JOB SEARCH EXPERIENCES OF FEMALE REGISTERD NURSES FROM EAST AFRICA IN TORONTO

By

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ABSTRACT

This study examined the challenges female-professional immigrants from East Africa face within the Canadian workforce. The analysis of their experiences helps us understand the employment challenges professional immigrants may face upon settlement in Canada. The main goal of the study was to explore the experiences of East African (Kenyan, Ugandan and Tanzanian) immigrant-female registered nurses in navigating the Canadian labour market. The evidence for the study was collected through interviewing five East African nurses. Although there is research that focuses on labour market experiences of women of colour, few researchers have specifically focused on African immigrant women's connection with the Canadian labour force. The study particularly focuses on strategies nurses used to cope with the job search barriers encountered, the challenges they faced with the College of Nurses of Ontario with regard to the evaluation of their international-nursing credentials, and their job expectations before and after arriving in Canada. Their experience was examined through gender, race, and place of origin lenses.

The study highlights the need for future longitudinal studies exploring East African nurses' experience with integration to their profession within the Canadian workforce. The analysis of the results emphasizes that the Canadian government in conjunction with the regulatory bodies need to be more transparent in relation to internationally trained nurses so that they do not feel they are being wasted in Canada. This, in turn, will address the existing barriers and consequential negative impacts such as health conditions, tensions, and discrepancies outlined within the study, as well as encourage changes to Canadian immigration practices and policies.

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TERMINOLOGY GLOSSARY

Immigrant: In Canada, an "immigrant" is a term that describes a person born outside of Canada who has acquired landed/permanent resident status (Zaman, Habiba, 2006). By contrast, Tastsoglou and Miedema (2005: 204) argue that the term "immigrant woman" is bifurcated because it has a legal as well as social status connotation. In their view, the term is "socially constructed and rooted in the economic and legal processes of [the Canadian] society that has sexist, racist, and classist biases". This study adopts the definition used by Tastsoglou and Miedema (2005) because it combines the legal and social context for analytical purposes. Within this study "immigrant women" refers to women who:

A) have acquired permanent resident status in Canada; and,

B) identify themselves as Kenya, Tanzania or Uganda ethno-culturally or by birth.

Skilled workers/Internationally trained professionals: refers to individuals selected as permanent residents based on their education, work experience, knowledge of English and/or French and other criteria that have been deemed critical for their economic success in Canada (http://www.cic.gc.ca/english/immigrate/skilled/index.asp).

Labour market: is defined as the nominal market in which workers find paying work, employers find willing workers, and wage rates, are determined (www.businessdictionary.com).

LIST OF ABBREVIATIONS AND ACRONYMS

CNA   Canadian Nurses Association

CIC   Citizenship and Immigration Canada

CNO   College of Nurses of Ontario

KCO   Kenyan Community in Ontario

RPN   Registered Practical Nurse

SSA   Sub-Saharan Africa

CHAPTER 1: INTRODUCTION

1.1 Study Context

There is an alarming lack of employment opportunities for professional immigrant women of colour in Canada (Reitz, 2007; Salaff, 2004). According to Elabor-Idemudia (2000), "most highly educated women, have only been able to find work (if at all) at low-status jobs in homes and institutions, doing what is generally considered to be Black women's work" (p. 91). In addition to suffering from inequality such as low income wages and part-time employment, professional immigrant women from Africa are confronted by racism, class exploitation and structural discrimination (Boyd, 1984). They not only face discrimination in employment but also in larger systems such as education and immigration which further serves to perpetuate inequality (Calliste & Dei, 2000). According to Wong (2000), there are possible factors such as language barriers and lack of access to programs that are associated with the lack of employment. According to Elabor-Idemudia (2000), government-subsidized programs such as English/French as a Second Language courses are not easily accessible to professional immigrant women from Africa since they are "seen as not destined for the labour force" (p. 92). As a result, there has been limited investigation of the actual experiences of the African professional immigrant women seeking employment within the Canadian labour market (Topen, 2007). This study particularly focuses on the job search experiences of female registered nurses (RNs) from East Africa in Toronto.

1.2 The Significance of the Research

The primary purpose of this research is to explore the challenges immigrant female nurses from East Africa (particularly Kenya, Uganda and Tanzania) face in accessing their profession in Canada. The first objective of this study is to use East African immigrant women nurse's voices and through sharing of their experiences increase awareness of the issues and challenges they are currently facing in Canada. I hope this, in turn, would necessitate social change, hence benefit other women in similar circumstances and empower them from the existing challenges in Canada. The second objective is to understand the role played by licensing bodies like the *College of Nurses of Ontario* (CNO) which has the authority to evaluate international credentials for registration purposes in Ontario.

The intent is to shed light on the mismatch between credentials for immigration purposes and credentials for professional purposes. The study will particularly explore why international credentials that are accepted for immigration purposes are not necessarily recognized for licensing purposes upon arrival in Ontario/Canada.

1.3 Research Questions

This research will specifically investigate the job search experiences of nurses who trained and practiced in East Africa and migrated to Ontario. This study will particularly focus on:

1) Why do internationally trained nurses have trouble finding jobs in the nursing field in Ontario?
2) How prevalent is non-recognition of international RN credentials in Canada?
3) What barriers do internationally trained RN encounter in the process of attaining employment opportunities if any, and strategies they have used to handle or cope with the barriers?

4) What role do professional bodies like the *College of Nurses of Ontario* play in the non-recognition of international credentials?

5) What are the long term socio-economic effects of professional marginalization on internationally trained nurses?

1.4 Theoretical Approaches

The research will draw on insights from feminist (Kirby & McKenna, 1989), and critical discourse analysis (Chouliaraki, & Fairclough, 2010; Zdenek, 2006) which seeks to reveal and challenge oppressive social structures as well as social and economic exclusion theories (Atkinson & Hills, 1998). Focusing on anti-oppressive practice in relation to the nursing field will enable us to understand negative consequences of job discrimination for foreign women nurses and immigrants in general. This is an important topic to pursue since many developing countries are losing their nurses to developed countries like Canada where some of them never practice nursing again, translating into what has been described as "brain drain" or "brain loss" (Justin, 2009; Lowell & Findlay, 2001) The continued recruitment of internationally trained RNs in Canada has long term consequences for the wellbeing of these immigrants many of whom often find themselves in precarious employment (Hagey et al., 2001).

CHAPTER 2: INTERNATIONALLY TRAINED IMMIGRANT WOMEN

WITHIN THE CANADIAN LABOUR MARKET

2.1 Introduction

This chapter will explore labour access as a social problem through the eyes of internationally trained female RNs from East Africa (i.e. Kenya, Uganda and Tanzania) in Canada. These stories can illuminate existing labour market discriminations in Canada based on gender, race and place of origin.

Understanding immigrant women's experiences can help researchers to answer the 'why', 'where', 'how' and 'who' of discrimination. Historically, immigrant women have been blamed for their labour market disadvantages because of generally having lower human capital. This study views female immigrants as active agents in shaping their everyday experiences. It explores their use of settlement services and the coping strategies they have developed in order to survive within the Canadian labour market.

2.2 The Immigrant Studies in Canada

Literature reveals that immigrants' place of origin plays a part in them finding suitable employment (Galabuzi, 2006). For instance, immigrant women from Africa experience socio-economic barriers that limit their employment opportunities. Historically systemic discrimination has pushed African trained professional females into the secondary labour market—into jobs where they are exploited, underemployed, and underpaid due to systemic non-recognition of their international credentials (Ninette & Trebilcock, 1998; Gababuzi, 2006).

There is substantial literature on the employment success of recent immigrants in Canada; however, most studies focus on human capital and rely on quantitative

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methods such as statistics and demographic profiles to obtain and analysis of data (Li, 2011). For instance, Li (2011) used Canadian census results on immigrant's earnings and compared them to those of native-born Canadians in order to assess existing social inequality within Canadian society. He found that immigrant men and women earned more or less the same as native born Canadians; however, when differences in human capital and other job related characteristics were controlled, in highly paid medical fields immigrants tended to earn significantly less than their Canadian-born counterparts. The study found that the initial earning advantage for immigrant groups disappeared when human capital such as the 'Canadian experience' and other work-related individual features were removed.

Recently, Li (2011) established that visible minority immigrant women had the largest earnings gap compared to other immigrant groups. His study concluded that socially constructed notions of gender and race interact with immigrant status to produce negative effects on earnings which is particularly felt by immigrant women from visible minorities (Caliste & Dei, 2000; Li, 2011; Shernam & Reid, 1994). While exploring the experiences of Ghanaian women within Toronto's labour market, Wong (2000) discovered that they were treated particularly unfairly and that gender discrimination still exists in Canada. Wong's study found that the majority of Ghanaian women migrated to Toronto with dreams of economic prosperity, though post migration they are often confronted with the reality of not finding suitable employment. In addition to structural barriers such as non-recognition of their international credentials, Ghanaian women experience "economic uncertainty, racial discrimination, frustrations, and substantial household responsibilities among others" (2000, p. 68). According to Wong (2000), most of the women who were interviewed

could not find employment matching their education, training and work experience due to the non-recognition of their international acquired education and experience by Toronto employers, as well as the employer's demand for Canadian experience. For survival, many of the women seek employment through temporary employment agencies and are forced to accept predominantly unskilled work with relatively low wages, which are as well part-time, and have non-existent benefits (Wong, 2000, P. 54; Topen, 2007, P. 153). However, despite these challenges and barriers Ghanaian women still contribute to Canada's economy (Wong, 2000, p. 67). For instance, in order to fulfill their responsibilities as mothers and wives whilst facing family demands, household work and "spatial constraints" women with young children chose to work either in the afternoons, do night shifts or alternatively work in precarious work closer to home (p. 55). To ease the financial constraints, some even engage in the "informal economy as petty traders" within the Ghanaian community in Toronto (p. 59). Wong concluded that by maintaining strong connections with families and communities in Ghana, Ghanaian women challenged and coped with the subordinate status and difficulties they experienced in Toronto, and hence preserving their self-esteem and dignity.

According to Boyd (1984), women make up a significant number of immigrants under all categories permitted in Canada. In fact, women make up over half of the working class. Immigrant women within the Canadian labour force face double discrimination, which Boyd characterizes as "a negative impact of sex and place of birth" (p. 1092). Later study by Sharma (2002) concludes that even though Canada's immigration system tries to be fully inclusive, women continue to face barriers due to the segmented labour market. This has a particularly negative impact

on visible minority women (Sharma, 2002). Such "double negative" effect has implications for immigrant women's life chances such as how they access education and employment while in Canada.

Topen (2007) conducted a qualitative study which examined labour market integration experiences of immigrant women from Sub-Saharan Africa (hereafter SSA) in Halifax, Nova Scotia and found that they experienced unequal employment opportunities within the labour market due to "historical and structural gender and racial discrimination in Nova Scotia" (p. 167). The study also found that, although African women encountered significant challenges within the Halifax labour market, they did not passively accept their conditions as "they serve[ed] as active agents in shaping their everyday experiences in Atlantic region" (p.167). Topen (2007) as well found that African women in Halifax experienced occupation status decline post migration in Canada. Topen concluded that the challenges these immigrants experienced in finding employment commensurate with their qualifications and the existing systemic and structural racial barriers in Canada. As newcomers, the women reported not knowing where to seek relevant information on settlement services, which posed further challenge in their job search.

According to Topen (2007), the majority of the women interviewed felt they were discriminated against due to their accent. For instance, most of the participants reported "[generally] not being called for interviews and [on occasions that they are] called for interviews they were [often] not hired" (p 156).

2.3 The Impact of Canadian Immigration System on Integration of Immigrants

According to Reitz (2001), in 1967, the Canadian federal government, through the introduction of the points system, deracialized the existing immigration policy and

practices and promoted selection of immigrants on the basis of education, occupational skills, and knowledge of official languages (Ninette, & Trebilcock, 1998; Reitz, 2001). The point system was meant to increase the educational levels of immigrants who were below that of the native born in the 1950s and 1960s (Reitz, 2001). The point system "valued immigrants' educational qualifications and work experiences" (Grant, & Nadin, 2007, p.142). The implicit message under the point system was that Canadian employers and professional regulatory bodies such as the CNO will recognize and value internationally trained professional immigrants' credentials if they migrate to Canada.

Previously, Canada selected immigrants "based on racialized hierarchy of desirability" (Satzewich and Liodakis, 2010, p. 54). Under the previous selection system, non-white individuals such as immigrants from Africa were systemically perceived as having low social desirability (Satzewich and Liodakis, 2010).

The current central tenet of Canada's immigration policy is influenced by the immigrant's perceived success in gaining employment, and/or in gaining the necessary skills for employment post migration. The point system was meant to increase the educational levels of immigrants, which in the 1950s and 1960s were below that of native born (Reitz, 2001). Even though the educational levels of immigrants have increased after 1967, because of institutional racism, immigrants are marginalized and flagrantly excluded from certain sectors of the economy, such as medicine, engineering, and the licensed professions in general. They are denied full economic participation within the labour market and their skills are usually not appreciated (Boyd, 1994; Reitz, 2001). The key barriers for RNs include a lack of

recognition of their international credentials and delayed assessment by provincial regulatory bodies (Asanin-Dean & Wilson 2009, p.186).

When analyzing healthcare worker's brain drain from 1960s onward, Justin (2009) found that healthcare workers from high-income countries such as Canada tended to immigrate to other higher income countries. Justin (2009) highlights that due to requiring more health workers, high-income countries such as Canada generally tend to differentiate between "foreign-born and trained health workers" in order to benefit from under employing and under paying this sector of professionals within their labour market. He noticed that despite the existing point system in Canada, "medical graduates from low-income countries [were generally perceived as] inferior to those [educated and trained] in more developed countries" (p. 10).

Reitz (2001) reveals that Canada, like many immigrant receiving countries, preferred business immigrants and skilled workers mainly because it is assumed that these "immigrants are likely to be successful in employment [and thus] have the potential to make a significant contribution to the Canadian economy and society" (p. 582). Furthermore, these immigrants are expected to be economically independent once they arrive in Canada, thus are less likely to rely on social assistance, which is perceived as a drain on the Canadian economy. As a result, highly trained immigrants such as doctors and nurses are admitted to Canada in order to enhance Canada's economic growth over the long term. Moreover, the state does not have to bear the burden of educating these highly-skilled workers.

The neo-classical economics macro theory of migration asserts that individuals migrate because of differences in demand and supply of labour and differences in wages between sending and receiving countries (Massey et al., 1993). The theory

assumes that the labour markets in receiving countries are the "primary mechanisms by which international flows of labour are induced" as individuals are attracted by higher wages in receiving countries (Massey et al. 1993, p. 434). This framework generally posits that immigrants endowed with desired human capital would be rewarded with good jobs within the labour market of receiving countries and these immigrants buy goods and pay taxes, thus contribute to the existing economy of their host nation.

However, the human capital approach and the personal narratives of East African RN immigrants chronicled in this research reveal that international qualifications and work experiences of professional immigrants are consistently undervalued and their skills are not appreciated, a development that has driven most immigrants to the secondary labour market, specifically in jobs that are noted for their unstable, unskilled and poor remuneration (Bauder, 2003; Grant & Nadin 2007; Asanin-Dean & Wilson, 2009; Reitz, 2001). Consequently, new Canadians become members of an urban underclass who are compelled to rely primarily on the secondary or informal labour market in Canada.

2.4 Conclusion

Through a feminist lens, this chapter examined the labour market experiences of immigrant women from developing countries. The existing literature on immigration and immigrant integration in Canada seems to suggest that the Canadian labour system is illusory because many immigrants are promised full access to employment opportunities that match their human capital; however, the reality after their arrival is different from what they expected. It is clear from the literature that the

experience of internationally trained immigrant women from Sub Saharan Africa needs further clarification as currently few qualitative studies have investigated and documented the experiences of African immigrant women in general (Musisi and Turrittin,1995; Topen, 2007).

Even though, Wong (2000) explored the experiences of immigrant women most of the participants were either refugee class or family class immigrants, and none of the women had a university degree before migration to Canada. In the other hand, Topen (2007) combined all African immigrants in a manner that suggest they are homogenous group, which is not the case. I assert that combining all African immigrant women in a homogenous group masks fundamental differences within and among African immigrant women in particular and immigrant women in general. For most African immigrant women race/ethnicity dominates their gender, something most studies have not yet captured. Therefore, this study will aim to address this gap in our current knowledge-base. The evidence for the study was gathered through five in-depth interviews with immigrant female RNs from East Africa namely Kenya, Uganda and Tanzania in Toronto, Ontario.

CHAPTER 3: METHODOLOGICAL FRAMEWORK

3.1 Introduction

The previous chapters set out the conceptual and theoretical framework of the study. The literature highlighted how generally in Canada the empirical evidence available on immigration has been predominantly quantitative, census based, and often descriptive in nature. Moreover, the available evidence largely was concerned with the economic success of migrants in Canada; therefore, it had not drawn attention to existing social and systemic discrimination within the labour market. To surmount the methodological and theoretical gaps within the field, a primary qualitative research study was carried out which explored the labour integration experiences of female immigrant RNs from East Africa, namely Kenya, Uganda and Tanzania in Toronto, Ontario.

This chapter summarises the methodological approach of the study. It provides an account of the research process and the steps taken concerning data collection and analysis, and discusses the rationale for each step. First, the chapter will discuss what qualitative research entails and the rationale for using the approach for this study. Secondly, it will discuss the theoretical considerations of the study which shaped the methodology and explore the effectiveness of the application of anti-racist theoretical approach. Thirdly, it will discuss how the participants were selected and recruited. Lastly, it will discuss how the data collected was analysed.

3.2 Aims and Objectives of the Study

This study aims to explore the thoughts, reactions, and perceptions, as well as the individual daily lives and labour market choices and actions taken by female RNs from East Africa following their immigration to Toronto, Ontario. The analysis of the East African female RNs experience can help us in understanding whether there are any differences in the types of challenges racialized professional immigrants and other professional immigrants face upon settlement in Canada.

I believe that in order to capture the lived experiences of participants a qualitative approach is required because it "recognizes and embraces human agency, dynamic social relationships, and structural processes", which allows the subjective voices of women to be heard (Goodwin & Horowitz, 2002; Topen, 2007; Wong 2000, p. 50). Moreover, qualitative studies are important in studying social problems, particularly the daily life and interactions with others, including the focus of this study which explores the complexity of affairs within the Canadian labour market between internationally trained East African immigrant job seekers and employees (Krysik & Grinnel, 1997). Goodwin and Horowitz (2002) have maintained that qualitative research is "more about what people actually say and do in specific places and institutions, including their interactions with others over time" (Goodwin & Horowitz, 2002, p. 35). According to Goodwin and Horowitz (2002), qualitative research offers the benefit of rich descriptions and consequently in-depth understanding of social phenomena because researchers stay close to the phenomena. Therefore, this study utilized qualitative methods to draw solid descriptions of immigrant women's experience within the Canadian labour market.

The secondary objective of this study is to understand the role played by accrediting bodies such as the Canadian Nurses Association (CNA) and the College of Nurses of Ontario (CNO) in evaluating international credentials for registration purposes in Ontario (Little, 2007). The intent is to shed light on the mismatch between credential for immigration purposes and professional purposes. I particularly explore why international credentials that were accepted for immigration purposes to Canada are often not necessarily recognized for licensing purposes upon arrival. What is the implication of this for the female internationally trained RNs who have immigrated to Canada? What might be done to address such immigration/integration and professional licensing problem in Canada?

3.3 The Research Methods Applied

This study used a qualitative research approach to collect primary data. Sherman and Reid (1994, p. 1) define qualitative research as "research that produces descriptive data based upon spoken or written words and observable behaviour". Face-to- face semi-structured interviews were conducted with five subjects recruited (See Appendix A) to gather primary data for this study. The interviews explored the lived integration experiences of internationally trained immigrant women RNs from East Africa into their profession in Canada (See Appendix C). Individual consent was secured from each subject (See Appendix B). I used an oral questionnaire with both open-ended as well as close-ended questions. The close-ended questions helped to facilitate analysis of content and responses. Open-ended questions allowed various ideas that were of interest to the topic to emerge spontaneously from the participants through the course of the interview session.

This approach enabled the East African female RNs to reflect and make sense of their experiences with racism within the labour market in Canada which was in line with the key aim and objective of this study (Elabor-Idemudia, 2000).

The Interviews were recorded on a digital recorder to capture the entire conversation; the audio files were transcribed into a word document. Recording interviews digitally offered the benefit of concentrating on building a good relationship with the respondents which increased rapport and permitted collection of richer, more in-depth, and personal data.

The literature was drawn mainly from published reports, journals, previous empirical studies, and existing literature/books in the field. I particularly focused on literature which investigated the relationship between the internationally trained immigrant women nurses' job search experience and the way professional licensing bodies such as the College of Nurses of Ontario played a part in assessing international credentials, providing licensing, further training, and access to the nursing profession.

3.4 Discourse which Influenced Research Methodology

This study was influenced by anti-racist methodological approach to research as this theory generally tends to examine racism and its consequences based on prevalent practical evidence. According to Calliste and Dei (2000), anti-racist methodological framework is suitable for studying groups such as immigrant women as it explores the normative in society as well as the role of human civil rights values in theory and practice. Hence, it generally examines "difference in a variety of social, historical and institutional contexts and practice (Calliste & Dei 2000, p. 11).

Normative in the dominant society is generally characterized by imperialism[1], colonialism and "Othering" (Calliste & Dei 2000; Chilisa, 2011). For instance, in Canada, immigrants such as female RNs from East Africa are seen as the 'Other' within the mainstream society and are discriminated against within the workforce (Chilisa, 2011; Calliste & Dei, 2000).

Presently, within the health care system where countless Black women work, White women tend to be at the top of the nursing hierarchy and hold positions that are administrative, supervisory and or research rather than practical or other work involving physical strength (e.g., lifting). Currently, White nurses form the majority in high-technology and high status positions, especially in areas such as operating rooms and intensive care units. The White nurses' position of power and prestige have meant that they have higher opportunities for further training and promotion (Calliste, 1996 & Mandell 1998, p. 34). Moreover, according to Mandell (1998), historically work performed outside the home has been a major source of oppression for Black women in Canada and still is. The contemporary labour market in Canada still limits Black women's access to certain job categories (Mandell, 1998, p. 33). Calliste (1996) and Mandell (1998) reveal that Black women in Canada are predominantly concentrated in staff nurse positions such as nurse assistant and in jobs that are regarded to be of low status—requiring physical strength, are hazardous to one's health, have lower income, are often boring, tiresome, and are considered as 'dead-end' jobs—involving work which is less skilled and more ubiquitous (Cognet et al., 2006).

The anti-racist theoretical consideration which was applied through qualitative approach in this study resonates with the anti-oppressive social work which

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[1] Chilisa (2011), refers to imperialism as "the acquisition of an empire of overseas colonies and the Europeanization of the globe" (p.8).

recognizes that Canadians and non-Canadians should be given equal opportunities. The qualitative approach within this study enabled me to explore the personal interests of the job search experiences of professional immigrants, the impact of the barriers affecting them, and their perception of the agency/personnel of employment services in Toronto (Neuman, 1997; Mullaly, 1997). In addition, this perspective enabled me to explore and better reflect on my own social self as an insider— an immigrant woman researcher and social worker from East Africa.

According to Kirby and McKenna (1989), the best methodological approach is one from the margins with a commitment to advance knowledge through research grounded in the experience of living in the margins. Such study should empower those living on the margins and address the reality of those excluded. The study fits the feminist and anti-racist research framework because it involves studying racialized women with an underlying aim to empower them by allowing them to voice the issues and challenges they face in their day to day lives in Canada.

3.5 Sample Selection Approach

Due to common integration challenges, immigrants generally experience post-migration to Canada such as language, employment, licensing/retraining barriers, they often cannot afford to devote time for participation in a study. I used snowball sampling technique in recruiting participants for this study as this technique is very useful when dealing with specific populations who are difficult to find. I relied on my community networks and sought the help of settlement organizations such as Kenya Community in Ontario (KCO), the Ugandan Community, and the East African Community who provide settlement and support networks to new immigrants and

particularly internationally trained professionals from East Africa to recruit participants for this study.

I visited the aforementioned organizations and spoke with the staff about the purpose of my study and asked whether they could introduce and recommend me to immigrants who have used their services and who fit the study criteria. Once I collected data from the participants, I also asked them to recommend other East African RNs from Kenya, Tanzania and Uganda.

In order to gather valid data set and stories about the experiences of these women, it was important to build a trusting relationship with them. It is often significantly easier for people to trust an interviewer with accounts of their personal lives when they have been recommended or introduced by people they know than to trust a total stranger—the researcher. The snowballing technique offered this advantage to the sample selection for this study.

The approach was as well successful in enabling me to access a diverse group of internationally trained East African RNs in Toronto. I focused particularly on female RNs from three East African countries, namely Kenya, Uganda and Tanzania, who immigrated to Canada within the last 10 years, had at least an undergraduate nursing degree from East Africa, were between the ages of 23-65 years old, spoke and wrote in English, and had legal status to work in Canada. I interviewed five female RNs trained in East Africa.

I chose to focus on this group of immigrants firstly because thus far they have generally been ignored within the Canadian labour market integration studies of immigrants. Secondly, I chose to focus on the last 10 years because the Canadian immigration policy based on the points system introduced in 1967 was adopted in

order to select "economic immigrants […] to ensure maximum employability within the Canadian economy in which skilled labor is an emerging priority" (Cornelius & Tsuda et al., 2004: p.101). Thirdly, based on human capital theory individuals with university education, skills, and experience face better prospects within the labour market than those without these attributes (Li 2000; Starks & Trinidad, 2007). Thus, educated and skilled individuals who speak English fluently are deemed employable in Canada and are actively selected through the points system by Immigration and Citizenship Canada.

Fourthly, I chose the topic for the study because as a professional immigrant woman from Kenya, I also had difficulties attaining suitable employment in Toronto with my Kenyan credentials and had to be retrained in order to ensure possibility of securing access to professional job. My aim in conducting this study was to explore an issue that was of personal concern for me, as I believe it affects many other women. During the past 5 years of training as a Social Worker I learned to explore issues from an anti-oppressive and anti-racist perspective which I applied to the study. I also have learned that there are power imbalances within the Canadian society that still needs to be addressed. Such knowledge has raised my interest in becoming an advocate for immigrants and in assisting to address the integration challenges they experience in Canada.

Lastly, I chose to focus on East African immigrants namely Kenya, Uganda and Tanzania because these immigrants are generally fluent in English which is one of Canada's official languages and this means that they should have better opportunities to integrate in Canada.

3.6 Data Collection Approach

The following seven steps were taken to collect data.

1. Posted flyers on the notice board at the Kenyan Community Abroad (KCO) office, Tanzanian and Ugandan community associations (See Appendix A).

2. Forwarded information package to women from East Africa requesting their participation in the study (See Appendix B and C).

3. Selected a sample of 5 internationally trained RN women within the Greater Toronto.

4. Obtained a verbal consent with regard to digital tape recording and utilizing the information from the interview.

5. Conducted sixty to ninety minutes face-to-face interviews to gain an explorative first-hand account of their experiences.

3.7 Data Analysis

After the interviews, I transcribed the recordings verbatim. Following transcription, I read the transcribed recordings several times in order to make sure that no data was lost and jotted down ideas and insights related to the study. Then, I commenced with coding of the interviews.

The coding of the interviews involved a two-stage process: Firstly, I began with open coding and examined the interview data for ideas and meanings as well as similarities and differences across cases. Secondly, I identified categories and ideas that were relevant to the research question. At this stage, I also developed labels for identified codes and identified an inclusion/exclusion criterion in relation to certain themes or concepts. During the second stage of coding, I focused on narrowing down codes and concepts that were relevant to the research question. Thirdly, since I used a Word document to analyze my data, I organized these codes by creating a separate page for each theme or concept, then copied and pasted passages from the data that illustrated each theme. Fourthly, after organizing my data, I interrogated it according

to the labels, themes, and concepts I had already developed and examined to what extent the data fit the abstract categories and themes. Lastly, I explained my findings. In short, I went from interpreting surface level data with codes and memos to abstract categories via constant comparison and continued questioning of the developed themes in light of the data gathered.

3.8 Strengths and Weaknesses of the Methodological Approach

The major strengths of anti-racist framework in studying lived experiences of racialized and minority groups are that it helps in understanding oppression resulting from gender and race. According to Dei and Johal's (2005, p. 2), "anti-racist research places the minoritized at the centre of analysis by focusing on their lived experiences and the simultaneity of their oppressions". Therefore, anti-racist research challenges the researcher to actively involve the researched—namely the participants in the research process as they can best describe their lived experiences. Allowing participants to narrate their experiences enhances collaboration with the researcher as it allows the participants and the researcher to share their related experiences (Dei & Johal, 2005). Similarly, Chilisa (2011) states that in research, "building rapport requires a process that connects the researcher to the researched through sharing of values or practices that recognize that both researcher and researched are connected to each other, to the cosmos, and to the environment" (p. 166). Thus, Chilisa encourages researchers to actively engage with the participants in order to gain trust because this would encourage participants to share sensitive information and enable the researcher to dig deeper whilst exploring an issue.

Despite its advantages, anti-racist methodology suffers from several limitations. Dei and Johal (2005) state that while using this framework, researchers

should be aware of the prevailing linkage between race, gender, and social class difference and explore the associated socially constructed meaning and the role these social identifiers play within the wider society. For instance, in researching racialized and historically colonized groups such as immigrant women from East Africa should identify, explore, problematize, as well as challenge existing colonial acts within contemporary institutions, such as Immigration Canada in order to understand the historical resistance to change (Dei & Johal, 2005). Chilisa (2011) advices researchers to decolonize research methods— meaning, "conduct research in such a way that the worldview of those who have suffered a long history of oppression and marginalization is given space and frames of reference" (p. 14). Chilisa's advice very much resonates with this study as throughout this study I strived to enable the participants to draw upon and define their subjective experiences—"what [about participants] can be known, spoken, written about, how, and where" (Chilisa, 2011, p.15).

Whilst analyzing the precarious work experience of internationally trained East African RNs in Canada, I found that gender, race and class are major demographic factors which generally influence occupation and working conditions post-migration. Exploring and voicing the lived experiences of internationally trained East African female RNs have the potential of raising awareness about the existing systemic barriers, the integration of nursing profession in Canada and possible solutions on how to address these barriers, confront some of the morally damaging contemporary common stereotypes about East African women which suggest that they are mostly refugee immigrants, uneducated, and welfare recipients.

Lastly, as an "insider" in this research, it was impossible to not have my experience and social location as a Black woman from Kenya influence the research framework and approach—namely the decision to adopt a feminist, anti-racist, and anti-oppressive approach and perspective within the study. My interpretation of the data and analysis of the existing literature may also have been tainted in the same manner as well.

3.9 How the Study Builds on, Compliments, or Contrasts Existing Work Within the Field

This study builds on the existing literature by exploring the lived integration experience of female RNs from East Africa in Toronto. The study more specifically explores women's perception of the barriers they encounter within the Canadian labour market and the strategies they use to handle and/or cope with the barriers they encounter. I build on Wong's (2000) qualitative in-depth semi-structured interviews. Through qualitative interviews I recorded participant's perspectives, feelings; thoughts, reflections, and reactions to the issues raised within the study and explored the Canadian labour market, specifically, in Toronto area. The semi-structured interviews enabled the participants the flexibility to interact, direct the flow of conversation, and convene the meetings as they deemed fit (Babbie and Benaquisto, 2010: 355). These enabled participants to raise themes and issues that they deemed important and I may have not anticipated. The issues raised were then further explored through follow up questions.

As an East African woman myself conducting this study, I anticipated that there may be emotional and sensitive topics which may be difficult for interviewees. Most studies thus far have overlooked studying the East African RN women's immigration and integration experience in Canada, particularly assimilation into their

profession. This qualitative study particularly focused on such gap in existing

knowledge and aimed to highlight participant's lived experience and perspectives on

integration in Canada in order to help shed further light in this area.

Due to personal knowledge and expertise in the topic of this study, I was

particularly interested in finding out whether immigrant skilled workers were provided

any information about the Canadian labour market prior to migrating to Canada. This

study found that the information provided by Immigration and Citizenship Canada, the

agency responsible for immigration, is not readily known by immigrants prior to

immigration to Canada. I believe that if skilled workers had prior knowledge of the

hierarchical nature of Canadian labour market they would be better prepared upon

arrival in Canada.

3.10 Ethical Considerations

The research risks that were foreseeable and identifiable were method

invasiveness, inherent stress, and anxiety of the participants for participation in the

study and the researcher's concerns in conducting the study. In order to minimize such

concerns, a full disclosure of the study was conducted by telephoning each participant

before the interviews. During these disclosures, I introduced myself to the participants

and informed them about the purpose of the study. This ensured that the participants

had enough time to consider whether they wanted to participate or not. I also followed

this phone consent with another verbal informed consent at the beginning of the

interview process. The verbal consent informed the participants in simple terms that

their participation was voluntary. In addition, they were informed of their right to

withdraw from the study anytime without any penalty by telling me to stop the

interview. More importantly, all the risks and benefits for participation in the study,

the purpose of the study, and what was generally expected of participants including the time required for the participation which was between thirty and sixty minutes were explained.

The location of interview is another factor that poses anxiety particularly for female research participants. In order to overcome such anxiety, I conducted all interviews in public spaces or where the participants found convenient. They were asked regarding their location preference as well.

It is commonly known that some participants do not like to be digitally recorded during the interview process. To address this issue at the beginning of each interview, I told participants that they had a choice not to be recorded.

As the study was covering sensitive topics such as a discussion of life experiences in Canada and even requiring an exploration of feelings about the job search process, raise the potential of evoking stress which may be seen as harmful to participants. Though I ensured that the research risk involved due to method invasiveness and emotional stress posed only a minimum risk for the participants by monitoring participants for signs of distress. If any level of distress was expressed by the participant I would stress the option of stopping the interview. To ensure that participants were not harmed by emotional stress after the interview, I made a follow up call with the participants a few days after the interview and suggested the availability of a counsellor if the stress persisted.

To maintain confidentiality, I explained to the participants that after the interviews had been transcribed and organized into a Word document which may be up to six months the audio files would be destroyed. I also offered participants the opportunity to look at the Word document file to see whether it reflected their true

thoughts and to make any corrections if required. Participants were told that their real

names would not appear, but rather pseudonyms would be used to maintain

anonymity. Furthermore, they were guaranteed that no demographic or descriptive

information about them would be disclosed in order to ensure that none of the women

interviewed could be recognized. This suggestion was important especially because

the Kenyan, Tanzanian, and Ugandan community in Toronto is relatively small

compared to other ethnic populations, which often has unique ethnic names that are

easily recognizable.

3.11 Conclusion

In this chapter, I examined the main methodological aspects of the study, and I

explained what qualitative research entails and its purpose. Secondly, I discussed why

anti-racist theoretical frameworks were applied to guide my data analysis. I also

outlined how the participants were recruited and selected, and the data collected was

analyzed. The chapter also analyzed the anti-racist feminism theoretical framework

and its suitability for this study.

CHAPTER 4: FINDINGS

4.1 Introduction

       This chapter presents a summary of the interviews and the data collected from East African namely Kenyan, Ugandan, and Tanzanian women RNs. The chapter explores these internationally trained women's experience with respect to job search within the nursing sector post-migration to Toronto, Ontario. It particularly examines what the women immigrant RNs say about their job expectations prior migration to Canada and their experience with the CNO post migration to Canada. It will draw attention to the barriers and challenges they endured as well as the strategies some of them employed while looking for professional work in nursing.

       The first part of the chapter presents a brief background of the participants, followed by their interview responses to the interview questions. The interview started with questions which explored participants' demographic characteristics, educational backgrounds, and work experiences prior to migration and their post-migration experience with job search and regaining access to their nursing profession in Toronto, Canada. The exploration particularly sought participants' opinions about any challenges they encountered with the CNO with regards to evaluating of their international nursing credentials.

       The chapter then examines participants' thoughts, suggestions, and recommendations to CNO in terms of evaluation of their foreign credentials and makes possible recommendations to CIC for changes to existing unsound points-based immigration policy for skilled immigrants, which is not reflective of CNO's practice and labour market reality in nursing in Canada. Participants' interview responses are organized with a discussion of their job search experiences in Toronto, followed by

their job search expectations before and after moving to Canada, their current

employment positions as RNs, the barriers they have encountered looking for work as

RNs and concluded with the lessons learned.

4.2 Table 1: Demographics- Participant's Descriptive Background Information

PARTICIPANTS	COUNTRY OF ORIGIN	AGE	OCCUPATION PRIOR TO MIGRATION	YEARS OF EXPERIENCE PRIOR TO MIGRATION	YEARS IN CANADA	EMPLOYMENT POST MIGRATION	DATE OF INTERVIEW
Participant A	Kenya	30	RN	4.5 yrs	4 Yrs	Unemployed	June 1, 2012
Participant B	Tanzania	40	Nurse Matron	14-15 yrs	4.5 Yrs	Unemployed	June 14, 2012
Participant C	Uganda	42	RN & Midwife	6 yrs	9.5 Yrs	Employed in Nursing Profession	June 14, 2012
Participant D	Uganda	35	RN	4 yrs	5 Yrs	Not Employed in Nursing Profession	June 5, 2012
Participant E	Kenya	43	RN	6.5	8 Yrs	RN in a Hospital in Toronto [a]	June 6, 2012

[a] Obtained Masters Degree in Nursing from University of Toronto

The Table 1 indicates that, although the participants shared East African

backgrounds, their experiences as well as circumstances at the time of the interview

were varied.

4.3 The Voices of East African RNs

According to CIC, "For the past 25 years, Canada has maintained immigration

levels averaging between 225,000 and 250,000 immigrants per year. In 2010, Canada

admitted close to 281,000 permanent residents, the highest level since 1957

(http://www.cic.gc.ca, 2011). A substantial number of these immigrants are

professional women arriving in Canada alone or to join their families already settled

in Canada [See Appendix D].

While Canada has made progress towards equality in areas of employment and

pay equity, women in general and "women of colour" in particular, still face

discrimination in the work place. As a result, women of colour, irrespective of their

education, are at a disadvantage in terms of pay and working conditions (Vosko,

2000). Women, in general, face work barriers in terms of job opportunities and wages

due to gender, race, and class differences. Consequently, visible minority women, like

the internationally trained nurses studied, are more likely to be employed in low status

occupations and work under precarious or less favorable conditions than their

Canadian-born counterparts (Vosko, Cranford, & Zukewich, 2003). These authors

elaborate on precarious work, which Fudge and Owens (2006) define as: "work that

departs from the normative model of the standard employment relationship which is a

full-time and year around relationship for an indefinite duration with a single

employer and is poorly paid and incapable of sustaining a household" (p.3). The

remainder of the chapter will discuss the interview responses of the five participants in

the study.

4.4 Participants' Job Search Experiences

In this section I will discuss participant's responses to questions about their

work experiences prior to migration and their post-migration experiences with job

search and regaining access to their nursing profession in Toronto, Canada. When

Participant B was asked how her identity as an internationally trained nurse affected

her job search experience in Toronto, she responded saying:

> When I was migrating from my country, I came here as a Registered nurse/midwife with over 14-15 years of experience knowing that I will get a job as a Registered Nurse. After practicing in my country for those years, I was hoping that when I come to Canada is something to talk about. But when you land to Canada they call us Internationally Educated Trained Nurses and who need to be evaluated before practicing as nurses.   **(Participant B)**

This participant's response indicates that she expected to find work as a nurse when she arrived in Canada. The participant seemed unaware that her 14-15 years of experience and educational credentials might not be recognized post-migration to Canada.

The general status of immigrants from East African descent as visible minorities and 'Other' in Canada was explored in the interviews, but the term was not necessarily adopted by the participants nor did they feel it affected their job search experiences. Two participants shared their views on Canadian immigrants by saying:

> Everybody in Canada is an immigrant....... we all immigrated from somewhere.   **(Respondent A)**

Another participant responded:

> When you look at most people in Toronto, they all don't look the same; they must have come from different places... so we are all immigrants.   **(Respondent D)**

When participants were questioned about their job search experiences, participants A, B and D were currently unemployed. Participants C and E, who were employed within the nursing profession at the time when the interviews were conducted, had a more positive attitude to their immigration experience and generally to life in Canada. Participant B clearly expressed the difference in immigration and integration experience among those employed within their own profession and those who were not, post-migration. She stated that she worked as an RN/Midwife for

approximately 14 years in her home country. However, when she arrived in Canada she not only had to pay $670 to register with CNO, but also had to pay to have her transcripts sent from Uganda and had to have her degree reassessed in Canada. New internationally trained immigrants to Canada often face barriers to employment because of the high costs associated with having their degrees assessed and registered with an accrediting association such as CNO. Participant B further noted that the barriers immigrants experience post-migration is generally "pure politics". As an internationally trained professional myself, I can understand the frustration expressed by the participants I interviewed since it is widely accepted that they are not presented with sufficient information and general facts regarding employment and the processes required to working in their field prior to migration to Canada. In fact, all the participants interviewed expressed frustration with the process of finding employment in their profession in Canada. For instance 'Participant A' stated that a major challenge in finding employment in her field of study was her lack of "Canadian experience".

> My job search experience has been quite challenging ever since I got to Toronto; here, I haven't been able to get a job in my profession because everywhere I apply, they say they need a Canadian experience of maybe between 2 and 5 years which I don't have so it has been a challenge.   **(Participant A)**

In the above statement 'Participant A' highlights that internationally trained professionals like her are expected to have Canadian experience. However, it is unclear how these professionals are meant to get Canadian experience if employers are not willing to hire them. If immigrants are not given the opportunity to work, it is very unlikely that they can gain Canadian experience in their respective profession. Employers have to be willing to give immigrants the chance to work.

Similarly, 'Participant D' states that it often takes years to get international

qualifications recognized in Canada.

> It has not been easy for me …it takes long. You first of all don't know if they will accept you in the country, so it may take up to 1 to 2 years. The nursing council…wanted transcripts from back home (Uganda)…and when the transcript came it took almost a year again before I received any information.   **(Participant D)**

The above observation provides a clear picture of the fact that the barriers

immigrants experience often begins prior to arrival in Canada due to the long

immigration process. In addition, after arriving in Canada, she was required to get her

academic transcripts from her country. She noted that again it took about a year before

she received communication on whether she needed to return to school. In general, the

underlying message for all the participants in this study was that the process of finding

employment in their profession was both long and difficult.

4.5 Nurses Employment Expectations within the Canadian Labour Force

Participants interviewed were asked to discuss their employment expectations

within the Canadian labour market. For instance, 'Participant A' states:

> First of all, it has been really hard. Writing the resume in the Canadian standard has been so hard. When I migrated as a registered nurse, I did not think it would be hard to get a job considering that I had 5 years of experience from back home. As soon as I got here, I told employers that I have experience from back home and thought they were going to consider me as a prospective applicant. I thought I would get a job right away. This has not been the case because they want experience from here; in this country, I do not have this experience. So I have been disappointed really.   **(Participant A)**

For 'Participant A' not only was not having Canadian experience a barrier but

also not having a resume in the Canadian standard proved to be an additional barrier.

This is an unfortunate story as it shows that immigrants are not informed about resources available to them; there are community and government employment agencies that will assist with resume writing without charge to the immigrant.

'Participant D' revealed similar experience. She had very high hopes of working in the nursing profession as she had 8 years of work experience pre-migration to Canada. She discussed her disappointment:

> I thought with that qualification, I will be given an interview or start working right away..... Back home I worked almost like a doctor you treat, diagnose but when I reached here, it is not what I expected.
>   **(Participant D)**

Unlike 'Participant D', 'Participant C' had a positive experience with job search in Canada. She stated:

> The job search experience when I graduated 10 years ago was not very hard. When I was going to school to upgrade it was easy for me. They recognized my credentials from Uganda and gave me credits for that. It was not as hard to find a job as it is at present time. So after my graduation, I was able to find a job. It was so easy then!   **(Participant C)**

Though Participant C's experience seemed to be the exception and was more related to her immigration timeframe 10 years ago, when Canada had a greater need for nurses.

Another participant expanded:

> For example, you know, when you first arrived, the first thing they see is your education. Right?... coming from Kenya, where educational background is not well known… and people are not well informed… First of all, employers here think English is your second language and then that becomes part of your job search experience. If you cannot actually speak English how are you going to provide care..?   **(Participant E)**

'Participant E' further expanded:

> It does not really matter you know in Kenya you can be an RN after
> 3 years of college training. In Ontario, you need a degree in order to
> become an RN. So when you come from Kenya, if you are an RN
> you cannot be one here because the education is different here. You
> do three years if you are in Kenya, but here you need 4 years degree.
> So, it becomes a problem. You need to either go back to school or
> you can be a RPN [Registered Practical Nurse]. That is not only for
> Kenyans but also for some people who trained in the USA. Even
> when you come from the USA sometimes they need to evaluate you.
> Sometimes even though you are an RN even in the USA, when you
> come to Canada, you become an RPN unless you had finished four
> years degree.   **(Participant E)**

Participant E expressed the need for CIC and CNO to be more transparent to
the nurses applying to migrate to Canada. Internationally trained immigrants should be
advised of the requirements before arriving in Canada. This participant illustrates how
it is possible for nurses to come to Canada as RNs with their degrees, but once their
credentials are evaluated through the CNO, they can be reduced to Registered
Practical Nurse (RPN) only.

4.6 Post-migration Barriers Encountered by Internationally Trained RNs

All participants experienced some level of barriers post migration to Canada.
Participant A articulates:

> I have applied to different hospitals, nursing homes, but nothing has
> been fruitful…Like I said the main thing is that here, they want you
> to have the Canadian experience. Also, the other thing is that they
> need you to write the CNO exam which I haven't been able to do at
> the moment but I am working on it momentarily.   **(Participant A)**

Whilst 'Participant B' clearly states that most employers in Toronto denied her job
opportunities:

> You are not even listened to. I have been trying to apply and at the

   end of the day same story.   **(Participant B)**

'Participant C' expands:

> The barriers is that I do not have the required education … I was
> told to go back to school.   **(Participant B)**

  The "deskilling" process confines many internationally trained individuals to support roles such as volunteers within their professions (Grant, & Nadin, 2007, p.157). In order to address the barriers encountered due to the lack of Canadian work experience, Participants B and D started working as volunteers. Participant B and D both stated that they had assumed a volunteer role in a hospital in Toronto in order to gain Canadian experience. They both hoped that after volunteering for a while, they would get hired as a nurse.

  'Participant B' discussed her ordeal with the CNO and the nursing council. She felt that the CNO minimized her educational and work experience. She wondered why she is not allowed to transfer her work experience into the Canadian labour market, yet as a volunteer, she observed that nurses within the Canadian hospital were doing exactly what she used to do in her native country as a nurse practitioner. 'Participant D' expands by stating how she sees her barrier to employment in Canada as a racial issue.

> I applied to the nurse's council. I first of all applied as a registered
> nurse/registered midwife and all that has taken me 2 years waiting.
> The council makes it so hard for us. They feel may be we are not
> competent. They feel what we read (studied) is not what they really
> do here. Yet, when I am volunteering in the hospital, and I see what
> they (nurses) do, we do more than they do. Most of the things are
> done by doctors here. Back home most of the things in the hospital
> that pertains to patients are done by nurses. But they keep saying
> wait!…I feel if I were white, they may have worked on my file
> faster…. but I am from Africa.   **(Participant D)**

Though 'Participant E' contradicts and states:

> I don't think (being unemployed) has to do with anything with
> gender related or racial issues. It has to do with education. If you
> have to put those things into categories, they have to do with
> education and qualifications. No, race is not an issue because
> someone has to come with the same RN qualification. According to
> the CNO, someone has to have a minimum of a degree before
> migrating. Minimum is a degree in order to become an RN in
> Ontario. So it does not matter what country you come from. But
> also, English is also another thing. If you cannot really speak
> English properly, how are you going to provide care? Even though
> in Kenya we speak English, sometimes it becomes a barrier when
> writing CNO exams in English because you need to have a written
> test exam again when you come to Canada, it depends if you express
> yourself really very well, they might consider that you know. It is
> because of your English or something.   **(Participant E)**

I believe 'Participant E' was emphatic in stating that gender and race did not affect
her.

4.7 The Nurses Experiences with CNO, Colleges, and Universities

Participants also reflected on their dealings with the CNO. For example, the
Medical Council of Canada requires internationally-educated professionals such as the
nurses to pass a written exam. Provincial health regulatory bodies such as CNO
impose further requirements such as the evaluation of the transcripts and the
professional experience.

'Participant B' problematizes this process when she states that it is a systemic
issue that needs to be looked into by policy makers. She states that the evaluation of
international credentials costs a lot of money and takes a long time. She draws
attention to the fact that there is no clear communication between the applicants and
the CNO officials. She also discusses the complexities in acquiring information from
CNO.

> When you call them [CNO], to ask about the evaluation process,
> they will tell you to wait. When you ask how long the process is
> going to take, they will tell you that you can withdraw the
> application if you don't want to wait... When you tell them I do not

> have a Canadian experience, they ask you to withdraw. When you
> ask can I get a letter from the college to apply for college or
> University? They will say you will have to withdraw the application
> before a letter can be given to you…When you withdraw the
> application they give you a note and you have to sign so that you
> can't sue them for your $680. (At this point) they will now give you
> a letter to go to any of the Colleges or Universities to get Canadian
> degree. However, before you can go to University you will now go
> to CNO pay some money so they send your documents over.
> **(Participant B)**

When asked regarding her experience with Canadian Colleges and Universities

'Participant B' stated the following about the procedures in the schools:

> It is a battle with the Universities and Colleges… only York
> University that gives internationally trained nurses 18 months to 2
> years grants. And before they could give you admission, they have
> to evaluate you properly. It is not easy. Then if you try to go to
> Centennial, Centennial will tell you to do 2 semesters. After the 2
> semesters in Centennial, you go to Ryerson University and do 2
> years. You are starting nursing a fresh now. You see, 3 years. It is
> not worth it! Whereas we have been practicing for many years as
> RN… and when you come to this country is really a different ball
> game! They play around with you at CNO. It is real politics! At the
> end of the day nothing is done. You cannot be allowed to go and
> challenge the board. You understand what I mean?!… It is not easy
> at all.   **(Participant B)**

Based on the participants' testimonies it is clear that despite the qualifications of these internationally trained nurses having been recognized and accepted for immigration purposes under the skilled-migrant class, these professionals, post migration to Canada, are often required to pursue further studies, which is time consuming and costly.

After successfully retraining in Canada, 'Participant E' at the time of the interviews was employed in the field.

> I guess when you come you would think that you know. I was an
> RN in Kenya for 6 years and when I come here, I thought I will just
> be an RN. But when you come here, Canadian expectation is totally
> different. First of all, you need a Canadian experience, and that is
> what they normally ask. You don't have a Canadian experience and
> also the education and training which are totally different in Kenya.
> So that makes your job search a little bit difficult. Right?
> Experience, training and qualifications are huge. So you need to
> make a difference between them. You can come from Kenya with
> your diploma in nursing. In Kenya you are considered an RN, but
> when you come here, there are no diploma nurses in Canada
> anymore. Since 2005—I guess 2004, to become an RN in Ontario
> you need to have a degree, but coming from Kenya, if you do not
> have a degree, and you look for a job as an RN in Canada, it is
> difficult. Yes, you were an RN in Kenya but when you come here,
> you cannot call yourself an RN because you don't have a degree.
> **(Participant E)**

4.8 Evaluation of International Nursing Credentials

All participants had challenging experiences with the CNO; however, the
responses varied somewhat. For instance 'Participant A' believed that credentials
were not compulsory in accessing the job market.

> The main challenge is that when you come with your educational
> credentials from back home they tell you that no they have to
> evaluate you. When they look at your certificates, they tell you that
> according to them (CNO) you are not qualified enough to be an RN
> and that you need to go back to school maybe for a year, or 2 so that
> you are qualified. You are told that you also need to write the CNO
> exam and this exam is difficult to pass because you are not quite
> familiar with the laws of Canada. It becomes difficult because you
> don't know their expectations which are too high according to me.
> **(Participant A)**

Yet 'Participant B' discussed her frustration about the enormous sum of
money she was compelled to pay. Whilst 'Participant D' lamented over the period of
time it took to get responses from CNO.

> They take actually very long to assess your documents and take long
> to answer you. They take long time to tell you what to do. When

> you go to the Colleges they push you to the nursing council. You
> can't go to school or look for a job. You may finish 5 years and still
> not have anything to do.   **(Participant D)**

4.10 Coping Strategies Utilized to Address Job Search Barriers

All participants experienced some barriers with their resume. However, some

faced more challenges than others. For example, 'Participant A' pointed out that her

main barriers were based on her racial background as an African woman. Secondly

she found the CNO exam very difficult to pass. Thirdly, she felt there were too many

laws and policies about CNO that she did not completely understand. When she was

questioned about gender hindering her from getting employment, she articulated she

would not say that gender is a big issue in Canada because she has seen that most

nurses in Canada are females. From Participant A's responses, it is clear that the

major barriers she encountered were due to lack of Canadian work experience.

'Participant B' was more reflective about her thoughts on negative health impacts of

employment barriers post-migration to Canada.

> When I was back home I was practicing as an RN because I
> graduated when I was young. Then when I saw myself here, how
> things are going… I am depressed and I have been battling with my
> blood pressure. My blood pressure has been going up and down.
> Shooting up and down it is not easy. I have a lot of health issues
> now. I take things one day at a time. The issue of internationally
> trained nurses in Canada is a big mess. They have not been treating
> us well at all. Nobody will listen to you. When you say you are RN
> you start afresh. Colleges such as George Brown also have their own
> stories. They will give you about 3 courses that cost $300 each
> before you qualify.   **(Participant B)**

'Participant D' was sanguine about her ordeal, but experienced genuine

despondency upon reflection.

> I don't have a language barrier because I can speak English and most people speak English here. I went to an agency and I was asking for a nursing job they asked for a nursing license. With a nursing degree I can't do anything else. I am waiting for the council to decide. I went on a job interview looking for a job as a Personal Support Worker. The employers told me "you have done a lot of research; you have passed" for an interview for this job but…they looked at my resume, and said "you are a nurse" what are you doing here go back to nursing. I thought I would get a job as a Personal Support Worker while I waited for nursing, but they denied me.
>
> **(Participant D)**

'Participant E' discussed post migration language and nursing curriculum problems. She stated that courses that she studied in her country were not recognized in Canada for her to qualify as an RN. In dealing with this barrier she plans to attend George Brown College to upgrade her skills. Similarly, 'Participant B' plans to attend York University because the nursing program offered 18 credits to internationally trained nurses.

Participant A spoke of the barriers internationally trained nurses endure in Canada because of discrimination against them and then talked about her future plans and hopes.

> I went to high school to upgrade my English communications. I went to college to upgrade my nursing for a year. After this I am hoping to write an exam with the College of Nursing. After attaining these things I hope I will be able to get a job in my field.
>
> **(Participant A)**

Due to the negative impacts of the barriers to employment, another participant had more or less given up seeking work in the nursing profession. 'Participant B' responded with little hope of being recognized as a nurse.

> So it is not worth it. Not worth it at all... So the only place that I will try to apply now if it reaches to the worst it is York University because they give ITN about 18 credits to start the program. It is

better than none.   **(Participant B)**

Yet 'Participant C' had a constructive outlook.

> No barriers at this moment for sure; when I graduated about 10 years
> ago, the jobs were there and I did not incur any challenges. The only
> barrier is that I did not have a network support system but it was not
> much during those days. No one discriminated against me because
> of my accent and when I searched for a job, I got a job right away.
> May be these days…. It is difficult.   **(Participant C)**

'Participant D' tried remaining positive and tried to not give up although she was tired

of dealing with barriers in accessing nursing profession.

> Actually, I am still waiting. I feel I am a nurse. I feel I should do my
> profession. I feel I should go and do what I read (studied) for. I was
> even willing to go back to College and start afresh but they still have
> not given me that chance. They feel they should do the assessment,
> and then they need to pass the transcripts. I don't have a chance to
> go to College. I am just stuck.   **(Participant D)**

'Participant E' advocates for participants to pursue their goals and gives a compelling

argument about job prospects.

> So for example, there is a program at George Brown, for
> internationally trained nurses. So what usually happens is they come,
> they have to register and take that course, so that you have a clinical
> prospective in nursing and then from there you can get a job. I know
> many people who are trained internationally taking that program.
> People especially from other places than the USA need to take that
> program because the training is not considered the same. I even
> know people who came from Australia and did the program.
>   **(Participant E)**

4.10 Questions Raised by the Participants

All participants wanted the government to intervene and implement some kind

of policy changes for internationally trained nurses. For instance, 'Participant A'

asked whether the study I was doing and the interviews may be used to help the

internationally trained nurses in any way. She questioned: "This interview that you

have done will it help the immigrant nurses in any way?" In this scenario, because I

am a social policy student and a social worker, 'Participant D' saw me as someone

who is able to advocate for immigrants like her, she stated:

> You have interviewed me so much Daisy. Is there a way that you
> are going to help me to get a job? Is there a way you can connect
> with the nursing council to work on my documents quickly or go to
> school?
> **(Participant D)**

As a social worker working in one of the government agencies, this participant

challenged me to accept the reality that I am a representative of the Canadian

government which currently is limiting immigrants in achieving their full potential

within the Canadian labour market.

'Participant B' further expanded by discussing the financial/economic strain

on internationally trained nurses who could not secure employment in their field and

the problems with receiving Social Assistance in Canada:

> Some public servants offices and workers ask you where you have
> been working. Some social workers, for example, don't understand
> that I am receiving social welfare because I cannot get a job in my
> field as an RN. Few social workers understand but most of them
> question you when they give you welfare money. The problem is
> like it is their money.   **(Participant B)**

One can argue that Participant B's experience as a welfare recipient was

deliberately ignored by social welfare workers who have the responsibility of

advocating for them. This behaviour is not in keeping with the anti-oppressive code of

practice adhered to within the profession. Social workers must always put their

client's needs first. Mullaly (1997), in discussing structural social work, empowers

and implores social workers to transform the system, 'make the personal, political', by

becoming advocates for change on all levels ranging from the micro level-working

one-on-one with service users, to mezzo level-working with groups such as the

internationally trained workers, to macro level-advocating and working to change laws and policies (p. 166-167).

The anti-oppressive approach is meant to not victimize individuals such as the nurses in this study for the challenges they are encountering. Instead, social workers are encouraged to adopt a multidimensional outlook taking into account the personal, cultural and structural understanding of the cruelty endured by groups such as the internationally trained nurses (Healy, 2006, P. 180). Social workers must embody this approach as they partner with immigrants, steering them towards self-determination.

'Participant D' was more engaging and questioning. She raised a number of issues:

> Try to talk to government and may be those people concerned…..can really value us…..we are like any other nurses here. We can treat, talk English, read and write. We are knowledgeable, we have skills, but we can't go to school. We are trained. We are knowledgeable rather than the CNO playing us and leaving us on the streets, the government can revive and say 'they are skilled people, let us not waste them, and let them be vital to the country'…. it will be good for us all. The government should not waste internationally trained professionals. They can really value us here. We can treat like any other people. We are knowledgeable. We are stressed up. I even have high blood pressure because of this. I cannot sleep….I am a grown up I want to go to school but I cannot. They are blocking us**.**   **(Participant D)**

4.11 Conclusion

The painful reality as demonstrated by the five East African RN participants in this study is that there are major problems with the transfer of qualifications and or existing accreditations, gaining recognition for previous work experience, and professional license for practice in Canada. The discussions by the participants in this study clearly indicate that most of them were unaware of the expectations of the Canadian labour market before migration to Canada.

Most participants in fact indicated that they left their countries of origin and migrated to Canada with high educational backgrounds and many years of practical experience within their field. They assumed that when they arrived in Canada, they would be able to transfer their education and work experiences into the Canadian labour market. Sadly after immigrating to Canada most were confronted with non-recognition of their education and work experience by both the Canadian employers and regulatory bodies such as the CNO.

As noted by the participants, "Canadian experience" or lack thereof has a major impact on occupational advancement of professional immigrants, if not all immigrants to this country (Boyd, 1994; Reitz, 2007a). Professional immigrants' opportunities are further compromised due to lack of social and cultural capital and networking resources (Reitz, 2007a). In turn, these situations force internationally trained professional immigrants into jobs that are not highly desired by Canadian-born residents where the requirements for Canadian-experience do not exist.

Listening to the participants' situations for this study left me questioning why the Canadian immigration system admits internationally trained workers into the country based on their qualifications and professional experience, and, at the same, qualifications are not acceptable for professional registration purposes by respective regulatory bodies. The nurse participants in this study are representative of many immigrants moving to Canada for better life opportunities only to be confronted with labour market barriers, tough regulatory bodies such as CNO, and employers who do not give them employment opportunities within the Canadian labour market on grounds that they lack Canadian experience.

Given the set-up, existing social barriers become evident once the professional immigrants are in Canada. Currently, CIC officials do not disclose post migration difficulties with transferring of international qualifications and work experience at any stage of the immigration process. As a result, after migration to Canada, internationally trained professional immigrants are 'caught between a rock and hard place'. Although, as a free country, those who feel misled can always decide to leave, the majority of these immigrants do not and are often pushed into what Porter (1965) calls "entrance status" (cited in Luong & Luong, 1972, p. 33-34). Entrance status refers to immigrants' lower occupational level roles, exclusion from the knowledge economy, erosion of professional skills, which generally result in lower earnings and socio-economic standing post migration in Canada (Alboim et al., 2005; Baker & Benjamin, 1994; Grant & Nadin, 2007; Green & Worswick, 2004; Reitz, 2001).

It is unfortunate that a country like Canada, with a comprehensive Charter of Rights and Freedom, does not offer equal opportunities to all its citizens (Canadian Charter of Rights and Freedoms Act, 1982).

The participants in the study clearly articulated the emotional/psychological, general health, economic and social impact of such barriers for internationally trained immigrants in Canada. Consequently, they drew attention to the critical need to address these barriers.

Participants B, D, and E in this study challenged me as a social worker when they asked me if I could advocate for them. As 'Participant B' complained about how welfare workers fail to offer suitable services to welfare recipients, I realized that as social workers, we must recognize that oppression does not only operate in one way, when working with marginalized clients such as internationally trained workers.

Social workers ought to admit that all forms of oppression are damaging (Healy, 2005, p. 179). It is imperative that social workers recognize the effects of institutional and structural oppression on their clients.

Within the current Canadian Constitutional Law, "All social welfare issues, land and inherent rights, naturalization (immigration), criminal law; and the establishment, maintenance, and management of penitentiaries are operated exclusively by the federal government" (Saulis, 2006, p. 2006). The current institutional and structural practices, policies and laws upheld by existing provincial regulatory bodies such as CNO are oppressive and are deliberately intended to "promote and sustain the power and privilege of the White race" in Canada (Henry and Tator, 2005, p. 55).

As a result, we must enable and insist that internationally trained professionals are given control and power over their qualifications and skills and challenge institutions such as CNO that pose severe barriers to their labour market and socio-economic integration in Canada.

In conclusion, in concurrence with existing literature and previous studies on internationally trained professional immigrants in various sectors, this study paints a bleak picture of the integration experience of East African female RNs in Canada and draws attention to the implications of employment barriers on the health and general well being of this population in Canada. It is noteworthy that the women interviewed, irrespective of their perspectives or their experience of seeking employment in Canada, adamantly but graciously vouched for their values, level of professional knowledge and expertise, and extensive professional former work experience. They highlighted the way in which Canada could, but is currently not benefiting, from their

international knowledge and experience which is an asset particularly in the health

care profession and in a multicultural society such as Canada.

CHAPTER 5: RECOMMENDATIONS

5.1 Introduction

In reflection of the study conducted, this chapter will outline a few constructive recommendations for the government gained from the in-depth review of current literature and the knowledge gained from the testimony of the participants.

5.2 Statement of Current Key Barriers

When considering social capital theory, the performance of internationally trained immigrants should not be surprising because many arrive in Canada without the support of both formal and informal social networks to access jobs that are not formally advertised. Recent evidence indicates that most jobs within the Canadian labour market are gained through informal networks. In fact, this is the case for almost 80% of all jobs (Reitz, 2007a, p.29). Therefore, it should be noted that while professional immigrants have the educational standards required for accessing their profession, they are often excluded because regulatory professional bodies such as CNO do not fully recognize international credentials as equivalent to the Canadian standards (Boyd, 1994).

Furthermore, the frequent additional requirement for the recognition of professional credentials, such as acceptable Canadian work experience, makes it almost impossible to achieve this recognition (Reitz, 2007a: 22).

5.3 Outline of the Recommendations for the Government of Canada

In reflection of the complexities involved in integration of internationally trained RNs in the nursing profession within the existing Canadian labour market, it is clear that the situation requires multi-level structural and systemic changes. The remainder of this chapter will outline 5 key recommendations identified by this study.

Recommendation #1*:* Better coordination of immigration policy for skilled immigrants is required by different levels of government in Canada. There is a particular need for Provincial regulation of nursing practice (Asanin-Dean & Wilson, 2009).

Recommendation #2*:* Individual assessment of skilled immigrants' qualification and work experience in conjunction with the existing points system prior to immigration to Canada.

Recommendation #3: Federal government needs to be transparent about integration barriers internationally-trained professional immigrants who are specialized in regulated professions experience post migration to Canada.

Recommendation #4*:* There is a need for creation of a clear licensing path for immigrant RN's in Canada. The steps/stages of the process should be transparent to immigrants prior to immigration to Canada.

Recommendation #5: Establishment of faster, standardized, more informed and less costly assessment of international qualifications, work experience and licensing examination processes for internationally-trained immigrants.

Recommendation #6: Create opportunities which would address the lack of Canadian work experience barrier (e.g., internship or apprenticeship opportunities).

Recommendation #7: Set policies and practices to encourage immigration officers, social services, immigration agencies, community agencies, Colleges and Universities, public and private employers and all other relevant stakeholders to reduce existing barriers such as specialized language training, short-term specialized professional re-

training, licensing exam preparation programs, establishment of internship and

apprenticeship opportunities, and encourage professional networking opportunities.

CHAPTER 6: FUTURE RESEARCH AND CONCLUSION

6.1 Introduction

This chapter will discuss the limitations of this study, how the study could be further developed, and review the key conclusions gained from the study.

6.2 Limitations of this Study

Due to the study's small sample size—the study comprised of only five participants and the purposive approach applied within the study, the findings cannot be generalized to all internationally-trained immigrant RNs in Canada. Therefore, there is a need for further studies that focus on the similarities and differences in the lived experiences of internationally-trained immigrant RNs from different countries in Canada. Moreover, the data obtained although very fruitful has major limitations with regards to equal representation of gender, age, and country of origin. Consequently, the findings and thematic responses presented in the study are limited and have not drawn attention to all possible programs and service that internationally-trained immigrant RNs need to ensure their smooth transition into the Canadian workplace.

The data collected portrays the five participant's perceptions at a particular point in time but is not necessarily representative of the experiences of all internally trained RNS or of other professionals. However, the practical contribution this study makes through the findings, recommendations, and in identifying future research focus is an important contribution to the existing body of knowledge.

6.3 Further Research

The five participants' astonishing experiences and ongoing arguments within this study outline the various ways internationally-trained professional RNs are impacted by the Canadian regulatory bodies/associations. These regulatory

bodies/associations tend to create multiple barriers for internationally-trained RNs in gaining access to the nursing profession. The participants also drew attention to the limitations of the existing approaches to address these barriers. I believe that currently there is a need for:

1) Longitudinal studies that capture accounts of experiences of internationally trained professionals over time in Canada. For example, two of the study participants (Participant A & E) stated that they did not have trouble finding work because they went back for retraining. With longitudinal studies, social workers would be able to test the impact of retraining programs on assisting internationally trained professionals in finding work in their fields.

2) More research is also required to explore the effectiveness of internship programs for internationally-trained immigrants in regulated professions.

3) More research is required on how social workers could act as advocates to assist internationally-trained professionals in their integration process in Canada. Evidence indicates that Social workers in fact could play a more supporting role for recent immigrants in Canada.

6.4 Conclusion

What emerged from this research is that despite the higher qualifications presented by East African internationally-trained RN female participants in this study, they continue experiencing marginalization and are excluded from the nursing practice in which they have several years of experience. Currently, the key barrier to satisfying employment opportunities for immigrants is the "lack of recognition of their international credentials and delayed assessment by provincial regulatory bodies" (Asanin-Dean & Wilson 2009, p. 186).

In this study participants chronicled their expectations and discussed the ways in which they feel their rights have unfairly been violated and their hopes and professionals dreams crushed because of their minority group membership as internationally trained RNs. This is because immigrants from non-European countries

are often unable to "transfer human capital acquired in their source country" to Canada (Green, & Worswick 2004, p. 2; Reitz 2007a: p.11).

In fact, many feel that they are denied fair opportunities within the labour market predominantly due to the "lack of Canadian employment experience" (Asanin-Dean & Wilson 2009, p.186). As the participants' narratives illustrate, a good number of internationally trained professional immigrants endure underemployment as they are employed in positions that underutilize their education and skills. In fact, immigrants whose international education and credentials are not recognized in Canada, eventually lose access to their occupations (Asanin-Dean & Wilson, 2009; Grant & Nadin, 2007; Reitz, 2001; Reitz, 2007a).

The RNs interviewed felt that if they were to remain either underemployed or unemployed the skills they acquired through education and previous work experience would be lost, highlighting the negative impact of de-skilling (Asanin-Dean & Wilson 2009, P. 194). Many stated feeling a sense of loss of social status, expressed unhappiness, frustration, and anxiety. What one discerns from their experiences is loss of identity as educated professionals.

The narratives captured in the study, certainly reveal that highly-skilled immigrants to Canada often suffer considerable downward mobility and are often forced to accept jobs that underutilize their skills. Currently, this phenomenon means "waste of valuable human capital" in Canada which have been documented by many researcher such as Boyd (1994); Bauder (2003); Grant and Nadin (2007, P.157); Reitz (2001, P. 349) to name a few.

For instance, Grant and Nadin (2007, P. 142, 157; *The Toronto Star,* April, 2009: G1, G7) studied 180 respondents from Asia and Africa and found that doctors,

engineers, accountants, psychologists and other professionals were more likely to be driving taxi cabs or delivering pizza, five or even ten years after their arrival in Canada than practicing their professions. They also found high level of under employment amongst immigrants with many taking casual and part-time work for which they were overqualified. According to the study, 77.4% of respondents were in professions with the highest NOC skill level classification before they immigrated to Canada, but only 40.2% of (N=180) were able to obtain jobs requiring similar skill level in Canada (Grant & Nadin, 2007: 157). These findings tally with the experiences of those chronicled in this study.

The stories of these participants add credence to Bauder's (2003) claim that many employers and professional bodies in Canada are making it unnecessarily too difficult for racialized immigrants to access highly-skilled occupations by institutionally sanctioning their international credentials and work experience. According to Bauder professional associations and the state actively exclude immigrant labour from the most highly desired occupations in order to reserve these occupations for Canadian-born and Canadian-educated individuals. Bauder argues that the non-recognition of international credentials amounts to the systematic exclusion of immigrant workers from the upper segment of the labour market. Yet, as Luong & Luong document, Canadian immigration officials abroad conceal such facts from potential immigrants. Instead, Canada is portrayed as the:

> Land of opportunity by the great image sellers but becomes dull when immigrants land in the country because on arrival…they should automatically move down the occupational scale as a gesture of gratitude for the privileges of coming to Canada…professionals are expected to become semi-skilled workers as a manifestation of such gratitude (Luong & Luong 1972, p.1-2).

This observation, although dated, still captures the reality immigrants to Canada face today. It also demonstrates that the problems experienced by professional immigrants are systemic and have not changed since 1960s when Luong & Luong (1972) used their personal experiences to document the disaster facing immigrants upon arrival in Canada.

By any measure, immigrants such as the RNs in this study are very much sought and wooed to come to Canada but are nevertheless abandoned upon arrival. In fact, independent immigrants who come to Canada under the point system are made to sign a waver acknowledging that their immigration visa does not in any way "assure them of acceptance into the practice of their profession" in Canada (Boyd, 1994, p. 1).

It is apparent that as these immigrants settle in Canada their daily survival needs prevent many of them from retraining in part because of the psychologically debilitating impact of such exclusionary practices. The question arises: Why does Canada continue to mislead the highly skilled immigrants?! Why does a country whose immigration policy is premised on human capital criterion such as level of education, work experience, and knowledge of official language continue to allow "brain waste" (Reitz, 2001, p. 349)? Why do the federal and provincial governments not allow immigrants to obtain employment that utilizes their training and experience? Similarly, why Canadian authorities condone practices that squander valuable human capital and undermine the current immigration policy? (Reitz 2001, p. 349).

The experiences of the nurses in this study and aforementioned studies by Grant and Nadin (2007) and Reitz (2007b) to name a few is counter to the proclaimed aims of the existing points-based immigration system! Canada, a country whose international reputation is as 'a friend to developing countries' continues to encourage

brain drainage from developing countries yet wastes such human capital. I believe that institutional and systemic barriers account for such blatant discrimination of immigrants.

Although newly arriving immigrants may have the same or higher levels of education and experience as Canadian-educated workers, they are excluded from upper labour market segment to which Canadian-educated workers have access because of the differential assessment of their credentials (Boyd, 1994; Green, Worswick, 2004; Reitz, 2001). Studies show that "immigrants from South and Central Asia, Africa the Middle East and Southern and Eastern Europe have particularly restricted access to high-skill occupations in Canada" (Bauder 2003, P.701; Grant & Nadin 2007, P. 142).

Green and Worswick (2004) found that immigrants' earnings upon arrival to Canada fell "over 50% from the 1980-82 entry cohort to the 1993-96 cohort" (P. 7). They found that by the 1990's immigrants were effectively receiving a "zero return on their foreign experience, which accounts for over 40% of the overall decline in immigrants' entry earnings between the early 1980s and mid 1990s" (Green & Worswick 2004, p. 29). Reitz (2001) found that relative declines in return to international education were a major component of declines in entry earnings for immigrants.

Evidently, the national origin of intellectual and cultural capital is an important factor within the Canadian labour market (Reitz, 2001, p. 593). The non-recognition of international credentials creates a division between Canadian-born and immigrant labour. As a result, place of education becomes a mechanism of labour market distinctions (Bauder, 2003; Luong & Luong, 1972, Reitz, 2003). Reitz (2007a: p. 12)

links the immigration experience to lack of access to labour markets, discrimination based on country of origin where qualification and work experience is obtained, to recognition and assessment of international qualifications, access to specific occupations and labour market niches as well as training opportunities.

Though it should be noted, immigrants' employment success is defined in "terms of employment rates and earnings relative to the native-born population" (Reitz 2007b, p.38). Studies show immigrants' employment rates and earnings relative to the native-born population has been in decline for some time (Asanin-Dean & Wilson, 2009; Grant & Nadin, 2007; Green & Worswick, 2004, 2007; Reitz, 2001; Reitz, 2007b). What emerged from the analysis from my previous chapter is that despite Canada's move to the point system and its apparent objectives, Canada has been "unable to prevent a sizable decline in immigrants skills (i.e. relative earnings) among successive immigrants waves" (Borjas, 1990, p. 209). Moreover, evidence indicates that visible minorities such as East African RN immigrants have much lower relative household income and higher poverty rates than do those with European origin **(**Kazemipur & Halli, 2000, P.107-109).

Interestingly, while the education levels of immigrants is higher, failure to recognize their international credentials has created a situation where the value of immigrant skills in the labour market is quite far below that of native born workers (Reitz, 2001, p. 597). Indeed, Reitz (2001, P.597) found that in 1981, the value of years of education was only 60% of the value of years of education for native born. Additionally, the value of university education was only 73%. The rather surprising finding was that for women, the value of university education was almost at par with

native-born. However, for women, overall, it was only 38% of the value of native born (Reitz, 2001, P. 597).

This finding illustrates that gender is both a blessing and curse for women immigrants. For those with university education, it is an advantage, while those without university education are at a significant disadvantage relative to native-born Canadians.

As Luong and Luong (1972) observed, "class mobility in Canada is particularly beset with obstacles if one belongs to an ethnic group other than the charter [groups i.e. the English and French]" (p. 15). This observation is as relevant today as it was prior to the introduction of the point system in 1967 and explains the barriers facing recent immigrants, professional or otherwise. Clearly, the unfavourable attitude towards immigrants of other ethnic origins continues in Canada (Reitz, 2004).

Reitz (2004) notes that "unlike the low-skilled immigrants of the 1950s and 1960s, immigrants arriving in Canada since 1970 possess relatively high educational levels, yet their earnings are not much better" (p, 116). This recognition highlights that certain ethnic groups are racialized and pigeon-holed into specific kinds of jobs in Canada, thus creating a sort of ranking of power and privilege, which is often superficially celebrated as the diverse Canadian mosaic. Reitz (2004) notes that "there is a visible concentration of immigrants in certain occupations such as black West Indian immigrants in health occupations [e.g. nursing], Chinese immigrants in scientific and technical fields [often both working] below their level of qualification"

(p.117). These labour roles are possibly drawn from historical and colonial stereotypes within the British Empire, of which Canada was a part.

The interviews with the 5 female nurses from East Africa evoked one common theme that ran through their ordeal—the injustices or rather deliberate frustrations from the regulatory professional licensing bodies. The findings from the study tie with Reitz (2001, 2007a) who emphasized that educational [professional] institutions are powerful forces shaping the impact and experiences of immigrants. They account for differences in earnings (Reitz, 2001); they ensure that full recognition is rarely given to international credentials and that they are under-valued relative to comparable Canadian post-secondary education (Asanin-Dean & Wilson, 2009; Boyd, 1994; Reitz, 2001& 2007a,). Consequently, foreign immigrants cannot convert their educational credentials into job status; hence 'educational-occupational mismatch' persists amongst the immigrant population in Canada (Boyd, 1994; Green & Worswick, 2004).

This study explored how the Canadian Federal government through "super image selling" works hard to lure foreign immigrants in Canada, while the Provincial governments through oversight of regulated professional bodies such as CNO marginalizes professional immigrants towards "low status" positions. The resulting separation of labour roles is precisely where the problem persists and it is where changes have to be undertaken if things are to get any better.

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APPENDIX A: Recruitment Poster

PARTICIPANTS NEEDED FOR:

RESEARCH IN JOB SEARCH EXPERIENCES OF FEMALE REGISTERD NURSES FROM EAST AFRICA IN TORONTO:

I am are looking for trained female registered nurses volunteers from East Africa living in the Toronto area, ages 23-65 Years old, who are legally allowed to work in Canada, who speak and write English with a Bachelors degree in nursing to take part in the above research study.

You would be asked to participate in a Face to Face interview individually on a location of your choice to share your experiences.

Your participation will be about 60-90 minutes long.

Your participation is important as it will shed light on the lived experiences of minority groups in Toronto. This study has been reviewed by, and received ethics clearance by the McMaster Research Ethics Board.

more information about this study, please contact:

Daisy Mwebi, Masters of Social Work Student
School of Social Work

Phone: 416-992-5106

Email: mwebidn @mcmaster.ca

McMaster
University

Inspiring Innovation and Discovery

APPENDIX B: Letter of Information

DATE: May 31, 2012

<div align="center">

LETTER OF INFORMATION

</div>

A Study of/about: Job Search Experiences of female registered nurses from East
                Africa in Toronto.

Principal Investigator: Daisy Mwebi, Master's Student
                            School of Social Work, McMaster University
                            Hamilton, Ontario, Canada
                            416-992-5106
                            mwebidn@macmaster.ca

Faculty Supervisor: Susan Watt, Professor
                            School of Social Work, McMaster University
                            Hamilton, Ontario, Canada.

Purpose of the Study

       My thesis will focus on the job search experiences of female registered nurses
from East Africa (Kenya, Uganda and Tanzania). Analysis of their experiences can
help us to understand the overall challenges professional immigrants face upon
settlement in Canada. I will conduct a qualitative study to generate primary data for
this thesis. A review of the existing literature will be conducted to investigate the
relationship between professional immigrant women nurse's job search and the role
played by professional licensing bodies like the College of Nurses of Ontario in
assessing foreign credentials.

 What will happen during the study?

       As a participant in this research, you will be requested to take part in an
interview with the investigator of the study. The interview will be about 60 to 90
minutes long. With your consent, the interview will be digital-recorded with your
authorization in order to correspond with your ideas. You will choose the location and
time for the interview.

       The interview will be conducted in the form of a face- face conversation.
Enclosed is a copy of the questions that I will ask to guide the flow of the
conversation. The interview will give you an opportunity to share your experiences in
looking for employment in the Toronto area as a professional immigrant woman from
Kenya. You will also be able to share your experiences with the employment agencies

and other relevant services you have used and recommend things to enhance their services.

Are there any risks to doing study?

   I acknowledge that you may find it stressful to share your experiences. I would encourage you to share your opinions and responses within your own comfort level. You will not be pressured to answer any questions if they make you uncomfortable at any time. You will not be required to give any explanation if you do not want to answer any questions and you can say so. Feel free to contact me during the interview if you wish to withdraw from the study at any given time. I assure you that if you feel uncomfortable answering any question, you will not be held accountable. Your confidentiality will be maintained at all times and all the information you provide will be stored securely.

   I also recognize that the East Africa community is relatively small in Toronto. Please keep in mind that people are often identifiable through their stories**.** I will ask each of you to select a pseudonym that will appear under the research report upon my completion of research in September 2012. In case of emotional moments during the interview, you can take a break or stop the interview at any time. As well, you have the right to withdraw from the study altogether. If you need more support, I will refer you to the organization called COSTI immigration services. COSTI provides therapeutic group counseling and services, employer placement and support services that can help you to get Canadian experience so that you can integrate into the Canadian workforce. The contact address is: 1541 Jane Street Toronto, Ontario. Phone 416-645-7575**.**

Potential Benefits

   The research may not benefit you directly. However, I hope that learning more about the barriers that professional immigrants incur in the greater Toronto area may help employers to better understand this issue as a social problem that needs to be addressed at all levels in our society. Further, your participation in this study will help you to voice your opinions regarding this issue to help other professional immigrants in Canada. Presently, little research has been conducted on the experiences of professional immigrant women in the labour market. This information could provide a greater insight into the real life experience of an immigrant woman in Canada and may influence how employment agencies and employers include visible minority groups into the labour market.

Who will know what I said or did in the study?

   The information you share in this study is strictly confidential, and I will not share it with anyone. The only person who will come into contact with your personal

information is my thesis supervisor, Dr. Susan Watt who will also maintain the same confidentiality.

A number of steps will be taken to ensure the confidentiality of data. First, it is your choice to choose the time, as well as a private and suitable location for the interview process. To maintain confidentiality after the interviews have been transcribed and organized into a Word document, the audio files will be destroyed on September 2012 after completing my thesis. Second, I will use pseudonyms to maintain your confidentiality, and I will not reveal any demographic or descriptive information to make sure that your identity cannot be recognized. This is important especially because the East African community in Toronto is relatively small compared to other ethnic populations. In addition, people have some unique ethnic names that are easily recognizable. Thirdly, once the information has been transcribed, I will send copies to you to ensure that the transcribed information is correct and secure to maintain confidentiality. I will provide you with my contact information should you have any further questions or concerns with the transcribed information.

The information that I will collect during the interview processes and digital recordings will be kept in a secure filing cabinet and any information exchanged via email will be kept on a secure password computer.

Participation and Withdrawal

Your participation in this study is completely voluntary. If you decide to be part of the study, you can decide to stop, at any time, even after consenting or part-way through the study. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study. Furthermore, after my research has been disseminated by September 2012, and my master's thesis has been submitted, withdrawal will no longer be possible.

Information about the Study Results

I expect to have this study completed by approximately September, 2012. If you would like a brief summary of the results, please let me know how you would like it sent to you. I will verify a summary of the research with you and findings will be available to you, if you so choose.

Questions about the Study

If you have questions or need more information about the study itself, please contact me at mwebidn@mcmaster.ca, 416-992-5106 or my supervisor at wattsms@mcmaster.ca, 905-525-9140 ext. 23792

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance.
If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

        McMaster Research Ethics Secretariat
        Telephone: (905) 525-9140 ext. 23142
        C/O Research Office for Administrative Development and Support
        E-mail: ethicsoffice@mcmaster.ca

APPENDIX C: Interview Questions

Daisy Mwebi, (Master of Social Work student)

(Department of Social Work – McMaster University)

JOB SEARCH EXPERIENCES OF FEMALE REGISTERED NURSES FROM EAST AFRICA IN TORONTO

Information about these interview questions: This gives you an idea what I would like to learn about the job search experience of female registered nurses from East Africa. Interviews will be one-to-one and will be open-ended (not just "yes or no" answers). Because of this, the exact wording may change a little. Sometimes I will use other short questions to make sure I understand what you told me or if I need more information when we are talking such as: "*So, you are saying that …?*), to get more information ("*Please tell me more?"),* or to learn what you think or feel about something ("*Why do you think that is…?").*

1) **Information about you: Your age now? Are you employed now? Do you work in your professional field of study?**

2) **Please tell me about your job search experience in Toronto. What was it like applying for a job in Toronto?**

3) **When you first came to Canada what were your job expectations?**

4) **Did you apply for any nursing position which you did not get?**

   i. **Why do you think you did not get a job that you applied? If yes, did it have anything to do with your gender, race or place of origin?**

   ii. **What strategies have you used to cope with the job search barriers that you have encountered?**

   iii. **What challenges do immigrant nurses face with the College of Nurses of Ontario in terms of evaluating their foreign**

nursing credentials?

5) Have you experienced any barriers while looking for a job? What are the barriers that have confronted professional immigrant women from East Africa in their efforts to become suitably employed in Toronto? If yes, please tell me more about why you think that?

Probing Questions:

- **What responses have you received from employers with regards to your resume?**

- **Are your foreign credentials in nursing recognized in Canada?**

- **What barriers have you encountered in the process of attaining employment opportunities? If any, what strategies have you tried to use to handle/or cope with the barriers?**

- **As a visible minority woman in Canada, what are your perceptions of the experiences you encounter when searching for work?**

APPENDIX D: Canada's Permanent Residents by Category, 2006-2010

Category	2006	2007	2008	2009	2010
Spouses and partners	45,305	44,912	44,209	43,901	40,764
Sons and daughters	3,191	3,338	3,254	3,025	2,955
Parents and grandparents	20,005	15,813	16,600	17,178	15,324
Others	2,016	2,179	1,519	1,100	1,177
Family class	**70,517**	**66,242**	**65,582**	**65,204**	**60,220**
Entrepreneurs - principal applicants	820	580	446	370	291
Entrepreneurs - spouses and dependants	2,273	1,577	1,255	945	796
Self-employed - principal applicants	320	204	164	181	174
Self-employed - spouses and dependants	632	375	341	358	326
Investors - principal applicants	2,201	2,025	2,832	2,872	3,223
Investors - spouses and dependants	5,830	5,420	7,370	7,434	8,492
Skilled workers - principal applicants	44,161	41,251	43,361	40,733	48,821
Skilled workers - spouses and dependants	61,782	56,601	60,373	55,220	70,536
Canadian Experience Class - applicants	0	0	0	1,775	2,532
Canadian Experience Class - and dependants	0	0	0	770	1,385
Provincial/territorial nominees - principal applicants	4,672	6,329	8,343	11,801	13,856
Provincial/territorial nominees - spouses and dependants	8,664	10,765	14,075	18,578	22,572
Live-in caregivers - principal applicants	3,547	3,433	6,157	6,273	7,664
Live-in caregivers - spouses and dependants	3,348	2,685	4,354	6,181	6,245
Economic immigrants	**138,250**	**131,245**	**149,071**	**153,491**	**186,913**
Government-assisted refugees	7,326	7,572	7,295	7,425	7,264
Privately sponsored refugees	3,338	3,588	3,512	5,036	4,833
Refugees landed in Canada	15,884	11,696	6,994	7,206	9,041
Refugee dependants	5,952	5,098	4,057	3,183	3,558
Refugees	**32,500**	**27,954**	**21,858**	**22,850**	**24,696**
DROC and PDRCC**	23	15	2	4	0
Temporary resident permit holders	136	107	113	106	109
H and C cases	4,312	4,346	3,452	3,142	2,900
Other H and C cases outside the family class / Public Policy	5,902	6,844	7,168	7,374	5,836
Other immigrants	**10,373**	**11,312**	**10,735**	**10,626**	**8,845**
Category not stated	2	1	2	1	7
Grand Total	**251,642**	**236,754**	**247,248**	**252,172**	**280,681**

** Deferred Removal Order Class and Post-determination Refugee Claimants in Canada.

Source: Citizenship and Immigration Canada, RDM, Facts and Figures 2010.
http://www.cic.gc.ca/english/resources/statistics/facts2010-summary/01.asp