

EXECUTIVE SUMMARY

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.

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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,



Linda Silas
CFNU President



You can access the full report at the link in the QR code.





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,

A handwritten signature in black ink, appearing to read 'Shamira Madhany', with a stylized flourish at the end.

Shamira Madhany

Managing Director Canada & Deputy Executive Director
World Education Services

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.



BACKGROUND

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 standardised 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.

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

“I come from an English-speaking country but still need to do the [English language proficiency] test.”

- IEN, Newfoundland & Labrador

health professionals (IEHPs) reveals that, although there were approximately 85,700 IENs in Canada, with an employment rate of almost 80%, only 69% 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.

Ongoing international recruitment

In spite of the large supply of underemployed IENs in Canada, many provinces are actively engaged in recruitment abroad.

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.

“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

In addition to ongoing challenges with ensuring that IENs coming to Canada have an effective path into practice once they arrive, these missions drain nurses’ skills from countries also suffering from nursing shortages. The need to ensure that the sending county 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 IEHPs according to the WHO Code (Health Canada, 2023).

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

- IEN, British Columbia

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

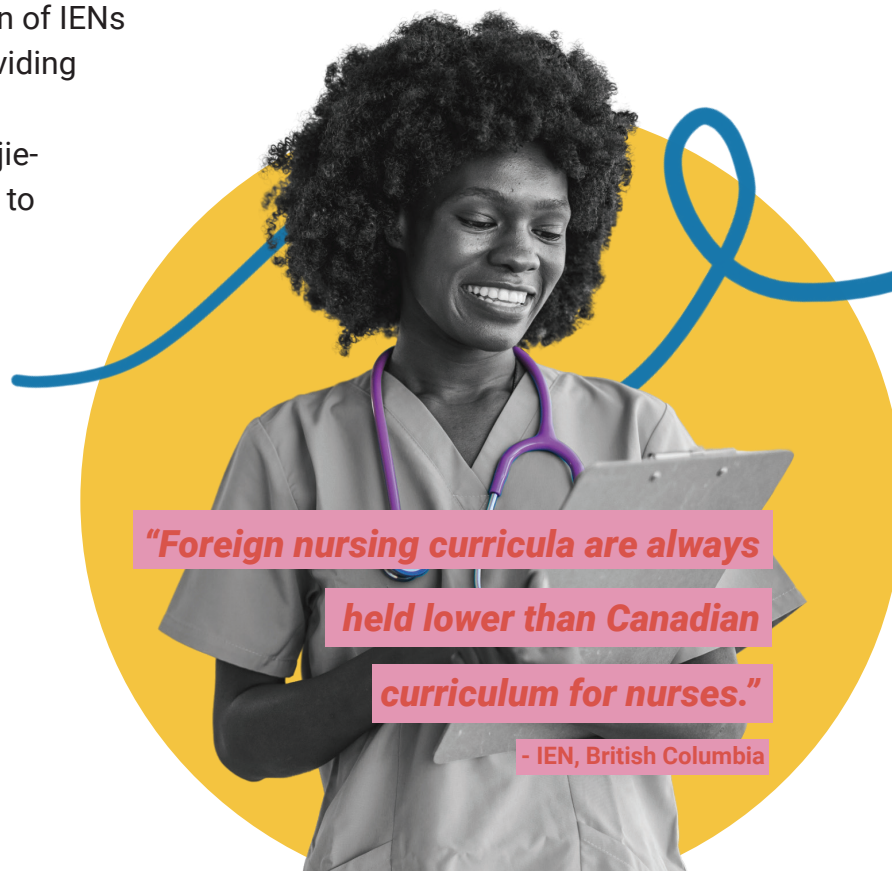
Many IENs experience psychologically unhealthy situations during the registration process and once they begin work in the Canadian health care system. A focus group done with IENs in July 2024 by the New Brunswick Nurses Union (NBNU) found that IENs felt frustrated and disappointed with systemic challenges that prevent or delay their registration, resentment toward a system that failed to recognise 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.

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

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 also 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.



“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




METHODOLOGY

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.

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 the 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.



"It would be nice to get people willing to precept IENs, especially from an international background, to guide us through the system."

- IEN, Saskatchewan

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.

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:

PROVINCE/REGION	WORKSHOP DETAILS	PARTICIPANTS
Ontario	2 workshops, May and June 2023	9 IENs plus health system stakeholder representation
Across Canada (members of CFNU at biennial convention)	1 workshop, June 2023	31 IENs and 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 and 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



DETAILED

RECOMMENDATIONS

RECOMMENDATIONS FOR A STANDARDISED 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, 2024).
- 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.

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. Standardise 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 standardised route to licensure for IENs, we can reduce the complexity and cost.
- I. 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.
- I. 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 experiences (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 incentivised 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 standardised IEN mentor role should be adopted in every jurisdiction for IENs from pre-licensure through to transition to practice.

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. Subsidised 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.

CONCLUSION

An important part of the solution to the high number of vacant nursing positions and the heavy strain on nurses in the workforce 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 capitalise on the skills of IENs and ensure their commensurate employment, we recommend a standardisation of the system across jurisdictions in Canada through federal-provincial-territorial coordination and collaboration with a diversity of stakeholders.

We can overcome these challenges together, thereby strengthening our health care systems and doing right by the thousands of highly educated nurses who have chosen Canada as their new home.



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EXECUTIVE SUMMARY

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February 2025