

COMMENTARY



Beyond the Borders: Navigating the Hurdles Faced by Internationally Educated Nurses

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Introduction:

Globally, nursing remains the largest sector among all the other healthcare professionals (HCPs), and a shortage of nurses is one of the major global crises in healthcare agencies (Haddad, Annamaraju, & Toney-Butler, 2023). Nurses are in high demand not only in low and middle-income countries (LMIC) but also in high-income countries (HIC), including the United Kingdom (UK), the United States of America (USA), Australia, and Canada. The World Health Organization (WHO 2024) estimates a shortage of 29 million nurses globally and a shortage of 4.5 million nurses by the year 2030. Globally, nurses from LMICs decided to migrate to HIC as internationally educated nurses (IENs) for their financial stability and to improve their quality of life. According to the Organization for Economic Cooperation and Development (OECD., 2021), the international migration of nurses to Canada was 8.1%, the number increased by threefold from 2017-2018.

This commentary draws on my personal experiences as an international student in PhD program (Nursing) in Canada, connecting with my former experience as a nurse educator in Pakistan. As part of PhD program, I am actively managing academic workload and research capabilities in Canada. Using a reflective commentary approach, this paper will examine multifaceted issues as an IEN, such as professional identity and cultural adaptation, communication and language issues, systemic barriers and credentialing issues, and emotional and psychological impact. Through a lens of personal experience, this paper will highlight how these issues impact health and well-being within individuals.

Cultural Barriers and Professional Identity:

One of the profound challenges I faced as an IEN was adapting to Canadian healthcare culture. These challenge manifest in a way that creates an invisible barrier that obstructs effective integration into the Canadian context. I observed this challenge while working in the capacity of an international student alongside several IENs in a long-term care facility in Southwestern Ontario. I have experienced that many IENs had hesitated in voicing clinical concerns and participating in residents' clinical rounds. Their knowledge, skills, and

competencies were undervalued, where there was a misinterpretation by the organization's higher management that IENs lack competence, decision-making skills, and professional confidence. IENs feel that this is an internal struggle hindering them from refining their professional identities in the Canadian context. Over time, supportive mentorship and being inclusive in interprofessional discussions fostered a sense of confidence and reevaluated our professional identities in the Canadian context (Thompson, 2024).

Language and Communication Barriers in Clinical Practice:

Effective communication is substantial for patient safety and team collaboration within any organization. Although I originally belonged from English medium culture from my hometown and had a flavor of using formal English language as a means of communication. However, utilizing fast-paced verbal exchange of communication at my workplace was initially challenging and yet more demanding with time. This language gap is a common issue among IENs, affecting their interactions with residents, families, and representatives from higher management of the organization where I worked. Once, I remember, one of the residents became frustrated, which led to creating a culture of tension in our relationship. This incident highlights the importance of workplace support systems, such as structured orientation programs and ongoing language training for IENs. It also underlines the demand for cultural humility among healthcare providers when collaborating with diverse colleagues (Alostaz, 2024).

Systemic Barriers and Credentialing Issues

One of the most challenging and stressful situations of my journey as an IEN was the pathway towards my licensure process. Despite having two decades of academic, clinical, and research experiences, I had to undergo multiple assessments, recertifications, and renewal of basic nursing courses. The sense of starting over academic procession heightened my financial burden, which greatly impacted on overall mental well-being. Wearing a hat as a PhD student, struggling with the academic and scholarly workload of a doctoral program, this renewal of courses heightened my tension and anxiety level. I also met with several other IENs during the

bridging program from a Canadian university who expressed similar feelings of frustration, resentment, and discouragement. More recently, the provision of mental support for IENs at the Canadian context is almost negligible. IENs experience marginalization and lack support from institutions where they are willing to work as IENs. After successful transition as an IEN role, I am in a better position to serve other nursing colleagues for the integration of culturally sensitive services and IEN integration programs. In my current role as a mentor for newly immigrant nurses on a voluntary capacity, I often share my journey to normalize these experiences and devise a safe space for dialogue.

Emotional and Psychological Impact:

Emotional, mental, and psychological issues have a deeper connection within IENs experience that many organizations overlook. It involves a lack of acceptance and rebuilding a professional identity for IEN in the work environment. During my experience as an IEN for the last 24 months in Canada, I have realized that being new to the system, IEN face several challenges in adjusting and accommodating to the system. Through direct observation and interaction with IENs, I have witnessed that many highly qualified nurses questioned about their competency, knowledge, and skills created a feeling of impostor syndrome in practice settings. These psychological barriers impact the individual's health and well-being (Tiwari, 2022).

Conclusion

To conclude, reflecting on my journey and the experiences of my fellow IENs, it becomes evident that there is a strong desideratum to put efforts on systemic, cultural, and professional challenges for IENs potential for growth and contribution within the scarcity of human resources. Health care organizations must move beyond their expectation to establish structures that support IENs' integration and well-being. Several Canadian studies identified predictors that facilitate IEN's successful transition into the workforce. Facilitating factors include IENs having comparable nursing education, availability of educational resources, enrollment in bridging programs, English language proficiency, and financial assistance facilities for the cost of registration and licensure. It includes that there is a need to integrate a successful

workforce (Covell, 2021; Ramji, 2018). Lastly, I consider myself a nurse and scholar, I remain strongly committed to advocate the policies that support inclusion, safe practices, and shielding environments that allow IENs to prosper and contribute thoroughly to Canadian healthcare.

Conflicts of interest: The author has no conflicts of interest to report.

Funding sources: No funding was used to support the paper.

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