“When you add Black and Female, it’s almost like a double whammy”: The Gendered and Racialized Experiences of Professional Integration among Internationally Educated Health Professionals in Canada

by

Christiane Mugishe Marie Jeanne Boroto

A thesis

presented to the University of Waterloo

in fulfillment of the

thesis requirement for the degree of

Master of Science

in

Public Health and Health Systems

Waterloo, Ontario, Canada, 2022

Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Background: Scholars have noted that migration of health professionals is a global phenomenon. According to the World Health Organization, the immigration of internationally educated health professionals (IEHPs) to Organization for Economic Co-operation and Development (OECD) countries has increased in the past decade by 60 percent (WHO, 2022). Canada is one of the OECD countries that IEHPs may find attractive. While academics have identified the many barriers for professional integration IEHPs in Canada, there is a gap in the literature in relation to how gender shapes the experiences of professional integration within the Canadian context. My thesis aimed to fill this gap in the literature.

Specific Aims: The specific aim of the study was to determine how gender and race shape the professional integration experiences of IEHPs in Canada by focusing on the intersection of gender, race and ethnicity.

Methods: The study employed a qualitative research design and was informed by feminist methodology. Theoretically, the research was grounded in the theory of intersectionality. Semi-structured interviews were conducted with 20 IEHPs. The analysis applied Winker & Degele's (2011) framework for an intersectional multi-level analysis.

Results: Six stories of IEHPs working in different fields of the Canadian health care setting are featured in the results to describe the participants' experiences. The stories draw on comparisons with other participants' accounts and illuminate the complexity of the immigration process and the institutional barriers to professional integration. They also show how race and country of education shape the process of professional integration. Lastly, the

stories illustrate how gendered roles, and in particular motherhood, shape the process of professional integration of IEHPs, while revealing the unique challenges IEHPs who are also women of colour may encounter.

Conclusion: The results from the study illustrate how the intersection of gender, race and professional identity create unique contexts for IEHPs, as they seek out their professional integration. This study is one of the first studies to explore how gender shapes professional integration of internationally educated health professionals within Canada . The findings of the study illustrate how social identities may enable or hinder peoples' experiences of professional integration. Lastly, the study demonstrates how racist ideologies are embedded in regulatory policies and practices and hinder professional integration of some IEHPs.

Acknowledgements

Firstly, I would like to thank my supervisor, Dr. Elena Neiterman. Throughout the past four years that I have known you, you have helped me grow as a researcher and as an individual. I would like to thank you for helping me step out of my comfort zone and for empowering me to realize my own potential as a researcher. Moreover, I will always be grateful for your compassion, selflessness and patience with me. I am also thankful for your continuous support especially when I was dealing with personal challenges. I am happy that throughout the past five years at the University of Waterloo that I have not only gained an exceptional supervisor, but I have also gained a role model, mentor and friend.

Secondly, I would to thank my exceptional committee members, Dr. Ellen MacEachen and Dr. Martin Cooke. Dr. MacEachen, I am grateful for the time you have taken to provide insight and advice to me throughout this journey. Furthermore, I am thankful for you helping me step out of my comfort zone and for enabling me to grow as a qualitative researcher. I also consider you to be one of my role models in academia.

Dr. Cooke, I would thank you for your enthusiasm and passion for my project. In addition, I am thankful for your thought-provoking insights and for enabling me to think critically and be innovative with my research.

I am grateful for my family members —both my nuclear and extended families. I am thankful for my parents, Ruhiza Jean Boroto and Kahimano Annie Boroto, for always providing support and reassuring me throughout all the stages of the research process. I would like to thank you for also believing in my dreams and for pushing me to reach my full potential. To my brothers, David and Dimitri, thank you for always being there for me throughout all the stages of my thesis, for listening to me vent about my concerns about the research process, and the future. You have witnessed the highs and lows of this journey, and I thank you both for continuously supporting me.

I would like to thank my extended family members in Belgium –Tonton Mali, Tantine Flora, Kailyane, Jodelly, Paul-Césaire and Serge-David. Thank you for constantly encouraging me when I feel lost, comforting me when I feel sad, showing an interest in my project and for checking in on me. Furthermore, I would like to thank my other extended family members who played a significant role in the process –Tantine Davina, Tonton David, Tonton Serge, Jean-Marc, Matthieu, Lydie, Anne-Marie, Auguste, Christophe, Hélène, Emmanuel, Alfred, Joëlle, Raissa and Huguette. Your continuous messages and phone calls have uplifted me in times of despair. I am thankful for your support, love and encouragement throughout this journey. I love you all so much and I hope to reunite in the near future.

I would like to thank my lab mates, past and present. I am grateful to be part of a lab full of supportive, kind, intelligent, and passionate researchers. Being part of this nurturing and compassionate lab has played a crucial part of my growth as a researcher. Your passions and talents have both inspired and encouraged me.

I would like to thank my friends, particularly the “Wednesday Social Squad”— Maddie, Tatung, Shoshannah and Samantha. I do not know how I would have gotten through this program without you all. You have been there for me through the highs and

lows of my master's. I am thankful for all the phone calls, texts, celebrations, work sessions, evening walks and impromptu trips to Vincenzo's. This pandemic has taught me how essential friendship is and I love you all so much.

I also would like to thank my cohort as well. I am continuously in awe of you all. I know you are all destined for great things and I am looking forward to seeing what you all do in the future.

I would like to thank my friends. Thank you so much for encouraging me, being there for me and providing advice when needed.

I would also like to thank those who participated in this study. I greatly appreciate the time you took to be part of this project. Your stories were both inspiring and moving. I hope that throughout this thesis that I do your story justice.

I would like to thank the Social Science Humanities Research Council of Canada for awarding me with the Joseph-Armand Bombardier Scholarship at the end of my first year. Thank you for seeing my potential as a researcher and for awarding me with this prestigious scholarship.

Lastly, I would like to thank God. Throughout my life, you have always shown your mercy and love, especially in my times of despair. Even though at times I may have been uncertain and anxious about what the future holds, you have always shown me that your plans for me are bigger than my fears.

So do not fear, for I am with you;

do not be dismayed, for I am your God.

I will strengthen you and help you;
I will uphold you with my righteous right hand.

Isaiah 41:10

Dedication

To all those I lost along the way far and near:

Oscar Boroto Oshiba

Jeanette Boroto Kalimurhima

Louis Bahufite Habakalamo

Yvan Boroto Butudu

Table of Contents

List of Tables

Chapter 1
Background

Migration of internationally educated health professionals (IEHPs) is a global phenomenon. According to WHO (2022), the migration of IEHPs to Organization for Economic Co-operation and Development (OECD) countries has increased by 60% in the past decade. Researchers have coined the term “brain drain” in reference to IEHPs emigrating from low-income to high-income countries for better opportunities (Dodani & LaPorte, 2005) to denote the adverse effects this migration has on the health care systems of low-income countries, which lose skilled health care workers to richer and more advanced health care systems (Dodani & LaPorte, 2005). The ethics of recruitment of IEHPs from the global south by the global north has been questioned by some scholars who suggested that it is detrimental for the healthcare infrastructure and economies of low-income countries (Kollar & Buyx, 2013). Despite the concerns about the ethics of health workers’ global migration patterns, the movement of IEHPs from the global south to the global north has increased in the past decade (Davda et al.,2018; Dodani &LaPorte, 2005; Moyce et al., 2016; WHO, 2022).

The motivation of IEHPs to move abroad has been explored using the push-pull factors model (Davda et al., 2018; Lee,1966; Moyce et al., 2016). The push factors refer to the circumstances that motivate IEHPs to leave their countries of origin, such as lack of political, economic and social stability, poor working conditions and lack of opportunities for professional development (Moyce et al., 2016). The pull factors refer to the conditions that attract IEHPs to the destination country and they include better working conditions, more job

security, more employment opportunities, more financial security, and better opportunities for their family (Davda et al., 2018). Since Canada is one of the richest OECD countries, it attracts many IEHPs (Davda et al., 2018; Neiterman et al., 2017).

IEHPs choose Canada as their destination country because of its social and political stability, cultural tolerance and connection to other Commonwealth countries (Davda et al., 2018; Neiterman et al.2017). Canada has always been dependent on the immigration of IEHPs, especially in rural and underserviced areas to help mitigate the shortages of health workers (Dauphinee, 2006; Neiterman et al., 2017). Notably, approximately nine of Canadian nurses (CIHI,2019), 26% of Canadian physicians (CIHI,2020), and approximately 34% of pharmacists practicing in Canada were educated abroad (CIHI,2021). These numbers are projected to further increase due to poor health human resources planning, the aging workforce, and growing aging population in Canada (Baumann et al., 2010; Blythe et al., 2009; CNA, 2002; Galarneau, 2003).

IEHPs come to Canada from many different countries, although Egypt, India, Ireland, South Africa, United Kingdom and the United States of America have been the top source countries for the immigrant health care professionals (Siyam & Poz, 2014; CIHI, 2011; CIHI, 2020). There are numerous pathways for IEHPs to migrate to Canada, including direct recruitment of IEHPs by local health care authorities, independent migration as a skilled worker, family reunification, or through requesting asylum (Covell et al., 2016; Immigration, Refugee and Citizenship Canada, 2019a; 2019b; 2019c; 2020). Furthermore, IEHPs may also immigrate to Canada as a student by obtaining a study permit (Immigration, Refugee and Citizenship Canada, 2021a). Usually, the recruitment of IEHPs is not done at the federal level; the specific immigration pathways IEHPs may use include recruitment through

private companies, placement agencies or through provincial and territorial or regional health authorities (Covell et al., 2016; Neiterman et al., 2017).

Canada provides economic and professional opportunities for IEHPs; however, they may encounter challenges pursuing professional integration. In order to practice medicine in Canada, international medical graduates (IMGs) need to have their professional credentials assessed, do a language proficiency exam, pass the professional accreditation exams, find a residency position, and be registered to practice with a provincial or territorial body (Dumont et al., 2008; Neiterman & Bourgeault, 2012). Scholars have noted that IMGs seeking professional recognition in Canada may encounter financial constraints, difficulty gaining credential verification, lack of assessment options, and lack of bridging programs (Kogo, 2009; Boyd and Shellenberg, 2008; Ontario Ministry of Health and Long-Term Care, 2013, as cited in Neiterman et al., 2017; Office of the Fairness Commissioner, 2009). One significant challenge to professional integration for IMGs in Canada is lack of residency positions, and although researchers have noted that the number of residency positions for IMGs has increased, foreign trained doctors still have a lower probability of gaining a residency position compared to Canadian medical graduates (Covell et al.,2016; Neiterman et al., 2017). In Ontario, only 6% of IMGs and 20% of Canadian medical graduates educated abroad were able to obtain a residency position (Lofters et al., 2014;Thomson & Cohl, 2011). IMGs have lower pass rates on the Medical Council of Canada professional examinations in comparison to Canadian medical graduates (Lofters et al, 2014; MCC, n.d.; Neiterman et al.,2017; Walsh et al.,2011). Scholars have noted that unfamiliarity with the examination style (MacLellan et al., 2010; Neiterman et al., 2017; Peters, 2012), lack of communication skills, lack of congruency in medical training, financial constraints, low self-

esteem and lack of cultural competency are among the key reasons for the lower performance of IMGs on the national licensing exams (Baig et al.,2009; Bourgeault et al.,2010; Neiterman et al., 2017; Peters, 2012; Sharieff & Zakus, 2006).

Similar to physicians, internationally educated nurses (IENs) must first obtain their professional licensure to legally practice in Canada. This starts with verification and assessment of their professional credentials through a provincial or a territorial regulatory college (Covell et al., 2014). Covell et al. (2014) have noted that IENs may not be familiar with Canada's accreditation system, may not have the required documents or may be unaware of which regulatory college their documents need to be sent to. Moreover, IENs also have to pass the Canadian Registered Nurse Examination (Covell et al.,2014; Neiterman & Bourgeault, 2013). Similar to IMGs, IENs on average have lower scores on the licensing exam in comparison to the Canadian trained nurses (Covell et al.,2014). Researchers have noted that poor language proficiency and cultural biases may be barriers that prevent IENs from passing the licensure exam (Covell et al., 2014; Ho & Chiang, 2015; Jeans, et al., 2005; Newton et al.,2012). Evidently, upon immigrating to Canada, IEHPs may experience deskilling, devaluing and demotivation to pursue professional registration and work within their field (Davda et al., 2018). As a result, IEHPs may seek an alternative career path or become unemployed while waiting to be registered (Davda et al., 2018). Scholars have referred to this phenomenon as "brain waste", as IEHPs underutilize or do not utilize their professional skills and expertise (Bourgeault et al., 2010; Lofters et al.,2014).

In addition to the challenges experienced while obtaining professional licensure, some IEHPs realize upon joining the health workforce that there are different roles and expectations for their profession in Canada (Connor et al., 2014; Xiao, et al. ,2014).

Therefore, the country in which IEHPs completed their education and training may also affect their professional integration experiences in Canada. Exploring the professional integration of IMGs in Canada and Sweden, Neiterman et al. (2015) noted that IMGs who had completed their medical degree in an education system that was congruent with the educational system of their destination country tend to receive preferential treatment when attempting to gain professional accreditation.

Racism and discrimination are additional barriers faced by IEHPs seeking professional integration. While there are numerous forms of racism that exist in society, this thesis will primarily focus on overt and covert racism. Overt racism refers to the blatant use of promoting negative and harmful ideas, attitudes, symbols and actions that target a specific group in society, particularly individuals who are part of an ethnic minority group or are people of colour (Elias, 2015). Overt racism exists in numerous forms throughout modern society (Elias, 2015). Overt racism is illuminated in individual or group settings, institutions, nations, and international relations (Elias, 2015). Academics have noted that incidents of overt racism have decreased in the past few decades; nonetheless, racist ideas and racist ideologies still persist in society (Macdougall, 1982; Zong, 2007, as cited in Nkrumah, 2021). Covert racism is when individuals express their racist ideas, beliefs or attitudes in subtle forms or actions (Nkrumah, 2021). Covert racism may go unchallenged, as it involves indirect behaviour (Nkrumah, 2021).

In relation to the Canadian context of racism amongst IEHPs, Neiterman and Bourgeault (2015a) have illustrated that IEHPs may encounter personal and professional discrimination in the workforce. Their findings are consistent with the studies documenting racial and ethnic discrimination among IEHPs in the United Kingdom and the United States,

who reported discrimination because of their skin colour, country of origin, foreign credentials, cultural practices, and language barriers (Davda et al, 2018; Likupe, 2015; Neiterman & Bourgeault, 2015a; Pung & Goh, 2017; Wheeler et al., 2014). Similarly, researchers in Australia, the United Kingdom, the United States and Canada have noted that IENs may experience discrimination from their patients, coworkers and supervisors (Bhandari et al., 2015; Neiterman & Bourgeault, 2015a; Nichols & Campbell, 2010; Primeau et al.,2014; Walsh & O'Shea, 2010). Scholars have documented instances of verbal and physical abuse experienced by IENs in the workplace (Neiterman & Bourgeault, 2015a, Walsh & O'Shea, 2010; Wheeler et al., 2014). Likewise, researchers in Australia and the United Kingdom noted that colleagues of IENs may make xenophobic comments towards them, undermine their skills, and exclude them in the workplace (Allan, 2010; Likupe, 2015; Chok et al., 2018; Pung & Goh, 2017). The literature has also noted that IENs in Canada and the United Kingdom might have less opportunities for career progression and professional development (Bhandari et al., 2015; Likupe, 2015; Neiterman & Bourgeault, 2015a).

While numerous studies have demonstrated that IENs experience discrimination and racism in the workplace, some racial minority groups may be particularly vulnerable to the instances of unfair treatment. Focusing on the experiences of Black African nurses working in the United Kingdom, Likupe (2015) noted that the managers may cause divisiveness amongst the nurses who belong to racial minority groups. Moreover, Likupe (2015) noted that the managers may prefer to give Filipino nurses more career advancement opportunities and may be more open to employing nurses from India, as opposed to African nurses (Likupe, 2015). Lastly, the study noted that managers may be biased against African

nurses because of their perception that Africans are not very motivated and thus may scrutinize the African nurses more compared to the other immigrant nurses (Likupe,2015).

Comparably, Neiterman & Bourgeault (2015a) noted that IMGs in Canada felt that their patients and nurses had treated them with respect (Neiterman & Bourgeault, 2015a). However, they also noted that IMGs experienced discrimination from their colleagues (Neiterman & Bourgeault, 2015a). While the findings of Neiterman & Bourgeault (2015a) have noted that IMGs may be less vulnerable to experience discrimination from their patients in comparison to IENs, some studies have noted that Black physicians might be more vulnerable to experience racism in comparison to other racial minority groups. Similar to the findings of Likupe (2015) study, academics have identified that Black physicians may be susceptible to experience discrimination in North America because of the underrepresentation of Black people in the medical field and the negative stereotypes of Black people (Frost , 2019; Wright-Mendoza, 2019; Wyatt et al., 2021). Underrepresentation of Black people may occur due to the discriminatory and institutional policies that prevented them from entering the medical profession in the first place (Frost , 2019; Wright-Mendoza, 2019; Wyatt et al., 2021). Hence, scholars have suggested that there may be a racial hierarchy in the workplace and Black health workers may be in the lowest level of hierarchy because of negative stereotypes and previous institutional policies (Frost ,2019; Likupe,2015; Wright-Mendoza, 2019; Wyatt et al., 2021) Racism and discrimination are just some of the barriers to professional integration and there is a vast amount of literature discussing the challenges IEHPs endure when they attempt to seek professional integration in Canada (Covell et al.,2014; Covell et al.,2016; Neiterman et al., 2013; Neiterman et al.,

2015a; Neiterman et al.,2017). Nevertheless, this literature rarely examines how gender shapes the process of professional integration.

The studies that have explored the role gender plays in professional integration, however, hint that it may have a significant effect on individuals' experiences of and success with the process. For instance, exploring the experiences of baccalaureate educated nurses working as licensed practical nurses in Canada, Salami et al. (2018) noted that female IENs were motivated to move to Canada to provide better social and economic opportunities for their families and children. Contrarily, researchers have noted that financial incentives and potential for more job satisfaction motivated male IMGs to move abroad (Da Costa et al., 2019; Ibrahim et al., 2019). Scholars have also noted that female IEHPs face barriers to professional integration because they often have to balance their professional integration with fulfilling other social roles, such as being a mother or a spouse (Blain et al., 2017; Connor et al., 2014; Salami et al.,2018; Shuval, 2000). Al-Hamdan et al. (2015) noted in their study of Jordanian nurses in the United Kingdom that the nurses were dependent on extended family members to help them with child rearing while living in Jordan. However, upon migration to the United Kingdom, Jordanian nurses had to take more responsibility with child rearing in comparison to when they were living in Jordan (Al-Hamdan et al., 2015). Additionally, Isaksen (2012) noted in her study among IENs in Norway, that female IENs may be dependent on other family members or neighbours to look after their children while they are working. In relation to spouses, Cheng et al. (2013) noted that female IMGs from the Middle East and Asia may be financially dependent on their husbands to help facilitate the process of professional integration. Moreover, female IMGs who had experienced difficulty finding employment upon migration were more likely to stay at home and do

domestic tasks and experience longer periods of unemployment (Davda et al., 2018; Shuval, 2000; Wojczewski et al., 2015). In the workplace, female IEHPs may feel like they have to work harder to illustrate their competencies to their colleagues (Neiterman et al.2015). Moreover, female IEHPs reported being asked about their children (Loss et al., 2020) and experienced sexism and racism in the workplace during the process of professional integration (DiCicco-Bloom, 2004; Loss et al., 2020; Neiterman et al., 2015; Wojczewski et al., 2015). Female IEHPs also experienced discrimination based on their appearance and religious affiliation, as a result of adorning religious items such as a hijab (Loss et al., 2020; Neiterman et al., 2015). Furthermore, scholars have illustrated that colleagues of female IEHPs from non-Westernized countries may perceive them to be too submissive and unable to do certain tasks such as advocating for patients and making judgements calls required for their profession (Neiterman & Bourgeault, 2015a; 2015b). Moreover, Neiterman & Bourgeault (2015a) noted in their study that male IEHPs working in female-dominated careers such as nursing experienced otherness based on their gender and race. Similarly, male doctors from non-Westernized countries may feel that they have to fight the challenge of being perceived as too domineering and disrespectful toward women and female health professionals (Neiterman & Bourgeault, 2015a). Overall, Neiterman & Bourgeault (2015a) have illustrated that the intersection of gender and professional identity shape the integration experiences of IEHPs.

In summary, the migration of IEHPs from low-income to high-income countries has increased in the past decade. Although Canada provides opportunities for IEHPs, scholars have illustrated that they may encounter difficulties when seeking professional integration. The majority of the literature on IEHPs has focused on the licensure and the racial and

cultural challenges IEHPs face; however, less is known about gender and the professional integration of IEHPs. The scarce literature that is available in this area examines the experiences of IEHPs in Austria, Belgium, Botswana, South Africa, the United Kingdom and the United States of America (DiCicco-Bloom, 2004; Wojczewski et al., 2015); less attention has been paid to this subject in the Canadian context. My thesis aimed to fill this gap in the literature by determining how gender shapes the professional integration experiences of IEHPs in Canada.

Chapter 2
Specific Aims

The aim of this study is to determine how gender and race shape the professional integration experiences of internationally educated health professionals (IEHPs) in Canada. Specifically, this research addresses the following questions:

1. What are the gendered barriers to and facilitators of professional integration of IEHPs?
2. How does race, ethnicity and gender intersect to shape the experiences of professional integration among IEHPs?

Conducting this study, the overarching goal was to determine how the intersection of gender, race and professional identity uniquely shape the integration experiences of IEHPs in Canada in order to identify strategies that could facilitate their employment prospects in the health care sector.

Chapter 3

Methods

This study employed a qualitative research design and semi-structured interviews were used as a means of data collection. IEHPs who live in Canada were interviewed about how gender and race might have shaped their experiences of professional integration. This study was informed by feminist methodology and incorporated intersectionality as its theoretical orientation. The data analysis was informed by Winker and Degele (2011) intersectional analysis framework.

3.1 Research Design and Approach

This study received ethics clearance (ORE #42690) through a University of Waterloo research ethics committee. I employed a qualitative methodological approach. This approach was suitable for my research questions because it enabled me to understand and gain insight on how gender, intersecting with other social identities, shaped the experiences of professional integration among IEHPs in Canada. Feminist methodology informed my study.

3.1.1 Feminist Methodology

Feminist methodology focuses on how and whether the knowledge pertaining to social life can be connected to women's experiences of reality, while taking into account the context of research methodologies that are male-dominated and fail to include the lived experiences of women (Hekman, 2007; Landman, 2006 ; Smith, 1974). Feminist methodology focuses on the implications of excluding women's lived experiences from the knowledge constructed by men (Landman, 2006). One of the key premises of feminist

methodology is to ensure that the phenomena being studied is meaningful to the individuals being studied and should lead to social change (Letherby, 2011). Feminist methodology focuses on being aware of how gender shapes society and also involves incorporating a critical approach to the research process. Moreover, employing reflexivity during the research process is an essential component to feminist methodology. Incorporating reflexivity enables researchers to be aware of their subjectivities and be cognizant of how gender is embedded in society (Letherby, 2011). Furthermore, feminist methodology also encompasses establishing non-exploitative relationships during the research process. It also values reflexivity and emotion as knowledge and essential components of the research inquiry (Letherby, 2011). Feminist methodology was suitable to address my research questions, as it enabled me to put the participants at the centre of my analysis. As a someone who identifies as a woman, incorporating feminist methodology enabled me to empathize with and listen to the lived experiences of the participants. In addition, feminist methodology emphasizes being aware of how gender is embedded in social institutions, and my thesis primarily focused on how gender shapes the integration experiences of IEHPs. In my research, I relied on the combination of feminist methodology and intersectionality. It was essential to incorporate Intersectionality as part of feminist methodology, as individuals recruited for this study came from different backgrounds and had different social identities.

3.1.2 Intersectionality

Intersectionality, a term coined by Crenshaw (1991), pertains to the interaction between various identities, including race, gender, class, nationality, and sexual orientation. Intersectionality focuses on how social identities interact and play out in different settings

(Crenshaw, 1991; Davis, 2008; Delgado & Stefancic, 2017). Social identities can privilege or disadvantage people within society (Davis, 2008; Delgado & Stefancic, 2017).

Crenshaw (1991) proposed that intersectionality can be understood in three different forms: Structural, Political and Representational. Structural Intersectionality focuses on the different forms of oppression that occurs as a result of current social structures and policies that were specifically targeted for different social groups (Crenshaw, 1991). This type of intersectionality focuses on the interventions that specifically target a particular group within society, but not other groups (Crenshaw, 1991; Rodriguez, 2018). Political Intersectionality refers to how anti-racism and feminist politics have exacerbated the marginalization of the problems that Black, Indigenous, and people of colour (BIPOC) women face as both discourses and frameworks pertaining to race and gender are conflicting (Rodriguez, 2018; Crenshaw, 1997). Political intersectionality focuses on how certain public policies fail to incorporate an intersectional approach and consider the lived the experiences of women of colour (Rodriguez, 2018). Representational Intersectionality refers to the cultural construction of the representation of certain groups of people through texts, language, media and images (Jordan-Zachery, 2013, as cited in Rodriguez, 2018 ; Crenshaw, 1997). Representational intersectionality focuses on providing an intersectional imagery of individuals, but does not conform to certain stereotypes of a particular race (Rodriguez, 2018). In addition, it focuses on providing a rationale as to why certain groups are excluded from some educational and employment opportunities (Rodriguez, 2018).

Implementing intersectionality in the research process, the analysis of data centers on focusing on identities of individuals who are perceived to be different , paying attention to social categories used to distinguish individuals into different groups, analyzing the process

at which individuals are othered , and lastly, determining the systems in society that uphold power and dominance (Dhamoon, 2011; Rodriguez,2018).

Intersectionality was an important framework for my thesis because gender was not the only social identity that shaped their professional integration. The IEHPs that moved to Canada came from different countries and have different social identities. Each individual had different experiences of professional integration depending on their social identities such as nationality, race, ethnicity and professional identity. Incorporating an intersectional approach enabled me to explore the interplay between social identities that privilege or disadvantage IEHPs. Specifically, I incorporated intersectionality by focusing on the interplay between race, ethnicity, gender and professional identity. In this study, I conceptualized gender as a social construct (Lorber, 1994) that shapes the way society perceives men, women and non-binary individuals. I understand gender to be a social institution that ascribes responsibilities and norms that men, women and non-binary individuals have in society (Lorber,1994). Within the professional world, gender roles have traditionally privileged men and disadvantaged women (Lorber, 1994). Similarly to gender, I conceptualized race to be a social construct (Clair & Denis, 2015; Lopez, 1994). Although racism is considered to be a social construct (Clair & Denis, 2015; Lopez, 1994), racial discrimination still persists in numerous Western societies including Canada (Delgado & Stefancic, 2017). Therefore, race relations and racial discrimination shape the experiences of individuals and thus become central in their search of employment and their workplaces. Since many IEHPs are members of racial minority groups, I believe it was important to consider the role race plays in the gendered experiences of professional integration of IEHPs.

3.2 Study Sample, Eligibility and Recruitment

3.2.1 Study Sample and Eligibility:

The participants for this study were Canadian IEHPs, such as international medical graduates, internationally educated nurses, or internationally educated dietitians or other professionals who required professional registration with a regulatory college or board. In order to be eligible to participate in this study, IEHPs needed to have lived in Canada for at least five years, have completed their training outside of Canada, be fluent in English, to obtain their license (or be in the process of obtaining it), and practicing within their professional field or were unable to obtain their professional license and thus pursued an alternative career path. I intended on recruiting approximately an equal amount of male and female or non-binary IEHPS of all professions, races and ethnicities.

3.2.2 Recruitment:

Recruitment posters (see *Appendix A*) were posted on social media sites, i.e., Facebook and LinkedIn. The information about the study was also spread on professional social media sites for health professionals and by word of mouth. As a result of the pandemic, there were limited avenues to recruit participants. Therefore, word of mouth was my main source of recruitment. Word of mouth made it easier to recruit participants, as I felt that it was hard to reach potential participants on social media. Disseminating information about my study by word of mouth enabled me to reach more networks of IEHPs. Interested participants contacted me by email or through social media (see *Appendix A*). They were then emailed a letter of information (see *Appendix B*) as well as the consent form that explained the purpose of the study as well as its procedures. Prior to scheduling the interviews, prospective participants had an opportunity to contact me to ask for more

information and clarification about the study. The participants were reminded that participation in the study was voluntary.

3.3 Data Collection

The interviews were scheduled at time that was convenient for both the participant and me. Most of the interviews took place on videoconferencing platforms such as Zoom, Skype, and Microsoft Teams. There were also a few interviews done on the phone. Prior to beginning the interview, the letter of information form was reviewed and a signed or verbal consent was obtained to participate.

After going through and signing the consent form, participants were asked to choose their own pseudonym. Those who did not choose a pseudonym were assigned one. In addition, before the interview, I asked the participants a few demographic questions which included their gender identity, racial identity, ethnicity, country of origin, the number of years they lived in Canada, their profession prior to immigrating to Canada and whether or not they were practicing within their respective field or not (see *Appendix D*). The purpose of the survey was to determine how one's social context shaped their experiences of professional integration positively or negatively. The demographic information was de-identified and stored in a secure location.

Semi-structured interviews were employed as a means of data collection and enabled me to ask open-ended questions and encouraged the participants to provide detailed responses. An ethics-approved interview guide was used while keeping in consideration the study objectives as well as the research questions (see *Appendix C*). During the interviews, participants were asked questions about their migration stories, their processes of professional integration, the role race/ethnicity played in their professional

integration experience, how gender might have shaped their experiences, the role family played in their experiences, their current working situation, their future plans. They were also asked to offer policy recommendations to help improve process of professional integration. To help keep in consideration the sensitive nature of the topic, I paid special attention to social cues and paused the interviews when needed. Further, participants were informed in the letter of information form that they would have access to resources if needed (see *Appendix F*). These resources included websites that could support IEHPs pursuing professional integration and contact information for anyone who needed mental health support.

Interviews were conducted from January 2021 until March 2021. The lengths of the interviews varied, as some interviews lasted approximately 20 minutes, while others lasted approximately two hours. The interviews were audio recorded and transcribed verbatim. In the results chapter, I denoted when the participants conveyed emotion during their interviews by putting the words or phrases in a bold font. After completing the interviews, participants were given a feedback letter thanking them for their participation (see *Appendix E*), as well as a signed copy of the consent form. In addition to the audio recordings, notes were taken throughout the interviews. The notes taken included the participant's mood and demeanor throughout the interview, as well as the key themes identified.

3.4 Data Analysis

I incorporated Winker & Degele's (2011) framework for conducting an Intersectional multi-level analysis of the findings. Winker & Degele (2011) developed the multi-level intersectional analysis to illustrate how the interrelation of categories of inequality on different levels can be understood and analyzed as part of the research process. They

conceptualized identity construction to be on the micro level, and social structures such as institutions and organizations to be on the macro and meso level . Cultural symbols such as ideologies and norms would be categorized under level of representation (Winker & Degele, 2011). The first four steps focus on evaluating the individual interviews . The last four steps focus on putting together all the interviews and analyzing all the interviews as a whole (Winker & Degele, 2011). I modified some of the steps outlined to help answer my research questions.

Step 1: Providing a description of the constructions of identity

The researcher identifies categories of identity the interviewee utilizes to identify themselves (Winker & Degele,2011). Winker & Degele (2011) utilized the social categories of gender, race, nationality, sexuality and body in their study. However, for the purposes of my study, I specifically focused on the social categories of gender, race and profession. In this step, I searched for how the participants constructed their identity in relation to their gender, race, and professional identity.

Step 2: Determining symbolic representations

In the second step, the researcher finds any references to norms, values and ideologies the interviewee has used throughout the interview (Winker & Degele, 2011). In this study, I focused on any ideologies in reference to gender norms, racism and negative discourses pertaining to IEHPs.

Step 3: Searching for references to social structures

In the third step the researcher identifies any references to social structures such as laws, institutions or organizations in the interview (Winker & Degele, 2011). I categorized the interviews into three categories: race, gender and profession. Subsequently, the

researchers will determine how the interviewees directly or indirectly relate to the social structures (Winker & Degele, 2011). For the purposes of my research study, I looked for any rules related to the requirements that IEHPs needed to fulfill in order to practice within Canada as well as how professional regulatory bodies shape the process through their rules and requirements.

Step 4: Naming and determining the interrelations of the central categories on three levels

In Step 4, the researcher gathers categories of identity that are important to the interviewee (Winker & Degele, 2011). The researcher starts at the level of identity . Winker & Degele (2011) note that an indication of a self-construction of high significance is when the categories of self-identification also appear on the levels of representation and structure (Winker & Degele, 2011). Therefore, it is imperative to determine the most pertinent identity constructions which can be utilized on all levels and how these identifies conflict with each other and are interwoven (Winker & Degele, 2011). In this step, I focused on how the participants categorized and constructed their identity based on their race, gender and professional identity and other discourses that challenged their identity construction.

Step 5: Comparing and categorizing subject constructions

In Step 5, the researcher starts providing a summary of the analyzed interviews (Winker & Degele, 2011). The researcher should categorize the subject matter based on one or two characteristics, such as race, gender and profession into groups (Kelle & Klugge,1999, as cited in Winker & Degele, 2011). The analyzed interviews within the groups should have a high level of internal homogeneity; however, they should also have an external heterogeneity when comparing to another transcript (Winker & Degele, 2011). After

categorizing the interview transcripts into groups, the researchers determine how the individuals experience otherness based on their identity . In this study, I categorized the interview transcripts based on profession and looked for any references made to gender and race. In addition, I also characterized the transcripts based on the race of the participants. After categorizing the interview transcripts into groups, I determined how the participants experienced otherness based on their identity (Winker & Degele, 2011).

Step 6: Analyzing the power relations illustrated in the text

In Step 6, the researcher identifies and analyzes the power structures mentioned in the interview (Winker & Degele, 2011). In this study, I looked at how regulatory bodies and how certain regulations may hinder or aid the process of professional integration.

Step 7: Providing an in-depth analysis of the symbolic representations as a rationale for social inequality

This step involves the researcher understanding the ideologies that exist in certain contexts by referring to additional data sources such as mass media, advertisements, photographs and documents (Winker & Degele, 2011). This step enables researcher to explain how the societal context is relevant to enable the norms and values to exist and how it enables individuals to sustain them (Winker & Degele, 2011). For the purposes of my study, I looked for references to dominant cultural ideologies pertaining to gender, race and ethnicity and how they inform the participants' views on their experiences of professional integration. In addition, I also looked at the regulations in place that hinder IEHPs from seeking professional integration.

Step 8: Determining and elaborating on the interrelations on all three levels

In the final step of the analysis, the researcher aims to search for interrelations and look for different levels of social inequality and power relations (Winker & Degele, 2011). On the structural level, the researcher searches for how social inequalities such as racism, heteronormativity, sexism and classism are illustrated in the interviews and how are they are interwoven (Winker & Degele, 2011). For my thesis, I focused on how racism, sexism, ethnicity and professional identity are illustrated and interwoven in the interview transcripts. The next stage involves analyzing the effects of the social inequalities at level of identity . In the following stage, the researcher identifies how the identities individuals used to describe themselves are connected to the power structures. The previous stages illustrate if and how the power structures affect people (Winker & Degele, 2011). For symbolic representations, the researcher will go through a similar procedure by asking how an individual's construction of identity remains stable or is challenged by preexisting norms and values. In the last stage, the researcher analyzes the relationship between the structural systems of power relations and symbolic representation (Winker & Degele, 2011). The researcher determines how power structures shape norms and values and how the cultural representation illustrate the norms and values. Additionally, the researcher analyzes how the norms and values influence and change the power structures (Winker & Degele, 2011). For my thesis, I mainly focused on how racism, sexism, ethnic discrimination and professional identity are illustrated and interwoven in the interview transcripts. Further, I focused on how the effects of racism, sexism and professional discrimination impacted the participants' experiences negatively. Lastly, for this study, I determined how the way individuals conveyed their identity was

connected to the power structures. In addition, I also explored how social norms may hinder or challenge their professional identity.

3.5 Positionality and Reflexivity

I am aware that I have my own opinions and experiences when engaging with this topic, and how they have consequently shaped my awareness for the need for this type of research, as well as shaped the way I have conducted my research. I primarily identify as Black, upper-middle class, Congolese-South African woman. I am an immigrant to Canada and have been a citizen of Canada for five years. My mother is an international medical graduate, and she continues to practice as one in Canada. During my first few years in Canada, I witnessed the stressors of her professional integration into the Canadian workforce and these stressors have included the arduous and lengthy process of writing and preparing for the medical qualification examinations as well as encountering racism in the workplace. As a member of a minority group in Canada, I have had my own instances of racism and sexism and have felt the pressure to work hard to resist racist and ignorant stereotypes. In addition to my own experiences, I have extended relatives who live in Europe, and they have recounted to me their personal experiences of discrimination they have faced in the workforce. Moreover, within my social network, my friends' parents are also IEHPs and I have witnessed and heard about what they had to endure to get their credentials recognized in Canada. Consequently, as a result of my background as an immigrant and my social background, I am aware that I have my own set of biases when engaging with this topic.

Despite addressing my positionality and views related to the topic, I do strongly believe that my positionality with the subject matter has been beneficial to me throughout

the research process. My positionality enabled me to establish rapport and empathize with the participants involved in my study. In addition, it helped me to provide a new perspective on a research topic has been studied for numerous years.

3.6 Participants

Overall, twenty participants [n=20] enrolled in the study (see *Table 1*). The sample of participants were very diverse and came from different parts of the world –Asia, Africa, Europe and The Middle East. Out of the twenty participants, eleven [n =11] self-identified as woman and nine [n=9] as man. In relation to race and ethnicity, eight [n=8] participants were South Asian, six [n=6] were Black, two [n =2] participants were Middle Eastern, and the remainder participants self-identified as Arab, Asian, multiracial and white. The professional make up of participants comprised of 13 international medical graduates, three internationally educated nurses, two internationally educated dietitians, one internationally educated dentist and one medical radiation technologist. The length of participants living in Canada ranged from approximately five years to 21 years. The majority of the participants (n=17) were practicing within the respective careers prior to immigrating to Canada, while there were a few participants (n=3) who pursued an alternative career path in Canada.

Table 1 : Sample Description

Pseudonym	Gender	Self-Identified race	Ethnicity	Country of Origin	Number of years living in Canada	Profession prior to immigration	Kept the Same Profession
Bev	Female	South Asian	South Asian	South Asia	20 years	Internationally Educated Dentist	Yes
G.M.	Female	South Asian	South Asian	South Asia	16 years	Internationally Educated Dietitian	Yes
Dr. A	Male	Middle Eastern	Middle Eastern	Middle East	10 years	International Medical Graduate	Yes
Ola	Female	Middle Eastern	Middle Eastern	Middle East	11 years	International Medical Graduate	No
Kenny	Female	Black	African	Central Africa	17 years	International Medical Graduate	Yes
Abisola	Female	Black	African	Western Africa	5 years	Medical Radiation Technologist	Yes
Natalie	Female	South Asian	South Asian from country in Southern Africa	Southern Africa	5 and a half years	International Medical Graduate	Yes
SK	Male	Black	African	Central Africa	20 and half years	International Medical Graduate	Yes
Sarah	Female	South Asian	Asian	South Asia	5 years	International Medical Graduate	Yes
James	Male	Black	African	Central Africa	7 and a half years	International Medical Graduate	Yes
Amy	Female	Asian	East Asia	East Asia	7-8 years	International Medical Graduate	No
B	Male	Multiracial	Multiracial	Southern Africa	5 years	International Medical Graduate	Yes
Janco	Male	South Asian	South Asian	South Asia	~5 years	Internationally Educated Nurse	Yes
John	Male	South Asian	South Asian	South Asia	11 years	Internationally Educated Nurse	Yes
Chantelle	Female	South Asian	South Asian	South Asia	~5 years	Internationally Educated Nurse	Yes
Alice	Female	African	Black	Southern Africa	5 years	International Medical Graduate	Yes
Sabrina	Female	White	European	Europe	7 years	Internationally Educated Dietitian	Yes
Sam	Male	North African	Arab	North Africa	5 years	International Medical Graduate	Yes
Scanner 21	Male	Black	African	Central Africa	18 years	International Medical Graduate	Yes
Earl	Male	South Asian	South Asian	South Asia	20 years	International Medical Graduate	No

Chapter 4
Results

In what follows, I will present six case studies of internationally educated health professionals and their process of moving to Canada. I chose to present my results in a case study format because I wanted to demonstrate the nuances and uniqueness of each participant's experiences. Further, as my study is grounded in intersectionality, I felt that presenting these findings in a case study would best show the intersection of gender, race and professional identity. While I chose six unique stories, these stories also share commonalities with key themes derived during the analysis. They are also accompanied by references to other participants to ensure that each participant's voice is represented in the findings section.

The story of Kenny, an international medical graduate, represents the intersection of motherhood, race and professional identity, a topic that was often raised in the interviews with the participants. Following Kenny, Bev, an internationally educated dentist, discusses the challenge of experiencing otherness based on her accent and her encounters of workplace discrimination. The story of James, an international medical graduate, illuminates the challenges of working as a man in a female-dominated working environment. Contrasting the experiences of racialized IEHPs, the story of Sabrina, an internationally educated dietitian, reveals how the possession of a white European identity may positively impact the process of professional integration. Following this, John, an internationally educated nurse, reflects on the intersection of culture with professional experiences and Abisola, a medical radiation technologist, shares the challenges of getting professional recognition with her foreign credentials. At the end of each case study, I provide short

analysis of each story, connecting it to the experiences of other participants, and explore how they exemplify the entanglement of gender, racial and professional identities.

4.1 The Story of Kenny, an International Medical Graduate

Kenny is an IMG who has been living in Canada for approximately seventeen years. Kenny and her husband are originally from the luxuriant and vibrant region of Central Africa, but due to the political and economic situation in the area, they had to move to a different region located in the southern part of the continent. They got married in Southern Africa and had children there. Before coming to Canada, Kenny and her husband had completed medical school in Southern Africa and "were just at the beginning of our career". Kenny's husband was thinking of specializing in Obstetrics and Gynecology, but "there was a lot, a lot of roadblocks" during the application process, as he was a "foreigner" in Southern Africa. Consequently, Kenny and her husband were contemplating immigrating to Canada, as they had heard through some of their friends that numerous doctors in the region were moving to Canada because it offered "better opportunity ... for doctors" and "better opportunities for children". The process of migration from Southern Africa to Canada was "quite long", as it took approximately three years. Not ready to put her life on hold, Kenny became pregnant while completing the immigration paperwork and waiting for feedback from the Canadian embassy. The birth of the new child "delayed everything." There was a lot of paperwork that needed to be completed to be eligible to migrate and work in Canada . One of the requirements that Kenny and her husband had to complete was "to do a few months in different department[s] of medicine". Kenny and her husband had to complete their clinical rotations in various departments of medicine.

The fact that Kenny's husband was not a citizen in the country in which they were living in Southern Africa added an additional challenge – "he had a few [additional hurdles with the] … paper trail to go through". Ultimately, accompanied by her mother, Kenny and her two children moved to Canada through the Provincial Nominee Program, which offers highly skilled prospective immigrants whose qualifications are in demand to receive provincial sponsorship to move to Canada (Immigration, Refugee and Citizenship Canada,2019c; 2021b). Kenny's husband temporarily stayed behind. Kenny's mother joined her as a visitor to help Kenny look after her children while she was working.

Kenny and her family arrived in a secluded and rural part of Western Canada. She said she had a "good welcome" as the town "need[ed] people*"* and she had a "welcome committee" greeting her upon arrival. Unlike many other IMGs who come to Canada but cannot start practicing their profession until they have completed all the required examinations (Dumont et al., 2008; Neiterman & Bourgeault, 2012), Kenny's credentials were considered to be equivalent to Canadian credentials due to the similarities in the education system in both countries. Her immigration status under the Provincial Nominee Program enabled her to receive a restricted license and begin to practice right away. Hence, while Kenny could not practice across Canada and had to have a supervisor "just to review the charts" to determine if she "had some difficulties", she started working right away as a physician under a limited registration provided to her by the province when she arrived.

The first few months were difficult for Kenny. She felt lonely without her husband. She missed the familiarity of her home, the warmth of her family, and the lively culture back in Southern Africa. Professionally, the workplace had its challenges, as she was one of the few doctors in town. In addition to that, she had to adjust to the "disease spectrum, that

might not be the same as back home". Kenny said she saw "a lot of infectious disease back home" and had experience working as a "medical officer" and as a physician in a pediatric ward prior to immigrating to Canada. In Canada, however, most of her patients were geriatric cases and it took her back to "internal medicine but a little more complex". Along with learning how to practice in this new setting, Kenny had to prepare for the accreditation examinations, since she only had a restricted license. In order for her to be able to practice medicine in other parts of Canada, she needed to pass all the required exams.

When talking about her experiences of racial and ethnic discrimination, Kenny felt that she did encounter racism in the workplace. She felt that race and ethnicity "will always shape" the way other people in the workplace interact with her. While she was convinced that racial relations will always shape her experiences, Kenny felt that people in rural Western Canada were more receptive towards her because they had a shortage of doctors.

Nonetheless, she noticed that when she entered the room to see her patients, people were not expecting a "female doctor, maybe a Black female doctor". Hence, again and again Kenny had to prove to her patients that she is, indeed, a qualified physician who is capable of providing good care.

After spending a period of time in Western Canada, Kenny along with her husband and children relocated to Central Canada. Kenny's husband had completed all of his accreditation examinations and wanted to move to Central Canada to seek out more professional opportunities. While living in Central Canada, she noted that she experienced more incidents of overt racism. Kenny noted that her patients would normally mistake the white female nurse she worked with as their doctor and her as their nurse. Most of the time, the nurses would acknowledge the mistake and correct the patient.

> So, the patient will ask question facing the nurse …, for instance,… and the nurse will immediately sense it. And that's really very nice to see [them acknowledge the mistake] and the nurse will say, 'No, no, she's the doctor'. So, there's that feeling that, okay, right away, you are not considered as [a doctor] because what they see,… because of what they see [a woman of colour].

In some cases, even when Kenny came and introduced herself as a doctor, the patients would still question if she, indeed, was a physician. She believed her patients' refusal to see her as a doctor stemmed from the intersection of her race and gender. She stated that "when you add **Black and female**, it's almost like a double whammy". Struggling with this lack of recognition, Kenny felt like she may have been disadvantaged and vulnerable to the experience of racism and sexism in the workplace.

Some of these experiences lingered in Kenny's memory. In particular, she recalled an incident where a patient had refused to be seen by her :

> And I go to the room, and it's the same page that they give me, the list of my patient. And… I said, 'Oh, I have a feeling it's not gonna go well with this one. But I'm gonna go.' And he tells me, **'I don't want to see you. didn't I tell you? I don't want to see you**.' I said, 'Okay, you didn't tell me that and why is that?' [And he said] 'I don't want to see you, I want to see my doctor.' And then I say, 'Well, I'm supposed to be the doctor [you are supposed] to see today.' And he didn't want to see me, and I had to, you know, respect that.

Kenny said her colleagues attributed the poor treatment she received from some of the patients to her being a woman. However, she herself believed it was not a good explanation, since her white female colleagues were not subjected to similar occurrences. Kenny felt that it "would be nice to have a place where you can vent a little bit" and that workplace racism "cannot be tolerated". Despite the instances of racism, she had encountered in her workplace, Kenny had found some mechanisms to cope. She had

decided to focus on the “good people” around her and “the positive things” in her life. Moreover, she believed that it is important to be assertive as well as work hard to illustrate her own competence.

When it comes to gender, Kenny noted that “being a female has something to do” with the challenges she experienced when writing the exams. Comparing her own experience to that of her husband, who she said was “very smart”, she felt that her process of professional integration took a “**long time**,” because she had to balance her personal and professional responsibilities. She believed that being a woman may have been a factor in the delays she experienced. Kenny said that in her culture, women have “certain roles” that they must do. These tasks may include ensuring *“*that the kids are okay*”* and that “the people have eaten”. Furthermore, she believed that women may have multiple roles to balance, and it was hard for her to prioritize which tasks she needed to get done. The challenge of adhering to gender roles posed to be a great challenge for Kenny, especially when she had to prepare for the accreditation examinations.

The examinations were “very challenging” for Kenny, as her mother returned back home after spending seven months in Canada with her. She had finally been reunited with her husband who arrived six months after Kenny and their children. Kenny found the examinations to be challenging, as “being … a mother also and a working mother, and going back to studying like medical students, it wasn't easy*”.* She found that the intensity and difficulty of the exams progressively increased, which made the process even more challenging. In addition to struggling to balance her professional and personal responsibilities, Kenny also pointed out to the financial impact of the exams that were “not cheap”. Preparing for the Royal College of Family Physicians Exam was particularly

challenging for Kenny. While studying for the Royal College of Family Physicians Exam, she was working as a hospitalist, a physician who specializes in providing medical care in a hospital setting (Pantilat, 2006), as well as a full-time doctor at the local clinic. As a result of the responsibilities of motherhood and work obligations, she had a challenging time preparing for the accreditation examinations. Kenny had difficulty with the final exam, which she failed a few times, hoping to pass on her last attempt. Her friend suggested that she cut back on her responsibilities to help her prepare for the examinations.

> So, I had to drop the hospitalist [position]. And I had to just focus on the [work in the] clinic, but even [in] the clinic, I took some… weeks off [to] prepare for the exam, and finally [I] did the exam. And that's, **that's my story**. So, my biggest challenge was… yes, it was that so it's, it's, it's hard for a mother. It's hard for… a mother and…you know, with this profession, you were… there's also… it's a trap.

Kenny uses the word "trap" to convey how motherhood was an additional challenge to her professional integration. Currently, Kenny is working as a physician in Central Canada. Her future plans include putting her children through university, as well as attending conferences for further professional development. She is currently happy working as a family physician and does not intend on pursuing another specialty. She still wants to go back to her country of origin at some point; however, she "**like[s] it here**" in Canada and considers Canada her "second home".

4.1.1 Reflection of Kenny's Experience

Upon reflecting on Kenny's experiences, it was possible to identify the many instances where her experiences were shaped by the intersection of racism and sexism she experienced during the process of her professional integration. She thought that being Black and a woman is "a little bit more challenging". This challenge was highlighted in her

everyday experiences of communicating with her patients, who would mistake her for a nurse. Her gender and race rendered her as “less” professional than a white female nurse visiting patients with her. Such incidents illustrate the social construction of the certain features of professional identity, which do not align well with being Black and being a woman. Kenny’s professional status, therefore, was often questioned in the interactions with her patients and had to be reasserted again and again. Kenny often had to reaffirm her professional identity by presenting herself to her patients as their physician and by being assertive. Kenny’s reflections on being a Black female doctor are similar to findings from Morrison & Chimkupete’s (2020) article on the experiences of Black female medical students in the United Kingdom , who noted that patients refused to receive care from them because of their race and often mistook them for cleaners or nurses. These experiences illustrate the vulnerability of Black women to having their professional identity questioned because they do not meet society’s image of a doctor—white or male. Thus, they may feel that they need to work harder to demonstrate their knowledge and competencies.

Kenny’s experiences, while certainly unique, resonated with the stories of some of the other study participants, especially when discussing the gender roles. For example, SK, a male IMG from Central Africa, noted that if he would have been a woman, he may not have pursued professional integration, as he thought that “the responsibility of being a woman, a mother, could have made a difference”. Both Kenny and SK, therefore, saw gender as an important factor in professional integration, especially in a way it aligns with the identity of a mother. However, Scanner 21, male IMG from Central Africa, believed that gender does not impact professional integration. Commenting on this, he said:

> It depends on how you... look also at the world. It it is is, you know, if you … put yourself always in a ... in the position of a victim.

Similarly, Sarah, a South Asian IMG, felt that gender did not play a role in her quest to becoming a doctor in Canada; nonetheless, she did comment on the challenges of raising her child, while working as a full-time professional.

Recognized or not as a distinct gender role, motherhood appeared as a central part of female professionals' identity, and the importance of being a mother overshadowed the importance of professional integration, putting more stressors on women in the process.

4.2 The Story of Bev, an Internationally Educated Dentist

Bev is an internationally educated dentist from South Asia who has been living in Canada for twenty years. Before Bev came to Canada, she graduated from a dentistry school. Bev's husband was also a dentist in their home country. Bev and her husband wanted to migrate abroad because they wanted "to be in a more … advanced country", as in their home country "dentistry wasn't as advanced as everywhere in the world ...".

They chose to immigrate to Canada because it "was a very peaceful country." They immigrated to Canada through the points-based system, which determines immigration eligibility of the applicants by awarding points for education, professional experience, and other employment-related criteria. Given that both Bev and her husband were skilled professionals, they chose to enter Canada by applying for permanent residence. However, this process was not simple, and they had a lot of challenges when they went through the immigration process. Recalling this experience, Bev said that "the wait time [for the immigration process was] … uncertain". She also noted that the process of applying for

immigration to Canada to some degree placed their own lives on hold. Explaining this, she said:

> There is a bit of a challenge because you don't want to start a new venture while you [have] already filed your papers, but you never know [if they are going to accept your application]. Is it going to be successful or not?

Similar to Kenny, Bev's family did not move to Canada together. Their immigration started with Bev's husband moving to Central Canada and her joining him eight months later. Bev's own move to Canada was wrought with personal challenges. Recalling her immediate experiences upon arrival she said:

> [The] first six weeks or so are the worst ones, because you don't know anybody, and you don't know where you are.

Even such things as navigating the city to which she arrived and using its transportation system presented themselves as a learning curve. Everything felt new, unfamiliar, and unfriendly.

In relation to her professional integration, Bev encountered some challenges in her trajectory to practicing dentistry in Canada. After completing her immigration applications and doing the necessary credential assessments, Bev and her husband realized their degrees were "recognized to a level where we could come and do dental assisting without any restriction" Consequently, Bev could not practice dentistry in Canada immediately after completing the credential assessments, as she was only able to work as a dental assistant. [1]. Bev decided to apply for a job of a dental assistant for the time being. While attempting to

find a job, she encountered discrimination, as she believed that recruiters did not want to hire her as her “accent [in] English is not like the Canadian accent … it’s hard to find a job ...”.

She eventually did get a job as a dental assistant, but she noted that the working conditions in the clinic were far from ideal. In particular, Bev felt that her employers were trying to “exploit” her as they wanted her to “come in the evenings or come on the weekends”, whereas her colleagues would “get jobs on regular hours”. She got along well with the doctors; however, the office manager was unkind towards her. She thought that the office manager would pick on her and reprimand her for miniscule things.

> She was a white lady, and she always had [something] ... Everyday, like a [some]thing to talk about ..., no matter how you did (*participants voice starts to break*) …, no matter how much you did .... She always found a way to ... **to sit [me] down and reprimand… for something stupid**, something weird.

She worked as a dental assistant for almost two years and then attempted to practice dentistry. During the time when Bev immigrated to Canada, internationally educated dentists were required to complete their training and education at a Canadian university in order to be licensed to practice. Since both Bev and her husband were only qualified to do dental assisting in Canada, they needed to go back to university to redo their training. While

[1] Currently , internationally educated dentists have three pathways to obtain their professional license . They can redo their dentistry degree at an accredited Canadian university, pass the National Dental Examination Board (NDEB) examinations or complete a bridging program (Quick, 2022). See Quick (2022), How to Become a Dentist in Canada, *Prep Doctors*. retrieved from https://prepdoctors.ca/how-to-become-a-dentist-in-canada-ndeb/

her husband was attending university in Central Canada , she was completing the necessary paperwork to get into the school of dentistry in Canada . Bev had to get her degree from her former country reassessed and notarized, so that she could send the paperwork to the prospective universities. These tasks “were not **cheap**”, as the whole process in total cost “more than 10,000-12,000 dollars”.

In addition to the costly process, dentistry schools in Canada had limited spots for internationally educated dentists. During the period in which Bev applied to dentistry, “there was only 60-100 seats each year” and “you need[ed] to be certain, like more than 85 percent of average before you can even apply to these universities.”

Bev was invited to do an interview at a dentistry school in Western Canada. She was initially accepted into that school; however, “one of the researchers who was going to take the two students… didn’t feel well, [and] he took a sabbatical.” The number of spots for internationally educated dentists was reduced and Bev was not accepted into this program. Lucky for her, she was accepted to a dentistry school in Central Canada and completed a “crash summer orientation for all the internationally trained dentists”, which enabled her to “skip two years of the four-year degree program”.

Reflecting on her process of professional integration, Bev, unlike Kenny, did not connect the challenges she experienced to her gender identity. Relaying the experiences of her husband, also an internationally educated dentist, Bev noted the following:

> Me and my husband had to go through a similar process, pretty much similar. I honestly don’t think there was any difference in the way the institutions processed our degrees or they had any bias in female vs. male [dentists], especially because dentistry is a like a female-oriented more than a male oriented. So, there wasn’t, there wasn’t [gender discrimination] at any point in time. I might [have] felt like there was [no] any

> preference, so I feel like this is one profession where it's always been more girls than boys. So, I don't feel that way … but it could be different for a different profession.

Bev saw dentistry as a female-dominated profession and did not connect the challenges she experienced with accreditation process to her being a woman. However, she did recall an incident of harassment in the workplace. One day at work, a maintenance worker came to her office to check the water filter, but did not change it. The maintenance worker said that the water filter did not need to be repaired. Bev disagreed, claiming that she paid him for maintaining the filters and demanded the worker change the filter. The maintenance worker challenged her.

> Because I was a woman, shorter than him, woman of colour, he could say that. He got mad at me by telling him not to point fingers … **he got so mad that [he] ripped apart his machine from my reception area, stormed in the office with all his tools, unplugged and plugged all the filtration system**. ... He pushed me when I told him it's patient privacy, you cannot go in the office where the patients are sitting even if your filtration plant exists in that little work space area installed. I had to call the police on him **and the police didn't take it as a ... gender offence**

Reflecting on this incident, Bev thought it happened because she "was puny*" and she "*was [a] woman" and lastly because she "was of colour". She felt that the maintenance worker did not like being challenged by her, a woman of colour. She also believed that if she "was a male [dentist]" and she "was white", he would not have challenged her. Hence, while Bev believed that her professional accreditation status was not affected by her gender, she did believe that the intersection of her gender and ethnic background affected her interactions in the workplace with the maintenance worker and the office manager.

Despite the challenges endured throughout her professional integration, today Bev is a successful dentist and owns multiple clinics in Central Canada. In her workplace, she attempts to have a diverse workforce and fosters an accommodating and comfortable workspace for her employees. Her future plans entail staying in Canada, as she feels "Canada is home now". Nonetheless, she still wants to visit her home country and "keep in touch with the roots" she still has there.

4.2.1 Reflection on Bev's Experience

Similar to Scanner 21 and Sarah, Bev believed that gender did not impact her professional integration. Nonetheless, references to gender roles were made throughout her interview. While discussing her experiences of attempting to find employment, she talked about concerns of taking her child to a daycare and finding someone to look after her child while searching for a job:

> There is not much for you to, like, look upon until you find a family or friend that becomes your friend and they watch your kid until you go to the resource centre to ask questions too …. 'Cause how do you drag a 3-year-old kid with you everywhere, when you don't even know how to navigate… the subway or the bus because you don't know anything?

Furthermore, she also discussed her commitment to accommodating her employees who are working mothers, as she was in a similar situation when seeking professional integration. Hence, while Bev did not attribute significance to her gendered experiences, her own status as a mother, as well as her willingness to support other mothers at her workplace, hinted at the relationship between her gender identity and work.

Reflecting on racial discrimination that she experienced in the workplace, Bev mostly focused on her accent, which, she believed, was picked up by the recruiters and negatively impacted her employment prospects. However, she noted that this issue was haunting her only until she received her dentistry license; no one had questioned her accent once she started practicing dentistry.

> First hard days to find even a job, because I wasn't fluent in the English that they wanted it …. **now everybody can understand my English**…. My English hasn't changed, this is the same English I used to speak when I came to Canada. I haven't changed, I didn't put [on a] Canadian accent. Where[as] my **English is my English**, everybody can understand it. Before **they had a hard time understanding. so, I don't know** … how they had a hard time … understanding my English…

Reflecting on this experience, Bev connected the way others perceived her competency in English to her professional status. Since dentistry is a prestigious occupation, she felt that once she became licensed in her profession, no one longer felt they could question her accent. Bev's professional status, therefore, to some degree alleviated some of the concerns that she thought may have arisen among her patients regarding her ability to communicate with them.

This experience was also exacerbated by the past challenging relationship that Bev had with her office manager when she worked as a dental assistant. Reflecting on her position in the office when she was still a dental assistant, Bev noted how her gender, race, and professional identity intersected with her inferior status within the clinic. However, even when Bev became a dentist, she felt that she did not cease to be a target for discrimination. Despite her position as an owner of her dentistry practice, she was vulnerable to

experiencing harassment, as was evident in her story about the filter maintenance worker. Analyzing this situation, Bev believed this man's response to her request was shaped by her gender and her status as a woman of colour. These findings are consistent with Farooq's (2018) study on the experiences of internationally educated South Asian physicians in the United Kingdom. They noted that despite South Asian IMGs having a prestigious social status as medical doctors, they were not immune to experiencing racism from their patients. In this study, the IMGs perceived their patients to have an arrogant attitude towards them by observing their body language (Farooq , 2018). They felt that their patients' arrogance was tied to the previous colonial relationship between the United Kingdom and their country of origin (Farooq, 2018).

Reflecting on Bev's experiences, it is possible to draw some parallels to the story shared by Kenny. Both of these women occupied prestigious professional positions, but despite that, they were not immune to racial discrimination, marked by their visibly non-white bodies. Both, Kenny and Bev also described during the interview some instances of covert and overt racism. While Kenny's accounts of her experiences show instances of "perceived" and "received" discrimination , Bev's story showcases incidences of "received" discrimination. Evidently, Bev's and Kenny's professional identities did not protect them from experiencing discrimination in the workplace.

While Bev and Kenny focused on racism exhibited by specific individuals who they had encountered in the workplace, other participants also pointed out to the way racism might be institutionalized in Canada. For instance, Natalie, an IMG from Southern Africa, talked about being treated differently because she completed her medical training outside of Canada. She felt that foreign education cast doubts on IMGs' qualifications and

competencies, forcing her to prove herself where others did not have to. Bev's account also hinted at the systemic racism towards internationally educated dentists, pointing to the administrators' and recruiters' poor treatment of health professionals with an accent. Overall, Bev's story illustrates that even though women of colour may progress well and be successful in their careers, they are still vulnerable to experiencing harassment and racism.

4.3 The story of James, an International Medical Graduate

James is an IMG from Central Africa who has lived in Canada for approximately seven years. Prior to moving to Canada, he was working as an anesthesiologist in the southern part of Africa. James said he decided to move to Canada due to "safety reasons". He felt that the country in which he was residing in Southern Africa "was becoming increasingly dangerous and unsafe" because of the high crime rate. James' decision to emigrate was also motivated by "the level of political corruption" in his country of residence , which was also, in his opinion, very significant. He felt that the government "wasn't really serious about fighting corruption and lifting the population from poverty". He considered moving to the United States, but he found it to be "a bit unsafe" because as a Black person, he felt he would be vulnerable to experiencing racism. Consequently, he eventually chose to immigrate to Canada, in part because Canada offered employment opportunities to physicians educated in Southern Africa. He considered moving to Western Canada, but the time difference was "huge" between Western Canada and Africa. He also thought about moving to Central Canada, but he felt that the region was "really too saturated" with doctors from his specialty. Prior to immigrating to Canada, one of his colleagues was moving to Atlantic Canada and needed a recommendation letter. After writing the recommendation letter for his colleague, he received a letter from the same company in Atlantic Canada

informing him that they also needed someone with his qualifications. Initially, James “didn't pay much attention to it” and was not planning to immigrate, but one day he was “attacked [on his way home] from the airport*”*. He was hijacked while coming back home from a trip and this incident traumatized him and “sped up the mindset” for him to consider moving to Canada.

He felt his immigration process “seemed very easy”, but he also felt that, over time, the process of moving to Canada for him “became **more and more** difficult”. The administrative fees to have his credentials assessed, as well as the medical examinations were becoming “**so costly**”. He eventually arrived in Canada, settling in one of the Atlantic provinces. James found the weather in Atlantic Canada to be “really harsh”.

Professionally, he did not encounter challenges in adjusting to the work environment, as he “didn't find anything new”. Culturally, on the other hand, he felt he had some challenges adjusting to the work environment and norms. Moreover, he found that “the risks of litigation are higher here than in” Southern Africa. He believed that individuals in Southern Africa were less likely to pursue legal action against hospitals. Comparably, he felt in Canada, people can sue hospitals and their staff for “**anything**”. Subsequently, he felt that he was working “under stress*”* and had to “be extra cautious” to avoid legal action. When it came to his colleagues, he got along well with other physicians; however, he encountered challenges communicating with the nurses on the ward.

James said that on his ward, the nurses were instructed to follow strict protocols. He recalled an incident when he attempted to inform them that some of the recommendations for those protocols had changed. He advised the nurses to adapt to the new recommendations; however, he thought that the nurses “sort of resist[ed] wrongfully*”* his

suggestions. James believed that some nurses showed hesitation because he was educated in Africa and they perceived that African education is less advanced than Canadian.

> Now, I know that for some of the nurses, not all of them, but some of the nurses, they go by the notion that [country in Southern Africa] being in Africa. Maybe [country in Southern Africa] is sort of a backward country or something like that. Everything that's in Canada must be regarded as advanced, which is totally **wrong**.

Furthermore, James felt that he could “see it in the eyes” of some the nurses that they believed that because he is a Black doctor, he “can't know things more than her.” James claimed he did not take their skepticism to heart and said he felt “sorry for them” and for their attitude towards him. He mentioned that he mainly ignored their comments and the nurses eventually learned that his recommendations were actually helpful:

> But I feel sorry for them, and I just ignore them and I do my work and go. Then when I do it, then they will be surprised that, well, it went well.

James’ tension with nurses was not a one-time incident. At some point, he sought out the help of management, as he was “getting some resistance from some [of the] nurses.” Management decided to implement “a sort of campaign in the service” to help the nurses be more receptive to James’ recommendations. Consequently, the initiative was successful, as he noticed amongst the nurses that there were “some changes in their attitude to new initiatives”. Despite the change in treatment from the nurses, he has observed that the nurses on other units also gave racialized foreign doctors a difficult time by scrutinizing their treatment plans and capabilities.

In relation to gender, he said that since majority of his hospital staff are women, he felt his professional integration would have been easier if he was a woman:

> My guess is that if I was a female doctor, most probably ... ugh, my social integration would be much easier in the sense that I would be easily going to visit, work colleagues after work, and them coming [over] to my place.

Hence, James saw his gender identity as a man as a disadvantage in the predominantly female environment where he was positioned. Discussing the importance of building social networks, James felt that it would have been inappropriate for him to socialize with his female colleagues outside of work, as he felt that "everybody will be raising their eyebrows" if he "visit nurses at their places, or they are coming to" his place. He felt that if he was a woman or would be engaged in a heterosexual relationship, "the association or the familiarity would be a bit deeper," and "there would be more visits … than, than is happening now".

Nevertheless, he stated that identifying as a different gender would not have impacted his immigration, as he felt that immigration is "the same for everyone".

Currently, James is practicing as a physician in Atlantic Canada. His work schedule is very hectic and he has few concerns about his future retirement plans. He mentioned that if "everything goes well", he intends to live in Canada. However, if he is "unable to work" or "unable to sustain" himself here in Canada, he would consider moving to his home country.

4.3.1 Reflection of James' experiences

Upon reflecting on James' experiences, his immigration experience was straightforward although the professional integration was financially costly. James is currently working under a restricted license in Atlantic Canada and has not yet written any

professional examinations. Moreover, he thought the working style in his new workplace was similar to what he was used to in Southern Africa. Nevertheless, he also said it was a bit difficult adjusting to the work culture of his new environment. He faced difficulty acclimating to what he saw as the litigious nature of the Canadian health care system and learning the local workplace norms. In particular, he felt tension from some of the nurses which he attributed to racism and demeaning attitude towards him.

While other participants also discussed the role race played in their experience of professional integration, some attributed these experiences to the institutionalized racism. For instance, Ola, a Middle Eastern IMG, saw the limited spots available for IMGs seeking to obtain a residency position in Canada as a form of institutionalized inequities. While both, Ola and James discussed how their country of education impacted their experiences of professional integration, James' experiences of racism were more overt in comparison to Ola's. Ola's experiences of discrimination were expressed through institutional policies, whereas, James experienced hostility from the nurses because of his race and country of education.

Some participants noted that the experiences of discrimination can be shaped by the working environment in Canada. For example, Sam, an IMG from North Africa, mentioned that race did not impact his experience of professional integration, as he was working in a multicultural workplace with other IMGs. However, in James' case, the racial identity and foreign education were perceived as factors that made the nurses at his workplace to challenge his professional knowledge.

While James' view of gender did not include domestic and childrearing roles, he made indirect references to gendered social dynamics. Throughout the interview, he

mentioned that it is culturally acceptable for women to form friendships with their female colleagues and visit them outside of work, but he, as a man, could not engage in such activities:

> And spend some time there with them. And it would, it would be perfectly normal. And not only because of that, because they had also kids … ugh going to school, with the nurses, ugh kids. So, they had (*smacks lips*) they had opportunities to be meeting at their children ugh meetings or some sort of school outing or things like that.

In a study conducted by Morrison (2009) analyzing the differences between female and male friendships in the workplace, they noted that female friendships may be formed based on emotional support from their colleagues. In addition, they noted that female colleagues may seek support from their friends when they are experiencing difficulty at work (Morrison, 2009). On the contrary, male friendships may provide men with functional or career related benefits (Morrison, 2009). James' comments on gender highlights how the gendered dynamics of certain friendships in the workplace can also shape their professional and social integration. It also shows how cultural norms may shape his experience, as he felt uncomfortable forming friendships with his female colleagues without having a female partner. While Canadian physicians may or may not share the same sentiments as James, James' concerns were uniquely shaped by his cultural background.

4.4 The story of Sabrina, an Internationally Educated Dietitian

Sabrina is an internationally educated dietitian who has lived in Canada for approximately seven years. She was born in Canada but moved to Europe as a child. She completed her education in Europe; however, she "spent two years without being able to find a proper job as a dietitian". At that time, "there was a lot of people, health professionals

going to the UK". She also considered moving to the United Kingdom because she thought "it might be a little bit more similar in terms of system like healthcare system" and also similar to her country of origin *"*culturally as well*".* Nonetheless, while it was easier for nurses to immigrate to the United Kingdom, the process of immigration for dietitians was hard, as she felt that "things were not there yet uh for dietetics". Eventually, she chose to move to Canada because she had been born in Canada and had family there.

Her process of migrating to Canada was "a bit different" as she was a citizen of Canada. She did not need "to worry about any papers". However, the bureaucratic process of fulfilling the requirements to practice dietetics was more complicated. She had to send documents to World Education Services to evaluate her "undergraduate degree with what will be equivalent here in Canada." She had conducted some research on the requirements to practice dietetics in Canada and learned that she had to apply to a bridging program, a specialized training for immigrants who have foreign qualifications and expertise (Ontario, 2021). Ultimately, she moved to Central Canada and upon arrival, she received an interview for her "bridging program" and was accepted. In addition to familiarizing her with how the Canadian "health system works", the "bridging program" also helped her see the "the different areas of dietetics" in Canada.

Upon reflecting on racial and ethnic discrimination during her process of professional integration, Sabrina felt that her racial background may have "helped" her while completing the bridging course. She noted that one of the reasons why she "did so well in the bridging program" was because of her *"*background*".* She mentioned that since she was European, not from "India [or] Pakistan, it was easier". She said everything that she "learned there [in

Europe] in nutrition, it's similar to what is thought here". She felt that "there's a lot of overlap" between Europe and Canada.

Moreover, she thought that she was privileged because she was not a person of colour. Similarly, she mentioned that while she was in the bridging program, her colleagues looked at her "maybe a little bit differently" because her English had "no accent" and also because she "looked white". She also mentioned that there was another classmate in her bridging course from South America who was also fluent in English. Sabrina felt that it was beneficial for them that their English "was a bit stronger" compared to the rest of their classmates.

In the workplace, she believed that it was easier for her to integrate in community settings as she was white:

> I think, you know … um there was nothing sort of not against people like I didn't, you know, I was not a person of colour, or, you know, whatever. And my English was reasonably good um, so I think that really helped. I still say that I still don't know why they hired me to this day (*laughs*), but I'm really happy that they did. But yeah (*clears throat*).

When discussing gender and professional integration, Sabrina believed that it has been beneficial for her that she is a dietitian, as dietetics is a female-dominated profession. She said "it might have been harder" if she were a man. Nonetheless, she made a comment about how the bridging program does not focus on gender, but on the individual's ability to be able to handle the "Canadian context " and if they have the "capacity and knowledge and whatnot ". Contrarily, in the workplace, she felt it would have been "too much of an issue" in her health unit working with male dietitians. She said "it might have been harder", but she

felt that she was not sure if she “can explain how” it would have been harder. She felt that “being a woman did not, was not an issue for sure”.

Nonetheless, she did not see gender as the only determining factor in her experience of professional integration, as she noted how the intersection of gender and race may play a role in the process:

> Ugh ... personally, I don't think [I] ever experienced anything that was like, ‘Oh, I wish I wasn't a woman, otherwise this wouldn't have happened’. Um I, I've seen … a bit kind of not experienced, but like, kind of followed a situation that happened, where I was working where a woman, a woman kind of said something and then eventually she left the job. And it was the one long story but and then the woman, the man came to take that job and said exact the same thing. And he wasn't not punished. But every like she said, ‘let's do a, b and c’. [And they said] ,‘no, let's not do that’. [She said] ‘okay, I'm gonna go away’. And then the man comes, like, ‘let's do a, b and c’. I was like, ‘**great**’. I was like, ‘well, she said the same thing’. So why? (*chuckles*) anyway, but also maybe because she was a woman, single mother, person of color.

She also stated that gender or ethnic discrimination may be more prevalent in some communities that may not be receptive to individuals who do not fit local expectations about dietitians. Nonetheless, she believed her experience may have been different if she were working in a different profession or if she had any children.

> Um well, yeah, it's interesting, because when we look into healthcare … especially more the allied health professions, there are a lot of them that are still kind of like dietetics. It's still like a lot of … women. Um so it might have been the same, um, but based on some of the things I've been seeing lately with COVID. And, you know, some of the doctors. So, moving into that specific profession, again, it seems like, yeah, it maybe would have been a little bit harder if I was a woman, like a doctor. And if it was a woman and doing professional integration, because it seems like ... you know, there's still a

> little bit of that ... yeah. I'm just, I'm just thinking about this specific situation in the news. It was two doctors, a woman, a man and a woman, and the man was like, criticizing a woman. And she said something, it's like, 'oh, you know, you're overreacting simply as that'. I was like '**oh, boy** (*laughs*) no'. So, and like, and I've seen some other things, and social media um related to that later because of COVID. So, yeah, I think maybe if, if it was a physician ... job ugh … profession, maybe [it] would have been a little bit different ugh as well. But ... But then again, I'm also you know, single, I don't have kids. And so maybe that will be I don't know, something that will play my favour, even if I was in that profession, but who knows? (*laughs*)

Presently, Sabrina is a dietitian pursuing a master's degree in one of the universities in Central Canada. She initially considered going back to Europe to pursue a master's degree, but chose to stay in Canada. After completing her master's, she hopes to "get a higher-level job", so that she can "make a difference" in her field.

4.4.1 Reflection of Sabrina's experience

Sabrina's story illustrates how being educated in Europe helped her with her professional integration into the Canadian workforce. It was beneficial for her, as the pedagogical systems in the European country where she received her education and Canada are similar. Consequently, she adapted well to the bridging program in comparison to her classmates from Pakistan and India. While she mentioned that it was easy for her to enroll in the course, the process has become more difficult over time due to the higher fees and regulations. Nevertheless, her story also illustrates her own privilege throughout the process:

> ... I think, again, the fact that I was white, maybe it made things easier for integration um ... even in the community itself, because I know and this just [a] situation that I know about, because I had one colleague that was eventually hired, also a dietitian. But she was educated in Canada, but she's Asian. And she had the unfortunate ... um situation where she moved

> to the area when COVID was getting started. And so, she got a lot of, you know, comments about, don't bring the virus, things like that. Um, and, so I, you know, I'm just thinking back, again, reinforcing the message that I think I am lucky and privileged because of the way I look and my cultural background as well.

Researchers in the field of dietetics have noted that the profession is a predominantly white field, as only approximately 3% of dietitians in the United States identify themselves as Black or African American (Burt et al.,2019; White & Brown, 2021). In addition, White & Brown (2021) noted that racial microaggressions is common among racialized dietitians. While Sabrina did not experience ethnic discrimination, another participant in this study, GM, a South Asian dietitian, noted that she was discriminated and attributed these experiences to her accent during her process of professional integration. Sabrina felt that as a white woman, she was privileged enough to have not experienced any problems during her bridging course and while working. B, an IMG from Southern Africa, echoed a similar sentiment, commenting on how he believed that recruiters prefer to hire Canadian-trained doctors and white IMGs over BIPOC IMGs. Since dietetics is a predominately a white field (Burt et al., 2019; White & Brown, 2021), Sabrina's racial identity may have protected her from experiencing racial discrimination.

Her interview illustrated how gendered certain fields are in the health-care system:

> Because (*chuckles*) for the specific profession, it is it is good that I'm a woman, right. Because it's, it's healthcare, and it's dietetics. There are so few men in our profession, right. Like, and I don't know, in terms of numbers, specifically. And I also don't know enough to say across the country, because, you know, I'm limited to where I am. But I know there's not a lot. And so, in that sense, I think it's okay, like, my gender really didn't hold back, hold me back, but held me back, um, at all. Because, you know, it's what they expect, and say, 'Oh, we

> need a dietitian'. It's you expect to be a she, right? You expect to be a woman, or someone who looks like a woman. Um and so, in that sense, I don't, I don't think, you know, if I was a man probably would be, it would raise a little bit more eyebrows or more questions or, you know ... something like that. Um so no, being a woman, I don't think it was ever an issue. I don't think ever.

In addition, it also illustrated how working in a female-dominated profession may be beneficial for female IEHPs. She believed that her experience may have been different in a profession such as medicine, which may make women more susceptible to experience sexism. Similarly, Janco, a male South Asian IEN, felt that he encountered challenges providing intimate care on his female patients. These findings illuminate how the health care workforce is not only hierarchical, but also gendered.

4.5 The story of John, an Internationally Educated Nurse

John is an IEN from South Asia who has lived in Canada for approximately eleven years. He moved to Canada to pursue his "higher studies", as he was looking to take a critical care nursing course offered in Central Canada. He considered going to Europe and the United States of America, but he eventually chose Canada. He applied for a student VISA to enter Canada and found the process to be "like a piece of cake" for him, as it took him "just seven days to apply for a visa". He knew that he was able to work in Canada and was aware of the professional recognition process. He said that he "spent a good amount of time [going] through their websites" and contacted regulatory boards prior to immigrating to Canada. Even before coming to Canada, he applied for a licensing program at a local regulatory college.

He arrived in Central Canada and enrolled in the critical care nursing course. A few months later after moving to Canada, he received a letter stating that he was eligible to write

the licensing exam. He wrote the licensing exam and received his license the following year. In his experience of obtaining his professional license, he mentioned that the process was “pretty easy at that time”, as it took him “less than three months” to do his licensure examination. He did not experience any delays throughout the process. However, he noted that the process has become more complicated recently, as he mentioned that some of his colleagues have experienced delays attempting to write the professional licensure examinations.

In his experience working as a registered nurse in Canada, he states that he never encountered any racial or ethnic discrimination in the workplace:

> Ugh … I don't think like there is any racial [discrimination] , like ugh any big involvement with that, like with my profession getting integrated with that. But one thing I will say is like, for me, it's cultural difference. It's one thing so … other than that, I don't think like my race or my gender played a big role in just integrating into the profession. But it's a matter of like whether I'm really standardized with the same education level as, like, in Canada, when compared to my degrees back home. So that is the main thing. So, it's more like of an exam. So, if you clear the exam, and there was no gender bias or age bias or race bias or anything to get a job or anything at all, just like an open ... thing to find a job to you.

Instead, he focused on the cultural differences between Canada and his country of origin. In his country of origin, religion plays a key role in society. He talked about how the multiple religions in his country of origin have “different rules” or “different beliefs”. He thought that in Canada, religion is a “big part” of people’s lives, but not as “huge” as in his country of origin.

Furthermore, he mentioned that as a male nurse in his country of origin, it would be hard to perform certain procedures on female patients for safety concerns. However, in Canada, he said the patients' comfort level were different:

> So that plays a big difference here, I could see that. Because like many, if I was back home, sometimes, like, with the ladies, if I'm caring for a female person, there could be always…ugh… always have to ask them the same thing. Like I have to ask you to, but the thing is, like, most times, it's a no, sometimes because of depends upon some relation yeah, they always prefer to have a female nurse. Yeah, then rather than having a male, but here, like, I never felt like that. It's kind of like, quite open, and people are very open to that. So that's one thing I will say like culture wise.

In addition, he mentioned that they were differences in how nurses do pharmacology back in his country of origin and Canada. He said that pharmacology in his country of origin is similar to the "British standards", whereas the Canadian pharmacology is more like the "American standard".

In relation to gender, he mentioned that he never experienced any sexism or benefitted from it in the workplace.

> Because I have never come across anything ugh in relation to like, I could say that, like, 'Hey, I'm lucky because I was a man', you know, I didn't come across anything like [this]… Like, getting the license, I don't think, like, they make a difference based on the gender, whether male or female get a license for nursing. That's one thing. Also, finding a job. I don't think, like, there is a gender-based kind of ugh separation, saying like, 'we prefer males, or we prefer females [nurses]'. Ugh ... there could be few areas where, like, females have been preferred, but I don't see, I don't see a difference here.

He noted that he did not experience any sexism while writing professional licensure examinations, nor while he was applying for a job. He also reiterated that he believed gender did not impact his immigration process.

John has obtained his license to work as a registered nurse, but is currently working as a professional practice specialist in the nursing field. He is hoping to pursue a master's degree but he is happy for now to work in his position. He does not intend on immigrating to another country; he plans on staying in Canada. He is "happy to call Canada" his country.

4.5.1 Reflection of John's experience

John's experience of professional integration might reflect his own racial privilege with the process, as he did not encounter any incidences of discrimination. Likupe's (2015) paper on African's nurses experiences of working in the NHS and their managers' perception of them found that there was a racial social hierarchy in the workplace. Specifically, she found that some of the managers may have felt that the other foreign-trained nurses were better at their jobs than the African IENs (Likupe, 2015). In addition, they noted that the nursing managers held negative stereotypes towards IENS from Africa and positive views of other overseas-trained nurses (Likupe, 2015). In John's experience, it seems that he felt that everyone had an equal opportunity to get hired in the recruitment process; however, he may have benefitted from not experiencing racism in the workplace because of his race. His experience of professional integration might have been different if he identified as a Black person, as they are regarded lower in the racial social hierarchy in the workplace. Similarly, he held the same views when asked questions about gender and professional integration. He thought that everyone has an equal opportunity to obtain a job and pass the professional licensure examinations, irrespective of their gender and race.

When discussing other IENs' experiences of professional integration, both Janco and Chantelle, IENs from South Asia, felt that neither gender nor race impacted their experiences of professional integration into the workforce. Nonetheless, Janco stated he felt othered because he felt that "my culture, my language and my accent is different". He also encountered difficulty working in a female-dominated profession, as he talked about the challenge of performing certain nursing interventions on female patients.

In a study conducted by Dicicco-Bloom (2004) exploring the experiences of South Asian female IENs working in the United States, the participants felt they were passed over promotions and were not properly reimbursed for the tasks they performed because of their race and gender. The participants felt that they were discriminated based on their gender and race (Dicicco-Bloom, 2004). John said he did not experience sexism, but it is possible that his gender may have served as a protective mechanism. He never talked about incidences of being passed over for a promotion, nor experiencing difficulty when communicating with his colleagues and patients.

John's story illustrates the model minority myth, which illuminates the stereotypical image of Asian Americans who are becoming economically successful by withstanding and overcoming adversities through hard work, financial prudence, familial kinship and placing a strong emphasis on their children's education (Sakamoto et al., 2012). Influenced by the "model minority myth", which suggests that individuals may perceive Asian American to be conscientious workers (and African Americans as inattentive) workers (Poon et al.,2016), some recruiters may have positive views of certain IEHPs from Asian countries and negative views of Black and African IEHPs. In John's experience, his racial background may have

protected him against racial discrimination. This experience may have been different if John identified as a Black person, although this is speculation.

4.6 The story of Abisola, An Internationally Educated Medical Radiation Technologist

Abisola is a West African medical radiation technologist who has been living in Canada for approximately five years. She completed her training and education in Western Africa and moved to the Middle East. Prior to immigrating to Canada, she was working as a radiographer in the Middle East. She decided to move to Canada because her "children were getting older", and she "began to think about their future." Her children were attending an international school in the Middle East and it was "quite expensive". Abisola and her husband were looking for a country that could provide a "good education, and "**not at the same very high price"**". They considered going to Canada or the United Kingdom, but settled on Canada, thinking that their children "can flow better into the tertiary institutions in Canada". They wanted to move to Canada while their children were still young, so that they are "less than new to the environment." To immigrate to Canada, they applied for the Federal Skilled Worker Program.

The immigration process was "smooth and good". While she was waiting to for her papers to be approved, she became pregnant and was required to inform immigration services that they were expecting a baby. She stated that one of the rules of immigration is "if your status changes, either because you lost one of the family, God forbid, or there is an additional something, you have to write to immigration". Her husband "took up the ... bull by its horn and wrote to immigration" to inform that they "have an additional … person" with them. After their baby was born, they contacted immigration services and sent "about six,

seven emails", but immigration services never replied to them. Instead, they got an automated response saying that "we've seen your email, we will work on it, don't clog the system". They eventually came to Western Canada as landed immigrants; however, immigration services decided to "cancel **everybody's visa**" and threatened to deport them because they had not included the newborn baby as part of the application. However, they disputed the decision, claiming that they had informed immigration services, but never heard back from them. After long battle with immigration services, they eventually became landed immigrants a year later.

Abisola was aware of the process of professional integration, as she "had done research" and had "attended seminars". In addition, she had also contacted regulatory colleges in Western and Central Canada to start the process of writing the licensing examinations. After getting her credential assessed, she realized she needed to take a few courses at a local college and she passed the courses. A few of the challenges that came along the way were that she did not have access to bridging courses to help her brush up on her skills. She felt that "it's unfortunate that a ... whole nation does not have in place ... something … like a "**bridging course**". She mentioned that she "left the university [in] 2001 as of 2021, that is 20 years ago" and she forgot some of the concepts that she had learned before. In addition, the examination fees "don't come cheap". She did not pass the national licensing examination first time, but did pass on her second attempt.

The challenging part of her professional integration was finding a job. After passing the examinations, Abisola attempted to find a job in her field. She went to various clinics in Western Canada asking for a casual position; however, she was rejected because she was "not **Canadian trained**" and also because she did not have "Canadian experience".

She recalled one incident in which she had been called for an interview and it led her to work a day at a hospital to determine whether she would be hired. She worked that one shift and she worked to the best of her ability. After that shadow shift, she “wasn't hearing from them”, as they were not returning her calls. Eventually, she received a voice note from her prospective employer stating that she performed “absolutely well” and from everyone she interviewed, Abisola came second. Nonetheless, she told Abisola that she had a “Canadian [Medical Radiation Technologist]” that she would “prefer to employ”. Abisola eventually received a job offer in another province in Western Canada and moved there.

When discussing her experiences of racism and ethnic discrimination, Abisola believed that not being from Canada or Britain may have impacted her experiences negatively.

> Well, I think I've explained that I think that if I was not from that background, I think maybe … maybe [if] I was Canadian or perhaps even I was a **Britain**, I don't know, maybe it will have made any difference

In addition, she felt that certain requirements may be discriminatory towards IEHPs, specifically the International English Language Testing System (IELTS). Abisola felt that the requirement to complete the IELTs exam was redundant and discriminatory, as she was from an English speaking country in Western Africa and was educated in English :

> For example, people that come as a professional asked to do IELTS exam. This is an international English exam, and score about eight. So why did you score me eight in IELTS? The exam that I did. The professional exam that I did, where they written in [native language]? **They were written in English for God's sake**!

Regarding gender, she believed that it has not impacted her experience of professional integration, as her husband is also a medical radiation technologist and he had to go through a similar process as well.

> **I don't think so**. Because like I said, Everything I say, my husband says the same. So, I don't think if I was being a man, you know, it should have been different what I went through. I don't think so…

At the time of the interview , Abisola is working as a Medical Radiation Technologist in Western Canada. She intends on staying in Canada to provide stability for her children. She hopes to still continue working as a medical radiation technologist. She also plans on being “a super good, great mom”.

4.6.1 Reflection of Abisola’s experience

Abisola’s experience of professional integration was shaped by her country of education. She experienced discrimination in the workplace, as she had not completed her training in Canada. Similar to Ola, she alluded that she believed employers prefer IEHPs from certain countries, such as the United Kingdom, and look down upon IEHPs with training from other parts of the world. Further, when referring to discrimination based on the country of education, Abisola only spoke about the African continent. Discussing how country of education impacted her experience, Abisola felt that because she was from West Africa and not trained in Canada, it was hard for her to pursue professional accreditation. She echoed similar ideas by talking about how Ghanaians and South Africans may encounter difficulty pursuing professional accreditation. Nonetheless, she felt that if she was British, her experience of professional integration might have been easier.

Abisola also thought that certain requirements may be indirect forms of racism. For instance, she was required to write the IELTS examination for English proficiency despite being from an English-speaking country. Her experience of professional integration demonstrates that she felt that the Canadian health care system may have preferential treatment for IEHPs from Europe, as opposed to ones from Africa and non-Western countries. Other participants, too, mentioned how country of education shaped their experiences of professional integration. Dr. A, a Middle Eastern IMG, noted that recruiters prefer hiring Canadian-trained health workers over IMGs. Amy, an Asian IMG, echoed similar thoughts in the context of obtaining a residency in Canada, as she noticed that there were limited residency spots for IMGs, in comparison to Canadian- trained doctors. These experiences suggest an implicit bias against IEHPs who bring to Canada credentials from foreign educational institutions.

As many other participants, Abisola did not believe that gender had an impact on her professional integration. Nonetheless, references to the importance of motherhood, a gendered role, were made throughout her interview. For example, she talked about moving to Canada to provide better opportunities for her children, as opposed to seeking more professional responsibilities. This finding is consistent with Salami's et al. (2018) study about IENs practicing as LPNs in Canada, as they noted that female IENs were motivated to move to Canada to provide better educational opportunities for their children.

After immigrating to Canada, Abisola talked about concerns of finding someone to look after her children, while she was attempting to find a job and write the licensing examinations.

> So, I have to fix my children somewhere, take them to the daycare, transport myself down **pay for all this**, and I was not paid any time…

In addition, after completing the necessary steps to be a medical radiation technologist, she mentioned that she did not want to be a busy mother who put her work responsibilities over her children :

> But I think I want to sincerely thank God and keep doing these that I'm doing and focus more of my strength on my family. What I mean by family, my children precisely, I don't lose the focus. I came to Canada because of the education of their future pursuits. So, I don't want to become that professional mom up and down. But they always busy, always on call while I lose that. So, my future is centres so much God help me much on God. I'm building ... building children, building adults that are responsible, that are God fearing.

Abisola's story demonstrates how country of education may shape one's experience of professional integration. It also shows how the responsibilities of motherhood may be embedded in the experiences of female health care professionals but may be overlooked by them as added pressures or barriers for professional integration.

Chapter 5
Discussion

The purpose of this study was to determine how gender and race shape the professional integration experiences of IEHPs in Canada, while also exploring how the intersection of gender, race and professional identity play a role in the process of professional integration. Overall, I intended to explore the gendered and racialized barriers and facilitators to professional integration for IEHPs.

The participants in this study had different accounts of how gender impacted their experiences. Discussing gender, most male and female participants were mostly focused on the social roles pertaining to motherhood. These findings emphasize how the responsibilities of motherhood are gendered, as some of the female participants openly discussed the challenges they faced balancing their social roles as mothers with their professional responsibilities. Moreover, some of the female participants also openly stated that they would prioritize being a mother over their professional responsibilities. This sentiment was also echoed by a few male participants who felt that if they were a woman, they would have to prioritize their family obligations over their work duties. The accounts of the participants seemed to reinforce the connection between gender and family roles, and motherhood in particular. Sometimes the participants made these connections explicitly, by openly stating the challenges that motherhood brought to their professional integration and identifying it as a “gender” issue, and sometimes more implicitly, when the participants talked about their mothering responsibilities without drawing a connection between their roles as mothers and their professional challenges.

These differences in the accounts of the participants regarding the motherhood role in the professional integration might be, at least in part, interpreted by considering how motherhood is constructed across different cultures. In North America, motherhood has been associated with gender inequality in relation to the distribution of tasks related to child rearing (Adams, 2010), and some feminist scholars have connected motherhood to the denial of women's rights, including the ability to work, and the resulting gender discrimination (Neyer & Bernardi, 2011). However, in some African cultures, motherhood has been understood to be a gift from God and is considered to be a revered role (Akujobi, 2011). Different cultural perceptions of motherhood may explain why some of the participants did not consider motherhood as a disadvantage related to their professional integration, as they may not connect motherhood with gender inequality and thus may overlook how the responsibilities of motherhood shaped their experiences.

The gendered experiences of the participants were also discussed in relation to their unique professional contexts. Some participants mentioned how certain professions within the healthcare field are gendered more than others. For instance, many of the female IEHPs working in female-dominated fields felt that gender did not impact their experiences, and, in fact, thought that being a woman benefitted them. Indeed, some of the male IENs saw their gender as a disadvantage and felt that being a male nurse impeded their ability to perform intimate nursing tasks for their female patients. These findings echo the experiences of male IENs featured in Zamandeh et al. (2013) study, who also felt they experienced challenges when performing certain nursing tasks.

Contrarily, while the male IMGs who were interviewed for this study did not report encountering challenges pertaining to sexism, some of the female IMGs felt vulnerable to

sexism in the workplace. While the literature notes that more women are entering medicine and dentistry (Adams, 2010), and more men are enrolling in the nursing field (Zamandeh et al., 2013), the findings of my study highlight that health care is still highly gendered and it can influence the professional experience via formal and informal interactions within the health care sector. For instance, some of the male participants felt that their gender made it more difficult for them to establish social networks with their female colleagues, a topic that was not raised by the female interviewees. These findings correspond with Reeder's (2003) study exploring same and cross-sex relationships between men and women, as they noted how gender and gendered traits may impact friendship developments. In my study, gender dynamics played a role in how participants saw their professional integration, and being a man or a woman resulted in different experiences, depending on the professional context and the gender of the colleagues with whom the participants interacted in the workplace.

Similarly to gender, the participants in my study shared accounts of discrimination and racism that were experienced both covertly and overtly. The incidences of covert racism, referring to the subtle expressions of racist ideologies (Coates, 2008), were noted by some of the participants experiencing challenges because of their foreign accents and through discriminatory institutional policies. Indeed, some of the participants said that they felt that there were denied employment because of their accent or foreign qualifications. Overt racism, or blatant expressions of racist ideologies (Elias, 2015), was illustrated by patients refusing to receive care from IEHPs, colleagues questioning their expertise, and employers singling out IEHPs and treating them unfairly. Intriguingly, while the experiences of covert racism were described by most of the participants, the instances of overt racism were mainly noted by the Black IEHPs, and especially among the IMGs. This finding is

consistent with the findings summarized by Mpalirwa et al. (2020) who suggested that Black physicians in Ontario may encounter negative stereotypes from their colleagues and have their professional competencies challenged.

The findings from my study suggest the possible existence of a racial hierarchy in the workplace, as the other racialized IMGs did not perceive the same magnitude of racism as had their Black counterparts. Moreover, the magnitude and extent of the discrimination were notably higher amongst the two Black female IMGs who took part in my study. These participants recalled particularly challenging experiences, including having had their professional identity challenged by patients and being mistaken for nurses, and their patients refusing to receive care from them . Comparingly, the Black male IMGs, while also experiencing discrimination in the workforce from their colleagues and nurses, did not share the experiences of being mistaken for nurses or patients mistreating them. These incidents highlight the challenge of representational intersectionality. Crenshaw (1991) and Rodriguez (2018) noted that the devaluing of women of colour has been connected to the ways they are depicted in cultural imagery. The media representation of Black female professionals working in the health care field usually feature them as janitorial staff, nurses, or other allied health professionals (Morrison & Chimkupete, 2020). However, these media images also reflect the reality, as only approximately 2.8% of physicians in the USA are Black women (Rivero, 2021). Evidently, the female Black IMGs challenge the traditional image of a doctor as being white and male and may place additional barriers for the professional integration of IMGs who are female and Black.

The findings of this study contribute to the literature on professional integration of IEHPs in multiple ways. Firstly, this study showcases the impact of gender roles, and in

particular motherhood, on IEHPs' professional integration. While other studies have made a reference to gender and its role in professional integration (Neiterman & Bourgeault., 2015a), they did not explore the process through which it occurs in depth. My study demonstrates how gender roles may shape professional integration by depicting the experiences of IEHPs. These findings may help policy makers and regulatory bodies to implement policies and protocols that take into the consideration women's social roles as mothers. For instance, developing bridging and integration programs that offer childcare and flexible attendance might help IEHPs who are mothers to pursue professional integration in Canada.

Secondly, by implementing intersectionality and feminist methodology as frameworks for this study, this study shows the entanglement between professional identity, race and gender and how they shape the experiences of professional integration. My research highlights the importance of examining the intersection of these identities in understanding unique challenges faced by IEHPs seeking professional recognition in Canada. To help keep in consideration the distinct needs of IEHPs and to promote diversity in the workplace, hospitals might consider implementing cultural competency programs to train hospital managers and health care employers. Moreover, hospitals should consider establishing anti-racist committees to enable BIPOC and immigrant health professionals report incidences of discrimination in the workplace.

Lastly, the study illuminates how some policies, enforced by regulatory bodies for health professionals, might be shaped by racist ideas which, based on the accounts of my participants, seem to have a clear preference for health care professionals trained in Canada over IEHPs from most countries. While other studies have focused on the

experiences of racism in social interactions (Likupe, 2015; Neiterman & Bourgeault 2015a), my study emphasizes how racist ideologies may be embedded in institutional policies. The policies identified by some of the participants have included the limited seats available for IMGs in obtaining a residency position, requirement to prove their English proficiency for all IEHPs, including those who completed their degrees in English, and employers preferring to hire Canadian employers over IEHPs. To help promote equity in the process of professional integration, regulatory bodies should consider reviewing certain policies that disadvantage IEHPs in seeking professional integration into the Canadian workforce. In addition, the regulatory bodies should also consider modifying their policies to help make professional integration more attainable for IEHPs.

The study had a few limitations. The study incorporated an intersectional framework and during the analysis portion, I analyzed and coded the interview transcripts based on the participants' race, gender and profession. However, it was hard to draw comparisons amongst the 20 participants based on their social identities because of the heterogeneity and uniqueness of each participant. Still, given that this study was exploratory, I feel that the conclusions drawn from my analysis offer some interesting avenues for further, more in-depth investigation. Furthermore, applying an intersectional framework to make sense of my findings, I mainly focused on the entanglement of gender, race and professional identity. While these social identities are certainly central to participants' experiences, I did not incorporate other social identities that could play a role in professional integration, such as sexuality or age. Incorporating them into the analysis was beyond the scope of this study, but could further enrich the findings. Furthermore, another limitation is that this study had a few participants who pursued an alternative career path. In this study, only three

participants were unsuccessful in seeking professional integration . Having a few participants who embarked on an another career path made it more difficult to compare their experiences with those participants who were successful. Nonetheless, this was beyond the scope of the study , and thus can be explored more in future studies. Lastly, an additional limitation would be implementing semi-structured interviews as a means of data collection. The setting at which interviews are conducted is not a neutral zone, but a “liminal space”, as both researcher and interviewee collaborate and bring their own knowledges and experiences to transform and create data (Enosh & Ben-Ari, 2016). Therefore, the interviewee can construct their own story and include information which they feel comfortable to share (Nunkoosing, 2005). While the semi-structured nature of an interview might have posed some challenges with acquiring the desired results, I felt that I was able to establish rapport with the participants and create a safe space where they could be vulnerable and disclose their personal experiences. Despite the aforementioned limitations, this study was able to provide a new perspective on the gendered and racialized nature of the experiences of professional integration of IEHPs. By employing a critical lens, I was able to showcase how the role and norms regarding motherhood are an aspect of gender structures and how imperative it is to consider how social identities may also play a role in the process of professional integration.

Chapter 6

Conclusion

The purpose of this study was to determine how gender and race shape the professional integration experiences of internationally educated health professionals, while also exploring how the intersection of gender, race and professional identity impacted their experiences. The study incorporated a critical lens by employing feminist methodology as its methodological framework and intersectionality as its theoretical orientation. I found that gender, race, and professional identity created unique contexts for the participants in which they sought their professional integration.

This study is one of the first studies to explore the role of gender and professional integration within a Canadian context. Therefore, this study contributes to the current literature pertaining to the professional integration of IEHPs by focusing on how social identities may privilege or hinder individuals' experiences of professional integration. Furthermore, the findings from the study illuminate how racist ideologies are reinforced through immigration and professional integration policies. Lastly, the findings of this study help contribute to the literature pertaining to the global "brain waste" phenomena of IEHPs (Bourgeault et al., 2010; Lofters et al.,2014) by illustrating how social identities can make someone more vulnerable to not having their credentials recognized.

References

Adams, T.L. (2010). Gender and the Feminization in Health Care Professions. *Sociology Compass*, *4*(7), 454-465.

doi: 10.1111/j.1751-9020.2010.00294.x

Akujobi, R. (2011). Motherhood in African Literature and Culture. *CLCWEB: Comparative Literature and Culture*, *13*(1).

doi :https://doi.org/10.7771/1481-4374.1706

Al-Hamdan,Z.M., Al-Nawafleh,A.H., Bawadi, H.A., James,V., Matiti, M. & Hagerty, B.M.(2015). Experiencing Transformation: the case of the Jordanian nurse immigrating to the UK. *Journal of Clinical Nursing*, *24*, 2305-2313.

doi: https://doi.org/10.1111/jocn.12810

Allan, H. (2010). Mentoring overseas nurses: Barriers to effective and non-discriminatory mentoring practice*. Nursing Ethics, 17*(5), 603-613. doi :10.1177/0969733010368747

Baig, L.A., Violato,C. &Crutcher, R.A. (2009). Assessing clinical communication skills in physicians: are the skills context specific or generalizable. *BMC Medical Education*, *9,* 22. doi : 10.1186/1472-6920-9-22

Baumann, A., Blythe, J. & Ross, D.(2010). Internationally Educated Health Professionals: Workforce Integration and Retention. *Healthcare Papers*, *10*(2),8-20.

doi: 10.12927/hcpap.2010.21795

Bhandari, K.K.T, Xiao, L.D. & Belan, I. (2015). Job Satisfaction of overseas-qualified nurses working in Australasian hospitals. *International Nursing Review*, *62*(1), 64-74.

doi: https://doi.org/10.1111/inr.12146

Blain, M.J., Fortin, S. & Alvarez, F.(2017). Professional Journeys of International Medical Graduates in Quebec: Recognition, Uphill Battles, or Career Change. *Journal of International Migration and Integration, 18*(1), 233-247.doi : 10.1007/s12134-016-0475-z

Blythe, J., Baumann, A., Rheaume, A. & McIntosh, K.(2009). Nurse Migration to Canada : Pathways and Pitfalls of Workforce Integration. *Journal of Transcultural Nursing*, *20*(2), 202-210. doi : 10.1177/1043659608330349

Bourgeault I.L., Neiterman E., LeBrun J., Viers K., Winkup J.(2010). Brain Gain, Drain & Waste: The Experiences of Internationally Educated Health Professionals in Canada. *University of Ottawa.* Retrieved from https://www.hhr-rhs.ca/index.php?option=com_mtree&task=att_download&link_id=5474&cf_id=68&lang=en

Burt, K.G., Delgado,K., Chen, M. & Paul, R. (2019). Strategies and Recommendations To Increase Diversity in Dietitics. *Journal of Academy of Nutrition and Dietetics*, *119*(5), 733-738.

doi: https://doi-org.proxy.lib.uwaterloo.ca/10.1016/j.jand.2018.04.008

Canadian Institute for Health Information (2011). Pharmacists in Canada, 2010. Retrieved from https://publications.gc.ca/collections/collection_2011/icis-cihi/H118-70-2011-eng.pdf

Canadian Institute for Health Information (2019). Nursing in Canada, 2018. Retrieved from https://www.cihi.ca/sites/default/files/document/regulated-nurses-2018-report-en-web.pdf

Canadian Institute for Health Information (2020). Physicians in Canada, 2019.

Retrieved from https://secure.cihi.ca/free_products/physicians-in-Canada-report-en.pdf.

Canadian Institute for Health Information (2021). Pharmacists.

Retrieved from https://www.cihi.ca/en/pharmacists

Canadian Nursing Association (2002). Planning for the Future: Nursing Human Resource Projections.

Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-fr/planning_for_the_future_june_2002_e.pdf?la=en

Cheng, L., Spaling, M. & Song, X.(2013). Barriers and Facilitators to Professional Licensure and Certification Testing in Canada: Perspectives of Internationally Educated Professionals. *Journal of International Migration and Integration*, *14*(4), 733-750.

doi: 10.1007/s12134-012-0263-3

Chok ,H.N., Mannix, J., Dickson, C. & Wilkes, L. (2018). The factors impacting personal and professional experiences of migrant nurses in Australia: An integrative review. *Collegian*, *25*(2), 247-253.

doi: https://doi.org/10.1016/j.colegn.2017.06.004

Clair, M. & Denis, J.S. (2015). Racism, Sociology of. *International Encyclopedia of the Social & Behavioural Science*s, *19,* 857-863.

doi: https://doi.org/10.1016/B978-0-08-097086-8.32122-5

Coates, R.D. (2008). Covert Racism in the USA and Globally. *Sociology Compass* ,*2*(1), 208-231.

doi: 10.1111/j. 1751-9020.2007.00057.x

Connor, J.B. & Miller, A.M., Culley, L. (2014). Occupational stress and adaptation of immigrant nurses from the Philippines. *Journal of Research in Nursing*, *19*(6),504-515. doi : 10.1177/1744987114536570

Covell, C.L., Neiterman, E. & Bourgeault, I.L. (2014). A Scoping Review of the Literature on Internationally Educated Nurses in Canada : Mapping a Research Agenda. *The Canadian Journal of Nursing Research*, *45*(4), 26-45.

doi: 10.1177/084456211404600303

Covell, C.L., Neiterman, E. & Bourgeault, I.L. (2016). Scoping Review about the professional integration of internationally educated health professionals. *Human Resources for Health*, *14*.

doi : 10.1186/s12960-016-0135-6

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Colour. *Stanford Law Review*, *43*(6), 1241-1299.

doi: https://doi.org/10.2307/1229039

Crenshaw, K.W. (1997). Beyond Racism and Misogyny: Black Feminism and 2 Live Crew. in: D.T. Meyers (ed.) , *Feminist Social Thought : A reader* (pp.245-253). Routledge.

Retrieved from https://gag.academic.wlu.edu/files/2014/10/Beyond-Racism-and-Misogyny-Kimberle-Williams-Crenshaw.pdf

Da Costa, M.P., Giurgiuca,A., Andreou,E., Baessler, F., Banjac, V., Biskup, E., Dragasek,J., El-Higaya, E., Feffer, K., Frydecka,D., Kaaja,J., Kanellopoulous,A.,Kilic,O., Marinova,P., Mitkovic-Voncina,M., Molina-Ruiz,R., Palumbo,C., Pantovic-Stefanovic, M., Rako, I.,…De Picker, L.(2019). Women, Partners, and Mothers-Migratory Tendencies of Psychiatric Trainees across Europe. *Frontiers in Public Health*, *7*, 143.

doi : https://dx-doi-org.proxy.lib.uwaterloo.ca/10.3389%2Ffpubh.2019.00143

Dauphinee, W. D. (2006). The Circle Game : Understanding Physician Migration Patterns Within Canada. *Academic Medicine*, *81*(12), S49-S54.

doi : https://doi.org/10.1097/01.acm.0000243341.55954.e0

Davda, L.S., Gallagher, J.E. & Radford, D.R.(2018). Migration motives and integration of international human resources of health in the United Kingdom: systematic review and meta-synthesis of qualitative studies using framework analysis. *Human Resources for Health, 16*. Retrieved from https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-018-0293-9

Davis, K.(2008). Intersectionality as a buzzword: A sociology of science perspective on what makes a feminist theory successful. *Feminist Theory*, *9*(1), 67-85. doi:10.1177/1464700108086364

Delgado, R. & Stefancic, J.(2017). *Critical Race Theory : An Introduction*. New York University Press.

Dhamoon, R.K.(2011). Considerations on Mainstreaming Intersectionality. *Political Research Quarterly*, *64*(1), 230-243.

doi : O.I 1 77/ 1 0659 1 29 1 0379227

DiCicco-Bloom,B.(2004).The Racial and Gendered Experiences of Immigrant Nurses from Kerala, India. *Journal of Transcultural Nursing, 15*(1), 26-33. doi:10.1177/1043659603260029

Dodani, S. & LaPorte, R.E. (2005). Brain Drain from Developing Countries: how can brain gain be converted into wisdom gain? *Journal of the Royal Society of Medicine*, *98*, 487-491.

doi : https://dx.doi.org/10.1258%2Fjrsm.98.11.487

Dumont, J.C., Zurn, P., Church, J. & Thi, C.L.(2008). International Mobility of Health Professionals and Health Workforce Managements in Canada : Myths and Realities*. OECD Health Working Papers*, 40.

Retrieved from http://www.oecd.org/migration/mig/41590427.pdf

Elias, S.(2015). Racism,Overt. *The Wiley Blackwell Encyclopedia of Race, Ethnicity and Nationalism.*

doi: https://doi.org/10.1002/9781118663202.wberen398

Enosh, G. & Ben-Ari., A.(2016). Reflexivity : The Creation of Liminal Spaces—Researchers, Participants and Research Encounters. *Qualitative Health Research*, *26*(4), 578-584.

doi: 10.1177/1049732315587878

Farooq, Y. G.(2018). Capturing the perspectives of overseas-trained South Asian doctors in the U.K. Integration, identity and elite migrants. In Kuehlmeyer, K., Klinger, C. & Huxtable., R.(eds.) *, Ethical, Legal and Social aspects of Health Care for Migrants* (pp.224-240). Routledge.

doi : https://doi-org.proxy.lib.uwaterloo.ca/10.4324/9781315165240

Frost, M. (2019). What does a doctor look like ? *ACP Internist*.

Retrieved from https://acpinternist.org/archives/2019/04/what-does-a-doctor-look-like.htm

Galarneau, D.(2003). Health care professionals. *Perspectives on labour and income*, *4*(12).

Retrieved from https://www150.statcan.gc.ca/n1/pub/75-001-x/01203/6699-eng.html

Hekman, S. (2007). Feminist Methodology. In W. Outhwaite & S.P. Turner (Eds.). *The Sage Handbook of Social Science Methodology* (pp. 534-546). Sage Publications.

Retrieved from https://methods-sagepub-com.proxy.lib.uwaterloo.ca/book/the-sage-handbook-of-social-science-methodology/n29.xml?fromsearch=true

Ho, K.H.M & Chiang, V.C.L. (2015). A meta-ethnography of the acculturation and socialization experiences of migrant care workers. *Journal of Advanced Nursing*, *71*(2), 237-254.

doi : https://doi.org/10.1111/jan.12506

Ibrahim, H., Sharif, F.Z.A., Satish, K.P., Hassen, L. & Nair, S.C.(2019). Should I stay or should I go now? The impact of “pull” factors on physician decisions to remain in a destination country. *The International Journal of Health Planning and Management, 34*(4), e1909-e1920.

doi : 10.1002/hpm.2819

Immigration, Refugee and Citizen Canada (2019a).Family Class: The Application Process. *Government of Canada*.

Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/permanent-residence/non-economic-classes/family-class-process.html#goals

Immigration, Refugee and Citizenship Canada (2019b). How Canada’s refugee system works. *Government of Canada.*

Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/canada-role.html

Immigration, Refugee and Citizenship Canada (2019c). How the Provincial Nominee Program (PNP) works. *Government of Canada*.

Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/provincial-nominees/works.html

Immigration, Refugee and Citizenship Canada (2020). Six Selection Factors- Federal Skilled Worker Program (Express Entry).*Government of Canada.*

Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/eligibility/federal-skilled-workers/six-selection-factors-federal-skilled-workers.html

Immigration, Refugee and Citizenship Canada (2021a). Study permit : how to apply. *Government of Canada*. Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/study-permit/apply.html

Immigration, Refugee and Citizenship Canada (2021b). Provincial Nominee Program : Who Can Apply (paper process).*Government of Canada.*

Retrieved from

https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/provincial-nominees/eligibility.html

Isaksen, L.W.(2012). Transnational Spaces of Care : Migrant Nurses in Norway. *Social Politics, 19*(1), 58-77.

doi: 10.1093/sp/jxr029

Jeans, M.E., Hadley, F., Green, J. & Da Prat, C.(2005). *Navigating to become a nurse in Canada : Assessment of International Nurse Applicants*. *Canadian Nursing Association* .

Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-fr/ien_technical_report_e.pdf?la=en

Kogo, S. (2009). *Migration of African-Trained Physicians Abroad : A Case Study of Saskatchewan, Canada* [Master's Thesis, University of Saskatchewan].Harvest. Retrieved from https://harvest.usask.ca/bitstream/handle/10388/etd-04282009-120057/SeraphinesThesis2009.finalRSedit.pdf?sequence=1&isAllowed=y

Kollar, E. & Buyx, A.(2013). Ethics and policy of medical brain drain : a review. *Swiss Medical Weekly*, *143*, 1-8.

doi: 10.4414/smw.2013.13845

Landman, M. (2006) Getting quality in qualitative research: A short introduction to feminist methodology and methods. *Proceedings of the Nutrition Society*, *65*(4), 429-433.

doi: https://doi-org.proxy.lib.uwaterloo.ca/10.1079/PNS2006518

Lee, E.S. (1966). A Theory of Migration. *Demography*, *3*(1), 47-57.

doi: https://doi.org/10.2307/2060063

Letherby, G. (2011). Feminist methodology. In M. Williams & W.P. Vogt (Eds.), *The SAGE handbook of innovation in social research methods* (pp.62-79). Sage Publications Ltd.

doi: 10.4135/9781446268261

Likupe, G. (2015). Experiences of African nurses and the perception of their managers in the NHS. *Journal of Nursing Management*, *23*(2), 231-241.

doi: https://doi-org.proxy.lib.uwaterloo.ca/10.1111/jonm.12119

Lofters, A., Slater, M., Fumakia,N. & Thulien, N. (2014). "Brain gain" and "Brain Waste": experiences of international medical graduates in Ontario. *Risk Management and Health Care Policy*, *7*,81-89.

doi: https://dx.doi.org/10.2147%2FRMHP.S60708

Lopez, I. (1994). The social construction of race: some observations on illusion, fabrication and choice. *Harvard Civil Rights-Civil Liberties Law Review*, *29*(1), 1-62.

Retrieved from https://heinonline-org.proxy.lib.uwaterloo.ca/HOL/Page?lname=&public=false&collection=journals&handle=hein.journals/hcrcl29&men_hide=false&men_tab=toc&kind=&page=1

Lorber, J. (1994). "Night to his Day": The Social Construction of Gender, in *Paradoxes of Gender* (pp.13-36). Yale University Press.

Retrieved from http://sociology.morrisville.edu/readings/SOCI101/SOS28-Lorber-NightToHisDay.pdf

Loss, J., Aldoughe, Y., Sauter, A. & von Somoggy, J.(2020). 'Wait and wait, that is the only thing they can say': a qualitative study exploring experiences of immigrated Syrian doctors applying for medical license in Germany. *BMC Health Services Research, 20*, 342.

doi : https://doi.org/10.1186/s12913-020-05209-2

MacLellan A.M., Brailovsky C., Rainsberry P., Bowmer I. & Desrochers M. (2010). Examination Outcomes for International Medical Graduates Pursuing or Completing Family Medicine Residency Training in Quebec*. Canadian Family Physician, 56*(9), 912-918.

Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2939121/

Medical Council of Canada (n.d.). Redefining Excellence in Assessment : 2018-2019 Annual Report.

Retrieved from https://www.mcc.ca/media/2018-2019-Annual-Report.pdf

Morrison, R.L. (2009). Are Women Tending and Befriending in the Workplace? Gender Differences in the Relationship Between Workplace Relationships and Organizational Outcomes. *Sex Roles*, *60*(1-2), 1-13.

doi : 10.1007/s11199-008-9513-4

Morrison, N. & Chimkupete, P. (2020) Double jeopardy : black and female in medicine. *The Clinical Teacher, 17*, 566-568.

doi : 10.1111/tct.13247.

Moyce, S., Lash, R. & de Leon Siantz, M.L. (2016). Migration Experiences of Foreign Educated Nurses: A Systematic Review of the Literature. *Journal of Transcultural Nursing*, *27*(2), 181-188.

doi : 10.1177/1043659615569538

Mpalirwa, J., Lofters, A., Nnorom, Onye & Hanson, M. (2020). Patients, Pride and Prejudice: Exploring Black Ontarians Experiences of Racism and Discrimination. *Academic Medicine*, *95*(11S), S51-S57.

doi : https://doi.org/10.1097/acm.0000000000003648

Neiterman, E. & Bourgeault, I.L. (2012). Conceptualizing Professional Diaspora: International Medical Graduates in Canada. *Journal of International Migration and Integration*, *13*, 39-57.

doi : 10.1007/s12134-011-0192-6

Neiterman, E. & Bourgeault, I.L. (2013). Cultural Competence of Internationally Educated Nurses: Assessing Problems and Findings. *The Canadian Journal of Nursing Research*, *45*(4), 88-107.

Retrieved from https://cjnr.archive.mcgill.ca/article/viewFile/2429/2423

Neiterman, E & Bourgeault,I.L.(2015a). The shield of professional status: Comparing internationally educated nurses and international medical graduates' experiences of discrimination. *Health*, *19*(6), 615-634.

doi : 10.1177/1363459314567788

Neiterman, E. & Bourgeault, I.L. (2015b). Professional integration as a process of professional resocialization: Internationally educated health professionals in Canada. *Social Science & Medicine*, *131*, 74-81. doi : https://doi-org.proxy.lib.uwaterloo.ca/10.1016/j.socscimed.2015.02.043

Neiterman, E., Salmonsson,L. & Bourgeault,I.L.(2015). Navigating otherness: A comparative case study of IMGs professional integration in Canada and Sweden. *Ephemera: Theory and Politics in Organization*, *15*(4), 773-795.

Retrieved from http://oru.diva-portal.org/smash/record.jsf?pid=diva2%3A974516&dswid=-5990

Neiterman, E., Bourgeault, I.L. & Covell, C.L.(2017). What Do We Know and Not Know about the Professional Integration of International Medical Graduates (IMGs) in Canada? *Healthcare Policy, 12*(4), 18-32.

doi : https://dx-doi-org.proxy.lib.uwaterloo.ca/10.12927%2Fhcpol.2017.25101

Newton, S., Pillay, J. & Higginbottom, G.(2012). The migration and transitioning experiences of internationally educated nurses: a global perspective. *Journal of nursing management*, *20*, 534-550.

doi : 10.1111/j.1365-2834.2011.01222.x

Neyer, G. & Bernardi, L. (2011). Feminist Perspectives on Motherhood and Reproduction. *Historical Social Research*, *36*(2), 162-176.

Retrieved from https://www.jstor.org/stable/41151279

Nichols, J. & Campbell, J. (2010). The experiences of internationally recruited nurses in the UK (1995–2007): an integrative review. *Nursing Management (through 2013)*, *17*(5), 30-35.

Retrieved from https://search-proquest-com.proxy.lib.uwaterloo.ca/docview/751281931?OpenUrlRefId=info:xri/sid:primo&accountid=14906

Nkrumah, A. (2021). Covert Racism: the case of Ghanaian immigrant entrepreneurs in three Canadian Prairie Provinces. *Canadian Journal of African Studies*, 1-19.
doi : 10.1080/00083968.2021.1899949

Nunkoosing, K. (2005). The Problem With Interviews. *Qualitative Health Research*, *15*(5), 698-706.

doi : 10.1177/1049732304273903

Office of the Fairness Commissioner (2009). *Study of assessment qualifications agencies. Ontario*. Retrieved from

https://www.fairnesscommissioner.ca/en/Publications/PDF/Research%20Reports/study_of_qualifications_assessment_agencies_print_pdf_english.pdf

Ontario (2021). *Adult learning: Ontario Bridge Training Program*.

Retrieved from https://www.ontario.ca/page/adult-learning-ontario-bridge-training-program

Pantilat, S. (2006). What is a Hospitalist? *The Hospitalist*

Retrieved from
https://www.the-hospitalist.org/hospitalist/article/123072/what-hospitalist

Peters, C. (2012*). The Bridging Education and Licensure of International Medical Doctors in Ontario: A Call For Commitment, Consistency, and Transparency* [Doctoral Dissertation, University of Toronto]. TSpace. Retrieved from https://tspace.library.utoronto.ca/handle/1807/31896

Poon, O.,Squire, D., Kodama, C., Byrd, A., Chan, J., Manzano, L., …., Bishundat, D.(2016). A Critical Review of the Model Minority Myth in Selected Literature on Asian Americans and Pacific Islanders in Higher Education. *Review of Educational Research*, *86*(2), 469-502.

Retrieved from

https://www.jstor.org/stable/24752861

Primeau, M.D., Champagne, F. & Lavoie-Tremblay,M. (2014). Foreign-Trained Nurses' Experiences and Socioprofessional Integration Best Practices: An Integrative Literature Review. *The Healthcare Manager*, *33*(3), 245-253.

doi: https://doi.org/10.1097/hcm.0000000000000018

Pung., L.X. & Goh, Y.S. (2017). Challenges faced by international nurses when migrating: an integrative literature review*. International Nursing Review*, *64*(1), 146-165.

doi : https://doi.org/10.1111/inr.12306

Reeder, H.M.(2003). The Effect of Gender Role Orientation on Same-and Cross-Sex Friendship Formation*. Sex Roles*, *49*(3-4), 143-152.

doi: http://dx.doi.org/10.1023/A:1024408913880

Rivero, E.(2021). Proportion of Black physicians in U.S. has changed little in 120 years , UCLA research finds. *UCLA Newsroom*.

Retrieved from https://newsroom.ucla.edu/releases/proportion-black-physicians-little-change

Rodriguez, J.K.(2018). Intersectionality and Qualitative Research in: *The Sage Handbook of Qualitative Business and Management Research Methods: History and Traditions (*pp.429-461). Sage Publications.

Retrieved from https://methods-sagepub-com.proxy.lib.uwaterloo.ca/book/handbook-of-qualitative-business-management-research-methods-v1/i2773.xml?fromsearch=true

Sakamoto, A., Takei, I. & Woo,H. (2012). The Myth of the Model Minority Myth. *Sociological Spectrum*, *32*(4), 309-321.

doi: 10.1080/02732173.2012.664042

Salami, B., Meherali, S., Covell, C.L. (2018). Downward occupational mobility of baccalaureate-prepared, internationally educated nurses to licensed practical nurses. *International Nursing Review*, *65*(2),173-181.

doi: https://doi.org/10.1111/inr.12400

Sharieff W.& Zakus D. (2006). Resource Utilization and Costs Borne by International Medical Graduates in Their Pursuit for Practice License in Ontario, Canada. *Pakistan Journal of Medical Sciences*, 22(2), 110-115.

Retrieved from

https://www.researchgate.net/profile/David_Zakus2/publication/237441682_Resource_utilization_and_costs_borne_by_international_medical_graduates_in_their_pursuit_for_practice_license_in_Ontario_Canada/links/0deec52d596ad70d7e000000.pdf

Shuval, J.T (2000) . The Reconstruction of Professional Identity Among Immigrant Physicians in Three Societies. *Journal of Immigrant Health*, *2*(4), 191-202.

doi: https://doi.org/10.1023/a:1009588229071

Siyam,A. & Poz, M.R.D. (2014). Migration of Health Workers: WHO Code of Practice And The Global Economic Crisis. *World Health Organization*.

Retrieved from https://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf

Smith, D. E. (1974). Women's perspective as a radical critique of sociology. *Sociological Inquiry, 44*(1), 7-13.

doi : https://doi.org/10.1111/j.1475-682X.1974.tb00718.x

Thomson, G & Cohl, K. (2011). IMG Selection: Independent Review of Access to Postgraduate Programs by International Medical Graduates in Ontario. Volume 1 : Findings and Recommendations .

Retrieved from https://www.health.gov.on.ca/en/common/ministry/publications/reports/thomson/v1_thomson.pdf

Walsh, K. & O'Shea, E.(2010). Marginalised Care: Migrant Workers Caring for Older People in Ireland. *Journal of Population Ageing*, *3*(1), 17-37.

doi: 10.1007/s12062-010-9030-4

Walsh, A., Banner, S., Schabort, Armson, H., Bowmer, M.I. & Granata, B.(2011). International Medical Graduates-Current Issues. *Members of the FMEC PG Consortium*.Retrieved from https://www.hhr-rhs.ca/index.php?option=com_mtree&task=viewlink&link_id=10838&Itemid=456&lang=fr

Wheeler, R.M. , Foster, J.W. & Hepburn, K.W. (2014). The experience of discrimination by US and Internationally educated nurses in hospital practice in the USA: a qualitative study. *Journal of Advanced Nursing*, *70*(2), 350-359.

doi : 10.1111/jan.12197

White, J. & Brown,A. (2021). Blacks and Racism in Dietetics Field: From Diet Related Health Disparities to Racial Microaggressions. *Journal of Critical Dietetics*, *6*(1),1-3.

Retrieved from https://journals.library.ryerson.ca/index.php/criticaldietetics/issue/view/116

Winker, G. & Degele, N. (2011). Intersectionality as a multi-level analysis: :Dealing with Social Inequality. *European Journal of Women's Studies*, *18(*1), 51-66.

doi: 10.1177/1350506810386084

Wojczewski, S., Pentz,S., Blaclock, C., Hoffmann,K., Peersman,W., Nkomazana, O. & Kutalek, R.(2015). African Female Physicians and Nurses in the Global Care Chain: Qualitative Explorations from Five Destination Countries. *PLoS ONE, 10*(6), e012946 . doi : https://doi.org/10.1371/journal.pone.0129464

World Health Organization (2022). Health Workforce-Migration.

Retrieved from https://www.who.int/teams/health-workforce/migration

Wright-Mendoza,J. (2019). The 1910 Report that Disadvantaged Minority Doctors. *JSTOR Daily*. Retrieved from https://daily.jstor.org/the-1910-report-that-unintentionally-disadvantaged-minority-doctors/

Wyatt, T.R., Rockich-Winston, N., White, D. & Taylor, T.R. (2021) “Changing the Narrative” : a study on professional identity formation amongst Black/African American Physicians. *Advances in Health Sciences Education, 26*(1), 183-198.

doi : https://doi.org/10.1007/s10459-020-09978-7

Xiao, L.D., Willis, E. & Jeffers, L.(2014). Factors affecting the integration of immigrant nurses into the nursing workforce:A double hermeneutic study. *International Journal of Nursing Studies*, *51*(4), 640-653.

doi : https://doi-org.proxy.lib.uwaterloo.ca/10.1016/j.ijnurstu.2013.08.005

Zamandeh,V., Valizadeh, L., Negarandeh, R., Monandi, M. & Azadi, A.(2013). Factors Influencing Men Entering the Nursing Profession, and Understanding the Challenges Faced by Them: Iranian and Developed Countries Perspectives. *Nursing and Midwifery Studies, 2*(4) ,49-56.

Retrieved from http://nmsjournal.kaums.ac.ir/article_65835_fcbaf5e563c2ac47a1084f6c2346a66e.pdf

Appendix A : Recruitment Material

UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES
School of Public Health and Health Systems

Research Participants Needed for Study on

The Gendered and Racialized Experiences of Professional Integration of Internationally Educated Health Professionals in Canada

We are looking for Internationally Educated Health Professionals (IEHPs) to participate in a study that explores how gender shapes their experiences of professional integration.

To be eligible to participate in the study, IEHPs must have lived in Canada for at least five years, completed their studies outside of Canada and be fluent in English, and be working in their field, being in the process of pursuing licensure or choosing an alternative career path.

As a participant, you will be asked to take part in a 30-60-minute semi-structured interview, which will take place online or by telephone. During the interviews, we will be asking questions about your experiences of migration and professional integration. We will pay particular attention to the role gender, ethnicity, and race might have played in this process and what can be done to improve it.

For more information about the study, or to volunteer please contact:

Christiane Boroto

Master of Science Candidate

Phone : 306-620-8975

Email: cmboroto@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee.

Email Script:

Dear [name]:

My name is Christiane Boroto and I am a Master's student in the School of Public Health and Health Systems. I am currently working on a research study for my Master's thesis at the University of Waterloo titled: *The Gendered and Racialized Experiences of Professional Integration of Internationally Educated Health Professionals in Canada.* My graduate thesis supervisor is Dr. Elena Neiterman.

The purpose of this study is to determine how gender shapes the professional integration experiences of Internationally Educated Health Professionals (IEHPs). This study will ask you about your migration story, barriers and facilitators to your professional integration, your family's role in your professional integration experience and how race, ethnicity and gender shaped your experiences. Additionally, this study aims to determine ways to improve the professional integration process for IEHPs. The findings from this study could help improve policies and programs aimed to facilitate the process of professional integration for IEHPs in Canada.

I am currently looking for volunteers to take part in an individual, semi-structured interview. The interviews will be conducted on an online platform or by telephone. The interviews will last approximately 30-60 minutes. For purposes of this study, I am seeking participants who meet the following criteria:

1. Internationally Educated Health Professionals who have done their education and training outside of Canada.
2.You must be working in your respective field, in the process of obtaining their professional licensure or have pursued alternate career path.
3. You must have lived in Canada for at least five years.

Your participation will remain confidential.

I have attached a Letter of Information and Consent Form where you can learn more about the study and its procedures. Please consider sharing with your contacts who you think may be interested in participating. This study has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee.

Please feel free to contact me regarding participation or any questions you may have at cmboroto@uwaterloo.ca.

Sincerely,
Christiane Boroto
MSc Candidate
School of Public Health and Health Systems
Faculty of Applied Health Sciences
University of Waterloo

UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES | School of Public Health and Health Systems
519-888-4567 | fax 519-746-6776
uwaterloo.ca/public-health-and-health-systems

Appendix B: Letter of Information and Consent form.

Title of the study: The Gendered and Racialized Experiences of Professional Integration of Internationally Educated Health Professionals in Canada

Faculty Supervisor: Elena Neiterman, PhD, School of Public Health and Health Systems, University of Waterloo. Phone: (519) 888-4567 ext. 38221, Email: eneiterman@uwaterloo.ca

Student Investigator: Christiane Boroto , MSc Candidate, School of Public Health and Health Systems, University of Waterloo. Email: cmboroto@uwaterloo.ca

Dear Potential Participant,

To help you make an informed decision regarding your participation, this letter will explain what the study is about, your rights as a research participant, and the possible risks and benefits associated with participating in this research. If you do not understand something in the letter, please ask Christiane Boroto prior to consenting to the study. You will be provided with a copy of the information and consent form if you choose to participate in the study.

What is the study about?

You are invited to participate in a study conducted by Christiane Boroto, as part of her Master's thesis research at the University of Waterloo. The purpose of the study is to determine how gender shapes the professional integration experiences of Internationally Educated Health Professionals (IEHPs). We also hope to gain an understanding on how other social identities such as race, ethnicity and professional identity shape the professional integration experiences of Internationally Educated Health Professionals. We also aim to learn from IEHPs how Canada can improve the integration experiences of IEHPs and which policies need to be implemented to ensure equity among male, female and non-binary IEHPs.

I. Your responsibilities as a participant

If you decide to volunteer, you will be asked to take part in an individual interview that will last 30-60 minutes. The interview will be scheduled at a date and time that is convenient for you and will take place online (e.g., Skype, WhatsApp, MS Teams) or via telephone. Privacy cannot be guaranteed when information is transmitted over the Internet. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). University of Waterloo researchers will not collect or use internet protocol (IP) addresses or other information which could link your participation to your computer or electronic device without first informing you. If you prefer not to participate using this online method, please let the researcher know so you can participate using an alternative method such a telephone call.

At the beginning of the interview, you will be asked to introduce yourself and answer some demographic questions, including your profession, your employment status, gender, your race, country of origin and the amount years you have lived in Canada. You will then be asked open-ended questions that will focus on your migration story, process of professional integration, barriers and facilitators to your professional integration experience, your family's role in your professional integration, the unique challenges you faced based on your gender and race/ethnic identity and ways to improve the process.

The interview will be audio recorded to ensure an accurate transcript. With your permission, anonymous quotations may be used in publications and/or presentations.

Who may participate in this study?

In order to participate, you must be fluent in English. Additionally, you must meet the following criteria to be eligible to participate in this study:

1) You must have lived in Canada for at least five years
2) You must have completed your education and training outside of Canada
3) You must be working in your respective field, seeking professional integration, or be pursuing an alternative career path.

If you have any questions about eligibility for this study, please contact Christiane Boroto at cmboroto@uwaterloo.ca

II. Your Rights as a Participant

Is this study voluntary?

Your participation in this study is completely voluntary. During the interview, you may decline to answer any question(s) you prefer not to answer by requesting to skip a question. Following the interview session, you may completely withdraw from the study within two weeks from completion of the interview by contacting the researchers, Christiane Boroto or Elena Neiterman.

Will my personal information remain confidential? Will I be identifiable?

Your confidentiality is a priority throughout this research. Your verbal consent will be stored as a separate audio file and will be encrypted and stored on the researcher's password-protected laptop. With your permission, we will gather some of your demographic information, such as your gender, race, ethnicity, profession, country of origin and the amount of years you have lived in Canada .The interview guide will ask questions about your profession, while the demographic questionnaire will collect information about your gender, race, ethnicity, profession, country of origin and the amount of years you have living in Canada. To ensure the confidentiality of your data, you will be identified by a participant pseudonym, which you may choose.

With your permission, the interview will be audio-recorded to facilitate the accurate collection of information, and later transcribed for analysis. Within this audio-recording, your name will not be used, but your voice will be heard. The audio recording collected during this study will be destroyed immediately upon transcription (within two weeks of the interview) and only the anonymized transcript from the interview will be retained. All information that could identify you will be deleted from the interview transcript. Only the research team will know which data is from your participation, and any identifying information will be kept separate from the data. Only researchers associated with this study will have access to any study records. Your interview transcript will be stored separately under an anonymous participant code, encrypted and stored on the password-protected laptop, which is only available to the researcher. Encryption of electronic files will be conducted according to University of Waterloo IST policy. Any paper data (i.e., researcher notes) will be stored in a secure location. We will keep your data for a minimum of seven years following the date of the interview, after which it will be destroyed according to University of Waterloo policy.

Are there any benefits to participating in the study?

The study may not provide benefit you directly; however, the results from the study may help inform immigration and health policy on how to improve the process of professional integration of Internationally Educated Health Professionals

Are there risks to participating in the study?

There are minimal risks to participating in the study. However, some of the questions may trigger negative experiences of your professional integration and immigration experiences in Canada. You do not have to answer all of the interview questions if you are uncomfortable. In addition, we will be providing contact information to resources if you need more support or information.

I. Questions, Comments, Concerns

How is this study funded?

This study has received funding from the Joseph-Armand Bombardier Canada Graduate Scholarship-Master's and the University of Waterloo. There are no conflicts of interest to declare.

Has the study received ethics clearance?

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE #42690). If you have any questions for the Committee, please contact the Office of Research Ethics at (519) 888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

Who should I contact if I have questions about my participation in the study?

For all other questions regarding this study, or if you would like additional information to assist you in reaching a decision about participating, please contact me by e-mail at cmboroto@uwaterloo.ca You can also contact my supervisor, Dr. Elena Neiterman, at (519) 888-4567 ext. 38221 or email eneiterman@uwaterloo.ca.

Yours sincerely,
Christiane Boroto

BPH, MSc Candidate

School of Public Health and Health Systems
University of Waterloo
cmboroto@uwaterloo.ca

CONSENT FORM

I have read the information presented in the information letter about a study being conducted by Christiane Boroto, under the supervision of Dr. Elena Neiterman. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details that I wanted.

I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.

I am also aware that the excerpts from the interview may be included in the findings of this study with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time by advising the researchers.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE #42690). I was informed that if I have any questions, I may contact the Office of Research Ethics, at (519) 888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

□ YES □ NO

I agree to have my interview audio recorded.

□ YES □ NO

I agree to the use of anonymous quotations in the write up of the study.

□ YES □ NO

I agree to the use of anonymous quotations in future related research.

□ YES □ NO

I give Christiane Boroto permission to retain the transcript from my interview for up to seven years and use it for research purposes as long as it has no identifiable information that ties it to me.

□ YES □ NO

By verbally consenting to participate in this study , you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

Participant Name: _____ (Please print)

Researcher's Signature: _____

Date: _____

Appendix C: Interview Guide

1. Tell me about your decision to immigrate to Canada?
    a. Probes: what other countries did you consider, which provinces, how did you decide about Canada, etc.
2. What was your immigration process like?
    a. Probes: (Skilled Worked Program, Family Class Program, Refugee program or Provincial nominee program).
    b. Tell me about some of the challenges
3. Have you considered if you would be able to work in your profession in Canada?
    a. Did you study/know anything about the professional recognition process?
4. Tell me what happened when you arrived in Canada?
    a. What were the major challenges with professional integration?
    b. What went easier than you expected and what was harder?
5. In what way, do you think, your ethnic or racial background shape your experiences of professional integration?
    a. Country of education, country of origin, professional licensure, racial/ethnic discrimination?
    b. Cultural background
    c. Language proficiency
6. In what way do you think your process of immigration and professional integration would be different if you would be a man/woman (or different gender)?
    a. How it would affect your decision and process of migration?
    b. In what way it would change the process of professional integration
    c. Do you think it would be different if you would be in a different profession?

7. Do you think that men , women or gender non-conforming individuals may have different experiences of professional integration? If so, could you tell explain how?
8. Do you think ethnicity may play a role in professional integration,? If so, could you explain to me how?
9. Tell me what you are doing right now for a living?
    a. Practicing in your own profession, working on professional integration while doing some other job
    b. Tell me about your regular day of work
10. Tell me about how your ability (or inability) to practice your profession shaped/impacted you and your loved ones?
    a. Your personal identity and the way you see yourself
    b. The way your family members and friends see you
    c. The way it changed/is changing your relationship with your significant others (partner, parents, children)
    d. The way others (both in Canada and in the country of origin may see you)

11. Have you considered your future plans?
    a. Probes: are you planning to pursue professional integrations?
12. Have you thought about coming back to your country of origin or moving to another country
    a. Where do you see yourself in five years?
13. Is there any advice you wish someone would have told you prior to immigrating to Canada?

Appendix D: Demographic form

Demographic Form :

(The survey will be completed during the interview):

1. **Please indicate your Gender Identity**

◊ Male

◊ Female

◊ Non-binary

2. **Please indicate your Racial Identity**

◊ White

◊ Black

◊ East Asian

◊ South Asian

◊ Middle Eastern

◊ Indigenous

◊ Latin-American

◊ Other

3. **Please indicate your ethnicity:**

4. **What is your country of origin?**

5. **Please indicate the number of years you have lived in Canada:**

6. **What was your profession prior to moving to Canada ?**

7. **Have you kept the same profession after immigrating to Canada?**

◊ Yes

◊ No

UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES | School of Public Health and Health Systems
519-888-4567 | fax 519-746-6776
uwaterloo.ca/public-health-and-health-systems

Appendix E: Feedback Letter

The Gendered and Racialized Experiences of Professional Integration of Internationally Educated Health Professionals in Canada

[Date]

Dear [Name],

I would like to thank you for your participation in this study entitled ***The Gendered and Racialized Experiences of Professional Integration of Internationally Educated Health Professionals in Canada.*** As a reminder, the purpose of this study was to determine how gender shapes the professional integration experiences of Internationally Educated Health Professionals in Canada .

The data collection from your interview will contribute to a better understanding of the gendered and racial barriers for professional integration, how gender, race and ethnicity intersect and shape the experiences of Internationally Educated Health Professionals , and what policies can facilitate the professional integration of male, female and non-binary Internationally Educated Health Professionals .

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE #42690). If you have any questions for the Committee, please contact the Office of Research Ethics at (519) 888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

For all other questions, please contact, Christiane Boroto (cmboroto@uwaterloo.ca) or Dr. Elena Neiterman (eneiterman@uwaterloo.ca).

Please remember that any data pertaining to you as an individual participant will be kept confidential. The findings from this study may be shared through conferences, presentations, and journal articles. If you would like to receive the report from this study, please contact Christiane Boroto at the contact information above. The study will be complete in August 2021.

Yours sincerely,

Christiane Boroto

University of Waterloo
School of Public Health and Health Systems

cmboroto@uwaterloo.ca

200 UNIVERSITY AVENUE WEST, WATERLOO, ON, CANADA N2L 3G1

Appendix F: List of Resources for Participants

UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES
School of Public Health and Health Systems

List of Resources for Participants

Organizations involved with aiding professional integration of IEHPs:

Alpha Consultants:

http://alphaconsultants.ca/internationally-educated-health-professionals/

Canadian Information Centre for International Credentials:

https://www.cicic.ca/1294/what_we_do.canada

World Education Services:

https://www.wes.org/ca/about-wes/

Resources for Mental Health:

ConnexOntario: **+**1-866-531-2600 OR

https://www.connexontario.ca/about-us

*211 Ontario***:** 1-888-340-1001 OR

https://211ontario.ca

IF you are in a mental health crisis call 911 or go to your nearest emergency department.