

REVIEW OF THE LITERATURE



Supporting Internationally Educated Nurses Through Effective Preceptorship: A Canadian Perspective

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Abstract:

Background: Canada's healthcare system has historically relied on internationally educated nurses (IENs) to address persistent nursing shortages. In 2022, IENs comprised 64% of the net increase in registered nurse supply, with 23,256 internationally educated registered nurses representing 10.2% of the total Canadian RN workforce.

Purpose: This manuscript examines the historical contributions of IENs to Canadian healthcare, analyzes contemporary integration challenges, and presents evidence-based strategies for developing effective preceptorship programs to support IEN workplace integration and retention.

Methods: A literature review was conducted examining international and Canadian research on IEN experiences, integration challenges, and preceptorship models, supplemented by historical analysis of IEN contributions to Canadian nursing from colonial times to 2024.

Key Findings: IENs face multifaceted integration challenges including language and communication barriers, unfamiliarity with Canadian workplace culture and professional practice standards, experiences of racism and discrimination, and various personal and systemic obstacles. Effective preceptorship requires comprehensive, culturally responsive approaches that extend beyond traditional orientation programs designed for domestically educated nurses.

Conclusions: Successful IEN integration demands coordinated efforts from clinical educators, employers, educational institutions, and policymakers to develop evidence-informed preceptorship programs. These programs must address clinical competencies while incorporating cultural humility, extended mentorship, organizational support, and systemic inclusion strategies. Investment in comprehensive preceptorship is essential for maximizing IEN contributions to Canadian healthcare while promoting retention and quality patient care.

Keywords: Canada, integration, internationally educated nurses, preceptorship

Supporting Internationally Educated Nurses Through Effective Preceptorship: A Canadian Perspective

Canada's healthcare system has historically depended on the knowledge, skills, and dedication of internationally educated nurses (IENs) to address persistent nursing shortages and meet the diverse healthcare needs of its population. The ongoing recruitment of IENs represents both a strategic response to workforce challenges and a recognition of the valuable expertise these professionals bring to Canadian healthcare settings. However, the successful integration of IENs into Canada's healthcare system requires more than recruitment. It demands comprehensive, culturally responsive preceptorship programs that address the unique transitional challenges these nurses face.

The importance of effective IEN integration has become increasingly evident, particularly following the COVID-19 pandemic, which saw Canada's provincial health authorities and healthcare organizations once again resort to international recruitment of nurses. In 2022, IENs accounted for 64% of the net increase in the registered nurse supply across Canada, with 23,256 internationally educated registered nurses representing 10.2% of the total RN workforce (Canadian Institute for Health Information [CIHI], 2023b, 2023c). In Ontario alone, data as of June 1, 2025 indicates that IENs comprised 37.35% of all new registrants within the last 12 months (College of Nurses of Ontario, 2025). Among these professionals, nurses educated in the Philippines represent the largest group, with 13,813 registered in Canada as of 2023 (CIHI, 2024).

Despite their substantial contributions to Canada's healthcare system, IENs continue to face significant barriers in their workplace integration. These challenges encompass language and communication difficulties, unfamiliarity with Canadian workplace culture and professional practice standards, experiences of racism and discrimination, as well as various personal and systemic obstacles that can impede their successful transition (Cruz et al., 2022; McGillis Hall et al., 2015; Ramji et al., 2018). The complexity of these challenges necessitates preceptorship approaches that extend beyond traditional orientation programs designed for domestically educated nurses.

The substantial financial investment in IEN recruitment further underscores the importance of effective retention strategies. Canadian provinces have invested considerable resources in recruitment initiatives, with costs ranging from \$5,600 in Canada to as high as £12,000 in the United Kingdom per recruit (Dubois, 2023; Palmer et al., 2021). This economic reality, combined with the ethical imperative to support these healthcare professionals, demands a careful consideration of evidence-informed approaches to IEN preceptorship that promote successful workplace integration and long-term retention.

The purpose of this paper is to examine the historical context of IEN contributions to Canadian nursing, analyze the contemporary challenges faced by IENs in workplace integration, and present current research and best practices for developing effective preceptorship programs. Through this comprehensive examination, we aim to provide clinical nurse educators, healthcare organizations, and policymakers with evidence-based strategies for supporting IEN success in Canadian healthcare settings.

This manuscript is organized into several key sections. First, we provide historical context by tracing the contributions of IENs to Canadian healthcare from the early colonial period to the present day. Second, we examine the transitional experiences of IENs, highlighting the primary challenges they encounter in workplace integration. Third, we review current research and trends in IEN preceptorship, drawing from both international and Canadian literature. Finally, we discuss implications for various stakeholders and provide recommendations for developing comprehensive, culturally responsive preceptorship programs.

Background and History

Historically, the development of nursing in Canada relied on the knowledge and skills of internationally educated nurses (IENs). In 1617, Marie Rolet Hubou, a French woman from Paris, accompanied her surgeon-apothecary husband, Louis Hébert, to New France (Bennett, 1966/2018; Gibbon & Mathewson, 1947). Rolet Hubou assisted Hébert in his work and cared for the ill in the community when she was not performing household chores (Bennett, 1966/2018; Young & Rousseau, 2005). Because she was thought to be merely assisting her husband and,

therefore, nursing was not her main job, Young and Rousseau (2005) suggested that Rolet Hubou could not have been the first nurse in Canada. Nevertheless, following her husband's death ten years later, Rolet Hubou continued to minister to the sick, rendering home visits to sick patients who were referred to her by Jesuit priests (Baker et al., 2012; Bennett, 1966/2018; Gibbon & Mathewson, 1947).

In 1639, the Hôtel Dieu of Quebec was established as the first hospital to have been built on the shores of the St. Lawrence River, and was staffed by Augustinian nursing sisters belonging to the Hospitallers of the Mercy of Jesus (Hospitalières de la Miséricorde de Jésus) from the Norman city of Dieppe (Gibbon & Mathewson, 1947). The three nuns who initially staffed this hospital were Marie Guenet de St. Ignace, Anne Lecointre de St. Bernard, and Marie Forestier de St. Bonaventure de Jésus (Gibbon & Mathewson, 1947). In 1640, two additional nursing sisters arrived from Dieppe, namely, Jeanne Suppli de Sainte Marie and Catherine Vironceau de Saint-Nicholas (Gibbon & Mathewson, 1947). Regrettably, the conditions in Quebec that welcomed these IENs proved to be too harsh. Three of them fell ill during the winter of 1640, and Mother Marie de Ste. Marie died the following March (Gibbon & Mathewson, 1947). This historical example highlights the importance of providing support to IENs to help them adjust to their new environment and workplace, something that this group of nursing sisters did not receive.

Canada's first lay nurse, Jeanne Mance, was also an IEN, having been born and raised in Langres, France (Gibbon & Mathewson, 1947). Mance's nurse training can be attributed to her membership with the Confrérie of Dames de la Charité, a group of women who "pledged themselves to nurse the sick poor" (Gibbon & Mathewson, 1947, p. 24). After hearing about the tales of New France, she began to take an interest in the colony and subsequently arrived in Quebec on May 17, 1642 (Gibbon & Mathewson, 1947). She founded the Hôtel-Dieu de Montréal and the Ville Marie, present-day Montreal (Gibbon & Mathewson, 1947; Noel, 2008).

Formal Nursing Education and the Influence of IENs

The first training school for Canadian nurses was not established until 1865, when the Parliament of Canada officially incorporated the St. Catharines General and Marine Hospital (An Act to incorporate "The St. Catharines General and Marine Hospital," 1865). The institution became the first lay hospital in Canada to offer a formal nurse training program in 1874 that followed the Nightingale model (Gibbon & Mathewson, 1947; McPherson, 2003). Subsequently, the school's founder, Dr. Theophilus Mack, recruited two Nightingale IENs from London to supervise the nursing staff and establish the nurse training program (Gibbon & Mathewson, 1947; McPherson, 2003).

In Montreal, similar initiatives were undertaken to hire IENs trained in the Nightingale system in London, United Kingdom (McPherson, 2003). Subsequently, in 1875, Maria Machin, a graduate of Nightingale's school, was sent along with four other nurses to Montreal General Hospital (MGH) (McPherson, 2005). Unfortunately, Machin's tenure at MGH was short-lived due to ongoing conflicts with the hospital administration and nursing staff (McPherson, 2005). She was replaced by another IEN, Nora Livingston, an alumna of New York Hospital Training School (McPherson, 2005). This further highlights the contributions of IENs to Canadian nursing while also illustrating the importance of providing transition supports to IENs to promote their retention in the workplace.

Mid-20th Century IEN Recruitment

During the 1950s to 1960s, Canada experienced economic prosperity and population growth, accompanied by a healthcare labour shortage (Crompton & Vickers, 2000). To address this shortage, the Canadian government granted immediate admission to Eastern European IENs; however, they soon realized that these nurses did not have the necessary communication skills to communicate with their patients in English (Damasco, 2021). As a result, the Canadian government resorted to hiring nurses from English-speaking countries, such as the Philippines, due to its nursing education system being rooted in the American colonial legacy (Damasco, 2021). It should be noted that English is one of the Philippines' two official languages.

Canadian immigration policies during this period were liberalized, employing non-standardized practices to assess admissibility to allow Canadian hospitals to actively recruit healthcare professionals, notably nurses, from non-European countries such as the Philippines (Damasco, 2012, 2021). Job recruitment at that time can be described as aggressive to the extent that Ontario hospitals directly communicated with top nursing schools in the Philippines to obtain alumnae contact information (Damasco, 2012).

Contemporary IEN Recruitment and Integration Challenges

Since the emergence of the COVID-19 pandemic, Canada's healthcare system, through its provincial health authorities, has once again resorted to the recruitment of IENs from other countries as a strategy to address the ongoing nursing shortage. The Canadian Institute for Health Information (CIHI, 2023a, 2023c) reported that in 2022, IENs comprised 64% and 15% of the net increase in registered nurse (RN) and licensed practical nurse supply respectively, across Canada. Data from CIHI (2023b) indicates that there were 23,256 internationally educated RNs in Canada in 2022, representing 10.2% of the total RN workforce. Table 1 lists the top ten source countries for IENs in 2022 (CIHI, 2023b).

Table 1*Top Ten Source Countries for Internationally Educated Registered Nurses, 2023 (CIHI, 2024)*

Country	Numbers Registered in Canada
Philippines	13,813
India	9,931
France	2,350
United States	1,842
United Kingdom	1,349
Iran	896
Haiti	581
China	575
Poland	444
Romania	437

In 2023, Canada's provincial health authorities sent recruitment delegations to the Philippines that resulted in the issuance of employment contracts ranging from several hundred to a few thousand Filipino registered nurses (Canadian Filipino Net, 2022; Dubois, 2023; Froese, 2023; Government of Alberta, 2023; Government of Manitoba, 2023; Government of Saskatchewan, 2023; Pauls, 2023; Saskatchewan Health Authority, n.d.). For example, in April 2023, it was reported that the province of Quebec recruited approximately 1,000 IENs from several Francophone countries (Giguère, 2023). Indeed, Canada has always relied on the recruitment of IENs during times of staffing/labor shortage to augment its nursing workforce. Governments spend substantial amounts of money recruiting IENs. Data from the United Kingdom indicate that the National Health Service spent between £10,000 and £12,000 to recruit one IEN from overseas (Palmer et al., 2021). In Canada, CBC reported that the Saskatchewan Health Authority awarded a Regina-based recruitment agency \$840,000 to recruit 150 nurses and other healthcare workers from the Philippines, roughly equivalent to \$5,600 per recruit (Dubois, 2023). Considering the costs involved in recruiting this important health human resource to address Canada's staffing shortage, governments must invest

appropriate resources in supporting the retention of IENs in their workplaces. This requires an understanding of the broader issues and challenges that hinder and promote IENs' transitioning experiences to minimize brain waste.

Transitioning Experiences of IENs in Canada

The successful integration of IENs into Canadian healthcare settings involves navigating complex challenges that extend beyond typical orientation requirements for domestically educated nurses. Understanding these transitional experiences is crucial for developing effective preceptorship programs that address the multifaceted nature of workplace integration for IENs.

In Canada, several studies and reports have been published that examine the transitioning experiences of IENs in the workplace (Bassendowski & Petrucka, 2010; Baxter 2017; Blythe et al., 2009; Covell et al., 2015; Cruz, 2021; Cruz et al., 2022; Higginbottom, 2011; Lawrence et al., 2023; Lee et al., 2021; Lee & Wojtiuk, 2021; Mahathevan et al., 2023; McGillis Hall et al., 2015; Ogilvie et al., 2007; Ramji et al., 2018; Ramji & Etowa, 2018; Salami et al., 2018; Sochan & Singh, 2007; St-Pierre et al., 2015; Taylor et al., 2012; Walton-Roberts, 2020). Generally, the workplace challenges encountered by IENs relate to: (a) language and communication (verbal and nonverbal); (b) Canadian workplace culture, professional practice standards, and context; (c) meeting registration requirements and non-recognition of previous nursing education and experience; (d) racism/discrimination; and (e) lack of social support.

It is important to note that these challenges are not mutually exclusive and they, in fact, intersect with each other. As an example, language and communication can impact IENs' ability to obtain registration and/or licensure, their ability to effectively function within the workplace, and may also be a reason to experience racism and discrimination. For IENs to be successfully retained in the workplace, these issues need to be identified and addressed in a timely manner as part of a broader preceptorship program.

Language and Communication

Language and communication challenges represent one of the most significant barriers that IENs encounter in Canadian healthcare settings. It has been reported that the most significant issue faced by IENs in the workplace relates to the socio-cultural contexts of communication, giving rise to misunderstanding or ethnic cliques (Baumann et al., 2006; Baumann et al., 2017; Blythe & Baumann, 2009; Bourgeault et al., 2010; St-Pierre et al., 2015). IENs themselves recognize the critical role language proficiency plays in their ability to become registered in Canada (Covell et al., 2015).

Lacking proficiency in either English or French impacts the broader IEN experience, from passing the registration exam and/or finding and retaining employment, to integrating into the workplace and advancing their nursing careers (McGillis Hall et al., 2015; Covell et al., 2014, 2015; St-Pierre et al., 2015). While there are IENs who come from countries where English is used as an additional language for education and work, others may be completely new to English (McGillis Hall et al., 2015) and may struggle to learn an entirely new language.

Even IENs who are fluent in English may still have challenges communicating in the workplace, as one IEN in Ontario remarked, "Everyday words are very different, so it's like learning a new language in lots of ways" (Covell et al., 2015, p. S155). This leads to situations where an IEN may not be understood by their colleagues or may not understand their colleagues, which leads to additional stress, decreased productivity, as well as cognitive fatigue from the ongoing vigilance of being overly conscious about the way they communicate with colleagues, clients, and their families (Tregunno et al., 2009). This fear of miscommunication may lead to potential errors or missed key messages that may be important to care provision.

Regrettably, this can result in their colleagues applying inappropriate labels or stereotypes of IENs. As one IEN shared, "When I was new here, they said I don't speak English well. They questioned my skills. As if they don't trust me" (Ramji et al., 2018, p. 7). For example, preceptors of IENs in a supervised practice experience partnership program in one Ontario facility reported that IENs struggled with communicating in the healthcare context, and this

impacted their ability to accurately document the care they provide to their clients and their ability to connect with the interprofessional team (Lawrence et al., 2023).

This highlights the importance of helping IENs develop their "proficiency in the language used at work (English or French) as well as the professional vocabulary used by Canadian nurses" (Covell et al., 2015, p. S154). Without proper supports, IENs may encounter challenges communicating with their clients and work colleagues (Bourgeault et al., 2010), giving rise to potential safety issues. Therefore, it is important to recognize that there are IENs who may require further supports to improve their verbal and written communication skills post-hire (St-Pierre et al., 2015).

Canadian Workplace Culture, Professional Practice Standards, and Context

IENs who are new to Canada may experience challenges related to unfamiliarity with Canadian workplace culture and differences in professional practice standards (Baumann et al., 2017; Blythe & Baumann, 2009; McGillis Hall et al., 2015). This may be particularly true for those IENs who arrived post-COVID-19 pandemic, and benefited from changes in registration requirements in some Canadian provinces, but did not have the opportunity to attend any form of bridging or transition education or take part in a comprehensive orientation program specifically designed for IENs. This may result in IENs having reduced understanding of the standards and scope of practice in the jurisdiction where they are working.

Apart from facing challenges in finding employment (Covell et al., 2015), these IENs may find themselves stepping outside of their regulated scope of practice and competencies, which can lead to reprimands from either their colleagues or their managers (Neiterman & Bourgeault, 2015). As a result, the IENs' self-confidence may suffer and negatively impact their overall performance, and they may be stigmatized as incompetent by their Canadian counterparts (Blythe & Baumann, 2009). Blythe and Baumann (2009) concluded that IENs may need more time to adjust; this requires patience on the part of everyone involved in the onboarding of IENs if they are to be retained in the workforce.

Additionally, differences in jurisdictional practice standards and contexts have the potential to impact IENs' ability to effectively function in the workplace. For example, differences in understanding and experiences with interprofessional collaboration may create tension among some groups of IENs. There are IENs who were trained in healthcare systems where the model of care was largely intraprofessional, or where the only other member of the healthcare team that they interacted with was limited to medical staff/physicians (Mahathevan et al., 2023).

Furthermore, IENs who are new to the country may find the increased level of professional autonomy expected of nurses in Canada as an entirely new experience. This prompted one IEN to say that, in Canada, "[nurses] have a lot more autonomy... we'll get the doctors asking us, well, what do you think? ...they trust you as a professional to make decisions" (Ramji et al., 2018, p. 7). IENs who have a better understanding of the Canadian context of nursing practice found it easier to assume leadership roles within their organizations (Covell et al., 2015), allowing them to develop and demonstrate advanced clinical expertise and leadership capabilities that Ramji and Etowa (2018) reported as hallmarks of an 'integrated' IEN.

Some IENs were educated and have worked in international settings where the nurse's role is often subordinate to that of other care providers, notably physicians and other unit staff. Other IENs come from places where the concept of interprofessional collaboration is not the norm. Differences in inter-professional practice in Canada and the expectation to communicate effectively with members of the interprofessional team, notably physicians, can result in IENs feeling anxious and uncomfortable while communicating with other members of the healthcare team. (Lawrence et al., 2023).

These examples further highlight the reality that although nurses generally study from the same body of knowledge, the way this knowledge is applied in practice varies from one jurisdiction to another. It is critical that appropriate supports are implemented to ensure IEN integration in the workplace. Evidently, IENs who receive sufficient support as they transition to the workplace can feel better integrated. This contributes to their job satisfaction, retention, and improved patient care (St-Pierre et al., 2015).

Meeting Registration Requirements and Non-Recognition of Previous Nursing Education and Experience

Although a full discussion is beyond the scope of this manuscript, it is worth mentioning that IENs face barriers in gaining registration, largely due to the non-recognition of their international credentials and work experiences, notably those coming from low-income countries (Cruz, 2021). This was particularly true at least before the COVID-19 pandemic, when the registration requirements and processes were extremely onerous for many applicants. This resulted in undue delays in the processing of their documents, as well as economic hardships that prompted some IENs to forego their plan to obtain nursing registration in Canada (Blythe et al., 2009; Sochan & Singh, 2007). This also led other IENs to pursue other pathways to employment, including obtaining registration or license as a practical nurse (Baxter, 2017; Salami et al., 2018) or as domestic workers (Pratt, 2005; Salami et al., 2014).

Over the course of the COVID-19 pandemic, and with the heightened nursing shortage, provincial governments and nursing regulatory bodies have revisited their registration and licensing requirements, resulting in what is sometimes described as modernized and expedited approaches that are aimed at removing unnecessary barriers to IEN registration and licensure in Canada (British Columbia College of Nurses and Midwives, 2023; College of Nurses of Ontario, 2023; College of Registered Nurses of Alberta, 2023; Nova Scotia College of Nursing, 2024). This has facilitated the faster recognition of international nursing credentials as well as the subsequent registration of IENs in many Canadian provinces.

Racism and Discrimination

Ogilvie et al. (2007) suggested that "in Canada, we like to think that we are not prejudiced about differences in ethnicity and race and that negative discriminatory practices are rare in our public institutions and everyday practices" (p. 233). However, this is not necessarily the case for IENs who have been known to experience "everyday forms of racism in the workplace" and other forms of othering (Boschma et al., 2012, p. 18). In more than one study, IENs reported experiences of racism, discrimination, and microaggression and how this has led

to additional stress on top of the broader transitioning experience (Baptiste, 2015; Baxter 2017; Boateng, 2015; Covell et al., 2014; Lawrence et al., 2023).

IENs experience racism, discrimination, and microaggression from a variety of sources, including from patients and their family members as well as from their workplace colleagues (Tregunno et al., 2009; Lawrence et al., 2023). Microaggression, racism, and discrimination came in different forms, including unequal benefits and assignment of job responsibilities based on their country of origin, with IENs from developing countries being placed at a greater disadvantage (Higginbottom, 2011). An IEN in a supervised practice experience program reported being told by their preceptor that they would not receive a good reference if they (the IEN) did not help other nurses on the unit (Lawrence et al., 2023).

Tregunno et al. (2009) also reported that racism and discrimination were enacted on account of the IEN's physical appearance, language fluency, and adequacy of their nursing education. Other IENs also reported experiences of physical assault, verbal aggression, family demands and abuse, as well as sexual harassment (Boateng, 2015). For example, there were also reports of nurses from the Philippines who were denied work opportunities because they lacked Canadian formal education or work experience (Hawkins & Rodney, 2015). There were IENs who felt that they were constantly being assessed because of their ethnic background and for possessing international credentials that were perceived as different, resulting in an ongoing need to prove oneself in the workplace (Ronquillo, 2010). Additionally, IENs may find that the same educational credentials and work experience from their home or other countries that qualified them for registration in Canada may not be readily recognized in the workplace, resulting in a diminished status and salary (Bourgeault et al., 2010).

The intersection of these issues experienced by IENs may also contribute to their inability to assume leadership or academic roles or pursue career advancement opportunities. In Ontario, an earlier report indicated that only 4.43% and 1.53% of IENs (except US-educated) were able to assume leadership and academic roles, respectively, compared with 7.59% and 3.16% for Ontario-educated, and 8.83% and 7.61% for US-educated nurses (Baumann et al.,

2006). There were IENs who reported experiencing workplace hostility, with one nurse "being told that they were taking 'Canadian job'" (St-Pierre et al., 2015, p. 28).

It is not uncommon for IENs to experience racism, discrimination, microaggression, and various forms of othering from their workplace colleagues and/or patients. In a recent study conducted by Cruz and Romero (2024), Philippine-educated nurses shared stories of violence both from their colleagues and patients. For example, one female RN working on a nursing resource team shared:

It's just the patients sometimes. Sometimes when they see you, before you even speak, they will say, do you know how to speak English? Or because of your color, they don't want... Some of the white people doesn't want a nurse that is brown. (Cruz & Romero, 2024, p. 18)

Another Filipino male RN working in a medical unit had this to say: *"There was one patient... he told me... 'can you get a white nurse for me?'"* (Cruz & Romero, 2024, p. 21).

IENs experience different forms of racism, discrimination, and microaggressions that can negatively impact their workplace transitioning experience. These experiences can impact IENs in various ways that impede their ability to maximize their potential and subsequently contribute to their advancement in the profession. Ultimately, it impacts the quality of patient care that they are able to provide.

Social Supports

The benefits of social networks have been reported in the literature. For example, Covell et al. (2015, 2017) and Sochan and Singh (2007) reported that some IENs' ability to pass the registration exam and secure employment can be attributed to the support provided by their family, relatives, friends, and colleagues, and was particularly useful for newly arrived IENs who were unfamiliar with the Canadian workplace context and hiring practices. McGillis Hall et al. (2015) highlighted that IENs relied on their family and friends in acquiring information in the various stages of immigration, credentialing, employment, as well as getting settled in their lives

in Canada. Friends in their home country helped IENs secure their documents required for registration in Canada (Sochan & Singh, 2007). Additionally, support from their family, especially those who were able to bring their family with them to Canada, helped decrease the IENs' stress level (Bassendowski & Petrucka, 2010).

In their workplace, IENs relied on their preceptors and nursing colleagues to help them learn about the culture of the unit and how to become productive team players (Lawrence et al., 2023; St-Pierre et al., 2015). Recently, the President of the Nova Scotia Nurses' Union remarked on the ongoing IEN recruitment in the province: "...[W]e need them to come, but more importantly we need them to stay. We need them to feel welcome—not lonely, not isolated—we need to just support them and their family as much as we can" (Gorman, 2024, para. 14).

Partnering with local settlement organizations can also help IENs feel more welcome in the broader community and improve their workplace retention (Lee & Wojtiuk, 2021). In addition, engaging with community stakeholders may result in additional funding from external sources that can be used for initiatives that prioritize IEN integration (Ramji & Etowa, 2018). Indeed, the value of social supports, both inside and outside the organization, is critical in helping IENs transition to the workplace.

IENs' Personal Challenges

Although not part of a formal preceptorship program, it is important to recognize that IENs may face personal issues that can impact their transition experience in the workplace. Ramji and Etowa (2018) reported that both IENs and their workplace mentors identified personal and family circumstances as significant barriers to IENs' ability to fully participate in and commit to their workplace's transition programs. For example, IENs may need to be employed by more than one employer to make ends meet as they support their families both in Canada and overseas (Ramji & Etowa, 2018). It is not unusual for an IEN to experience financial pressures as they send remittances to support family members back home while sustaining their lives in Canada (St-Pierre et al., 2015). It is, therefore, important that preceptors ask IENs

about other stressors in their lives so if challenges arise supportive measures can be put in place to address the issue.

Current Research and Trends on IEN Preceptorship

Considering the amount of time, money, and resources invested in hiring IENs during a nursing shortage, developing an effective preceptorship program for IENs is critical in promoting the retention of this group of nurses. Billay and Myrick (2008) define preceptorship “as an approach to the teaching and learning process within the context of the practice setting affords students the opportunity to develop self-confidence while increasing their competence as they become socialized into the profession of nursing” (p. 259). There are different approaches and strategies that can be employed to achieve this goal. It is also important to understand that onboarding IENs may require more than what a typical preceptorship program, such as those provided to domestic-trained nurses, is able to provide, and may need a more structured and extended relationship between the IEN, preceptor, and the organization. In this section, we will highlight some of the recent international and Canadian literature related to IEN preceptorship.

International Literature

Understanding the Preceptor Role

In exploring the lived experience of IENs working in an unfamiliar cultural and workplace environment in New Zealand, Choi et al. (2019) reported on the role of nurse preceptors and leaders in helping IENs navigate power relations in the workplace. In one situation, Choi et al. (2019) recounted how the lack of a clear understanding of their respective roles in the preceptor-preceptee relationship resulted in confusion and frustration for both parties during the acculturation process in their unit. On the one hand, the IEN was expecting that the preceptor “would use their position of authority to protect and mentor her,” as was the practice back home (Choi et al., 2019, p. 8). On the other hand, the preceptor felt that they were not provided enough support to prepare them for this specific role (Choi et al., 2019). IENs may also require more time to accomplish certain tasks, experience challenges in forging relationships with others, and possess insufficient knowledge of the language, adding to the

frustration of their preceptors (Eriksson et al., 2023). Riden et al. (2014) noted that some preceptors were assigned to support IENs while still managing their usual full patient assignments with no financial remuneration for the work they did. This may contribute to feelings of resentment and the impression that IENs are challenging to work with when in fact the issue may be the insufficient structural support for preceptors who do not have enough time to spend with IEN learners (Eriksson et al., 2023; Riden et al., 2014).

Supporting Preceptors of IENs

It is important to provide sufficient support and appropriate training for preceptors of IENs. Preceptorship models designed to support domestically educated nurses, while a good starting point, do not provide all the requisite information that a preceptor will require to support an IEN. As noted by preceptors in Choi et al.'s (2019) study, "generic preceptorship courses were inadequate for successfully preceptoring [IENs]" (p. 8). These additional supports that IENs require are not related to IENs' incompetence, but rather the differences in education and practice expectations that one can expect between and among different jurisdictions.

Preceptors recognize the importance of having some background information, both personal and professional, to help them understand the IEN better and to overcome both the trepidation and excitement that come with meeting and working with someone from an unfamiliar culture. For example, Eriksson et al. (2023) described preceptors' experiences working with IENs in the clinical component of a bridging program in Sweden. The preceptors remarked that they would like additional information about the IENs nursing education and cultural background (Eriksson et al., 2023). At the same time, they expressed excitement over the prospects of reciprocal learning where the preceptor and the IEN could learn from and with each other (Eriksson et al., 2023).

Working with IENs may present some challenges not typically encountered when working with domestic nursing graduates. As noted earlier, many of these challenges are rooted in jurisdictional differences in practice standards and expectations. Most of the challenges that preceptors encounter can be addressed by providing them with the time, support, and

resources to carry out this role, along with the other tasks that are expected of them. As noted by Eriksson et al. (2023), preceptors need the support of their "colleagues, head preceptors, and first-line managers" (p. 5) to be successful in this role.

Language and Communication in International Settings

IENs working in a receiving country where the language spoken differs from their own will potentially encounter challenges communicating with their colleagues and patients, consequently compromising patient safety. While passing a standardized exam or compulsory language course (Eriksson et al., 2023) may help determine their level of language fluency, this may not easily translate to practice when cultural nuances, contexts, and idioms come into play during their work. Eriksson et al. (2023) reported that some strategies used by preceptors in their study to address communication issues include speaking clearly, helping with spelling, speaking in English versus Swedish, and using translation applications. Organizations will need to invest in ongoing support both for IENs and staff to ensure that any challenges encountered in the workplace related to language and communication can be addressed.

The preceptors in Eriksson et al.'s (2023) study also raised concerns regarding IENs' ability to communicate effectively in the language spoken in the receiving country and questioned how IENs had passed their compulsory language courses yet continued to have a limited command of the new language. Roth et al. (2023) further noted that insufficient fluency in the language spoken in the workplace can have a negative impact on the overall quality of work and patient safety due to the IEN's failure to accomplish nursing tasks. This resulted in impaired communication that impacted the relationship between the preceptor and the IEN preceptee as well as patient safety. This situation highlights the importance of equipping IENs with sufficient mastery of the language in the receiving country prior to the commencement of any transition program so they can focus on learning the context, as opposed to simultaneously learning a new language and attending a transition program.

IENs also express feelings of insecurity in communicating with their colleagues in the workplace. Bruwer (2018) noted her experience as an IEN from South Africa working in the

United States. She struggled with her accent and wondered if she was effectively communicating with her American colleagues. She also noted how patients' perceptions of an IEN may be impacted by their accent and that language skills at times were inappropriately equated with an IENs clinical skills. Furthermore, some IENs may come from healthcare environments and contexts where a power differential exists between physicians and nurses that further contributes to their insecurities communicating with colleagues when they perceive themselves to be in subordinate roles (Choi et al., 2019).

To address these challenges, Bruwer (2018) suggested the following precepting pearls:

- Provide permission for the learner to be authentic.
- Encourage free exchange of cultural history.
- Be open to learning a new twist on the English language.
- Listen attentively and seek clarity.
- Avoid correcting pronunciation.
- Offer helpful suggestions.
- Embrace the opportunity to nurture a foreign soul who yearns for a sense of belonging.
- Become a broker for cultural sensitivity.
- Humor can be helpful or hurtful—choose wisely.
- Bridge the divide between clinical expertise and language skills—remain objective and true.
- Encourage the learner to communicate clearly, concisely, and confidently. (pp. 45-46)

Supporting IENs in International Contexts

Coming from a different culture, having been educated in a different practice setting and context, and learning a new language, combined with the stressors of settling into an unfamiliar environment, it is understandable that IENs will require supports and time to familiarize themselves with these changes in their lives and roles. There are IENs who may have been educated in a teacher-driven environment such that instructional approaches grounded in egalitarian, adult learning principles, including the need to take responsibility for one's own learning, require an adjustment (Choi et al., 2018).

Roth et al. (2023) suggested the importance of patience, empathy, and giving IENs adequate time to integrate and adapt to a new healthcare system. This needs to be a team effort and not just left to a few individual nurses on the unit (Roth et al., 2023). This emphasizes the importance of preparing the unit that will welcome IENs as well as the preceptors. These authors also suggested that a structured orientation program and utilizing orientation materials communicated in plain language are beneficial strategies for IENs. Finally, they highlighted the importance of practical skills and cultural training to support IEN integration into their new workplace.

Kamau et al.'s Strategies and Models to Promote IEN Integration

Perhaps one of the more comprehensive publications on preceptorship strategies is that of Kamau et al. (2022) who used an umbrella review approach to systematically identify the current strategies and models that exist to help IENs integrate within their receiving country's healthcare organizations and support their transition and adaptation to their new environment. From the 27 papers included in their review, Kamau et al. (2022) classified IEN integration strategies into three broad domains: "intra-organizational, sociocultural, and professional development" (p. 3).

Kamau et al. (2022) described the intra-organizational domain as those strategies and models that meet specific institutional characteristics and needs. Examples of strategies under this domain include "organization and management support and policies, workplace

environment, diversity, employee treatment, and collegial and peer support" (Kamau et al., 2022, p. 3).

The socio-cultural domain helps address the social and cultural needs of IENs, as well as ways to promote interpersonal relationships (Kamau et al., 2022). Examples include: "cultural training, learning and support, social support and friendships, language and communication, and personal skills development" (Kamau et al., 2022 p. 3).

Finally, Kamau et al.'s (2022) third domain is professional development. This domain includes those supports that enhance IENs' competencies, improve their ability to practice within the organization's contexts, and promote professional development. This domain includes "licensure and orientation to work, career and competence development, and workplace mentorship and preceptorship" (p. 3).

Although one might think that these domains seem to extend beyond the scope of the preceptorship model, assisting IENs' transition to a new sociocultural and professional environment can pose an enormous impact on the overall health and well-being of IENs (Nortvedt et al., 2020) and, presumably, those they work with. Moving from one country and practice milieu to another that is completely unfamiliar requires more time and support to help IENs function as effective and safe contributors to the receiving country's healthcare system. This requires an investment of time, money, and other resources to promote the retention of this group of nurses and allow them to effectively transition to the new environment.

Canadian Literature

Orientation and Onboarding

The differing models and culture of professional practice in the source and receiving countries can lead to culture shock as IENs transition to a completely different healthcare system (Neiterman & Bourgeault, 2015). Orientation and onboarding are among the strategies that employers need to put in place to help integrate IENs to the workplace (Baumann et al., 2017). The "one-size-fits-all" approach is often ineffective for IENs (Lee & Wojtiuk, 2021).

Recognizing that IENs completed their education and gained work experience outside of Canada, these nurses require a thorough introduction to their roles, colleagues, and the workplace through an orientation program (Baumann et al., 2017).

This IEN-focused orientation needs to include relevant information on job-related skills and competencies, knowledge, and workplace culture (Baumann et al., 2017). IENs may require additional assistance with technology, documentation, and communication (Lee & Wojtiuk, 2021). Furthermore, ongoing assistance in enhancing their nursing knowledge, language skills, and professional vocabulary has helped IENs develop their cultural competence and facilitate their integration into their unit (Salma et al., 2012, as cited in Covell et al., 2014). Where needed, organizations should consider providing individualized orientation plans.

Orientation and onboarding should not be limited only to IENs. Of equal importance is the need to prepare the receiving organizations or units to welcome IENs into their workplaces. The process of IEN integration is a two-way process that requires efforts from both the IEN and the workplace; both IENs and the workplace may need to change and adapt to one another (Ramji et al., 2018). Managers, staff, and preceptors/mentors assigned to each IEN require proper orientation to ensure that they have the necessary skills needed to help the new IEN employee familiarize themselves with the unit and the broader organization (Baumann et al., 2017; Covell et al., 2014).

Lee and Wojtiuk (2021) listed some strategies that can help workplaces better prepare to receive and work with IENs. These include:

- Provid[ing] organizational education to other team members regarding IENs' linguistic capabilities, knowledge of cultural practices and health issues, common illnesses and traditional health practices (e.g., cupping, herbal remedies, traditional medicine, etc.)
- Acknowledg[ing] and address[ing] the fact that the concepts multiculturalism and diversity may be foreign [or different] to those from other countries. (Lee & Wojtiuk, 2021, p. 61)

Ramji et al. (2018) provided additional strategies to support a two-way engagement by both the IEN and the workplace. This can be accomplished by respecting diversity and difference, adopting inclusive practices, and striving to achieve equity (Ramji et al., 2018, p. 7).

Respecting diversity and difference is demonstrated by the organization through its staff, who acknowledge how the IENs' diverse backgrounds can support patient diversity. Recognizing that a workforce that mirrors the patient diversity of the organization contributes to improved patient outcomes. At the same time, there is also an expectation on the part of the IEN to recognize, respect, and accept the importance of adapting to role and workplace differences, as well as differing interprofessional relationships and expectations in Canada (Ramji et al., 2018).

Adopting inclusive practices highlights the organization's commitment to addressing all forms of othering that may be experienced by anyone who is at risk of marginalization. Organizations enact this by way of creating and promoting inclusive policies and practices (see Baumann et al.'s [2017] approaches listed below). At the same time, there is an expectation for the IEN to adapt their outlook and perspectives in a manner that supports inclusionary practices.

Finally, *striving to achieve equity* refers to the "genuine openness and willingness to accept IENs as valuable contributors of knowledge and expertise" (Ramji et al., 2018, p. 10). In simple terms, IENs are seen as persons who have expert knowledge and skills that can actively and positively contribute to workforce diversity, and not mere warm bodies that are used to fill up job vacancies. This can be achieved by employing a variety of approaches that will ensure IENs achieve equitable outcomes that support their professional development within the organization (Ramji et al., 2018). IENs, on the other hand, have the responsibility to take advantage of opportunities that enable them to progress in their leadership and professional journey while overcoming any obstacles that may come their way (Ramji et al., 2018). Providing IENs the opportunity to utilize the knowledge and skills they bring, and to be actively engaged "in clinical and managerial decision-making... contributes to the provision of culturally sensitive patient-centred care" (St-Pierre et al., 2015, p. vii).

Mentorship and Preceptorship

IENs are expected to encounter different forms of barriers as they adjust to their new role within the Canadian healthcare system (Baumann et al., 2017). Evidence-based mentorship [and preceptorship] programs are known to help IENs overcome these challenges and successfully transition to their workplace, subsequently increasing their retention and job satisfaction (Baumann et al., 2017; Covell et al., 2014). Mentorship, whether formal or informal, has been cited by IENs as an important approach in integrating to Canada's workplaces (St-Pierre et al., 2015).

Mentorship, along with the unconditional support from their work colleagues and managers, contributes to the IENs' ability to enhance their knowledge within the context of the Canadian healthcare system and their workplace and develop meaningful professional relationships with their colleagues (St-Pierre et al., 2018). Subsequently, it further develops their skills in mentoring IENs and other nursing colleagues as they move forward in their careers (St-Pierre et al., 2018).

Cultural Integration, Cultural Competency, and Diversity Management

Preceptors recognize the importance of acknowledging IENs' prior education and experience while assisting them to enhance their understanding of the culture and context of Canadian nursing practice and healthcare system (Lawrence et al., 2023). In doing so, they will better appreciate the nurse's role within their respective organizations and practice jurisdiction, subsequently developing their skill to actively engage within the interprofessional team (Lawrence et al., 2023).

Baumann et al. (2017) listed several approaches that organizations can implement to support the development of cultural competency and diversity management. These include the following:

1. Demonstrate senior leadership commitment to diversity
2. Communicate the importance of diversity across the organization

3. Create and update inclusive policies and procedures
4. Develop and implement a diversity and inclusion strategy
5. Orient new staff and provide ongoing training for all staff
6. Recruit, retain and promote a culturally diverse workforce (p. 6)

Creating a supportive workplace instills in the IEN a sense of feeling welcomed and valued (Lawrence et al., 2023) that promotes their retention within the organization and enhances their ability to contribute to safe and efficient patient care.

Implications

This paper provides insights from recent international and Canadian literature into how IENs can be supported within a preceptorship program in Canada's workplaces to maximize their contributions to our healthcare system. The implications are organized by key stakeholder groups who play critical roles in IEN integration and success.

For Clinical Nurse Educators

Clinical nurse educators have the foundational knowledge and skills to support staff training and development. However, this knowledge may not be sufficient to fully and successfully support newly hired IEN staff. It is important for clinical nurse educators to engage in further learning on ways that they can facilitate the training and development of IENs. This may come in the form of both formal and informal education programs, as well as the use of IEN-specific resources to augment their training toolkit. It is also important to ensure that IENs' voices are incorporated in the development of IEN-focused preceptorship programs to ensure that their unique voices, experiences, and expertise are taken into account.

Clinical nurse educators should also consider developing specialized competencies in cultural humility, cross-cultural communication, and trauma-informed approaches to preceptorship. Understanding the complex intersections of professional, cultural, and personal

challenges that IENs face will enable educators to design more effective and responsive programs.

For IEN Learners

IENs, as learners, bring a wealth of knowledge and expertise that can significantly contribute to the diversity of Canada's healthcare system. Recognizing that their successful transition is a two-way approach, IENs need to be cognizant of their role in approaching their transition process with openness and adaptability to the new ways of doing things. They need to make a conscious effort to familiarize themselves with the unique contexts of the healthcare system and their organization, assuming that their workplaces are also exerting the same effort in supporting their integration.

IENs should also be empowered to advocate for their learning needs and to seek out resources, programs, and supports that can facilitate their integration. This includes engaging with professional nursing organizations, community groups, continuing education opportunities, as well as other transition programs that can enhance their understanding of Canadian nursing practice and healthcare systems.

For Educational Programs

Educational programs, especially those with expertise in IEN education, have the opportunity to collaborate with healthcare organizations in developing IEN-focused preceptorship programs tailored to meet the unique needs of target learners within organizations. These collaborations can facilitate the development of evidence-informed curricula, assessment tools, and evaluation frameworks that support effective IEN integration.

Educational institutions should also consider developing research programs that focus on IEN experiences and outcomes, contributing to the growing body of knowledge that can inform best practices in preceptorship and workplace integration. It is important that this research be conducted in partnership with IENs themselves to ensure that their perspectives and expertise guide the development of new knowledge.

For Employers

To ensure the integration and retention of IENs within Canada's workplaces, employers need to invest financial, material, and human resources to create and implement preceptorship programs that focus on IENs' integration. This will require collaboration with different levels of governments, as well as experts in IEN integration and transition. Employers need to engage IENs, researchers working with IENs, community settlement organizations, and other IEN stakeholders in developing evidence-informed programs and policies that will contribute to IEN success.

Employers should also recognize that effective IEN integration requires long-term commitment and ongoing evaluation of program effectiveness. This includes developing metrics for success that go beyond simple retention rates to include measures of job satisfaction, career advancement, and contributions to patient care quality. Investment in IEN preceptorship should be viewed as a strategic initiative that contributes to organizational excellence and sustainability.

For Policymakers

Policymakers at federal, provincial, and local levels play crucial roles in creating an enabling environment for IEN success. This includes reviewing and updating immigration and registration policies to reduce unnecessary barriers while maintaining standards of safety and competence. Policymakers should also consider investing in research and evaluation initiatives that can inform evidence-based approaches to IEN integration and preceptorship.

Furthermore, policymakers should recognize the need for coordinated approaches that bring together healthcare organizations, educational institutions, professional regulatory bodies, and community organizations to create comprehensive support systems for IENs. This may include funding for specialized bridging and/or transition programs, language support services, and cultural competency training for healthcare staff.

Summary

This manuscript provides a comprehensive examination of the historical contributions of IENs to Canada's healthcare system, from the arrival of the first nursing sisters in New France to the present-day recruitment drives being undertaken by Canada's provincial health authorities. Despite the ongoing contributions of IENs to Canada's healthcare system, their transition has always been fraught with a variety of challenges, including historical delays in securing their registration/licensure. Recently, however, modernization in regulatory processes has greatly enhanced IENs' registration/licensure experiences.

Nonetheless, IENs continue to confront many issues related to language and communication proficiency, unfamiliarity with Canadian workplace culture, professional practice standards, and context, as well as racism, discrimination, and many forms of othering, in addition to personal challenges. These discussions were subsequently supported with current research and trends on IEN preceptorship using international and Canadian literature, focusing on how a preceptorship program can address the issues confronting IENs noted in this manuscript.

The evidence presented demonstrates that effective IEN preceptorship requires a multifaceted approach that addresses not only clinical competencies but also cultural, linguistic, and systemic barriers to integration. The success of these programs depends on the commitment of all stakeholders—from individual preceptors to organizational leaders to policymakers—to create inclusive, supportive environments that recognize and value the expertise that IENs bring to Canadian healthcare.

Conclusion

IENs are a unique group of learners who have great potential to contribute to the diversity of Canada's healthcare system. IEN preceptorship may look different than what one might expect with programs developed for Canadian graduates in terms of time commitment and resources required to support them. Their experiences may be vastly different than those of a new Canadian graduate in terms of their level of education, challenges and adversities

s they face, and years of clinical practice experience; as such, they may require individualized support from organizations as part of their preceptorship program to harness their full potential.

The complexity of IEN integration demands that we move beyond traditional approaches to preceptorship and embrace innovative, culturally responsive models that address the multidimensional nature of their transitional experiences. This includes recognizing that effective preceptorship for IENs is not merely about developing clinical skills, but also encompasses broader issues of professional identity, cultural adaptation, and systemic inclusion.

Providing IENs with the necessary supports to ensure their integration will ultimately lead to workplace retention and contribute to quality patient care. Moreover, successful IEN integration enriches the nursing profession by bringing diverse perspectives, knowledge, and skills that enhance the cultural competence of healthcare teams and improve outcomes for increasingly diverse patient populations.

As Canada continues to rely on IENs to address healthcare workforce challenges, it is imperative that we invest in evidence-informed, comprehensive preceptorship programs that are evaluated and that support their success. This investment is not only economically sound given the substantial costs of recruitment, but it is also ethically necessary to ensure that these healthcare professionals are welcomed, valued, and supported in their contributions to Canada's healthcare system.

The future of nursing in Canada will be strengthened by our commitment to creating inclusive environments where all nurses—regardless of their educational background or country of origin—can thrive and contribute their expertise to improving health outcomes for all Canadians. Through thoughtful, comprehensive preceptorship programs, we can ensure that IENs are not merely filling workforce gaps but are recognized as valuable colleagues who enhance the quality and cultural responsiveness of Canadian healthcare.

Conflicts of interest: The authors have no conflicts of interest to report.

Funding sources: No funding was used to support this research.

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