdictions.
- Care Centre for Internationally Educated Nurses (CARE) in Ontario also runs examination preparation courses and workshops for the Canadian Practical Nurse Registration Examination (CPNRE) and more through its STARS (Supports, Training and Access to Regulated-employment Services) program (CARE, 2024).

## Featured quotes

*"It's a hard process to be eligible to write the exam. I had to go through the USA – it's an easy process once the exam is complete, but getting to that point has barriers." IEN, Saskatchewan*

*"When I had to take the NCLEX, my English language exam was expiring, so it forced me to take the NCLEX after my bridging program almost right away to avoid having to retake the English exam. I felt rushed." IEN, Saskatchewan*

*"I went through so much to be able to write the exam. At first, they told me that my education was not equivalent; this was really because they lost some of my documents or said that they hadn't seen it. Let the exam show you if I'm competent." IEN, Ontario/New Brunswick*

*"The process in Alberta is much simpler, you don't need to send documents to several different places. Remove the NNAS completely, and the process would be much faster." IEN, Manitoba*



## PAIN POINT: LANGUAGE PROFICIENCY

### Findings

- Some IENs are required to do repeated language proficiency exams despite having already passed. This is a result of inefficient processes leading to expiration of the results and regulatory bodies not accepting expired results.
- Some IENs who have worked in or were educated in an English-speaking environment (including in Canada) for several years still have to sit language proficiency exams (repeatedly).
- IENs would like alternative options to demonstrate language proficiency.
- Effective communication with patients and the health care team was thought to be important. This includes cultural language training within the Canadian context as well as recognition and acceptance of immigrant culture, accents and language.

### Commentary/promising practices

- Fulfilling language requirements varies widely by province. There should be a single set of requirements for demonstrating the language proficiency required to be a nurse anywhere in Canada.
- Many nursing colleges such as those of Alberta (CRNA, 2024) and Manitoba (CRNM, 2024) have included international nursing experience and health-related work in Canada as a way to attest to language proficiency.
- However, non-health-related work experience and education in English, even done in Canada, is not accepted, even though the approved language tests do not test health-specific information.
- IENs need to have financial stability while going through the currently challenging registration process. They are not always able to work in a health-related field. Evidence of work experience and education in non-health-related fields should be accepted.
- The costs associated with unnecessary and repetitive language tests are yet another financial burden for IENs. The CNO offers a one-year extension on expired language tests (CNO, 2024a).



## Featured quotes

*“The language exam expires every two years, so I had to retake the exam more than once because of the long application process. But I was in Canada for many years at that point, so it shouldn’t have been required.” IEN, Saskatchewan*

*“Ontario has a better policy – if you do [health-related] education in Canada, you can be exempted from English language tests.” IEN, Saskatchewan*

*“I don’t work directly in a health-related field, so English proficiency is not recognized, even though I’m working in English in another job.” IEN, Manitoba*

*“I come from an English-speaking country but still need to do the test.” IEN, Newfoundland & Labrador*

## PAIN POINT: CURRENCY OF PRACTICE

### Findings

- Delays in the application process cause IENs to lose currency of practice.
- IENs are not able to use hours worked as a licensed practical nurse (LPN) toward the currency requirement for RN applications.
- Bridging programs that involved a supervised clinical component were seen as more valuable for regaining recency of practice than theory-only bridging programs.
- Some IENs recruited through active international recruitment worked as graduate nurses or other supervised roles while their application was being processed.
- The Supervised Practice Experience Partnership (SPEP) is designed to help IENs meet recent practice and language proficiency requirements. IENs in Ontario noted that it was helpful in enabling them to both refresh existing skills and learn new skills in a supervised clinical setting where the hours do count toward currency of practice.

### Commentary/promising practices

- In recent times several provinces have put clinical programs and policies in place that help IENs gain recency of practice. Lessons from these should be built upon to establish programs in every province that help IENs maintain or regain recency of practice while becoming oriented to the Canadian health care system.
- Some initiatives that can be learnt from are: the Supervised Practice Experience Partnership (CNO, 2022) in Ontario; a pilot initiative by MOSAIC and the Umbrella Multicultural Health Co-op, offering IENs supervised work experience in BC (MOSAIC, 2024); the Supervised Practice Experience Partnership Program (SPEPP) in Newfoundland and Labrador (CRNNL, 2022); and the Graduate Nurse Internationally Educated (GNIE) Re-entry program in BC (KPU, 2024).

## **Featured quotes**

*“Why don’t we honour the experience of LPNs who are trying to be RNs, and some people who are working as continuing care aides for five to ten years trying to register to be an RN? It doesn’t seem fair that they have to go back to their home country to practice nursing again to qualify.” IEN, Saskatchewan*

*“Having to accept employment outside of the health care sector negatively impacts meeting the recent practice requirements.” IEN, British Columbia*

*“Mentorship programs have worked well in various facilities; they can act as a guide for differences and help with recent practice.” IEN, Alberta*

*“I would prefer to get hours in Canada instead of back home. Getting hours in Canada is more beneficial.” IEN, Saskatchewan*

*“Some recruited nurses are getting supervisory hours with existing RNs from abroad (e.g., from the Philippines) – as an opportunity to meet the hours requirements. This opportunity should be extended to all IENs.” IEN, Manitoba*



## PAIN POINT: BRIDGING PROGRAMS/COMPETENCY FILLERS

### Findings

- The bridging programs that contained supervised practice and clinical placements were favoured.
- Some IENs felt that they didn't need the theoretical competency filling programs that they were assigned, or that those programs were less helpful than supervised experience.
- Canadian and culture-specific education was also found to be helpful.
- Better preparatory material for assessments was desired.
- Wait times to get into bridging programs in some provinces caused delays, and lack of clinical placement spots or job placement spots afterward were also found to be a bottleneck.
- IENs called for a way to bridge from their current jobs as nursing aides, LPNs and PCAs to RN licensure.

### Commentary/promising practices

- A common theme is the need for placement in a clinical environment. With proper support and supervision, IENs can contribute to the workforce earlier while acclimatising and learning.
- A paid supervised clinical placement will allow for a financially stable environment for IENs to transition back into their profession.
- Current bridging programs are costly. In New Brunswick, NB CRIB costs more than \$6,000 (NBCC, 2024). NREP in Manitoba costs more than \$5,300 (RRC, 2024).
- Initiatives mentioned under currency of practice and in the recommendations to follow can help fulfil this need.

## **Featured quotes**

*"I did a bridging program and did labs, but they are not the same as practical skills. I did not find the bridging program helpful; it would be better to have supervised practice." IEN, Manitoba*

*"The way that foreign nurses are asked to undertake multiple courses after NNAS is a barrier." IEN, British Columbia*

*"I was hired as a PCA – I hoped that there would be someone there to help me get licensed as an RN; during my interview someone suggested this. Nobody was there to help me bridge to an RN at the hospital. It would be good to be hired as a PCA and bridge to a job as an RN. This way I could stay in the system ensuring stability." IEN, New Brunswick*

*"There are not enough programs. Bridging takes years to get in, and there are very limited seats; it would be good to have CCA [clinical competency assessment] workshops to know what to do." IEN, Manitoba*

*"There has been a funding decrease in the bridge to Canadian nursing programs. Clinical simulations and instructor-led experiences need to be expanded, and IENs need Canadian experience. Similar to a UNE [undergraduate nurse employee], it should be a requirement to do a three-to-four-month practicum." IEN leader, Alberta*

## 4.2.1 Recommendations for a standardized route to licensure for IENs across Canada

### 1. Approve nursing education from abroad that prepares one for practice as a regulated nurse as sufficient to meet the educational requirements

- I. A major obstacle to progression through to licensure is the assessment of international education. Accepting education that has been authenticated as a degree that prepares an IEN for practice as a regulated nurse in the jurisdiction in which they studied as fulfilling the educational requirement in Canada will reduce bias and bottlenecks and move IENs through to an assessment of their clinical competency. This policy change has been approved by the CNO and the Ontario government (CNO, 2024a).
- II. There should be various options for verifying the authenticity of the degree and verifying it as one that leads to practice as an RN or LPN in the international jurisdiction from which it was obtained.
- III. A transition to practice course similar to that now required by the CNO that orients nurses to the Canadian context, safe practice and nursing responsibilities in Canada should accompany this change.

### 2. Implement a comprehensive curated supervised clinical experience (SCE)

This program should:

- I. Allow for Canadian clinical and cultural orientation, acclimatization and experience.
- II. Allow for identification of areas that need upskilling and provide additional practice time in these areas.
- III. Count as currency of practice hours.
- IV. Count as evidence of language proficiency.
- V. Have adequate financial compensation for IENs.
- VI. Have accompanying voluntary online education modules that IENs can do at their convenience during their experience to enhance learning.

Research done on orienting new nurses shows a broad range of program durations from 2 weeks to 2 years (Ernawaty et al., 2024). Given that IENs have already been in practice but need orienting to the Canadian context and need to have enough time to get through the licensure process, a range of 6 to 18 months should be considered.

IENs should participate for a minimum of 6 months, at which point the designated supervisor can “pass” the IEN, and the IEN can proceed to full registration with the provincial regulatory body.

If the IEN needs additional experience or more time to complete additional registration requirements, such as sitting the NCLEX, the program could be extended up to a suggested maximum of 18 months. Nursing preceptors participating in the SCE should be compensated for their involvement.

### **3. Provide NCLEX (CPRNE or relevant nursing registration exam) preparatory resources and flexibility in exam timing**

- I. Once their degrees have been authenticated as in the first recommendation, IENs should be allowed to take the NCLEX (or CPRNE) at any time throughout the limit of 18 months of their supervised clinical experience (SCE).
- II. Adequate preparatory resources and programs, such as those provided by UWorld or CARE Centre for IENs, should be provided for free, which will allow for more IENs to achieve success at the NCLEX (or CPRNE). Funding should be provided to IEN-serving organisations to offer exam preparation programs. To determine what IENs may need to feel prepared for the NCLEX, focus groups with IENs who have and have not passed would be beneficial.
- III. The flexibility in timing and the comprehensive SCE will allow IENs to learn in the Canadian environment while practicing, thereby allowing for greater familiarity and financial stability to succeed at the NCLEX. IENs who sit the NCLEX within the mandated minimum 6-month SCE can get into practice quickly and confidently, and others who need more time will have it.

### **4. Expand proof of language proficiency requirements**

- I. Those who have worked as a nurse or have received nursing education in English (or French) jurisdictions should be exempt from additional proof of language proficiency.
- II. Those who have successfully passed English (or French) language proficiency exams, but the results have since expired, should be allowed to use their expired results plus proof of continued work or study in an English (or French) jurisdiction in any industry, such as an employer attestation that work was conducted in English (or French) or proof of institutional enrolment in an English (or French) program in any industry

## 4.3 Wrap-around supports

IENs must navigate a daunting registration process amid the challenging context of being a newcomer and managing their personal and family life. For IENs to thrive and be able to contribute their skills to the health care system, they need to be supported holistically.

### PAIN POINT: FINANCIAL SUPPORT TOWARD LICENSURE

#### Findings

- IENs often did not know when bursaries were available, nor when requirements changed or applications re-opened. Timelines and eligibility for reimbursement were unclear. Better dissemination of information is required.
- Funding is limited. Not enough resources are available to meet the demand. Programs are often shut down after a short while.
- The multiple extra courses and bridging programs come at a high cost to IENs.

#### Commentary/promising practices

- IENs either had limited financial support or none, or were unaware of supports that are available. Procedures to secure the funding were unclear. Each additional stage of the process increased the financial burden.
- The first step to decreasing this financial difficulty is a more efficient system.
- With quick educational authentication and flexible language requirements, IENs can proceed to a paid clinical placement that orients and ensures competency.
- This reduces the redundancies and lack of commensurate paid clinical work that IENs face.
- Prince Edward Island's Internationally Educated Nurses Bursary Program Reimbursement includes reimbursement for fees related to both registration requirements and supports, and immigration costs for the IEN and family members (PEI, 2024). However, this reimbursement is only accessible after one is registered with the College of Registered Nurses and Midwives of Prince Edward Island (CRNMPEI) or the College of Licensed Practical Nurses of Prince Edward Island (CLPNPEI).
- British Columbia's Internationally Educated Nurse Bursary Program offers (under certain conditions) upfront bursaries for some registration requirements and fee waivers for others with signing of a Return of Service agreement (Health Match BC, 2024).

### PAIN POINT: FAMILY SUPPORT

#### Findings

- The costly and convoluted licensure process that often involves multiple application fees, repeat fees, province-hopping and numerous additional courses creates financial instability for an IEN and their family.
- Daycare, transportation costs and mental health resources were some important areas mentioned where supports are needed.

### **Commentary**

- Getting IENs into employment faster will allow them to be able to support their families. IENs should not have to go through the registration process without receiving adequate income.
- The suggested paid clinical placement should have a well-curated package of employment benefits that considers the needs of IENs as immigrants often with families.

## **PAIN POINT: NAVIGATIONAL SUPPORT**

### **Findings**

- IENs face challenges with staying up to date with regulatory changes and navigating the numerous parts of the system.
- In contrast, IENs that come through active recruitment missions often have dedicated navigational support and resources.

### **Commentary/promising practices**

- The navigational support afforded to nurses that come through active recruitment missions should be extended to all IENs.
- In Manitoba, nurses coming from abroad (Health Careers Manitoba, 2024) and those IENs currently residing in Manitoba (Manitoba Health, 2024) are offered some similar supports.
- Learning from the voice of IENs can help in the development of effective navigational support.

## **PAIN POINT: IMMIGRATION STATUS**

### **Findings**

- Delays in the immigration process cause IENs to lose currency of practice.
- Coordination between stakeholder organizations such as the IRCC, regulators and employers can remove additional burdens on the IEN.

### **Commentary/promising practices**

- The lack of coordination among organisational stakeholders and government departments is felt by the IEN. The importance of a multi-stakeholder coordinated approach cannot be over-emphasized.
- An expedited immigration process that works in tandem with the path to licensure would avoid delays and get IENs to work.



## **Featured quotes**

*"IENs have multiple competing priorities as a mature adult often with family, kids and being a new immigrant." IEN, Nova Scotia*

*"Family and economic challenges cause nurses to leave their career paths or leave the health sector to just survive." IEN, British Columbia*

*"Immigration status, such as the requirement of permanent resident status, prevents some IENs from accessing some of the financial support available." IEN, British Columbia*

*"I finished my bridging program last year, and that's when I was presented with financial help, but it took \$18,000-\$20,000 to get through the bridging program. We can't have student loans because we aren't undergraduates. They denied financial help to the IENs who were doing clinicals, but after lots of pushing they did reimburse the money, but only on a case-by-case basis. Those who underwent it before – just a matter of months before – can't get anything at all. It's also only for those working outside of Saskatoon, which doesn't seem fair." IEN, Saskatchewan*

*"I was recruited via the Philippines recruitment pathway. The process was that I studied online for 6 months, then I did a 3-month preceptorship in the community. The Saskatchewan Health Authority offered the online study free of charge. Now I am working as a graduate nurse, while waiting to write the NCLEX" IEN, Saskatchewan*

### **4.3.1 Recommendations for wrap-around supports for IENs**

- 1. Establish a collaborative multi-stakeholder body to assist with strategy, planning and coordination of IEN registration, integration and necessary supports, to be hosted at the federal level by Health Canada.**
  - I. IRCC, ESDC, regulators, employers, provincial/territorial governments, nurses' unions, IENs, educational institutions and support services must all work together collaboratively to ensure IENs are licensed smoothly and efficiently.
  - II. Once approved by regulators for SCE, employers must be ready to receive IENs for SCE by ensuring that enough supervisors and preceptors are trained and available, there is optimal distribution of participants across hospitals and other health institutions, and cultural orientation and supports are accessible. Strategizing the coordination and execution of this should be done through the multi-stakeholder body.
  - III. IRCC should expedite the immigration applications of IENs en route to licensure. For those IENs engaged in the registration journey prior to having permanent residency, processing time should be expedited to 2-3 months once the IEN has been found eligible for SCE (usual processing time is less than 6 months for routes like Express Entry) (IRCC, 2024). This should again be coordinated through the multi-stakeholder group.
  - IV. Provincial and federal governments must ensure that adequate funding and resources are available for assessors, SCE placement spots, mentors, bursaries and post-registration job opportunities.
  - V. A robust monitoring, evaluation, and data collection and analysis program are essential to the sustainability and continuous improvement of the process of IEN licensure and workplace integration and for health human resources management overall.
  
- 2. Standardize the registration process for IENs**
  - I. Costs and strain on one's mental health increase significantly the more complex the process is. By creating a standardized route to licensure for IENs, we can reduce the complexity and cost.
  - II. IENs should only have to pay for one authentication/verification of their education as that which prepared them for work as a nurse, one language test, if necessary, and one application fee prior to SCE placement.
  - III. A pre-SCE bursary can be instituted for those most in need who cannot cover these costs.

There is a useful best practice for an international jurisdiction here. The average cost of nursing registration in the United Kingdom for nurses trained overseas is £1,170 (\$2,100 CAD) (MMA, 2024), compared to the costs in most Canadian provinces which can be \$10,000-15,000. For example, the cost of IEN registration in British Columbia nears \$10,000 CAD (BCCNM, 2024). In the United Kingdom, the National Health Service (NHS) recently provided up to £7,000 for each overseas nurse that an NHS Trust helps (Clews, 2022). These funds may go directly towards professional supports such as passing competency assessments and towards pastoral support, including social and emotional support (NHS England, 2021). Incentives such as the NHS Pastoral Care Quality Award for international nurses and midwives exist for trusts that excel in supporting their IENs (NHS England, 2022).

### **3. Develop compensation packages for supervised clinical experience (SCE) that consider the whole IEN context**

- I. Paid placement is paramount once authenticity/verification of education has taken place. This will allow for employment income that provides stability.
- II. In addition to income, compensation packages should consider spouses, dependents, relocation, transportation and other factors that impact an immigrant on the way to full professional registration in a new country.

### **4. Reimburse IENs who successfully pass the NCLEX (CPRNE or relevant nursing registration exam) within the first 6 months of their SCE**

As an incentive to get IENs into full practice sooner, IENs that pass their NCLEX (CPRNE or relevant nursing registration exam) within the first 6 months of the SCE can be reimbursed the examination fee.

### **5. Establish an IEN mentor role in every jurisdiction**

- I. Creating official IEN mentor roles and making them available to support IENs will help with navigation, increase motivation and decrease anxiety. Nurses who take on mentorship roles should be fairly compensated for their time.
- II. The lived experience of IENs working in the system is extremely important for incoming IENs. IENs who are registered and integrated into the workplace should be encouraged and incentivized to take on mentorship roles wherever possible.
- III. All mentors must be provided with the resources they need to serve their IEN mentees well. Such resources may include access to counsellors to recommend to IENs, and readily available updates on changes to the system that affect IENs.

Several not-for-profit organizations and educational institutions such as Nova Scotia Internationally Educated Nurses Network (NSIENN, 2024) and the Canadian Nurse Educators Institute have begun IEN mentorship programs (CNEI, 2024).

Nova Scotia Health includes access to a mentor in the hire letter to every IEN, and access to a mentor is promoted in the IENs' four weeks of orientation before being eligible to begin work under the guidance of a preceptor. IENs can continue having access to a mentor under Nova Scotia Health's New Nurse Mentorship Program (Nova Scotia Health, 2024) so long as mutually agreed upon between the mentor and the mentee. Mentors are paid and take on providing mentorship on a casual basis.

A standardized IEN mentor role should be adopted in every jurisdiction for IENs from pre-licensure through to transition to practice.

## 4.4 Workplace integration

IENs that are currently working as nurses in Canada report experiencing discrimination and a lack of support. Employers report feeling under-prepared and under-resourced to welcome IENs into the workplace. Workplace integration is a major factor in IEN success – and ultimately in sustaining a healthy nursing workforce for the good of the patient.

### PAIN POINTS: STIGMA/DISCRIMINATION

#### Findings

- IENs report feeling isolated by Canadian-trained nurses on the ward and working under scrutiny rather than being supported.
- Condescension with respect to their skills and language ability is also experienced.
- Stigma regarding their accent or international background was also reported. IENs faced racism from patients and felt unsupported at times by fellow nurses in these contexts.

#### Commentary

- While much attention is focussed on what IENs are “lacking” and where they need remediation, key is a reciprocal approach that focusses equally on what those they work with and those they treat need to learn to effectively integrate them.
- Where they exist, inherent biases of Canadian-trained nurses must be overcome, and respect for IENs as nursing professionals must be fostered. Research shows that IENs integrate best when they embrace both their culture of origin and that of their new country (Alostaz & Chen, 2024).
- A zero-tolerance policy for racism or discrimination of any kind must be instituted and enforced.

### PAIN POINT: CANADIAN-SPECIFIC CONTEXTS

#### Findings

- Clinical and cultural orientation to the Canadian context was identified as important.

#### Commentary

- Previously discussed supervised clinical experience (SCE) with complementary educational modules should help with this.

## PAIN POINT: INSTITUTIONAL ORIENTATION

### Findings

- Each institution has unique practices, and IENs must be adequately oriented to these.
- Time and support to acclimatize is valued.

### Commentary/promising practices

- IENs need dedicated orientation time as they must adjust to a multitude of changes in a new country.
- This time should be supported by the employer and the nursing supervisor.
- Nova Scotia Health provides a four-week onboarding process for all IENs, which includes a week of general orientation (benefits, pay schedule, union, mentors, etc.) followed by three weeks of orientation with clinical nurse educators. This is then followed by working directly with a preceptor or clinical instructor if the need for more education is identified.

### Featured quotes

*"I have had experiences of not being welcomed." IEN, Manitoba*

*"With older Canadian nurses, supervised practice has issues if preceptors do not make it a good experience. They assess you to report mistakes instead of helping, showing the proper ways and being supportive. Preceptors often judge rather than set you up to succeed." IEN, Alberta*

*"There is workplace bullying; I feel belittled as an IEN. Discrimination and disrespectful attitudes are experienced because of English proficiency at work." IEN, British Columbia*

## 4.4.1 Recommendations for effective workplace integration for IENs

### 1. Institute anti-bias/discrimination training and monitoring

- I. Unconscious/implicit bias is a well-documented phenomenon the effects of which are often felt by immigrant communities, including in the health care professional space in Canada (Mickleborough & Martimianakis, 2021). Formal training modules should be instituted to educate nurses and other health care workers on recognising implicit biases and strategies to overcome them. By building upon existing programs such as the N4 Employer series (N4, 2024), and federal funding initiatives such as Addressing Racism and Discrimination in Canada's Health Systems Program (Health Canada, 2022), programs can be curated that specifically provide anti-discrimination training. Subsidized internationally accredited online programs such as Harvard Online's Outsmarting Implicit Bias can also be considered (Harvard Online, 2024).
- II. Reporting mechanisms should exist in each institution that allow for anonymous reporting, if desired, and ought to be encouraged when IENs are being oriented. Policies should exist to guide the handling of reported incidents with consequences appropriate to the severity and frequency of the behaviour.



## 2. Implement institution-specific orientation plans that foster a supportive environment

- I. Health care institutions that will be welcoming IENs during SCE or after registration should be required and supported to produce orientation plans that orient IENs to clinical care and administrative procedures within the institution. Guidance can be sought from organisations already leading this charge, such as CARE (Lee & Wojtiuk, 2021). IENs should have an official 2-to-4-week orientation period during their SCE depending on their prior familiarity with the Canadian health care system.
- II. Nursing coordinators and supervisors should lead in fostering a supportive environment that will lead to effective teamwork amongst the nursing team, thereby allowing the nursing staff and patients to benefit most effectively from the skills of the IEN.





## SECTION 5: CONCLUSION

This report captures many of the challenges being experienced due to nursing shortages and strains on the nursing workforce in Canada. An important part of the solution is the effective integration of the thousands of IENs that are already in Canada. IENs experience many challenges with current licensure pathways, support towards licensure and workplace integration. To capitalize on the skills of IENs and ensure their commensurate employment, we recommend a standardisation of the system across jurisdictions in Canada.

Our recommendations draw heavily on the lived experience of IENs as well as current initiatives in various jurisdictions across Canada and internationally that have had a positive impact toward an efficient licensure process for IENs.

### **We recommend:**

1. Establishing a collaborative multi-stakeholder body to assist with strategy, planning and coordination of IEN registration, integration and necessary supports to be hosted at the federal level by Health Canada. This would include representatives from Immigration, Refugees and Citizenship Canada (IRCC), Employment and Social Development Canada (ESDC), provincial regulatory bodies, provincial and territorial health ministries, nursing education, IEN support providers, nurses' unions, employers and IENs.
2. Standardising the registration process for IENs across Canadian jurisdictions to reduce complexity, redundancies, barriers and costs through federal-provincial-territorial joint coordination.
3. Approving nursing education abroad that prepares one for practice as a regulated nurse as sufficient to meeting the educational requirements for registration, accompanied by a transition to practice in Canada course.

4. Expanding proof of language proficiency options.
5. Implementing a comprehensive curated supervised clinical experience (SCE) to provide income, clinical orientation and assessment opportunities, and to meet recent practice and language requirements. SCE compensation packages should consider the whole IEN context. Nursing preceptors participating in the SCE should be compensated for their involvement.
6. Providing NCLEX (or CPRNE) preparatory resources and flexibility in exam timing as well as a reimbursement for those able to pass the NCLEX (or CPRNE) within the first 6 months of their SCE.
7. Ensuring paid mentors (preferably IENs who are now registered and working) are available to support incoming IENs in every jurisdiction.
8. Instituting anti-bias/discrimination training for Canadian-trained health care professionals to safeguard IENs from discrimination in the workplace, accompanied by anonymous reporting mechanisms.
9. Implementing institution-specific orientation plans that foster a supportive and welcoming environment.

# APPENDIX A

PROVINCE/ WORKSHOP	PARTICIPANT CATEGORY	REPRESENTATION
Ontario workshop 1	IENs	9 Ontario-based IENs
	Employers	Staff from long-term care, community care and the hospital sector
	Unions	Ontario Nurses' Association
	Professional associations	CARE Centre for IENs
Ontario workshop 2	Ontario provincial ministries and associated organisations	Health; long-term care; colleges and universities; labour; immigration; training and skills development; the Office of the Fairness Commissioner of Ontario; Ontario Health
	Regulators/certifying bodies	The College of Nurses of Ontario (CNO); the National Nursing Assessment Service (NNAS)
	Educational institutions/ program deliverers	Touchstone Institute; Colleges Ontario; Council of Ontario Universities; leads from nursing programs in colleges and universities in Ontario
BC workshop	IENs	26 BC-based IENs
Prairie workshop	IENs	23 IENs from AB, MB, SK
	Canadian-trained nurses	1 Canadian-trained nurse from SK (interested in education about IENs)
Atlantic workshop	IENs	25 IENs from NB, NL, NS, PE
	Canadian-trained nurses	1 IEN mentor, 1 working with NB IEN navigational team, 1 clinical nurse educator



# REFERENCES

- Health Match BC. (2024). *Internationally Educated Nurse Bursary Program*. Health Match BC. <https://www.nursingjobsbc.ca/financial-support/#ien>
- Ben Ahmed, H.E., & Bourgeault, I.L. (2022). *Sustaining nursing in Canada: a set of coordinated evidence-based solutions targeted to support the nursing workforce now and into the future*. Canadian Federation of Nurses Unions; Canadian Health Workforce Network. [https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report\\_-Sustaining-Nursing-in-Canada2022\\_web.pdf](https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-Canada2022_web.pdf)
- Almost, J. (2024). *Opening the black box: Unpacking the use of nursing agencies in Canada*. Canadian Federation of Nurses Unions. <https://nursesunions.ca/research/opening-the-black-box/>
- Alostaz, N., & Chen, R. (2024). Internationally educated nurses' workplace acculturation and strategies for integration: Application of the Fourfold Model of Acculturation Theory (FMAT). *International Health Trends and Perspectives*, 4(2), 297–309. <https://doi.org/10.32920/ihtp.v4i2.2144>
- Australian Government Department of Health and Aged Care. (2024). *Summary Statistics, Nursing and Midwifery Professions*. <https://hwd.health.gov.au/resources/data/summary-nrmw.html>
- Baptiste, M. M. (2015). Workplace discrimination: An Additional Stressor for Internationally Educated Nurses. *Online Journal of Issues in Nursing*, 20(3). <https://doi.org/10.3912/OJIN.VOL20NO03PPT01>
- Baumann, A., & Crea-Arsenio, M. (2023). The Crisis in the Nursing Labour Market: Canadian Policy Perspectives. *Healthcare* (Basel, Switzerland), 11(13). <https://doi.org/10.3390/HEALTHCARE11131954>
- BC Gov News. (2024, March). *Province announces minimum nurse-to-patient ratios, retention and recruitment investments*. <https://news.gov.bc.ca/releases/2024HLTH0025-000272>
- BC Gov News. (2024, July). *BC's International Credentials Recognition Act*. <https://news.gov.bc.ca/releases/2024PSFS0028-001035>
- BCCNM. (2024). *Internationally educated applicant*. British Columbia College of Nurses & Midwives. [https://www.bccnm.ca/RPN/applications\\_registration/how\\_to\\_apply/IEN/Pages/Default.aspx](https://www.bccnm.ca/RPN/applications_registration/how_to_apply/IEN/Pages/Default.aspx)
- BCNU. (2024a, March 1). *Minimum Nurse-to-Patient Ratios Established*. <https://www.bcnu.org/news-and-events/news/2024/minimum-nurse-patient-ratios-established>
- BCNU. (2024b, April). *Staffing Incentives Help Make Minimum Nurse-to-Patient Ratios a Reality*. <https://www.bcnu.org/news-and-events/news/2024/staffing-incentives-help-make-minimum-nurse-patient-ratios-reality>
- Boniol, M., Kunjumen, T., Nair, T. S., Siyam, A., Campbell, J., & Diallo, K. (2022). The global health workforce stock and distribution in 2020 and 2030: a threat to equity and “universal” health coverage? *BMJ Global Health*, 7(6). <https://doi.org/10.1136/BMJGH-2022-009316>
- CARE. (2024). *Courses*. CARE Centre for Internationally Educated Nurses. <https://care4nurses.org/courses/>
- CBC News. (2022, February 16). *Quebec spending \$65M to recruit, train 1,000 foreign nurses*. <https://www.cbc.ca/News/Canada/Montreal/Quebec-Recruit-Foreign-Nurses-1.6353552>.
- CFNU. (2024). *CFNU Member Survey Report*. <https://nursesunions.ca/wp-content/uploads/2024/03/2024-CFNU-Members-Survey-Web-1.pdf>
- CIHI. (2024). *Nursing in Canada, 2023 – Data Tables*. <https://www.cihi.ca/sites/default/files/document/nursing-in-canada-2014-2023-data-tables-en.xlsx>
- Clews, G. (2022, September). NHS trusts in England offered extra funding to recruit overseas nurses. *Nursing Times*. <https://www.nursingtimes.net/global-nursing/nhs-trusts-in-england-offered-extra-funding-to-recruit-overseas-nurses-27-09-2022/>
- CNEI. (2024). *IEN Mentorship Program*. The Canadian Nurse Educators Institute. <https://cnei-icie.casn.ca/our-programs/residency-program/ien-mentorship-program/>
- CNO. (2022, August 15). *CNO sets new record for registering internationally educated nurses*. College of Nurses of Ontario. <https://www.cno.org/news/cno-sets-new-record-for-registering-iens>



- CNO. (2024a). *Types of Evidence*. College of Nurses of Ontario. <https://www.cno.org/become-a-nurse/registration-requirements/proficiency-in-english-or-french/types-of-evidence>
- CNO. (2024b, November). *Applicant Statistics*. College of Nurses of Ontario. <https://www.cno.org/what-is-cno/nursing-demographics/applicant-statistics#id-SupervisedPracticeExperiencePartnershipSPEPstatistics>
- CNO. (2024c, November). *Registration changes enhance process for applicants*. <https://www.cno.org/news/registration-changes-enhance-process-for-applicants>
- Crea-Arsenio, M., Baumann, A., & Blythe, J. (2023). The changing profile of the internationally educated nurse workforce: Post-pandemic implications for health human resource planning. *Healthcare Management Forum*, 36(6), 388–392. <https://doi.org/10.1177/08404704231198026>
- CRNA. (2024, October 9). *College Connect – English Language Proficiency*. College of Registered Nurses of Alberta. <https://connect.nurses.ab.ca/home/%2Fregistration-requirements%2Fenglish-language-proficiency%2F>
- CRNM. (2024). *Updates to IEN Application Process*. College of Registered Nurses of Manitoba. <https://www.crnmb.ca/updates-to-ien-application-process/>
- CRNNL. (2022). *Supervised Practice Experience Partnership Program (SPEPP)*. [www.crnml.ca](http://www.crnml.ca)
- Cruz, E. V., Felicilda-Reynaldo, R. F., & Mazzotta, C. P. (2017). Return to Nursing: A Meta-Synthesis of Academic Bridging Programs' Effect on Internationally Educated Nurses. *The Qualitative Report*, 22(4), 1192–1111. <https://doi.org/10.46743/2160-3715/2017.2768>
- Ernawaty, E., Hariati, S., & Saleh, A. (2024). Program components, impact, and duration of implementing a new nurse orientation program in hospital contexts: A scoping review. *International Journal of Nursing Studies Advances*, 7, 100214. <https://doi.org/10.1016/J.IJNSA.2024.100214>
- Executive Council, Health and Community Services. (2023, January 9). *Provincial Government Announces Recruitment Mission to Ireland to Recruit Physicians and Nurses*. <https://www.gov.nl.ca/releases/2023/exec/0109n01/>
- Executive Council, Immigration, P. G. and S., Health and Community Services. (2022, November 3). *Launch of Mission to Recruit Registered Nurses from India*. <https://www.gov.nl.ca/releases/2022/exec/1103n02/>
- Forrest, M. (2024, August 23). Nurses recruited from West Africa say Quebec training program has left them destitute. *The Canadian Press*. [https://www.thecanadianpressnews.ca/health/nurses-recruited-from-west-africa-say-quebec-training-program-has-left-them-destitute/article\\_8cceb3d-1e3a-5e5c-94d5-9467f4dac423.html](https://www.thecanadianpressnews.ca/health/nurses-recruited-from-west-africa-say-quebec-training-program-has-left-them-destitute/article_8cceb3d-1e3a-5e5c-94d5-9467f4dac423.html)
- Frank, K., Park, J., Cyr, P., Weston, S., Hou, F., & Balibey, M. (2023). *Characteristics and labour market outcomes of internationally educated health care professionals in Canada*. <https://doi.org/10.13140/RG.2.2.33405.95205>
- Government of Alberta. (2022, October 6). *Agreement aims to bring more nurses to Alberta*. <https://www.alberta.ca/Release.Cfm?XID=84821C971AA2C-DF7D-FCDC-4E2F693A11486B5F>.
- Government of Nova Scotia. (2023, January 4). *Healthcare Workers Coming to Nova Scotia from Kenya*. <https://news.novascotia.ca/En/2023/01/04/Healthcare-Workers-Coming-Nova-Scotia-Kenya>.
- Hall, L. M., & Visekruna, S. (2020). *Outlook on nursing: A snapshot from Canadian nurses on work environments pre-COVID-19*. Canadian Federation of Nurses Unions. [https://nursesunions.ca/wp-content/uploads/2020/12/CFNU\\_outlook\\_ENfinal\\_web.pdf](https://nursesunions.ca/wp-content/uploads/2020/12/CFNU_outlook_ENfinal_web.pdf)
- Harvard Online. (2024). *Outsmarting Implicit Bias (Harvard Online certificate course)*. Harvard Online. <https://www.harvardonline.harvard.edu/course/outsmarting-implicit-bias>
- Health Canada. (2022). *Addressing Racism and Discrimination in Canada's Health Systems Program*. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/funding/addressing-racism-discrimination-canada-health-systems-program/2022-program-recipients.html>
- Health Canada. (2023, October 12). *Federal, provincial and territorial statement on supporting Canada's health workforce*. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/federal-provincial-territorial-statement-supporting-workforce.html>
- Health Canada. (2024). *Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada*. <https://www.canada.ca/content/dam/hc-sc/documents/services/health-care-system/health-human-resources/nurs->

[ing-retention-toolkit-improving-working-lives-nurses/nursing-retention-toolkit-improving-working-lives-nurses.pdf](#)

Health Careers Manitoba. (2024). *Health-Care Workers*. <https://healthcareersmanitoba.ca/buildyourfuturemb/health-care-workers/>

IRCC. (2024a). *Apply for permanent residence through Express Entry: Check your application status online*. <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/apply-permanent-residence/check-your-status.html>

IRCC. (2024b, July 31). *Permanent Residents – Monthly IRCC Updates - Canada - Permanent Residents by Province/Territory and Intended Occupation (NOC 2011) - Open Government Portal*. <https://open.canada.ca/data/en/dataset/f7e5498e-0ad8-4417-85c9-9b8aff9b9eda/resource/5a3ec9ec-bcee-4207-b00b-0d81784e6aa0>

Kaphle, L. R. (2017). My experiences and recommendations for supporting IENs. *NNPBC Blog*. <https://www.nnpbc.com/my-experiences-and-recommendations-for-supporting-ien-by-laxmi-regmi-kaphle-rn/>

Khatatbeh, H., Pakai, A., Al-Dwaikat, T., Onchonga, D., Amer, F., Prémusz, V., & Oláh, A. (2022). Nurses' burnout and quality of life: A systematic review and critical analysis of measures used. *Nursing Open*, 9(3), 1564–1574. <https://doi.org/10.1002/NOP2.936>

KPU. (2024). *Graduate Nurse Internationally Educated Re-Entry (GNIE) Program*. Kwantlen Polytechnic University. <https://www.kpu.ca/health/gnie>

Lee, R., & Wojtiuk, R. (2021). Transition of Internationally Educated Nurses into Practice: What We Need to Do to Evolve as an Inclusive Profession over the Next Decade. *Nursing Leadership* (Vol. 34, Issue 4, pp. 57–64). Longwoods Publishing Corp. <https://doi.org/10.12927/cjnl.2021.26689>

Lindsay, B. (2023, May 12). Nursing agencies are staffing hospitals at “huge cost” to health-care system, experts say. *CBC News*. <https://www.cbc.ca/news/health/cost-nursing-agencies-1.6839273>

Maddock, M., Goodfellow, C., Zohni, S., & Kouri, C. (2023). *Welcoming Internationally Educated Nurses into the Canadian Health Care Sector: Recommendations for Change*. <https://www.newcomernavigation.ca/en/our-tools/resources/documents/IENRecommendationReport.FINAL-EN-WEB.pdf>

Manitoba Health. (2024). *Manitoba Internationally Educated Nurses (IENs) Program Intake Form*. Manitoba Health, Province of Manitoba. <https://forms.gov.mb.ca/manitoba-ien/>

Mickleborough, T. O., & Martimianakis, M. A. (2021). (Re)producing “whiteness” in Health Care: A Spatial Analysis of the Critical Literature on the Integration of Internationally Educated Health Care Professionals in the Canadian Workforce. *Academic Medicine*, 96(11), S31–S38. <https://doi.org/10.1097/ACM.0000000000004262>

MMA. (2024). *NMC Overseas Registration Guide*. MMA Healthcare Recruitment. <https://mmarecruitment.com/nmc-overseas-registration-guide/>

N4. (2024). *Employer Series: A Guide for IEHPs Integration*. National Newcomer Navigation Network. <https://www.newcomernavigation.ca/en/education/employer-series.aspx>

Nation Talk. (2023, April 6). *Saskatchewan's Second Mission to Philippines Delivers High Success Rate*. <https://nationtalk.ca/story/saskatchewans-second-mission-to-philippines-delivers-high-success-rate>

NBCC. (2024). *Nursing Studies: IEN Bridging/RN Re-Entry (NB CRIB)*. New Brunswick Community College. <https://nbcc.ca/programs-courses/professional-development/nb-crib-program>

NHS England. (2022). *NHS Pastoral Care Quality Award – International nurses and midwives*. NHS England. <https://www.england.nhs.uk/nursingmidwifery/international-recruitment/nhs-pastoral-care-quality-award/>

NHS England. (2021). *Nursing workforce – international recruitment*. NHS England. <https://www.england.nhs.uk/nursingmidwifery/international-recruitment/>

Njie-Mokonya, N. (2016). Internationally educated nurses and their contributions to the patient experience. *Online Journal of Issues in Nursing*, 21(1). <https://doi.org/10.3912/OJIN.VOL21NO01MAN05>

Nova Scotia Health. (2024). *New Nurse Mentorship Program*. <https://library.nshealth.ca/Nurse-Mentorship>

NSCN. (2023). *New nurses eligible for licensure since May 1, 2023*. <https://www.nscn.ca/sites/default/files/documents/Registration/DIRL/Reg%20%26%20Licensure%20Stats%20oct.%2031.pdf>

- NSIENN. (2024). *Mentorship*. Nova Scotia Internationally Educated Nurses Network. <https://nsienn.ca/mentorship/>
- ONA. (2016). *Ontario Nurses' Association Submission on 2017 Pre-Budget Consultations. Summary of ONA Recommendations for 2017 Ontario Budget*.
- ONA. (2024). *Ontario Nurses' Association Submission on 2024 Pre-Budget Consultations to Standing Committee on Finance and Economic Affairs*. [https://www.ona.org/wp-content/uploads/ona\\_govtsub\\_2024prebudgetsubmission\\_20240130.pdf](https://www.ona.org/wp-content/uploads/ona_govtsub_2024prebudgetsubmission_20240130.pdf)
- PEI. (2024). *Internationally Educated Nurses Bursary Program Reimbursement*. Government of Prince Edward Island. <https://www.princeedwardisland.ca/en/service/internationally-educated-nurses-bursary-program-reimbursement>
- Peng, X., Ye, Y., Ding, X., & Chandrasekaran, A. (2023). The impact of nurse staffing on turnover and quality: An empirical examination of nursing care within hospital units. *Journal of Operations Management*, 69(7), 1124–1152. <https://doi.org/10.1002/JOOM.1245>
- Premji, S. S., & Hatfield, J. (2016). Call to Action for Nurses/Nursing. *BioMed Research International*, 2016(1), 3127543. <https://doi.org/10.1155/2016/3127543>
- RRC. (2024). *Nurse Re-Entry Program & Course Catalogue*. RRC Polytech. <https://catalogue.rrc.ca/Programs/WPG/Fulltime/NUREF-PC/LocationsDatesandFees>
- Sharma, S. K., & Rani, R. (2020). Nurse-to-patient ratio and nurse staffing norms for hospitals in India: A critical analysis of national benchmarks. *Journal of Family Medicine and Primary Care*, 9(6), 2631. [https://doi.org/10.4103/JFMPC.JFMPC\\_248\\_20](https://doi.org/10.4103/JFMPC.JFMPC_248_20)
- Singer, C. (2024, May 10). *New Brunswick Invites 140 Internationally-Trained Francophone Nurses*. <https://immigration.ca/new-brunswick-invites-140-internationally-trained-francophone-nurses/>
- Spencer, T. D. (2020). Improving Diversity of the Nursing Workforce Through Evidence-Based Strategies. *The Journal of Nursing Education*, 59(7), 363–364. <https://doi.org/10.3928/01484834-20200617-01>
- Statistics Canada. (2023a, January 6). Archived – *Employee wages by occupation, annual, 1997 to 2022, inactive*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410034001>
- Statistics Canada. (2023b, October 18). *Survey of Household Spending, 2021*. <https://www150.statcan.gc.ca/n1/daily-quotidien/231018/dq231018a-eng.htm>
- Statistics Canada. (2024). *Table 14-10-0443-01. Job vacancies, proportion of job vacancies and average offered hourly wage by occupation and selected characteristics, quarterly, unadjusted for seasonality*. <https://www150.statcan.gc.ca/T1/Tbl1/En/Tv.Action?Pid=1410044301>
- Stelnicki, A.M., Carleton, R.N., & Reichert, C. (2020). *Mental Disorder Symptoms Among Nurses in Canada*. Canadian Federation of Nurses Unions. [https://nursesunions.ca/wp-content/uploads/2020/06/OSI-REPORT\\_final.pdf](https://nursesunions.ca/wp-content/uploads/2020/06/OSI-REPORT_final.pdf)
- Sultani, Z. (2023, May 23). *My journey from Afghanistan to Canada: what I've learned about how we can help internationally educated nurses*. <https://www.canadian-nurse.com/blogs/cn-content/2023/05/23/my-journey-from-afghanistan-to-canada>
- Swinney, J. E., & Dobal, M. T. (2008). Embracing the Challenge: Increasing Workforce Diversity in Nursing. [https://www.researchgate.net/publication/233614714\\_Embracing\\_the\\_Challenge\\_Increasing\\_Workforce\\_Diversity\\_in\\_Nursing](https://www.researchgate.net/publication/233614714_Embracing_the_Challenge_Increasing_Workforce_Diversity_in_Nursing)
- US Bureau of Labor Statistics. (2023). *Registered Nurses*. <https://www.bls.gov/oes/current/oes291141.htm#nat>
- WES. (2022). *Addressing the Underutilization of Internationally Educated Health Professionals (IEHPs) in Canada: What the Data Does and Doesn't Tell Us*. <https://knowledge.wes.org/canada-report-addressing-the-underutilization-of-iehps-in-canada.html>
- WES. (2024a). *Counting on Care: A Survey of Internationally Educated Nurses Not Working as Nurses in Ontario*. <https://knowledge.wes.org/rs/317-CTM-316/images/wes-canada-report-ien-survey.pdf>

WES. (2024b). *IEHP Provincial Scan Page – World Education Services*. <https://www.wes.org/social-impact/public-policy/canadian-public-policy/iehps/iehp-provincial-scan-page/>

WHO. (2010). *WHO Global Code of Practice on the International Recruitment of Health Personnel*. <https://www.who.int/publications/i/item/wha68.32>

Workforce Planning Board of York Region. (2020). *Assessing the Costs and Impacts of Unemployment and Underemployment*. <https://www.wpboard.ca/hypfiles/uploads/2020/01/Assessing-the-Costs-and-Impacts-of-Unemployment-and-Underemployment.pdf>