Immigration, Professional Identity, and Mental Health in the Lives of Internationally Educated Nurses

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The journey of internationally educated nurses (IENs) is often framed by discussions of licensure, credential recognition, and workforce integration. These processes are essential and deserve continued attention. However, they do not fully capture the lived realities of IENs as they navigate new professional, cultural, and institutional landscapes. Beyond regulatory pathways lies another equally important journey, shaped by identity formation, professional recalibration, and the search for belonging. Many IENs arrive with established careers, advanced practice roles, leadership experiences, and scholarly identities developed across global contexts, yet they find themselves navigating systems that do not readily recognize this history.

In my experience as an IEN, this meant learning to hold multiple identities simultaneously: mental health clinician, educator, researcher, immigrant, and lifelong learner. Rather than progressing along a predictable path, my professional development occurred in cycles, marked by uncertainty, reflection, and gradual re-anchoring. This nonlinear trajectory reflects the reality for many IENs whose growth unfolds through adaptation rather than continuity.

Professional reinvention for IENs is inseparable from the broader experience of immigration. Relocating to a new country brings profound personal disruption, including separation from family, loss of established social networks, and the emotional labour of rebuilding one's life while meeting demanding professional expectations. Immigration introduces ongoing uncertainty about finances, housing, legal status, and shifting family roles.

These pressures coexist with professional transitions and shape how IENs engage in workplaces, classrooms, and leadership spaces. Immigration does not pause at the workplace door; it follows nurses into clinical settings, academic responsibilities, and decision-making spaces.

The emotional and cognitive load associated with immigration directly affects professional confidence and performance. Nurses who were once assured decision-makers may hesitate in unfamiliar systems governed by unspoken norms, where prior experience is not immediately recognised. Differences in accent, communication style, or culturally shaped expressions of leadership can be misinterpreted, contributing to subtle forms of exclusion. Over time, these experiences accumulate, quietly undermining confidence unless they are counterbalanced by affirmation, mentorship, and genuine inclusion.

As an internationally educated nurse entering Canadian academia, I encountered challenges that extended well beyond my field expertise. Academic life demanded fluency in governance structures, local curriculum processes, and institutional cultures that were not explicitly taught. Navigating committees, policy frameworks, and decision-making spaces required sustained observation, mentorship, and self-advocacy. My background in mental health nursing and psychotherapy fundamentally shaped how I approached these environments. Working across multiple healthcare systems taught me that individuals do not enter professional spaces as neutral participants; they bring histories, responsibilities, vulnerabilities, and strengths that shape how they engage and perform.

I became increasingly intentional about how trust is built, how psychological safety is fostered, and how power operates in educational and organizational contexts. Having been

involved in the curriculum development and the redesign for some nursing programs, I observed how programs can unintentionally privilege some learners while marginalizing others, particularly students who are immigrants, racialized, or navigating education through non-traditional pathways. These observations strengthened my commitment to approaches grounded in care, reflexivity, and attention to well-being rather than an exclusive focus on academic outcomes.

Mental health emerged as a central, rather than peripheral, concern throughout this journey. The cumulative effects of immigration stress, professional uncertainty, and identity disruption place many IENs at heightened risk of emotional exhaustion, anxiety, and burnout. Yet mental health challenges among IENs often remain unspoken. Professional cultures that valorize endurance and self-sacrifice can discourage nurses from acknowledging distress, particularly when they feel pressure to appear grateful, resilient, or compliant. For many IENs, vulnerability is perceived as a risk rather than a legitimate response to sustained strain.

Caring for mental health is a professional necessity. Nurses cannot sustain ethical, compassionate practice while continually suppressing their emotional needs. For IENs, attending to mental health requires both individual strategies and systemic commitment. It requires permission to name loss, fatigue, and uncertainty, as well as access to culturally responsive mental health supports and psychologically safe workplaces. Supporting IENs means attending to the whole nurse, not only to regulatory milestones or employment outcomes.

In my role as Vice President of the Society of IENs in North America, I have seen how many IENs carry invisible burdens while continuing to contribute at high levels. This role has reinforced the importance of advocacy that centres well-being alongside professional advancement. Creating spaces where IENs can speak openly about mental health, seek support without stigma, and see themselves reflected in leadership is foundational to sustainable integration and leadership.

Mentorship within the IEN community has underscored the importance of visibility and representation. For nurses navigating uncertainty, seeing IENs in leadership roles signals possibility and counters narratives of marginality. In this context, mentorship is not about providing prescriptive answers but about validating experience, naming systemic barriers, and fostering confidence grounded in lived reality. It is also about reminding IENs that caring for their mental health is integral to their capacity to lead and remain engaged in the profession.

At the same time, it is essential to recognize the diversity within the IEN community. IENs are not a homogeneous group. Experiences vary across lines of race, language, gender, immigration status, professional background, and access to resources. Effective leadership and support require an intersectional lens that acknowledges these differences and resists one-size-fits-all approaches.

For IENs, the work is not only to adapt to existing systems but also to help reshape them to better reflect the realities of the global nursing workforce. Success should not be measured solely by individual achievement or professional advancement. It should be assessed by the extent to which our presence advances equity, strengthens care, and sustains the profession.

When IENs are supported to care for their mental health, step into leadership, and contribute fully, nursing becomes more resilient, responsive, and just. This is not only an IEN concern; it is a professional imperative for the future of healthcare.