

ARE WE OPPRESSED OR LIBERATED OR BOTH? A CASE STUDY OF PERSIAN
WOMEN MEDICAL DOCTORS IN ONTARIO

TANAZ FOULADIRAD

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

GRADUATE PROGRAM IN THE SCHOOL OF KINESIOLOGY AND HEALTH
SCIENCE

YORK UNIVERSITY
TORONTO, ON

APRIL 2024

© Tanaz Fouladirad

Abstract

This study focuses on Persian women medical doctors and their lived experiences of immigrating to and settling in Canada, with particular focus on how they came to work as medical doctors in Ontario, and how these experiences shaped their gendered and racialized identities. Drawing on post-colonial feminist theory, this thesis entails a case study, where data were collected through (1) semi-structured interviews with Persian women medical doctors and (2) textual analysis of Canada's Immigration and Citizenship website and documents pertaining to professional accreditation and credentialling.

The findings illustrate the study participants were able to successfully immigrate to Canada via the points system because of their education, training as medical doctors, and English language skills, having been educated in English. However, upon arrival, these same resources constrained settlement. In response, the women in this study exercised their agency and resisted stereotypes of being docile, submissive, and complacent Muslim women.

Dedication

I would like to dedicate this thesis to the courageous women in Iran who are continuously fighting for their freedom. I especially would like to dedicate this thesis to the men and women, and the many journalists such as Niloufar Hamedei, Elaheh Mohammadi and Elnaz Mohammadi who are still imprisoned because of their support of this movement. The Woman, Life, Freedom movement is still ongoing, and we should not give up. Zhan, Zhian, Azadi.

Acknowledgment

I would like to thank my parents for their tremendous support, and my friends for their encouragement and for pushing me to complete my graduate studies.

A huge thanks to Dr. Yuka Nakamura. Without her ongoing support and guidance, this thesis would not have been possible.

I would also like to extend my thanks to my supportive committee member, Dr. Amanda De Liso, and to the external examiner Dr. Judith Ann MacDonnell for their time and insights.

Most importantly, I would like to thank the women who participated in this study.

TABLE OF CONTENTS

Abstract	ii
Dedication	iii
Acknowledgment	iv
List of Tables.....	viii
CHAPTER I: INTRODUCTION.....	1
1.1 Vignette: The idealized migration story	1
1.2 Introduction	2
1.3 Iranian immigration to Canada.....	5
1.4 Research Question.....	7
CHAPTER II: LITERATURE REVIEW.....	9
2.1 Introduction	9
2.2 Settlement in Canada.....	9
2.2.1 Entering the Labour Market: Credentialing.....	10
2.2.2 Labour Market and Gender.....	11
2.2.3 Identity.....	13
2.3 Persian Immigrants to Canada.....	16
2.3.1 Settlement in Canada	16
2.3.2 Labour Market	17
2.3.3 Credentials	19
2.3.4 Socially Constructed Gender Roles and Expectations	19
2.4 Summary	21
CHAPTER III: THEORETICAL FRAMEWORK AND METHODOLOGY	24
3.1 Introduction	24
3.2. Theoretical Framework: Post-colonial Feminist Theory.....	24
3.3 Methodology: Case Study	27
3.4. Data Collection.....	30
3.4.1 Documents	30
3.4.2 Semi-structured Interviews.....	31
3.4.2.1 Recruitment.....	31
3.4.2.2 Details of Interviews	32
3.4.2.3 Field Notes	32
3.5 Data Analysis.....	32
3.6 Ethical Procedures.....	33

3.6.1 Confidentiality	33
3.7 Rigour.....	34
3.7.1 Reflexivity and Positionality	34
CHAPTER IV: RESULTS & DISCUSSION.....	38
4.1 Study Participants.....	38
4.2 Immigrating to Canada.....	39
4.2.1 Applying to Immigrate.....	39
4.2.2 Relocation.....	42
4.3 Settlement.....	43
4.3.1 Language	43
4.3.2 Entering the Labour Market: Credentialling and Requalification	45
4.4 Intersecting Identities and Navigating Belonging.....	48
4.4.1 Professional Identity	49
4.4.1.2 Othering: Experiences of Discrimination	51
4.4.1.2 Medicine in Ontario: Impact on Professional Practice	55
4.4.2 Gendered Identities.....	57
4.4.2.1 Agency, Sacrifice and Adaptation	59
4.4.2.2 Workaholism and Balancing Identities	61
4.5 Summary	62
CHAPTER V: CONCLUSION.....	67
5.1 Introduction	67
5.2 Key Findings and Existing Scholarship	67
5.3 Strengths and Limitations.....	73
5.4 Recommendations for Future Research and Policy Changes.....	75
5.4.1 Suggestions for Future Research	75
5.4.2 Suggestions for Policymakers	76
5.5 Final Thoughts.....	79
REFERENCES	81
APPENDICES	89
Appendix A: Semi-structured Interview Guide.....	89
Appendix B: Email to solicit recruitment assistance	92
Appendix C: Recruitment email.....	93
Appendix D: Recruitment poster.....	94
Appendix E: Informed Consent.....	95
Appendix F: List of Mental Health Support.....	98

Appendix G: Websites Accessed for Data Collection99

List of Tables

1. Table 1: Participant Information.....	39
--	----

CHAPTER I: INTRODUCTION

1.1 Vignette: The idealized migration story

Alice sits at her favorite café in Tehran, Iran, reviewing the migration requirements outlined on the Immigration, Refugees and Citizenship Canada website with keen interest. According to the website, Alice will be assessed via a point system, where she can accumulate more points to successfully immigrate to Canada through demonstrating English/French language proficiency and achievements in higher education. Having diligently studied English in her classes and possessing a wealth of education, Alice's migration journey held the promise of newfound freedom. She felt confident that she would be able to immigrate to Canada and begin living and working in her area of expertise. The promise of living and practicing medicine in Canada, while enjoying fundamental human rights and freedoms was alluring.

With determination, Alice embarked on the long immigration process, undergoing medical examinations and fulfilling other necessary requirements for a landing permit. Her decision to immigrate was not driven by a need to flee conflict, but rather by the desire to enhance her quality of life. She was buoyed by the belief that the Canadian Charter of Rights and Freedoms would afford her the freedom to exercise her rights as a woman. However, upon arrival in Ontario, Canada, settling in her new country proved more challenging than anticipated. Despite her qualifications, securing a job in her field proved elusive. She encountered a requirement for Canadian-specific training to gain local experience—a hurdle she had not foreseen. Moreover, Alice faced instances of prejudiced behavior and struggled to navigate the intricacies of Canadian culture. Her expectations were dashed, and the dreams she harbored seemed further out of reach. As an Iranian woman, she found herself having to fight for her freedom, confronting obstacles she had not anticipated. It took Alice a year of working in alternate fields to accumulate the Canadian experience necessary to access

opportunities in her area of expertise. Even then, she encountered passive-aggressive comments from colleagues who doubted her qualifications due to her Iranian background, stereotypes, and biases. Despite the adversity she faced, after five years in Canada, Alice has managed to establish a sense of belonging in Ontario. She has overcome challenges, persisted in her pursuit of success, and gradually found her place in her adopted home.

The idealized migration story captivates prospective migrants with a compelling narrative of what life will be like in Canada, one of limitless opportunities where newcomers' dreams will materialize, and human rights and freedoms are protected. It is a seductive promise that draws individuals from distant lands. "This is what your life is going to be in Canada. We have a Charter of Human Rights and Freedoms," they are told. "You just need to get points and here is how to get them." The above vignette, of 'Alice,' a compilation of the participants in this case study, depicts a woman who is highly educated, and is seeking to leverage her resources (read: 'points') to integrate into Canadian society and improve her quality of life.

Yet, reality often diverges sharply from this idealized narrative. The promise of an easy transition is not kept. Indeed, Canada's portrayal as a land of boundless opportunities is mere discourse. There is a stark contrast between the idealized migration story and actual settlement for many immigrants, and the complexities of their lived experiences serve as a poignant reminder that while Canada may tout itself as a haven of opportunities, the journey towards realizing those opportunities is far from effortless for many newcomers. Indeed, it is this effort, the way in which immigrants exercise their agency, overcome challenges and resist stereotypes that better reflects the story of migration to Canada.

1.2 Introduction

According to Statistics Canada, an immigrant is an individual who "is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the

right to live in Canada permanently by immigration authorities” (Statistics Canada, 2022c, Definition section). Each year, from 2000 to 2014, 249,500 individuals immigrated to Canada. There are multiple pathways for immigrants to migrate to Canada. For example, some migrate as students independently without their families, while others migrate with their families. Three main ways through which individuals migrate to Canada are: a) via family sponsorship, where Canadian citizens sponsor their relatives, such as their spouse, parents, and grandparents, to immigrate to Canada; b) as economic immigrants, whereby individuals are accepted in part for their potential contribution to Canada’s economy due to possessing skills and capacity to “meet labour market needs, to own and manage or to build a business, to make a substantial investment, to create their own employment or to meet specific labour market needs” (Statistics Canada, 2022a, three forms of immigration section); and c) as refugees who are individuals escaping their countries due to fear of persecution for reasons of religion, political opinions, nationality, and race, or those who cannot return to their home countries due to war, economic corruption, or experiences of “massive violation of human rights” (Statistics Canada, 2022a, Refugees section).

Upon arriving in Canada, immigrants must negotiate a number of changes and challenges as they begin to establish their lives in Canada. To ease this settlement process, the Canadian government has created a program funded by the Canadian government and is in accordance with the Immigration and Refugee Protection Act. The settlement program defines settlement as successful integration of newcomers and involves all government levels, pertaining to public sectors and civil society, and provides settlement support for up to a year after arrival.

One of the objectives pertaining to immigration of the Immigration and Refugee Protection Act is to ensure that permanent residents successfully integrate into Canada, a process that involves “mutual obligations for new immigrants and Canadian society”

(Immigration, Refugees and Citizenship Canada, 2011, 1.1.1 Settlement and Integration).

Previous research on settlement in the Canadian context has focused on factors such as labour (Dyck & McLaren, 2007; Guppy et al., 2019), language (Li, 2003), cultural practices, religion (Moghissi, 1999; Guppy et al., 2019), and education/credentials (Li, 2003), and how they may shape the process of integrating into Canadian life. In general, several barriers could prolong the settlement process for newcomers to Canada. These barriers include access to affordable housing, access to healthcare, challenges due to environmental and physical changes, language difficulties, and access to the labour market due to the lack of access to jobs that reflect newcomers' professional skills, lack of Canadian work experience, cultural differences, and challenges with foreign credential recognition (Kaushik & Drolet, 2018; Guo, 2009).

Credentialling is especially relevant to this study and is closely related to seeking employment (Li, 2003). For example, many regulated professions (professions that are regulated in Canada to protect public health and safety, and thus require a licence/certificate to work in those professions) mandate immigrants to have their credentials assessed and upgraded. Thus, immigrants need to requalify their credentials to work in the occupation for which they were trained and to allow for a more stable, livable income in Canada. Medicine is a regulated health profession and many medical doctors trained outside of Canada must adequately complete an entry assessment to be eligible to practice in Ontario (HealthForceOntario, n.d).

At times, foreign-trained specialized medical doctors must re-do their specialty training at a recognized Canadian university (HealthForceOntario, n.d). This process of credentialing is not neutral or experienced by all immigrants in the same way. Rather, the issue of credentialing is influenced by race, gender, and ethnicity (Li, 2003). The steps involved in requalification are often specific to the country where the education was

obtained; frequently, credentials earned in many developing countries are not accepted in Canada. Furthermore, pursuing additional education may be inaccessible for new immigrants who have limited economic capital or who may shoulder the burden of domestic duties and childcare responsibilities.

In light of the various settlement difficulties that immigrants may encounter, Immigration, Refugees and Citizenship Canada (IRCC) provides information on newcomer services, such as support for improving English or French language abilities, finding employment, housing, healthcare, and filing taxes. Of relevance to this study, the IRCC also provides information specifically for newcomer women, such as assistance for victims of abuse, and how to find programs focused on newcomer women. This type of targeted settlement support for newcomer women is critical because immigrant women's experiences of settlement are complex due to intersections of gender and race (Li, 2003), as well as other axes of oppression. Specifically, the dominant Western culture (via popular culture; media representations; institutions like immigration, justice and education; and so on) constructs racialized immigrant women as less than, as less educated if they are not fluent in English and are economically marginalized due to being un/underemployed while also navigating expectations to remain at home and be solely responsible for household duties while immigrant men work outside the home. In addition, many immigrant women may face these settlement challenges while negotiating their identities in the host country, such as changing family dynamics/gender roles (as discussed in the Chapter II: Literature Review).

1.3 Iranian immigration to Canada

What has been stated so far is a generalized process of immigration and a brief description of the settlement experiences for newcomers to Canada. While much of this is relevant for immigrants from Iran, in what follows, I provide an overview of Iranian immigration to Canada. But first, it should be noted that in the English language, there are

different terms for Farsi-speaking individuals, namely Persian and Iranian. Historically, Persian refers to the Persian Empire while Iranian refers to the establishment of the Islamic revolution in 1979. However, Iran is a name given during the reign of Reza Shah Pahlavi, the Former Shah of the Imperial State of Iran (Mohaddes, 2007) in 1935. Moreover, Persian is an ethnicity and Iranian is a nationality (Mohaddes, 2007). For the purposes of this study, I refer to the participants as Iranians and Persians interchangeably.

Iranians began to immigrate to Canada at the start of the Second World War. However, since the Islamic Revolution, the accession of the Islamic government, and the Iran-Iraq war, there has been an ongoing influx of Iranians immigrating to Canada (Rahnema, 2011). According to Times Higher Education (2022), many Iranians prefer Canada over other destinations because many Canadian universities are ranked within the 100 top universities in the world (as cited by Ganji, 2022). In addition, many Canadian college and university programs offer a variety of courses (Ganji, 2022). Moreover, Canada offers an improved quality of life for Iranian immigrants, relative to other destinations around the world (Ganji, 2022). In fact, the Organization for Economic Co-operation and Development (OECD) ranks Canada as a leader in housing, well-being, health status, and social connections (OECD, 2021, paragraph 7). Persian migrants to Canada often immigrate in search of an improved quality of life, despite holding certifications of higher education from Iran. Persians describe an improved quality of life as holding constitutionally protected rights such as freedom of speech, thought, and behavior, including dressing and acting in a manner that individuals deem appropriate (Ganji, 2022; Mojarad, 2016; Rahnema, 2011). Such freedoms have been lacking in Iran for the past forty-three years following the Islamic revolution.

Between 2001 and 2011, there was a 168% increase in the number of Persian immigrants arriving in Canada (Mojarad, 2016). In fact, between 2006-2015, 80,718 Persian immigrants arrived in Canada. No specific gender, education or profession data were

available but some more recent data reinforce the significance of examining the Persian immigrant population. For example, Iran was in the top 10 source countries of immigrants to Canada in 2016 and 2021 (Statistics Canada, 2022b). Between 2019-2020, Iran was one of the top countries of birth for applicants receiving Canadian citizenship (IRCC, 2021). The most populous cohorts of Persian immigrants are between ages 25-54, then 15-24, followed by 0-15 (Mojarad, 2016). A significant portion of Iranian immigrants are well educated, with most holding at least a bachelor's degree, and many holding advanced graduate degrees. Many Iranian Canadians are self-employed, running business of various sizes. A growing number are also involved in real estate development (Rahnema, 2011). Culturally, Iranian communities are known to be heterogeneous, owing to diverse backgrounds, class, religion, and political ideologies. Nonetheless, Iranians take pride in their culture and history (Rahnema, 2011). Many Iranians consider themselves secular and tend to distance themselves from any religious practice (Rahnema, 2011).

Most Persian immigrants tend to migrate to Ontario, British Columbia, Quebec, and Alberta (Mojarad, 2016). Ontario has the largest group of Iranians residing in areas such as Richmond Hill, with its many Persian cafes and restaurants (Rahnema, 2011). Ontario has the largest Middle Eastern (an umbrella term that includes Iranian/Persian people) population in Canada, mainly residing in the Greater Toronto Area (GTA) (Rahnema, 2011).

1.4 Research Question

The research question guiding this study is “How do the lived experiences of Persian women medical doctors in Ontario shape their labour, professional status, and their gendered and racialized identities?” The focus of this study is to understand the experiences of Persian women medical doctors and how these experiences shape their identities. To my knowledge, there are no studies examining the lived experiences of Persian women medical doctors in

Canada, specifically focusing on challenges during migration and settlement, and subsequent impact on identity formation.

Understanding the lived experiences of Persian women medical doctors is crucial because in the Canadian context, there is limited awareness and clear understanding of Persians and their identities. Many studies, such as Spooner and Hanaway (2012) and Mirvahedi (2019), have recognized that Farsi-speaking individuals are culturally distinct from Arab people. Nonetheless, there remains a vague and sparse understanding about Persians specifically. Thus, I seek to offer a nuanced and focused exploration of how they navigate their settlement, labour, and the formation of their gendered and racialized identities.

In the following sections, I provide an in-depth literature review (Chapter II), which identifies prominent gaps in the existing literature. Chapter III introduces the methodology for this study and theoretical framework to address the overarching research question. In Chapter IV, I present the main themes identified in the study. Lastly, in Chapter V, I offer a discussion of the findings, strengths and limitations of the study, and future directions and recommendations.

CHAPTER II: LITERATURE REVIEW

In the following sections, I provide an overview of pertinent literature related to the research question. This review begins with a discussion of settlement in Canada, with a particular emphasis on issues relating to labour. I then focus on research that examines Persian immigrants in Canada, specifically their immigration and settlement, and how these experiences may shape their identities.

2.1 Introduction

Much of the existing literature on Iranian immigration focuses on migration to the U.S. (e.g., Bozorgmehr, 1998; Bozorgmehr & Sabagh, 2022) with some studies specifically addressing settlement, namely Bozorgmehr (1998) and Bozorgmehr and Sabagh (2022). In contrast, relatively few studies examine Iranian immigrants to Canada. Of the limited existing research, some investigate the cultural assimilation of Iranians in Canada (e.g., Safdar et al, 2006; Sayegh et al, 1993), while others, such as Dastjerdi (2012), discuss the specific barriers to settlement that Iranian newcomers face in Canada. Generally, research on Iranian migrants in Canada tends to overlook the immigration process and instead focuses more on their lives after arriving in Canada, or in other words, their settlement. Thus, there is a need to closely examine Iranian people's experiences of immigration to Canada and extend our understanding of their settlement by considering the intersections of race, gender and class, and implications for identity and labour.

2.2 Settlement in Canada

Research on settlement in Canada has predominantly focused on factors such as labour (Frank & Hou, 2016; Guppy et al., 2019), language (Li, 2003), cultural practices, religion, and education/credentials (Moghissi, 1999; Dyck & McLaren, 2007). Overall, the settlement process for newcomers to Canada can be impeded by various obstacles. These include challenges in finding affordable housing, accessing healthcare, adapting to new

environmental and physical conditions, encountering language difficulties, and gaining access to the labour market that aligns with newcomers' professional skills. Additionally, newcomers may face hurdles in having their foreign credentials recognized, navigating cultural differences, and acquiring Canadian work experience (Dyck & McLaren, 2007; Frank & Hou, 2016; Kaushik & Drolet, 2018; Guo, 2009; Guppy et al., 2019; Li et al., 2003; Moghissi, 1999).

Unsurprisingly, immigrants often experience a decline in their quality-of-life following migration, which persists as they settle into the host country (Dyck & McLaren, 2007; Li, 2003). One reason for this decline is the inability to practice in the profession for which immigrants were trained and educated in their country of origin (Dyck & McLaren, 2007). Additionally, newcomers may not have the same job opportunities as they did in their home countries (Dyck & McLaren, 2007; Li, 2002). Consequently, immigrants may find themselves compelled to accept minimum wage jobs that do not align with their level of education and professional skills (Dyck & McLaren, 2007; Guo, 2009). Thus, despite their aspirations for a better life, many immigrants experience a decrease in their quality of life during the settlement period following migration to Canada.

2.2.1 Entering the Labour Market: Credentialing

As noted, a key factor that drastically influences immigrants' quality of life is having a stable job. There are multiple barriers to entering the labour market for new immigrants, such as past experiences of working in the host country, language fluency (particularly in English), networking (connecting with individuals in the field of interest), and the factor most relevant to this study, the recognition of credentials (Li, 2003). Li (2003) discusses how many immigrants' credentials are not accepted, making credentialing one of the main barriers that hinder new immigrants' ability to enter the labour market in Canada - a prevailing

challenge with settlement for immigrants and, as Li (2003) notes, a key determinant of migrants' success in a host country.

In general, recognizing foreign credentials is hampered by three major barriers: “poor information on the accreditation process, the lack of a responsible, coordinated approach for the evaluation of foreign credentials, and the lack of an agreed-upon national standard” (Guo, 2009, p. 42). Furthermore, the cultural norms embedded within the credentialing process can also serve as a barrier. Specifically, credentials are used to assess an individual's professionalism; however, how professionalism is defined is culturally and context specific. Professionalism in the medical field, for example, is defined as “a moral commitment to the ethic of medical service, which we will call devotion to medical service and its values” (Wynia et al, 1999, p.16133). A devotion to medical service and its values is demonstrated by “placing the goals of individual and public health ahead of other goals” (Wynia et al, 1999, p.16123). Despite these definitions, the notion of morality and values are not further explained and are taken as given. Thus, such unexamined cultural norms can be embedded within the credentialing process and have material consequences. If new immigrant medical doctors do not meet the expectations of the regulatory body and therefore fail the credentialing process, these individuals fail to be accepted as physicians in the host country. Consequently, newcomers who are foreign-trained and fail the credentialing process will not be able to contribute to the labour market in their trained profession, potentially leading to a decrease in their quality of life.

2.2.2 Labour Market and Gender

Immigrant experiences in the labour market are also shaped by gender. For example, Frank and Hou (2016) cite a Danish study on immigrant women who had difficulty gaining recognition of their skills and work experiences due to “discrimination in the labour market and the gendered division of labour within their families” (Liversage, 2009 as cited by Frank

& Hou, 2016, p.411; see also Sander et al, 2002). This finding is also mirrored in the Canadian context, where women encounter barriers to entering the labour market, or they begin gaining Canadian skill experiences at low-paying jobs (Liversage, 2009 as cited by Frank & Hou, 2016). Undoubtedly, immigrants' experiences in the host country's labour market are shaped by structural factors within the host country; however, "immigrants' lives are also shaped by factors beyond the borders of their new society" (Frank & Hou, 2016, pp. 410-411). Immigrants' skills and previous experiences in the source country influence their experiences after migration, especially "for immigrant women, as their labour market participation is typically tied to cultural gender role attitudes" (Frank & Hou, 2016, p. 411).

Nevertheless, while Frank and Hou (2016) recognize that immigrant women's involvement in a host country such as Canada is influenced by gender attitudes, it is also shaped by their skills, previous education, and job experiences in the source country. They also argue that women, who immigrate from countries where the labour market is similar in structure to that of the host country, are more successfully able to transfer their skills to the host country's labour market, "facilitating better employment outcomes" (Frank & Hou, 2016, p. 413).

Also relevant to the discussion of how gender shapes employment for immigrants in Canada, newcomer women often navigate changing family roles as they settle in Canada. In a recent study, it was indicated that cultural and structural dynamics within families have changed in Canada (Guppy et al, 2019). For instance, couples are increasingly sharing domestic responsibilities, meaning domestic responsibilities are less gender-focused and support a communal lifestyle (Guppy et al, 2019). Moreover, women's participation in the Canadian labour market has increased from 65 percent to 81 percent in 2015 (Guppy et al, 2019). As a result, the dynamic in heterosexual families of men being the primary breadwinner has changed and there is a new structure whereby married mothers become "co-

breadwinners” and married fathers become “co-nurturers” (Guppy et al, 2019, p. 182).

Guppy et al.’s (2019) work is relevant because it describes the general Canadian gender/labor dynamics in recent years and provides the context of women’s participation in the labour force. These dynamics, particularly the sharing of domestic responsibilities among couples and women’s contribution to the household income, may have implications for immigrant women and their families as they adjust to Canadian gender labour dynamics.

2.2.3 Identity

Immigrants’ settlement experiences influence their sense of identity, which has been conceptualized in different ways by scholars. For example, initially, it was proposed that immigrants assimilate into and take up the norms and identities of the dominant or host society, forgetting and replacing their own ethnic cultural identities. Identity is therefore thought of as static and replaceable with one form over another. On the other hand, Berry (2008) argues that when people of various cultural backgrounds interact with one another, acculturation occurs, whereby the dominant and/or the non-dominant group may undergo change such as maintaining their cultural norms and identities, adapting and incorporating those of the other group. Identity, in this case, is more fluid and can change via interaction and dialogue or as Nakamura and Donnelly (2017) refer, interculturalism (Nakamura and Donnelly (2017)). Other related conceptualizations of identity include transnationality (and diasporic consciousness (McSweeney & Nakamura, 2020) which understand identity as spanning borders and being influenced by factors that go beyond the nation-state and shaped by transnational processes. Identity in this instance is fluid, contextual, and dynamic, and aligns with how identity is conceptualized in this study (see 3.3). While immigrant identity formation is relevant, the current study specifically focuses on professional identity formation and how it intersects with gender and race.

In Canada, identity formation occurs in the context of it being a settler colonial society, where national identity is constructed through discourses of multiculturalism, and where difference is partly shaped by Orientalism. These factors must be considered when exploring immigrants' lived experiences and their sense of identity. Though there are other discourses at play, multiculturalism and Orientalism have particular relevance for the participants in this study. James (1999) argues that Canada is a settler colonial society, which means that the European white settlers exploited the resources and culture of the Indigenous people, leading to the dominance of white settler culture. As a result, any non-European culture is often situated below the dominant culture and is subjected to discriminatory behaviours, racial slurs, and racism. Ultimately, in contemporary Canadian society, the term immigrant is a label for those with "different racial and cultural backgrounds" (Guo, 2009, p. 40) from the dominant white group. Moreover, racialized immigrants are socially constructed as incompatible with Canadian culture and their difference exists in relation to and often outside of the Canadian cultural fabric. Indeed, immigrants are blamed for racial and cultural conflicts resulting from difference, and subsequently pushed to the margins of Canadian society, rather than being acknowledged as part of Canadian society (Guo, 2009).

At the same time, Canada has a national identity of being proud of its diversity and welcoming people from different ethnic backgrounds living together. This identity is in large part shaped by the Multiculturalism Act (1988) in Canada which acknowledges and protects different cultures and traditions that exist in relation to the dominant culture (Li, 2003; see also Guo, 2009). Consequently, this means immigrants' cultures and practices are celebrated, and immigrants are welcomed to practice their customs.

This simultaneous subjugation and celebration of difference occurs through containing and limited difference. Specifically, the Multiculturalism Act empowers immigrants in that they are encouraged to celebrate and protect their heritage, but they are

also expected to conform to social norms in Canadian society (Guo, 2009). For example, acceptable difference such as food and music are welcomed and celebrated, but incompatible and undesired cultural differences (e.g., hijab) are not. Moreover, while the Act promises to protect and respect each culture, James (1999) and Guo (2019) argue that it is a myth to believe that all cultures receive equal celebration and respect. Instead, as James (1999) argues, the dominant culture encourages immigrants to view their existence through the lens of European white cultural norms, and thus, immigrants construct themselves and their identities in relation to the dominant European white culture and broader societal narratives.

Orientalism is another concept that is helpful in understanding how immigrants' sense of identity is formed. Orientalism refers to a system of ideas, ideologies, and narratives about the Orient that are presented as truths and facts, when it is the Orientalist portrayals themselves that are constructing the Orient. It is a constructed understanding of the East, one that is directed by the West (Said, 1978). In doing so, Orientalism reinforces Western worldviews of the Orient as inferior and in need of saving by the more advanced and civilized Occident (Said, 1978). When Orientalism as a framework is brought to bear on how immigrants are understood in the West, parallels can be seen in how immigrants are constructed in gendered and racialized ways, namely, as complacent, submissive, and uncivilized savages who are saved by the generosity of Western societies in allowing them entry and permitting them to maintain their ethnic identities (though in limited ways) through discourses of multiculturalism. For these reasons, Orientalism can frame the lived experience of immigrants, how discrimination is experienced, and how a sense of identity – be it Otherness, inferiority, or solidarity – may be formed.

Orientalism is particularly relevant for discussing Persian women's lived experiences because Persian women's identities are different from but nonetheless constructed in relation to Western women's identities in Canada (Mogharrab, 2018). For example, they are

stereotyped as devoutly Muslim, docile, and passive. Indeed, there are assumptions about Iranians' identities, such as being deeply religious, without recognizing contextual effects of the compulsory rule of Islam since the Islamic revolution in 1979. Iran was a secular country before the Islamic revolution in 1979. However, since the victory of the Islamic regime, Iranians have been separated into those who support and those who oppose the current regime. As the Woman, Life, Freedom movement illustrates, Iranian women are far from passive and docile.

To avoid reproducing Orientalist discourses and misrepresenting Iranians in Canadian scholarship, it is important to recognize the differences that exist among Iranians and people of other ethnic backgrounds from the Middle East. Also, it is paramount to recognize Iranians as a separate ethnic group, with a culture and customs that are different from Canadian culture and other ethnic groups' cultures, while still bringing into focus the potential oppression Iranians experience in Canada due to Orientalism, as well as how they navigate this discourse and others when negotiating their identities.

2.3 Persian Immigrants to Canada

2.3.1 Settlement in Canada

There is limited research on Persian immigrants' experiences within the Canadian context. Of the limited research, studies have focused on Persian immigrants' health and acculturation. For example, Mojarad (2016) discusses declines in Persian women newcomers' physical activity levels as they navigate their new life in Canada. Mojarad's (2016) findings illustrate that Persian women's health, as with other immigrants generally, decreases in the years following immigration, also known as the healthy immigrant effect. Dastjerdi (2012) outlines that although many Persian immigrants in the Greater Toronto Area receive medical care in the Farsi language, they are unsatisfied with the health care they receive. The study delves into the struggles Persian immigrants encounter in accessing

healthcare services in Toronto, citing language barriers, lack of familiarity with the Canadian healthcare system, and mistrust as significant obstacles. These challenges not only impede immigrants' ability to optimize their health but also underscore the need for culturally sensitive and accessible healthcare services to support their integration into Canadian society. Additionally, families from Iran, when immigrating to the host country, experience loneliness and isolation due to the inability to access resources resulting from parents' inability to be employed and have a stable income, as indicated by Dastjerdi and Mardukhi (2015). Regarding mental health and well-being, Dastjerdi and Mardukhi (2015) emphasize that involvement in the ethnic community is a leading factor in immigrants' well-being to ensure a positive transformation from the source country to the host country.

Safdar et al. (2006) examines Iranian immigrants' openness to changing some of their beliefs. They discuss whether Iranian immigrants to a host country are more open to change than Iranians who decide to stay in Iran; however, they do not reach any definitive conclusion. Based on an earlier study by Sayegh et al (1993), we know that cultural acculturation is a process in which immigrants in the host country practice their traditions rather than focusing on cultural assimilation, which emphasizes immigrants participating exclusively in the host country's cultural traditions and practices. Acculturation is the process in which immigrants practice their traditions and stay close to their cultures while interacting with individuals from different cultural groups.

In light of the paucity of research, there is a need for further study of Persian immigrant experiences in Canada. In what follows, I review the scholarship that is relevant for the study, specifically experiences in the labour market and credentialling.

2.3.2 Labour Market

Dallalfar's (1994) research on Iranian women business owners in Los Angeles provides valuable insights into the experiences of Persian immigrant women in the U.S.

labour market and their contributions to their communities. Although Dallalifar's (1994) study focuses on Iranian women in a different context, it offers relevant parallels that can be applied to Persian women medical doctors in Ontario. Dallalifar (1994) underscores the limited knowledge about Persian women in the workforce and their involvement in ethnic economies. She highlights that many immigrants, including Persians, tend to prefer working within their ethnic group businesses rather than with other ethnic groups. This preference may stem from a desire to maintain cultural ties, language familiarity, and a sense of community support.

In Los Angeles, Iranian women play a significant role in contributing to the income of their families, particularly in cases where they are widowed or single and must support themselves or serve as the primary breadwinner for their families. Dallalifar's (1994) findings suggest that Iranian women actively participate in the labour market by running their own businesses, leveraging their jobs to create social connections, and strengthening ties within their Persian communities. These insights may resonate with the experiences of Persian women medical doctors in Ontario, particularly in areas with sizable Persian populations. It is plausible that Persian women doctors, like their counterparts in Los Angeles, may prefer to practice medicine within Persian communities, where they can serve as trusted healthcare providers, build rapport with patients who share their cultural background, and contribute to the well-being of their community members.

By practicing medicine in Persian-populated areas, Persian women doctors in Ontario may not only fulfill their professional roles but also play a broader social role in strengthening community bonds and supporting the needs of their fellow community members. Thus, Dallalifar's (1994) research offers a useful point of reference for understanding the labour market experiences and community contributions of Persian immigrant women medical doctors in Ontario.

2.3.3 Credentials

Persian immigrant women in Canada face challenges regarding credential recognition and entry into the labour market. For example, Mojab's (1999) study highlights the difficulties immigrant women encounter in the Canadian labour market, where foreign credentials are often disregarded, forcing them into manual labour rather than utilizing their expertise. This trend perpetuates a cycle where immigrant women are relegated to labour-intensive industries, hindering their professional growth and contributing to economic disparities.

Rezazadeh and Hoover's (2017) research identifies the systemic barriers faced by foreign-born immigrant women, including the requirement for Canadian experience to gain recognition in regulated professions like medicine. This underscores the need for immigrant women to navigate complex processes to gain qualifications, exacerbating challenges in accessing meaningful employment and contributing to feelings of exclusion.

2.3.4 Socially Constructed Gender Roles and Expectations

Previous studies highlight the patriarchal structure of Persian families (Mojarad, 2016), where men are typically the financial providers (Mojarad, 2016), and women are responsible for household duties and caregiving. Additionally, there is an expectation that women prioritize the needs of their families over their own Maghbouleh (2020), reflecting deeply ingrained cultural norms. Moreover, women's sexual desire is often suppressed or stigmatized within traditional Persian culture (Shahidan, 1999). In exploring cultural and social expectations related to gender among Persian families, there is risk in reproducing Orientalism and narrow stereotypes about Persian people. At the same time, one cannot dismiss the real, material, and constraining consequences that patriarchal structures can have on identity, work, and life, as well as the significance that cultural values may have for Persian girls and women.

Most of the literature on Persian settlement in Ontario, Canada, delves into how family dynamics, including gender roles, undergo changes once families begin their lives in Canada (e.g., Moghissi, 1999; Mogharrab, 2018; Dossa, 2019). For instance, Sadeghi's (2008) study outlines shifts in parental and partnership roles among Iranian couples in Canada, revealing how Persian women often become overwhelmed with domestic responsibilities alongside their work outside the home. This adjustment can be particularly challenging for Persian women immigrants, given the unfamiliarity of balancing domestic and professional duties compared to their experiences in Iran.

The discomfort and resistance experienced by Persian male partners in sharing equal domestic responsibilities, along with the significant domestic burden shouldered by Persian women, reflect patriarchal and heteronormative gender ideologies. Other studies such as those by Dossa (2019), Karimi (2020), Shirpak et al. (2011), and Rezazadeh and Hoover (2018) shed light on gender and marital dynamic changes during settlement, including facing cultural shock (Rezazadeh & Hoover, 2018; Shirpak et al., 2011). For example, Dossa (2019) discusses how immigrant women redefine home through participation in domestic labour, aiming to imbue their new homes with a sense of nostalgia. Iranian men, as noted by Shirpak et al. (2011), may struggle to accept their wives' newfound freedom in decision-making, leading to challenges in adjusting to changed gender roles.

Such changes in family dynamics can significantly impact one's sense of identity. For instance, in a study by Moghissi (1999), Persian women immigrants navigating womanhood as graduate students in Ontario, while also assuming the role of mothers due to their husbands being overseas for work, face identity challenges. Parenting without support from their partners presents a formidable obstacle, as these women must shoulder all household responsibilities alone. Moghissi (1999) argues that this imbalance in parental responsibilities poses identity challenges, as mothers often find themselves assuming the additional

responsibilities traditionally assigned to fathers in a traditional family structure. Consequently, these women may experience feelings of alienation in their new environment. Moghissi (1999) highlights that despite the glorification of Canada as a place offering a better quality of life, immigrant couples endure the challenges of loneliness in pursuit of this ideal. This places significant pressure on women, particularly mothers, who are left to manage households and raise children while their husbands work abroad.

Given that over 20 years have passed since Moghissi's (1999) study and considering the different social statuses of the women in Moghissi's study (i.e., graduate students) and those in the current study (i.e., medical doctors), there is a pressing need for research that examines the current context while accounting for the diversity among Persian women. As Persian immigrants' identities are shaped within the Canadian context, it is vital to explore how identity formation may differ in various contexts and how individuals negotiate their identities in response to diverse social forces.

Overall, the limited research on Iranian immigrants in Canada highlights challenges in labour market integration and shifting family dynamics. However, it remains uncertain whether Iranians experience an improved quality of life post-settlement in Canada. Additionally, there are limited studies on how Iranian women in Canada form their identities within the Canadian context, suggesting a need for further exploration in this area.

2.4 Summary

Based on a review of the existing literature, it is evident that there is research on the settlement experiences of newcomers to Canada, particularly the barriers they face. While immigrants from Iran share these challenges, there is limited understanding of the uniqueness of Persian people's settlement experiences in Canada. In addition, there is a risk of misrepresentation of Iranians in Canadian scholarly research. The media often portrays Iran inaccurately, subsuming it under the broad category of the Middle East. Inaccurate

representations and broad generalizations risk hiding the nuanced characteristics and experiences of Iranians.

Thus, a vital intention of this study is to clarify and contextualize Persian identity formation in Canada. Iranian people navigate a complex array of social forces and discourses, beginning with the ideologies of the current Islamic regime that are forced upon and do not reflect many Iranian people's values and beliefs, as illustrated by the ongoing anti-government protests in Iran. In addition, the Islamic regime has mixed politics with religion, such that decisions made by the Islamic Republic of Iran are claimed to be in alignment with and, therefore, justified by Islamic ideologies. However, before the Islamic Revolution, politics were separate from religion, and Iranians could practice any religion of their choice. Within the current system, Iranian people are not allowed to follow any religion other than Islam or to raise their voices to speak for any form of freedom. As a result of the current dictatorship, many Iranians have migrated to the West to obtain fundamental human rights.

This migration includes many Iranian women with higher education, such as medical doctors, who have left Iran to migrate to a new country. In Iran, women's rights are violated; gender equality is devalued, women have limited access to the public domain, and women's voices are silenced. Iranians migrate to Canada with the assumption that Canada will provide gender equality, freedom of movement, and freedom of speech, which ultimately will allow women to express themselves freely. However, based on Sadeghi's (2008) and Maghbouleh's (2020) findings, it is arguable that Iranian newcomers' quality of life decreases upon settlement in Canada. Even after settlement, Persian newcomer women likely face other challenges, such as being grouped under the umbrella term of Middle Eastern and subjected to the associated gendered assumptions that they are Muslim, religious, docile, and submissive. Such stereotypes serve to shape and constrain their identities.

Nonetheless, they may also be able to mobilize resources as highly educated women with professional degrees when navigating tensions and constraining social forces during the immigration and settlement process. These intersecting factors empower and marginalize Persian women medical doctors and provide a unique point of entry to examine broader concepts of immigration and settlement and the complex negotiation process of Iranian immigrants to Canada. Specifically, I am especially interested in how Persian women immigrant/newcomer medical doctors face and negotiate social constraints while simultaneously having advantages of socioeconomic status and social class.

Additionally, the literature highlights the significance of employment as a critical part of the settlement process and an essential indicator of quality of life for immigrants. Employment in the profession one has been trained in may be difficult when credentials must be reassessed or even upgraded, as in the case of foreign-trained medical doctors. Though this requirement is undoubtedly a barrier to gainful employment, there is less discussion of the positive experiences of immigrants in various professions.

Moreover, no research has been conducted on how the credentialling process may be gendered. There is limited research about first-generation Persian medical doctors in the Canadian context, including their experiences with credentialing, identity formation, and what it means to be a Persian woman practicing medicine in Ontario. Moreover, there has not been any research on Iranian women medical doctors to understand their experiences in the Canadian medical field. In summary, through this research, I examine the lived experiences of Persian women medical doctors in their multiple roles as women, physicians, spouses, and mothers in Canada.

CHAPTER III: THEORETICAL FRAMEWORK AND METHODOLOGY

3.1 Introduction

In what follows, I discuss theoretical framework and methodology used in this study. Of the limited research that has focused on understanding the immigration process of Persians in Canada, some studies did not explicitly identify a theoretical framework (e.g., Dossa, 2007; Rezazadeh & Hoover, 2018; Shirpak et al., 2011), while other studies mainly used feminist theory, such as the work of Crenshaw (1992) as cited by Moghissi (1999) and Skelton (1993) as cited by Sadeghi (2008). Moreover, many of the studies on Persian immigration reviewed in Chapter II did not clearly state the methodology employed (e.g., Dossa, 2007; Rezazadeh & Hoover, 2018; Shirpak et al., 2011). Though studies were qualitative in nature, there was limited description of the specific methodologies (e.g., Dossa, 2019; Mogharrab, 2018; Moghissi, 1999).

Mainstream feminist theory alone can sometimes provide a limited analysis by positioning white femininity as the norm and treating women of the supposed ‘Third World’ as a homogenous group, disadvantaged and oppressed (Mohanty, 1984). Thus, feminist theory alone may not adequately help us understand the lived experiences of racialized women. Although feminist theory has been mobilized to fight for women’s right in the West, post-colonial feminist theory allows us to hear more effectively the voices of women of various ethnic and racialized backgrounds, so their narratives are part of the women’s rights movements.

3.2. Theoretical Framework: Post-colonial Feminist Theory

For this study, post-colonial feminist theory is used to understand the experiences of first-generation Persian immigrant women, and the challenges they face in Canada as non-Westerners. This theoretical framework also privileges the voices of women in the so-called ‘Third World,’ and emphasizes non-white women’s experiences and the social, political, and

cultural inferiorities that women of colour experience. Moreover, post-colonial feminist theory provides nuance to an understanding of power as a complex and intersectional mechanism used to oppress and exploit ethnic women. For example, Mohanty (1984) states that women are oppressed by patriarchy and colonial powers such that non-Western women are deemed inferior by colonialism and male dominance.

Although there has never been a time in history when Iran was colonized, a post-colonial lens is appropriate for this study for two reasons. First, Western worldviews shape even those countries that have never been colonized because of how Westerners project their values globally (Dossa, 2017). Second, Canada is a white settler society where colonization and its legacies continue to shape how the nation is understood, which in turn has implications for how immigrants are constructed (James, 1999; Razack, 2003). Namely, racialized immigrants are subjected to prejudice, racism, and are thought to be below European culture and are encouraged to celebrate European white culture. Moreover, the theft of Indigenous land is erased from Canada's history through the image that it is a nation rooted in 'wilderness,' and is therefore 'pure' and untouched (Razack, 2003). This has in turn allowed European white settlers (read: 'Canadians') to be represented as 'decent' people (Razack, 2003) who have generously allowed immigrants to enter the nation, and for which immigrants should feel grateful.

Post-colonial feminist theory further argues that the West constructs women in the 'Third World' as 'victims' in need of rescue and claims to speak for them. This construction is grounded in the assumption that men and women have equal rights in Western societies, in contrast to the 'backward' and 'uncivilized' 'Third World.' It is important to use post-colonial feminist theory to understand Western white privilege/supremacy that exists in Canada and the impact of this privilege on Persian women immigrants. Post-colonial feminist theory links feminist theory and first-generation females' experiences in understanding ethnic women's

lived experiences in Western societies. In other words, post-colonial feminist theory attunes scholars to the intersecting oppressions that shape the lives of women of colour. This intersectionality is demonstrated in the diversity of ways in which this theory has been taken up to develop our understanding of, for example, postcolonial sexualities, African feminism and Africana womanism and Islamic and Muslim feminism (Al-Wazedi, 2021). This sensitivity for intersectional oppression is particularly relevant for this study, as Persian women's experiences of patriarchy are different from those of white women in Canada.

Although I discuss and use post-colonial feminist theory extensively in this study, as conceptualized by Mohanty (1984), I must recognize recent critiques raised by scholars. For example, according to Kerner (2017), Mohanty lays the groundwork for understanding racialized women's lived experiences through colonial legacies. However, Kerner suggests scholars like Mohanty (1984) "transcending boundaries of difference" without examining the lived experiences, "at least not with regard to their more material aspects" (Kerner, 2017, p.860). Kerner suggests that the critiques rely mostly on left-leaning, "everyday knowledge of such boundaries; they presuppose that they are there" (Kerner, 2017, p. 860). In Mohanty, when she discusses boundaries of difference, she is concerned with modalities of power and its critiques (Kerner, 2017).

I used post-colonial feminist theory to help me understand and identify the challenges that Persian women in Canada face as non-Westerners, and the effects of patriarchy and colonialism on Persian women in Canada. Post-colonial feminist theory is appropriate because (1) participants are non-Western women and thus, their experiences are shaped by the intersections of gender and race, and other axes of oppression; (2) what it means to be a Persian woman in Ontario is shaped by the Canadian (settler colonial) context; and (3) participants' training and work as medical doctors offers both an avenue for exercising

agency to demonstrate ‘successful’ settlement (and therefore ‘good’ immigrants) and a site of intersecting racism and sexism.

The notion of intersectionality encourages the researcher to acknowledge how individuals’ experiences are defined by interconnected categories of analysis such as race, class, and gender (Collins, 1993). Patricia Hill Collins argues that individuals possess interlocking identities that are inseparable. She calls these interlocking identities intersectionality (Collins, 1993). Intersectionality complements post-colonial feminist theory to highlight that Persian women are not oppressed more than white women; instead, women of non-white descent experience oppression differently because of their race, class, and gender. This extends to dimensions of oppression such as institutional, symbolic, and individual wherein non-white women are challenged at all three dimensions (Collins, 1993). To further understand the complexities and the influence of intersectionality on the participants, I explored three levels of oppression (i.e., individual, institutional, systemic).

More recently, Hill Collins (2016) is critical of the overemphasis on personal identity as a category of analysis, and the underemphasis on structural analysis, especially materialist analysis of class and power. Collins (2016) notes that factoring in the material analysis gives us an insight into the context of social and economic conditions that influence people’s lives. Social context plays an important role in terms of “how people use identity to create space for personal freedom” (Collins, 2016, p.102).

3.3 Methodology: Case Study

This study employed case study methodology because this approach provides rich, detailed information about a particular case, such as individuals’ experiences over a determined time. Yin (2003) suggests that case study methodology is appropriate when the research question involves ‘why’ and ‘how’ questions, when the behavior of participants in the case study is not being changed, when the study seeks to capture the context of research

related to the phenomenon under study, or when the distinction between context and phenomenon is not clear.

The study meets these four criteria outlined by Yin (2003). First, I examined how Persian women medical doctors form their occupational, gendered, and racialized identities in Canada. Second, the study did not involve manipulation of participants' behavior; rather, they were encouraged to reflect on their lived experiences of immigration and settlement, particularly in relation to their work. Third, the contextual conditions of Persian women medical doctors in Canada are unique and relevant to the phenomenon under study. Lastly, the boundaries between the phenomenon under study and the context of the phenomenon overlapped since migration and settlement inform the lived experiences of the participants.

One of the main advantages of a case study design is that it allows room for collecting data that are not usually obtained by other research designs. Therefore, the case study design facilitates the collection of more in-depth and richer data (Yin, 2003). According to Yin (2003), another advantage of a case study is that the data are directly gathered and observed from the case. Nevertheless, there are drawbacks to conducting a case study. For example, there is a risk of overlooking the objectives of the study; therefore, it is important to set clear boundaries to the case study. This can be done in several ways, such as by setting a clear time and place (Creswell & Poth, 2018), or by articulating a clear definition of the concepts and context of the phenomenon under examination (Miles & Huberman, 1994). In this study, the concepts that define the boundaries of the case study are:

1. Settlement: the process of adapting to the host country (IRCC, refer to Appendix G)
2. Immigration: the process of migrating from the country of origin to the host country (IRCC, refer to Appendix G)
3. Identity formation: the ongoing, dynamic, and contextual process of constructing one's identity – socio-cultural focus on collective identity (group membership) versus

psychological (emphasis on individual and personality traits, for example) (Mohanty, 1984)

4. Gender: socially constructed roles, behaviours, expressions, and identities often attributed to biology or the two-sex system (male/female); gender is not confined to biology, limited to the gender binary, or static/stable across the lifespan (Mohanty, 1984)
5. Race: a socially constructed category of oppression that, when operationalized, constructs hierarchies, such that those who are read as white are perceived as superior (physically, culturally, intellectually, morally); the category and hierarchies have been reinforced by imperial and colonial projects (Collins, 1993)

The context of the phenomenon is the social, cultural, political, and economic factors that shape the lived experiences of the participants, such as their gender, education, race, and socioeconomic class, over the course of their immigration and settlement.

The study is a single embedded case study to understand the lived experiences of Persian women who:

1. Are trained in Iran to practice medicine;
2. Have immigrated and settled in Canada; and
3. Are practicing medicine in Ontario.

Yin (2003) states that a single embedded case study allows the researcher to analyze the data in different ways, such as data analysis in one case, cross-case, and within cases. Moreover, Yin elaborates that in a large case study, the researcher can examine the subunits of the case (Yin, 2003). Similarly, according to DePoy and Gitlin (2016), “embedded approaches treat a single unit as a sum of its parts” (p. 370). In this study, the parts of this case study are settlement, immigration, identity formation, gender, and race, and the whole is the lived experiences of the participants.

3.4. Data Collection

Creswell and Poth (2018) define case study research as “a qualitative approach in which the investigator explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, and documents and reports)” (pp. 96-97). In this study, data were collected in the form of documents, semi-structured interviews, and field notes. Data from the websites were collected in the Fall of 2022. The interview data were collected in the Spring of 2023.

3.4.1 Documents

The documents pertaining to credentialling were collected from the College of Physicians and Surgeons of Ontario (CPSO) (Appendix G), which registers and regulates physicians in Ontario, and the IRCC website (Appendix G). The IRCC website provides information about immigration rules, acceptable documents for application, and various pathways for immigrants to attain Canadian citizenship. Navigating the IRCC website involved exploring sections such as Immigration, Citizenship, Study, and New Immigration, and gathering relevant information from each page.

From the CPSO website, I accessed the Physicians section, specifically exploring Registration of a New Member and reviewing policies. Information was also collected from the ‘About’ section of the CPSO website to understand its purpose. These documents were retrieved to gain insights into the process of becoming a registered physician in Ontario. Furthermore, the immigration website was examined to understand the requirements for individuals within to work in regulated professions, including the number of documents immigrants must provide to Canadian immigration authorities.

3.4.2 Semi-structured Interviews

Semi-structured interviews allow for open-ended discussions about the specific topic under study and gathering details about sensitive topics.

3.4.2.1 Recruitment

Participants, who met the eligibility criteria listed above, were recruited using snowball sampling, starting with my existing network of acquaintances. Snowball sampling involves asking participants to introduce others with the required characteristics to the study. Additionally, I contacted organizations serving Persian immigrants and doctors, such as the Iranian Women's Organization of Ontario and Parsai Immigration Services, via email (see Appendix B and C). Posters (see Appendix D) for circulation were provided to these organizations, as well as the Canadian Iranian Medical Association (CIMA), and posted in Persian stores and restaurants in Richmond Hill, Ontario, an area with a significant Iranian population.

In total, seven participants were recruited. Yin (2003) recommends a minimum of six sources of evidence for case studies. Marshall et al. (2013) suggest that case studies can achieve saturation with around twelve participants. After encountering challenges with recruitment (see Chapter V) and based on Yin's (2003) recommendations to adhere to the range of 6-12 participants to gain a comprehensive evaluation of participants' lived experiences, seven participants were considered appropriate for this study. Though this is lower than Marshall et al's (2013) recommendation, this case study drew on additional data sources (i.e., textual analysis of relevant websites) and following Yin's (2003) recommendation, I endeavoured to seek detailed descriptions of the lived experiences of the participants throughout the interviews.

3.4.2.2 Details of Interviews

One-on-one interviews were conducted using a semi-structured interview guide (see Appendix A), lasting approximately 45-60 minutes each. Participants were asked about their immigration process, settlement in Ontario, and their perspectives and feelings about their quality of life in Canada. The interviews were conducted in English over Zoom and were audio-recorded.

3.4.2.3 Field Notes

I made notes of participants' responses to each question, along with their body language, and observed reactions throughout the interview. This included noting their tone, sighs, expressions of nervousness, or displays of emotions such as sadness and happiness while responding to my inquiries. Additionally, I included reflexive notes to capture my own feelings and thoughts during the interviews.

3.5 Data Analysis

Data analysis was completed using thematic analysis, a method aimed at identifying, analyzing, and reporting patterns (themes) within the data (Braun & Clarke, 2006). This approach involves an inductive analysis, where the interpretation is data-driven, without relying on pre-determined codes or theoretical frameworks. Initially, themes were identified through semantic level analysis, which involved organizing, summarizing, and interpreting the data based on its content to uncover patterns. This was followed by latent analysis, which delved deeper into underlying assumptions and concepts.

Post-colonial feminist theory was instrumental in analyzing the documents related to the regulations and criteria immigrants need to meet to reside and practice medicine in Ontario, Canada. In other words, inductive analysis was used to identify patterns or reoccurring themes from the data. Through this lens, the regulatory and credentialing processes were examined, revealing how they may be embedded within Western cultural

norms. During the data analysis process, coding and decoding techniques were employed to facilitate data extraction. Coding involved labeling and organizing the data to identify themes and relationships, while decoding helped to connect these themes and relationships to address the overarching research question.

3.6 Ethical Procedures

The study proceeded after receiving approval from York University's Research Ethics Board. Before conducting interviews, participants were provided with an informed consent document (see Appendix A) outlining the use of pseudonyms in any related publications or presentations to protect their confidentiality. It was emphasized that participation was voluntary, and participants could withdraw at any point without penalty or repercussions. The informed consent document also addressed potential risks of participation, offering a list of accessible mental health resources for participants' well-being (see Appendix F). Participants were reminded of their right to withdraw if they felt uncomfortable, and informed consent was reaffirmed throughout the study by mentioning it at the beginning of each interviewing aside from the study participants filling in a form before the interviews, and throughout the interview, especially if the study participants took longer to answer any of the questions. At the conclusion of each interview, participants were given a \$10 gift card as compensation, regardless of whether they withdrew during the interview. Notably, there were no withdrawals from the study.

3.6.1 Confidentiality

I assigned pseudonyms to the participants to protect their privacy. Once the data were collected, they were not available to anyone except me, ensuring the security and privacy of the participants. To maintain data security, I kept the data in a locked drawer to which only I had access, and the drawer was stored in a locked space for which only I had the key. Electronic data were stored on a password-protected file and computer, with access limited to

me. Five years after the completion of the study, electronic data will be deleted, and hard copies shredded.

3.7 Rigour

According to Baxter and Jack (2008), having a data source that enhances data credibility is essential for a case study. To increase credibility, I used member checking, which involves sharing my interpretations of the data with participants and giving them the opportunity to discuss and clarify the interpretation or contribute new perspectives. Specifically, following Baxter and Jack's definition of member checking, I asked all seven participants to confirm that my interpretation accurately reflected their points. I shared with them a summary of the main findings. Among seven participants, one disagreed with some of the findings but acknowledged that she may be in the minority if everyone else confirmed the result

Additionally, rigour was be enhanced through pattern matching (Yin, 2003), which involves acknowledging a given sequence of themes based on the presence of patterns. I utilized pattern matching when analyzing the data by using coding and decoding techniques to extract overall themes from repeated patterns of concepts. Moreover, to ensure a rigorous case study, it's important to avoid treating each data source independently, a common risk in case study research. Therefore, I ensured convergence by linking each data source to overall findings, supporting the study's rigour.

3.7.1 Reflexivity and Positionality

Engaging in reflexivity is another crucial strategy for enhancing the rigour of a study. Reflexivity involves acknowledging the researcher's role in the research project, including their prior experiences, perspectives, assumptions, and beliefs, which can influence the research process. I practiced reflexivity by taking notes about my thoughts and participants' answers during the interviews and engaging in reflexive notes after each interview. This

process entailed connecting the raw data to, and keeping track of, my reactions, thoughts, and emotions, feelings, perceptions, and biases, as suggested by Guba and Lincoln (1982). By keeping track of such things, I was better able to interrogate how my positionality was shaping the research process and thus increase the rigour of the study (Baxter & Jack, 2008). Taking reflexive notes in this way, and in conjunction with the thematic analysis procedures outlined by Braun and Clarke (2006) helped with developing themes and codes, improving the reliability of the case study data collection and analysis (Baxter & Jack, 2008).

Furthermore, I took a reflexive attitude by discussing my theoretical orientation and choice of theoretical framework with each participant, acknowledging how my worldview might affect the study. This approach allowed me to create a safe and comforting space for participants to share their experiences without judgment or validation. Additionally, I made efforts to refrain from imposing my assumptions or experiences on the data collected during the analysis phase. I clarified any ambiguous comments and avoided confirming participants' responses to encourage them to provide more detailed answers.

Moreover, I discussed my positionality as a Persian researcher and immigrant to Canada, recognizing how it shaped the research. My critical stance towards socially constructed 'traditional' gender norms and my insider position as a Persian woman facilitated rapport with participants but also posed challenges, such as assumptions of shared cultural understandings. To address this, I asked participants to explain unspoken cultural beliefs to ensure accurate data recording. By engaging in reflexivity and considering my positionality throughout the research process, I aimed to enhance the credibility and rigour of the study. The two elements of engaging in reflexivity and considering my positionality also align with post-colonial feminist theory. For instance, as a researcher of Persian background, I was aware of my insider status in relation to the participants and our shared cultural practices and norms, self-identified gender, first generation immigrant status, and having experienced in

education in Iran. Yet, I was an outsider to the study participants since I am not a medical doctor. This approach allowed me to maintain transparency about my role in the research and mitigate potential biases, ultimately contributing to the trustworthiness of the findings.

One of the major factors as an insider/outsider that shaped this study is my relationship to the Women, Life, Freedom Movement. Specifically, I was particularly attuned to how the participants exercised their agency. For instance, in the following excerpt from my reflexive note, I wrote of my feelings when I asked participants about their decision-making process for their immigration, their choices and reasons for emigrating to Canada.

On May 17th, 2023, the Islamic regime in the city of Isfahan executed and imprisoned boys and girls for supporting the Woman, Life, Freedom movement. This was the start of the second wave of this movement. Protesters in big cities started chanting. The reason for the second wave of protests was that some of the prisoners from the first wave were sentenced to execution for their Woman, Life, Freedom movement support. I did not feel my emotions, but since listening to the audio recording of one of my participants, it was very emotional to know that right now, people/young protesters/young prisoners, are being executed, and the hopes that my participants had/have they came here for hope of better life. They have achieved it despite holding certificates of higher education, challenges with missing their families back home, learning a new language and culture, and going through the process of requalification.... it was not easy. I feel their pain as if I have been going through this process.

As the excerpt from my reflexive notes illustrate, the interviews were overwhelming and emotionally heavy. I also heard their responses in relation to the events taking place in Iran at the time of the interview. So, before entering the interviews, I took notes on my feelings. These emotions continued, even after the interviews, while transcribing my interviews. In

what follows in Chapter IV, the theoretical framework, my reflexive notes, and the Women, Life, Freedom movement that was taking place concurrently with this study, heightened my sensitivity to the study participants' agency and their resilience.

CHAPTER IV: RESULTS & DISCUSSION

4.1. Introduction

This study explores the lived experiences of Persian women medical doctors in Ontario and how these experiences shape their labour, professional status, and their gendered and racialized identities. In what follows, these lived experiences are discussed chronologically, reflecting the step-by-step process of immigration and settlement that the study participants, as immigrants and medical doctors, experienced. The backdrop to this chronology is the image of Canada as a country that offers peace and freedom (Refer to Appendix G), a view that the study participants themselves reinforce by explaining their motivation to immigrate as a desire for a better quality of life. A continuous thread throughout this chronology is the participants' agency as highly educated and resilient immigrant women who face challenging factors over the course of their settlement, particularly as in trying to work as medical doctors.

Moreover, the lived experiences examined here are contextualized within the regulations and procedures outlined by the IRCC website, and by the CPSO. The former provides background information about the process of applying to immigrate to Canada, potential pathways for migration, and settlement; while the latter explains the regulation and registration process for doctors and surgeons to practice in Ontario.

4.1 Study Participants

The seven study participants ranged in age from 35 to 64. They trained as medical doctors in Iran and have now moved to Canada, with five participants being registered doctors in Iran with the other two finishing their studies shortly before immigrating to Canada. During their medical residency in Iran, they were required to go to cities or underprivileged areas to provide service. Most of the participants came to Canada, specifically Ontario, for an improved quality of life. The five participants who have children

said they moved to Canada for a better future for their children. Most of the participants applied to immigration programs in Canada through the skilled worker immigrant program, except two participants migrated through business and one for further education. This pathway, like most avenues to migrate to Canada, requires completion of a ranking system through immigrants ‘earn’ points by meeting particular criteria like language proficiency and post-secondary education. Simply put, the more points you earn, the higher the likelihood of a successful application. The study participants, who are medical doctors, accumulated more points because of their advanced degree and English language proficiency. Thus, their medical degrees helped them to meet the educational criterion and increase their chances of successfully immigrating to Canada. Notably, five of the seven participants were unaware of the need to requalify their credentials upon reaching Canada. Table 1 provides additional information about the participants.

Table 1: Participant Information

Name (Pseudonym)	Age at immigration	Current Age	Marital status	# of children	Employment
Sara	22	35	Married	0	MD in the GTA
Niloufar	29	62	Married	2	MD in Ontario city
Mojgan	28	45	Married	0	MD in Ontario city
Samaneh	31	48	Married	1	MD in Ontario city
Shirin	28	46	Married	1	Worked at Ontario university and hospital as MD
Layla	38	64	Married	>1	MD in Ontario city
Elnaz	32	47	Single		MD in Ontario city; Professor at Ontario University

4.2 Immigrating to Canada

4.2.1 Applying to Immigrate

The study participants wished to emigrate from Iran because they were seeking an improved quality of life and because of their desire for freedom. Specifically, gender-based restrictions and social norms influenced their decision to emigrate from Iran to Canada.

Participants cited political and social circumstances in Iran, including limitations on their

behavior and attire, as well as the need for permission from male relatives for various activities. For example, Layla said:

I was a radiologist in Iran. I had.... I started to work as a radiologist... although I got my degree. One of the reasons that encouraged us to move out of Iran ... board exam in radiology wanted me to be a prof because of the history of the problem with the Islamic Republic, they didn't let me do it. They just allowed me to practice as a radiologist. I have two daughters. My husband said I am not sure our daughters are as hard workers as you are but if you don't have a future in this country how can I be hopeful that they would? That was also one of the reasons we moved to Canada.

Layla also recounted that "I was not able to practice, so I was a prof at the university but because of my ideology I was not able to teach anymore."

Similarly, Shirin's account highlighted the restrictions placed on women's autonomy and agency, both in personal and professional spheres:

I was being restricted. I was being told what to wear, and what to do, it was crazy to me that I am a mother of my child who has most of the responsibilities, but I still need my husband's permission if I want to open a bank account for my daughter.

Other study participants explained that they were drawn to Canada by the promise of greater opportunities in the country.

In applying to immigrate to Canada, the study participants indirectly reinforce the construction of Canada as a land of opportunity (and concurrently, that Iran is not). Indeed, from the outset, the immigration process (re)constructs a binary between Canada and the 'Other' by employing the point system. This system may appear objective because applicants accumulate points based on criteria outlined on the IRCC website, such as education, English and French language proficiency, and other factors. Importantly, language communicates knowledge, and knowledge, especially in professional spaces, communicates power. The

enduring legacy of colonialism and Western cultural hegemony, even in countries like Iran, positions English as a global language. When situating English language proficiency within this broader global context, it becomes clear that when greater points can be accumulated through demonstrating English fluency, this language is privileged, and other ways of communicating/relating are diminished.

The imposition of English as a language of prestige and power is deeply rooted in historical processes of colonization and globalization, whereby European powers spread their language and culture across vast territories (Mohanty, 1984). The entrenchment of white cultural elements in non-Western societies can be viewed as remnants of colonial domination and cultural imperialism (Mohanty, 1984). From this post-colonial theoretical perspective, the ongoing uptake of English in countries like Iran can be interpreted as a form of cultural assimilation or an attempt to align with dominant Western practices. While embracing English proficiency may offer tangible benefits in terms of economic and social advancement, it also entails the risk of cultural homogenization and the erasure of Indigenous languages and traditions (Guo, 2009). Therefore, discussions surrounding language acquisition and proficiency in post-colonial contexts necessitate critical reflection on the enduring legacies of colonialism and the ongoing dynamics of power and privilege in global linguistic landscapes (Mohanty, 1984).

English language proficiency holds considerable significance in facilitating individuals' mobility and social status, especially in the context of transitioning from regions classified as the global south to those perceived as more prestigious (Boyd, 1984). English proficiency often signifies access to education, employment opportunities, and social mobility, reinforcing the privileged status of English-speaking individuals within global hierarchies (Guo, 2009). The desire for a better life and access to opportunities often drives individuals from politically and socially struggling countries to invest in qualities that

enhance their chances of success to immigrate to and settle in Western countries. The study participants made it clear that English is taught in publicly funded schools, and if families are economically well off, they can enrol their children in private English lessons to advance their English skills.

4.2.2 Relocation

Relocation plays an important role in the immigration journey, signaling the transition from one place to another. For the study participants, relocation was an important part of the immigration process, marking the beginning of their new lives in Ontario, Canada. For all the study participants, the decision to move to Ontario was due to familial ties and professional opportunities. Elnaz, for example, emphasized the importance of being with her sister, while others, like Niloufar, were drawn to Ontario due to its open residency spots for medical professionals (Layla, personal communication). Ontario's vibrant Iranian community and the availability of residency programs in cities like Ottawa and Toronto further solidified its appeal as a destination for the study participants.

However, despite the excitement of starting a new life in Ontario, feelings of homesickness began to surface for some participants a few months after relocating. For example, Niloufar shared her experience of missing the familiar streets of Iran, highlighting the emotional toll of leaving behind one's homeland. Elnaz, Niloufar, and Mojgan expressed a longing for the familiarity and cultural nuances of their Iranian upbringing. Mojgan noted that she suppressed her emotions during the relocation process, reflecting on the complexity of navigating the challenges of adaptation and adjustment. These feelings of nostalgia, homesickness, and surprise, as well as repression of these emotions, shaped the study participants' experiences of relocation.

4.3 Settlement

Settlement includes various factors from finding affordable housing, learning the language ensuring employment to cultural adaptation, all of which contribute to immigrants' integration into Canadian society. In the case of this study, the two main findings that shaped the settlement experience were participants' English language ability, and how this shaped their entry into the labour market, specifically the requalification process to be able to practice medicine in Ontario.

4.3.1 Language

As noted, English language proficiency is an important skill that facilitated immigration to and settlement within Ontario, Canada. The study participants all shared that they learned English as a second language while in Iran, where English is commonly taught as a second language, with an emphasis on the importance of its acquisition based on its accessibility as a language and its global usage. Thus, initially, the participants' language skills alleviated experiences of a language barrier upon their arrival in Canada. Despite having a foundation in English, many participants encountered challenges related to their accents and the nuances of everyday English usage.

Layla, for instance, reflected on her experience, stating that while she excelled in reading and writing English due to her academic background, she found conversational English to be more challenging. She highlighted the disparity between her familiarity with medical terminology in English versus informal English used in everyday interactions. This sentiment highlights the difference between academic language proficiency and practical language skills required for social integration and communication in Canadian society. Layla's experience is supported by the existing literature on immigrant language acquisition, which emphasizes the complexities of language adaptation in new environments (Boyd, 1984; Dyck & McLaren, 2007). Immigrants often face difficulties not only in mastering the

language itself but also in navigating cultural nuances and idiomatic expressions (Boyd, 1984). These challenges can impact immigrants' sense of belonging and integration into their new communities (Dallalfar, 1994). Therefore, while language proficiency may serve as a gateway to economic opportunities, as recognized by Canada's immigration policies (IRCC, n.d.), immigrants may still encounter barriers to effective communication and social integration due to language differences (Boyd, 1984).

Moreover, the challenges immigrants may encounter upon relocating to Canada extend beyond language proficiency to encompass cultural norms and communication styles. The difference between how English is spoken in Iran and Canada and the differing cultural expectations and social norms can pose significant hurdles for immigrants navigating daily interactions in their new environment (Mirvahedi, 2019). For example, Elnaz recall:

English wasn't challenging but ordering a bagel at Tim Horton's and they would ask me 'Oh what type of bagel?' and I would think what do you mean, what type of bagel?... Bagel is bagel [laughs]. Or I would say I would have a bagel with cheese, and they would ask me what type of cheese. In Iran, there is only one type of cheese that most people eat.

This example illustrates how, despite familiarity with the English language, adapting to the informal way English is spoken and the assumptions and norms embedded within everyday Canadian contexts presents new challenges.

In addition to adapting to Canadian culture in general and adapting their English language skills to the specific Canadian cultural context, the Iranian women in this study faced strict language requirements. Namely, they had to obtain high scores on Interoperable English Standards (IELS). These standards serve as a benchmark for assessing language proficiency, ensuring that individuals in regulated professions possess the necessary language skills to effectively communicate and interact within their professional contexts. Therefore,

the journey of Persian immigrant women in this study highlights the nuances of settlement, with regards to language and culture, in that they had to learn how to use English in a different cultural context, learn cultural norms and assumptions, and demonstrate English language proficiency for their profession. The next section elaborates further on how participants' settlement experiences were shaped by how they navigated entry into and working in the medical profession in Ontario.

4.3.2 Entering the Labour Market: Credentialling and Requalification

One of the central aspects of the labour experience for immigrant medical professionals is the process of credentialling and requalification. Credentialling and requalification processes are fundamental for immigrant medical professionals aiming to practice in Ontario, Canada. The CPSO oversees these processes, with the mission of upholding high standards of patient care (CPSO, n.d.). The CPSO plays an important role in this process, as it is tasked with regulating medical practitioners to ensure the delivery of optimal patient healthcare (HealthForceOntario, n.d.). Credentialling, a key aspect of CPSO's regulatory framework, involves a comprehensive review of foreign educational qualifications to determine their alignment with the Canadian medical system.

This evaluation and recognition of educational qualifications hinges on the notion of "an acceptable medical school" (CPSO website). In fact, this term, "acceptable," frequently appears within the context of credentialling. The CPSO website provides the following definition of an acceptable medical school:

An acceptable medical school offers an M.D. or equivalent basic degree in medicine, based upon successful completion of a conventional undergraduate program of education in allopathic medicine, which: teaches medical principles, knowledge, and skills similar to those taught in the undergraduate programs of medical education at accredited medical schools in Canada or the USA; includes at least 130 weeks of

instructions over a minimum of thirty-six months, and was, at the time of graduation, listed in the World Directory of Medical Schools published by the World Health Organization (WHO).

The designation of certain medical schools as “acceptable” implicitly reinforces hierarchies, privileging institutions that conform to Canadian and US standards of medical education. This construction of acceptability not only reflects biases embedded within the credentialing process but also perpetuates systemic barriers that disproportionately affect immigrant physicians from non-Western backgrounds.

The notion of ‘acceptability’ has real, material consequences. In this study, all of the participants were unable to work and practice medicine in Ontario right away, as their medical degrees were not recognized. Consequently, participants faced a complex process of credentialing to practice medicine in Ontario, a journey that extends beyond language proficiency. The requirement to undergo requalification represents a barrier, as it entails rigorous assessment of foreign credentials, also known as foreign education degrees from the source country, to ensure alignment with Canadian standards. Moreover, graduates from ‘acceptable’ medical schools are typically exempted from the requirement of undergoing additional residency training in Ontario (HealthForceOntario, n.d.). Residency, in the medical field, refers to a stage of graduate medical training following the completion of medical school. During residency, medical graduates work under the supervision of experienced physicians to gain practical experience in a specialized field of medicine. This period is crucial for developing clinical skills, acquiring specialized knowledge, and preparing for independent practice as a licensed physician. Individuals with foreign credentials who have not graduated from ‘acceptable’ medical schools are not exempt. Not surprisingly, all of the study participants were required to complete residency in Ontario to obtain licensure and practice medicine within the province. To become registered doctors in

Ontario, individuals with foreign MD credentials must complete an examination that will guarantee their acceptance into a residency program in Ontario.

Of the seven participants, five were unaware of the need to requalify their credentials upon reaching Canada. This lack of knowledge led to annoyance, confusion, and resistance towards going back to school again, as they believed they were already qualified and had their licenses. The study participants shared feelings of not knowing what to do. However, a few participants were aware of the requalification process. One participant, Mojgan, mentioned that the Canadian Embassy in Iran informed her. She recounted that “I cannot practice in Canada unless I go through residency in Canada. I accepted it, and I said that it was okay.” Mojgan initially accepted this requirement, yet still searched for jobs outside of her field. Later, she realized her desire to practice medicine in Canada and decided to pursue a residency to apply her medical knowledge. One study participant, Elnaz, mentioned her experience with credentialing/undergoing medical training in Ontario as a procedure everyone must undergo. She proudly expressed finishing her residency in three years instead of four years. Unlike other participants, Elnaz did not see the process as a barrier. In fact, she was quite pleased with her experience in Ontario.

Undergoing this credentialing and requalification process can be very challenging. One participant, Layla, shared her experience undergoing requalification:

So when I came here [Toronto] as a sacrifice for children, I knew I had to survive even if I had to write my exam financially. It was very challenging to find out what route to go. I did not know I needed to go to school. After all this research, I can write the exam every day, and if I get accepted, I can work as an ultrasound technologist. So, I went and registered to write the exam. I wrote the exam and started working as an ultrasound technologist. Now that I have the financial opportunity, I can write my exams for medical. Because those are costly exams, several thousand dollars.

Layla's quote illustrates how the high cost of the medical examination meant that she needed to delay writing this exam so that she had the financial means to not only survive but also to pay for the examinations. She opted to complete an exam to allow her to work as an ultrasound technologist. Layla explained that this process was very stressful, as she had to juggle taking care of her young children while working to ensure they were well-fed and clothed. Balancing her personal life with her professional duties as a non-medical doctor was challenging, but she persisted until she became a registered doctor in Ontario.

Layla is not alone in seeking employment in other fields. One participant mentioned, "I just thought I am making an income so that I can pay for the entry test exam since they are expensive." According to Raihan, Chowdhury, and Turin (2023), "many foreign-trained physicians are pushed to take non-health career paths to support their families, thus losing their professional identity" (p. 2) This indicates that for these immigrants, job market integration is slow, ultimately impacting their quality of life. Layla expressed her perspective on this matter, stating:

I started working as a research assistant for one year or two years. From 2017-2018 as a clinical assistant. Meaning I was working in a clinic with two family doctors, but I just worked as an assistant, I saw patients, but I was not able to prescribe anything. I had no license. A minimum paying job.

Layla's experience and Raihan et al. (2023) suggest that other immigrants in similar circumstances may face financial hardships upon their arrival in Canada.

4.4 Intersecting Identities and Navigating Belonging

Entering the labour market is a critical factor to ensure successful settlement immigrants. Ensuring employment corresponding with their qualifications and expertise is often the primary objective upon arrival. In the case of the Persian women medical doctors in this study, they were able to capitalize on their previous English language learning, but also

had to adapt to how English is spoken in Canada. Moreover, as part of the credentialling process, they had to ensure they were able to demonstrate proficiency in the field of medicine. Thus, settlement for the study participants involved navigating language barriers, unfamiliarity with the Canadian culture, and the credentialling and licensure requirements. Despite holding medical degrees and experience in Iran, the study participants encountered barriers to practicing medicine in Ontario. To undergo a requalification process, the participants ultimately explored and pursued alternative jobs, in large part for financial survival but also to pay for costly exams.

In navigating the complexities of settlement, Persian women medical doctors draw upon their agency and resilience to overcome systemic barriers in Canada, as they settled in Canada. However, the settlement journey is not only defined by overcoming linguistic barriers, learning English language norms in Canada, and gaining entry into the labour market as medical doctors. As racialized, Othered, medical women medical doctors, the participants' settlement is complex and the negotiation of belonging in Canadian society is ongoing. Indeed, in what follows, I demonstrate how the lived experience of immigration and settlement, particularly the credentialling and requalification process, shape the professional identity and gendered and racialized identities of the study participants.

4.4.1 Professional Identity

Applying a post-colonial feminist perspective highlights how the professional status and identities of the participants are devalued through the credentialling process. While the process of credentialling emphasizes rigorous standards of medical education and training, it also highlights the construction of the 'Other' within the healthcare profession. The designation of certain medical schools as "acceptable" implicitly reinforces hierarchies within the medical community, privileging institutions that conform to Western standards of medical education. This construction of acceptability not only reflects biases embedded within the

credentialing process but also perpetuates systemic barriers that disproportionately affect immigrant physicians from non-Western backgrounds. Just as Said (1978) illustrates how the Orient or the Other is constructed in relation to the West, and in turn, the identity of the Occident or West comes to be understood in relation to this constructed representation of the Orient/Other, the notion of 'acceptable' within the context of credentialing and assessing foreign credentials, helps to form the construction of the Other as well as the position of Western medicine in a Canadian context.

Immigrants are often labelled in relation to the idea of 'Canadian experience,' with those possessing less Canadian experience being constructed as the 'other.' This construction of the 'other' is particularly reinforced in the requalification process, where the study participants had to undergo Canadian education (medical residency) to acquire Canadian medical experience, ultimately enabling them to register and practice medicine in Ontario. While proficiency in English (which is arguably honed through medical residency) is essential for effective communication with patients, the requirement for residency training in Ontario highlights the systemic obstacles faced by immigrant physicians in gaining professional recognition and acceptance within the Canadian medical system (Dallal, 1994). Moreover, the insistence on residency completion for the study participants highlights the persistent challenges they encountered asserting their professional identities and in navigating racialized and gendered labour within the Ontario healthcare system.

During the process of becoming registered to practice medicine in Ontario, the study participants who worked in medicine-adjacent jobs, such as Layla who worked as a research assistant, clinical assistant, and ultrasound technician, experienced a decline in their professional status. For example, though Layla still worked in healthcare, she could not practice medicine and had to accept a job that she deemed below her level of education. According to Raihan, Chowdhury, and Turin (2023), "the devaluation of foreign degrees and

work experience, a lack of communication skills, implicit discrimination, and a lack of work experience in Canada is among the significant reasons that prevent skilled immigrants from entering the labor market or from getting a desired job” (p. 3). These experiences have implications for participants’ sense of professional identity.

4.4.1.2 Othering: Experiences of Discrimination

A critical factor that shaped participants’ professional identity was experiences of discrimination during their residency, primarily in the form of hidden racism. Hidden racism according to the study participants were oppressive comments that were not direct or explicit but rather were suggestive discriminatory comments that provoked feelings of being “less than” among the study participants. For example, participants were told that they should feel grateful for the opportunities afforded to them in Canada. Sara recalled when a staff member remarked, “You should feel very lucky to be here.” This comment implies that Sara’s qualifications and achievements that she earned and obtained in Iran as a medical doctor are somehow less valid because of her background, reinforcing the hierarchical relationship between Western countries like Canada and ‘Third World’ countries like Iran. Said (1978) discusses how the Orient is constructed in a way that the West can rescue the Other/the uncivilized, only then to make the Other civilized. From this perspective, one could argue that Sara’s experience highlights how Canada is portrayed as the country to rescue the non-Westerners and thus individuals should feel grateful they have made it to Canada.

Moreover, Niloufar’s experience in her role managing other doctors vividly illustrate Mohanty’s (1984) argument about the oppression of non-white women by colonial and patriarchal power. She found this task challenging because, as a racialized woman, she felt her suggestions or ideas were not taken seriously. Despite her efforts, her colleagues would ultimately seek advice from the previous leader, who happened to be a white male. This highlights the struggle of racialized women like Niloufar in leadership roles where their

professional status is undermined because they do not fit the image of a white male leader who is unquestioningly regarded as knowledgeable and wise. Just as Mohanty's (1984) approach to post-colonial feminist theory highlights women's agency, it could be argued that Niloufar's leadership role is an opportunity to exercise and celebrate her agency. However, Said's (1978) work reminds us of the relationship between the Orient and the Occident whereby the construction of the former reinforces the identity of the latter. Thus, when Niloufar's role as a manager is compared to a white male in a leadership role serves to reinforce the white male image of an 'ideal' leader. In Niloufar's case, to become an ideal leader is impossible since she will never be able to possess white male characteristics, thereby always situating Niloufar as being in the process of becoming an 'ideal' leader.

Likewise, Shirin experienced similar oppressive treatment during her residency in Ontario. She recounted:

People would question your accent, background... because of those factors they would underestimate your qualifications. It is not direct in a hidden way. I felt discrimination maybe sometimes. Even sometimes with my patients. The way they would ask questions.

Shirin felt that her knowledge was discredited due to her accent and her approach to treating patients, which differed from that of Canadian-trained doctors. Other comments such as "Oh maybe in the Middle East you guys treat like that, but not here, we do not do that here" were made to participants.

Shirin offered additional reflections, when asked if she ever experienced discrimination:

Of course [in a definite way] all the time. So, my current job in [my city] is horrible. Because [my city] is not like [a more multiethnic city]. They are not used to people from other countries. They are very proud of their Canadian culture. In [my city], they

think people from other countries should not be working at a high level. Only if we are devastated then they should use us. I said, okay before the interview you were aware that I am not Canadian trained. She was very discriminative. When I talked to my mentors in [a more multiethnic city], they said it's a very discriminatory phrase they used. Another time, I had one of my colleagues come to me and say listen we hired you and we want efficiency. Because I would take 30 minutes to see my patient especially when they are new. She had no right to tell me that because she's not my boss, she's just my colleague. But because she's a white woman, because she thought I was from a different country, she could tell me everything that she wanted.

In this recollection, Shirin described how she faced criticism from a white colleague who questions her approach to treating patients and building relationships with them. Shirin also shared an experience where her Canadian colleagues doubted her diagnosis. Shirin said they even commented, "Oh well, maybe back home that is how things are done. But not here." This situation recalls Mohanty's (1984) critique of the coloniality of Western feminism, as the study participants are required to incorporate Western medicine and the ways of relating to patients and perhaps 'model' of care in Ontario into their practice through the requalification process.

This impact of colonialism is also evident in participants' interactions with their white colleagues. When asked if she had ever compared herself to her white women colleagues, Shirin answered said: "I am [definitely not] being appreciated even though I am the most experienced." This statement illustrates how Shirin feels unappreciated and undervalued, despite having extensive knowledge in a specific field. Among her colleagues, Shirin is the most qualified in her speciality, yet she senses that her expertise is being disregarded. Shirin said that her experience in medical practice is filled with hidden racism where her knowledge as a medical doctor was questioned. In the framework of post-colonial feminism, this

individual, being a non-white woman, feels out of place even though she is the most qualified doctor. Shirin is experiencing a sense of diminishing due to oppression from patriarchy and colonialism, and the intersection of gender, race, and education. Together, these intersections contribute to this feeling of being undervalued. Shirin's training and medical practice being undermined by regulatory systems and process of immigration which translates to her knowledge, skillset, and expertise also undervalued in practice.

On the other hand, Elnaz's experiences were different from Shirin's, Niloufar and other study participants discussed in this section. Elnaz when was asked if she experienced discrimination she answered "no". She said she had challenges such as adapting to the Canadian culture however, she did not find it oppressive.

The experiences of discrimination that the participants faced mirror the struggle that non-white women face in regulated fields, where their medical training and knowledge are often judged based on their approach (Guo, 2009). Despite leveraging their professional skills as a key reason for successfully obtaining landing permits to Canada, successfully completing a rigorous, costly, and challenging credentialing and requalification process to demonstrate competency to practice in Ontario, the participants are othered by colleagues and their professional skills (and therefore identity) are questioned. Moreover, despite the CPSO's mission to support doctors in their careers and claims to be against racism and to promote a non-racist medical community, the study participants navigated the difficulties with requalification without any assistance from the CPSO.

Summary: The participants' experiences brought to light the prevalence of hidden racism within the Canadian medical system, where discrimination is not always overt but nonetheless pervasive. They encountered challenges during their requalification process, where Canadian standards often reflected a Western standard.

4.4.1.2 Medicine in Ontario: Impact on Professional Practice

The transition from practicing medicine in Iran to Ontario marked a significant shift in the participants' professional experiences, shaping their professional identities, and perceptions of patient care and the healthcare system. While the differences between medical practices in these two contexts may be factual, it is essential to examine how these disparities intersect with broader sociopolitical dynamics and influence the participants' gendered and racialized identities. For example, Elnaz highlighted the contrast between the healthcare systems in Iran and Ontario, emphasizing the financial relationship between doctors and patients in Iran, where patients directly pay for medical services. She noted:

In Iran, you pay the doctor. Here, because of coverage, people don't pay anything to me; the government pays me at the end of the month. Meaning no financial relationships with your patient. Makes a difference. I think it's really good because you just focus on their care.

This shift from a fee-for-service model in Iran to universal healthcare coverage in Ontario has profound implications for the doctor-patient relationship. Participants like Elnaz expressed a sense of liberation in the Canadian system, where financial considerations do not influence medical decision-making. In contrast, in Iran, the financial transaction between doctors and patients may introduce power differentials and limit open communication.

Furthermore, Samaneh reflected on the cultural norms surrounding medicine in Iran, noting the prevalence of paternalistic attitudes among doctors and the lack of emphasis on communication and respect for patients. She said:

Iran heavily focuses on the knowledge of medicine. I saw more patients and more independence in making my decision. But they don't teach you how to treat.

Therefore, in Iran, doctors are rude, stuck up, and snobby. The relationship between

patient and doctor in Iran is paternal because they don't teach how to communicate or respect the patient.

Samaneh describes a difference in the doctor/patient relationship between practice in Iran and in Ontario. The paternalistic model of care in Iran may limit patient autonomy and perpetuate unequal power dynamics between doctors and patients. In contrast, the patient-centred approach adopted in Ontario encourages open communication, mutual respect, and shared decision-making, encouraging a more equitable and collaborative doctor-patient relationship.

Moreover, Layla emphasized the increased responsibility and accountability she experienced as a medical doctor in Ontario compared to her practice in Iran. She noted:

Here is more difficult but more meaningful. It is difficult because we have more responsibility. In Iran, I did not feel/have I was responsible, but here, that's my daily experience.

By greater responsibility, Layla is referring to the having greater follow-up, with patients, depending on the care they required. Although this was difficult and challenging, Layla feels her work as a medical doctor in Ontario is more meaningful and purposeful. , Layla's reflection highlights the transformative impact of practicing medicine in a patient-centred healthcare system, where doctors give patients the autonomy to make decisions for themselves.

Through their reflections on patient care, healthcare systems, and professional responsibilities, participants like Elnaz, Samaneh, and Layla offer valuable insights into the complexities of medical practice in multicultural societies like Canada. The differences observed by the participants in how medicine is practiced are not cultural but rooted in different models and systems of healthcare. In other words, the study participants experienced cultural changes. For example, they had to successfully overcome obstacles and familiarize themselves with the style of practice in Ontario and adapt their medical practice to

a Canadian system. Thus, the transition from practicing medicine in Iran to Ontario represents a shift in the study participants' professional identities and experiences, and that they navigate these changes successfully, even within a gendered and racialized context, illustrates their determination and commitment to their professions.

4.4.2 Gendered Identities

In addition, I recognize that professional identity is gendered, particularly in the field of medicine. For example, according to Balmer et al (2020), female participants reported experiencing differential treatment in the field of medicine compared to their male colleagues. Despite being considered a gender-neutral field, informal and formal interactions between male and female medical professionals have indicated otherwise (Balmer et al, 2020). Men tend to assume that their female counterparts are caretakers and treat them accordingly (Balmer et al, 2020). On the other hand, studies like Haghiri-Vijeh (2022) discuss the exclusion of LGBTQIA+ migrants and the discrimination these individuals face in health care if they do not conform to normative stereotypes. In this particular study, as noted earlier, Niloufar mentioned that as a woman, specifically as a racialized woman, colleagues of hers would not listen to her as a team lead. Her colleagues would go to a previous team lead, who was a white male, to get team advice. So, this particular participant voiced her awareness about the power dynamic between her, as a racialized woman, and the previous team leader. She noted that her white colleagues would not take her seriously.

Gendered expectations also shaped the lived experiences of the participants outside the workplace. For example, Mojgan said she was being told by her husband that she is expected to be nurturing and caring to her children since she is the mother. She voiced that her goals as a medical doctor were not considered. Mojgan shared that her husband emphasized motherhood and gendered expectations of her as a woman, while discrediting her passion for medicine and her pursuit of becoming a registered medical doctor in Ontario.

As illustrated in Section 4.2.1, gendered expectations and limitations on behaviour, freedom and opportunities because of their gender, played a significant part in the participants' decision to emigrate, and to immigrate to Canada specifically, a place where they perceived greater opportunities and freedoms. However, their settlement experience, as racialized women point to the limits of both the fallacy of the binary construction of West versus East/Canada versus Iran, and the promise of freedom. In Canada, the participants navigated restrictive stereotypes. Shirin, for example, expressed frustration with the misrepresentation of Iranian women in the West, often being grouped under terms like Arab, Muslim, and docile. I could relate to her feelings of exasperation and annoyance, particularly since Persian women throughout Iran's history have been at the forefront of political movements advocating for women's rights, both before, during, and after the Islamic revolution. Indeed, the current Woman, Life, Freedom movement serves as a powerful reminder of the strength of Iranian women (as well as evidence of the study participants immigrated to Canada despite the numerous challenges they faced during the immigration and settlement processes). Fundamentally, Sara's observation regarding the lack of knowledge about Iran among Canadians rings true. She remarked that "a lot of Canadians do not know much about Iran," indicating a gap in awareness that contributes to a context of ignorance, misrepresentation, and stereotyping, a context that the study participants navigate. Clearly there is a need greater for cultural understanding.

One invaluable way to promote this greater awareness is to recognize the agency of Persian women. For example, Layla's reflection on the contrast between gender expectations in Iran and Canada provides poignant insight into the agency exercised by Persian women immigrants. She articulates:

Well, obviously you don't feel as powerless as a woman as you feel in Iran. As a Persian woman, there are things that in Iran you are supposed to do. I am not obliged

to do that here. But there are things in my culture that I love to do and I'm still doing it.

Layla's statement highlights both a recognition of her greater power or freedom that she feels (compared to Iran), but rather than reproducing the West/East binary, she describes her commitment to cultural practices that she loves and continues, a negotiation of cultural norms and individual preferences that illustrates her agency in adapting to a new cultural context. Niloufar's narrative offers further depth to the discussion, particularly regarding the concept of the 'ideal daughter' in Iranian culture, who is "someone who would listen to their parents," "a good girl." She admits that in contrast, "I was rebellious... I had more freedom in comparison to my sister." Niloufar's experience highlights the tension between traditional expectations and personal autonomy, and the complexity of identity negotiation among Persian women immigrants. Likewise, Mojgan asserts her agency and prioritizes her expectations over societal norms by stating: "Each person has their expectations... People's expectations are nothing for me." Mojgan's rejection of other people's expectations challenges dominant narratives of victimhood often imposed upon immigrant women, particularly, Muslim, brown women, highlighting the importance of recognizing their agency and resilience.

4.4.2.1 Agency, Sacrifice and Adaptation

Layla's story, specifically the decisions made throughout her immigration and settlement journey, reveals the agency exercised by Persian women medical professionals within the socio-political constraints of Iran. Despite encountering challenges in her career due to restrictions imposed in Iran, Layla's decision to emigrate to Canada reflects her assertion of agency. Her journey shows a desire to escape an oppressive environment and obtain human rights for better work and personal growth.

In analyzing Layla's agency through a post-colonial feminist lens, we gain insights into the complex relationship of power, resistance, and identity formation within the context of immigration. From a post-colonial feminist perspective, Layla's immigration journey challenges Persian women as passive victims (Mohanty, 1984). By actively pursuing opportunities abroad, Layla disrupts hegemonic discourses that portray non-Western women as innately oppressed and docile (Mohanty, 1984). Moreover, Layla's agency extends beyond the act of seeking her fundamental rights via migration. She actively searched through the Canadian Immigration website's requirements to land. She familiarized herself with job opportunities and how she could start her new life in Canada. Layla's immigration and settlement story serves as a testament to navigate intersecting systems of oppression to mould paths of liberation (Layla, personal communication). As we celebrate Layla's agency, we must also recognize her ongoing struggle to obtain human rights as a racialized woman. Layla's journey exemplifies resilience and resisting oppressive structures in her pursuit of opportunities, and highlights the complexity of migration as a site of resistance where individuals actively shape their fate in the face of systemic oppression.

Another example of the resilience and determination of these women as they strive to establish themselves in a new country while upholding their professional standards and values, was their willingness to sacrifice. This theme resonated strongly among the participants, who shared their experiences of leaving behind family and familiar surroundings to pursue opportunities in Canada. As noted, many had to navigate the challenges of requalification and gain Canadian work experience, often taking on different jobs to support themselves. Despite the sacrifices they made, they encountered barriers in integrating into the Canadian healthcare system, facing hidden racism and discrimination during their residencies.

4.4.2.2 Workaholism and Balancing Identities

Perhaps as a reaction to or a strategy to survive the difficulties described above, workaholism emerged as a prominent theme among the participants. The women in this study were deeply dedicated to their profession as medical doctors. Layla described her daily routine, emphasizing the long hours spent at work, which left little time for personal activities: “By the time I get home is 7 pm and I shower, eat then sleep [laughed] that is my everyday routine.” Though Layla laughed when she described her day-to-day life, it is clear that she feels she has little time left after returning from work, besides meeting basic needs.

While the participants expressed passion for their work, they also acknowledged the toll it took on their personal lives, as they tried to juggle multiple roles and responsibilities, including domestic labour. Gendered norms and expectations around domestic labour and women’s roles as wives and mothers must be contextualized within the participants’ migration history. Since the Islamic revolution, women in Iran are not allowed to make important decisions, such as financial ones, without their husbands’ permission. They are also expected to prioritize the needs of others before their own. However, all of the study participants resisted consulting with the partners (if they had one) when making important decisions. Moreover, Mojgan’s experience illustrates how she negotiated gendered expectations with her partner. She shared that her husband would guilt-trip her while she completed her residency. He had a challenging time grappling with the idea of assisting his wife in domestic labour, such as taking care of their children. However, despite these challenges, Mojgan successfully completed her residency program. She believed her husband needed to support her, and she did not give up on her journey to becoming a registered medical doctor in Canada.

Another example of how commitment to work shaped gendered expectations relates to maintenance of cultural practices and traditions, a responsibility that typically falls on the

shoulders of wives and mothers. Like Layla, Niloufar lamented her lack of time, due to the demanding nature of her job, and subsequent impact on her dedication to practicing cultural traditions, such as celebrating Norouz. She stated, “We celebrate Norouz however I can take 1 or a maximum of 2 days off. I wish I was able to take more days off to feel Spring.” Norouz is the Persian New Year, an important holiday and time to be with family. It is a celebration that Niloufar values; her desire for more days off to commemorate, and “feel Spring” is unquestionable.

For the study participants, adapting to Canadian cultural norms and practices, working in their profession, while maintaining a connection to their cultural heritage poses unique challenges. Elnaz, for instance, reflects on the dichotomy of embracing Canadian customs while preserving her Iranian identity, navigating a balance between assimilation and cultural preservation. Elnaz says, “I celebrate Norouz. There are some things that I like about the Persian culture and there are some things I like it here.” From the data, it is arguable that the participants are assimilating into the Ontario medical system and doctor/patient model, though it is incomplete due to the discrimination they encounter, but their commitment to their work also limits their ability to maintain valued cultural practices.

4.5 Summary

This chapter summarizes key findings from the study. The decision to immigrate to Canada reflects not only personal decisions but also a response to the socio-political context in Iran, where political instability and limited freedoms can constrain individuals’ aspirations. Most of the participants in this study were motivated to leave Iran primarily due to political reasons and lack of freedom available to women. Many participants noted the desire for freedom and the promise of a brighter future as driving factors. As women, and some as women with children, the participants sought opportunities for themselves and their children that were impossible to fulfill in Iran due to the lack of human rights and freedom. These

findings mirror my own family history, as my parents often discussed the political climate in Iran and the reasons for choosing Canada as the host country. This migration story is in alignment with the IRCC website which depicts Canada as a country with a reputation of offering opportunities for everyone to grow and obtain their fundamental rights (IRCC; Appendix G). It is this promise of economic opportunity, equality, freedom, and respect for human rights that drew the participants to immigrate to Canada.

Participants applied to immigrate to Canada through the points system. The participants were able to accumulate points in part through their English language proficiency. In Iran and in post-colonial contexts, English proficiency is sought after not only for its practical use but also as a symbol of modernity (Mirvahedi, 2019). Moreover, it is commonly seen as a means of achieving higher aspirations. Drawing on Mohanty's (1984) work on post-colonial feminist theory, I argue that parents often encourage their children to learn English, recognizing its status as a global language with widespread use and viewing it as essential for potential immigration to Western countries and for offering improved quality of life. Mohanty's (1984) idea of the oppressed is highlighting the importance of Western culture including language to "better" the oppressed. However, the study participants met the language criteria to only navigate resources in Canada to meet their individual goals they envisioned. Indeed, the study participants stressed the importance of English language proficiency as a requirement for immigrating. Having learned English as a second language through the public school system in Iran, one could assume that the study participants were both able to increase the number of points earned to immigrate to Canada, and that they believed they were set up for successful settlement.

Despite possessing qualifications from their home country, they encounter significant barriers during the requalification process, which often overlooks their foreign credentials and requires them to undergo additional training (Guo, 2009). These challenges pose

formidable obstacles to their professional advancement, compelling them to navigate a complex web of institutional barriers and systemic biases.

The comments on these women's experiences highlight the profound impact of their lived experiences on their gendered and racialized identities. Within the Canadian healthcare system, they confront hidden racism and discrimination, which not only undermine their professional credibility but also perpetuate harmful stereotypes. Mohanty (1984) reminds us of the agency of non-white women and how they navigate resources at their disposal. With this reminder at the forefront of the analysis, it is clear that despite challenges, the women in this study demonstrate remarkable resilience and agency in asserting their rights and challenging oppressive norms. Their experiences illustrate the connection between patriarchy and colonialism, highlighting how systemic inequalities intersect to shape their lived realities.

By incorporating the voices of participants and theoretical frameworks from post-colonial feminism, we gain a detailed understanding of the complexities inherent in immigrant identity formation and adaptation. It also becomes evident that their identities are shaped by historical power dynamics and intersecting forms of oppression. Edward Said's (1978) concept of Orientalism helps with analyzing and understanding the context of the participants' experiences, such as stereotypes, Othering, and expectations associated with their cultural background. In other words, Said's work allows us to understand how the study participants are known in Western societies such as Canada, namely as part of homogeneous group under the umbrella term of Middle Eastern, and as religious, docile, and submissive, and as the findings illustrate, as 'unacceptable.' However, Mohanty's (1984) work helps to illuminate how Persian women medical doctors negotiate and navigate the connections of patriarchy and colonialism and reminds us of the importance of analyzing and recognizing the complex nature of identity formation among immigrant women. In doing so, it is evident that the immigration and settlement experiences of Persian women medical doctors in Ontario

are deeply influenced by gender dynamics, intersecting with race, and broader societal structures. Despite facing systemic barriers and skepticism in the workplace, they actively exercise agency in advocating for their rights and challenging oppressive norms. By working as medical doctors, practicing and celebrating their traditions, and raising their children, they assert their autonomy and strive for recognition in Canadian society. Their experiences serve as a testament to their resilience and determination in the face of adversity.

This study posed the question, “how do the lived experiences of Persian women medical doctors in Ontario shape their labour, professional status, and gendered and racialized identities. As established in this chapter, the immigration and settlement processes were not easy for the study participants. Study participants had to give up some things in their lives in order to accomplish the things they had in mind in Canada. Their lived experiences in Canada shaped their labour identity in a way that showed resilience by not giving up on becoming a medical doctor. This is because they faced discrimination while they went through the process of requalification. In addition, the study participants adopted things about practicing medicine that they liked in Ontario. For instance, they liked the relationship that forms between doctor and patient that is patient centered. In addition to becoming registered medical doctors, the study participants moved to Canada to obtain basic human rights. Some study participants, as women, had difficulties navigating domestic responsibilities at home. Some spouses expected the woman to take care of the house while practicing medicine. However, the study participants were able to assert their rights and stand by their goals despite of their partner's support. Moreover, the study participants navigated their resources as highly educated individuals despite stereotypes such as passive and docile. In fact, the study participants achieved their goals (one of them being finishing residency in Ontario and becoming registered doctors) despite the hurdles they faced along the way. The study participants showed resilience even though their knowledge was questioned. These lived

experiences humbled the study participants while going through challenging times and, at the same time, achieving their goals in Canada.

CHAPTER V: CONCLUSION

5.1 Introduction

In this chapter, I contextualize the findings within the existing literature, identifying areas of alignment and variation. I discuss the strengths and limitations of the case study and offer recommendations for future research and directions for policy change.

5.2 Key Findings and Existing Scholarship

This case study sought to examine the lived experiences of Persian women medical doctors who immigrated and settled in Ontario, and how these experiences shaped their professional, gendered, and racialized identities. Interviews were conducted with seven women, and this data were contextualized and read using a post-colonial feminist lens in relation to data gleaned from the IRCC and CPSO website, particularly as they related to immigration, settlement, credentialling, and requalification.

To immigrate to Canada, the participants satisfied requirements including meeting a certain threshold in via the points system. This point system appears to be objective by encouraging immigrants to satisfy a set of requirements so that they can migrate to Canada. In the case of the study participants, they were able to score higher due to their advanced education and English language proficiency. Many participants arrived in Canada between 2002-2014, a time when Ontario required foreign-trained physicians, through the skilled worker immigration option. This led them to believe they could work as physicians once they arrived. However, they could not work as medical doctors once they landed in Canada, thereby illustrating discrepancy between the participants' expertise and what Canada has to offer. Indeed, the promise of opportunity that Canada seems to have turns out to be empty promises, as the women were not guaranteed an improved quality of life. This demonstrates the unevenness of the nation-building project of immigration whereby potential migrants are enticed to immigrate and contribute to Canadian society, and yet are subjected to constraints

in employment, as in the case of this study, requalification process of medical training specifically. This process always situates the global south as ‘less than’ and maintains a hierarchical system that never questions Canadian-educated people because they are not constructed as less than. These broader power relations structured the participants’ experiences.

Upon relocating to Canada, the participants navigated the difficulties of missing their families in Iran, cultural shock, and language difficulties. Language barriers is common to many immigrants, though in the case of the participants in this study, the challenges lay not just with language proficiency but with the expression of certain cultural norms. They faced difficulties not because they could not speak English but because cultural nuances were not articulated in a manner familiar to them. Thus, their experiences were marked by cultural discrepancies. Previous studies like Mojab (1999) and Rezazadeh and Hoover (2017) explore Persian settlement in Canada, focusing on gender, women in the labour market, and how domestic responsibilities between men and women were shared. However, these studies did not discuss language barriers and specifically how culture shapes language barriers, despite the implications for Persian women’s experiences in the labour market.

In addition to cultural differences, the study participants faced challenges entering the labour market. One of the obstacles new immigrants may face is the lack of recognition of the education and training received in their home, particularly if they wish to practice in one of the regulated professions. The requalification process entails gaining Canadian experience to work in the Canadian labour market. This process usually takes time, is costly, and requires immigrants to be involved in labour outside their area of expertise. For example, Mojab’s (1999) study illustrates how immigrant women rely on manual rather than intellectual work. This means that immigrants often find themselves in labour-intensive jobs, such as mining, solely due to their credentials not being recognized or not having Canadian experiences. In

addition, Rezazadeh and Hoover (2017) also explore immigrant women with unrecognized foreign credentials. They found that foreign-born immigrant women with foreign credentials had a more challenging time finding jobs in Canada. As a result, they had to undergo the requalification process to gain Canadian experience. Other studies have found that immigrants who are trained in regulated professions, either change their fields and work in fields in Canada that are not their original fields or stop working in their field if they cannot be qualified in Canada (Guo, 2009; Li, 2003). In the case of this study, the findings mirror Mojab's (1999) and Rezazadeh and Hoover's (2017) results. All the participants' credentials were unrecognized, and they had to undergo the requalification process to gain the Canadian experience.

Moreover, Mathews et al (2023) found that, in general, Canadian citizens/permanent residents who attended medical school abroad (CSA) are favoured over international medical graduates (IMG) for residency programs. That is because the senior administrators of post-graduate medical education programs and IMG clinical assessment programs identified that CSA individuals are familiar with Canadian culture; this includes speaking one of the official languages (French or English) but also understanding how health is practiced and understood in Canada. Other factors that result in puts CSAs at an advantage for residency program selection are: "recency of graduation from medical school, ability to complete clinical placement prior to admission to a residency program, and familiarity with performance and interview" (Mathews et al., 2023, p. 21). Thus, Mathews et al's (2023) findings illustrate that this implicit/explicit favouring of CSAs can result in barriers to obtaining residency placements, which has implications for individuals like the study participants who have received their medical training abroad and subsequently go through the process of requalification in order to become registered medical doctors.

The acceptance of this denial of credentials and the process of requalification should be contextualized within a post-colonial frame. James (1999) highlights that Canada is a settler colonial society, which means the European white settlers exploited the resources of the Indigenous people, leading to the dominance of European White culture and subsequent discrimination against non-White ethnic cultures. James (1999) further argues that the European white culture encourages immigrants to view their existence through the dominant cultural norms. Thus, immigrants construct themselves in relation to the dominant European white culture by changing their identities in response to the overarching societal norms. In the case of this case study, it is clear that the participants were complying with the dominant culture. For instance, they were all required to undergo the requalification process to practice in Canada. So, they all completed their residency in Canada. One participant denied that completing her residency in Canada was due to unrecognized credentials and felt that “it makes sense” to her that she had to do her residency in Canada. Some ideas, such as learning English and knowing the language as an “international language,” illustrate how the norms of the dominant society have been accepted and the profound influence of European white culture has such that even individuals with non-European white background see it as the norm.

Ultimately, they all successfully finished their years of residency in Canada and were able to practice as medical doctors. This journey, however, was not without its challenges. During their residency training in Ontario, all of the participants, without exception, expressed disappointment with the treatment they received. They mentioned that their training in Iran was often disregarded when they would practice diagnosing patients. This resulted in feelings of doubt and stress. Nonetheless, the participants shared that although their white colleagues would make disparaging comments about them, sometimes they felt

their diagnosing skills were much stronger. These findings highlight two important points: first, the medical institution perpetuates discriminatory behavior against non-white women, and second, the participants' medical training in Iran is scrutinized because it does not align with the Canadian training system. In other words, the participants are criticized based on their multiple facets of identities, gender, and race.

Despite immigrants' challenges in regulated fields stated in the existing literature, the participants persevered through their struggles. The women accepted the difficult and costly credentialing and requalification process. They showed their resilience, underwent the requalification process, completing their residencies in Ontario and becoming registered doctors, even in the face of obstacles such as racism, and worked in their desired fields. Furthermore, the study participants are passionate about being medical doctors and practicing their expertise. In navigating barriers like systemic racism and discrimination, they exercised their agency by making choices like acceptance and sacrifice.

These lived experiences influenced their gender and racialized identities as they became more committed to fighting for their freedom as women with their partners, making it clear to their male counterparts that they must help in domestic labour. As previously mentioned (in Chapter II), studies by Maghbouleh (2020) and Dastjerdi et al. (2012) explore factors impacting Iranian women's settlement in Canada, particularly in the realm of gender roles and norms. With regards to gender roles among Persian couples as new immigrants to Canada, Iranian women face both domestic labour and labour outside of household responsibilities (Sadeghi, 2008). Simultaneously, these women shift expectations from solely taking care of everything within the household to encouraging their male partners to contribute to household responsibilities. Sadeghi (2008) notes that this shift posed challenges among couples, particularly for the male partners. Similar to Sadeghi's (2008) work, the

participants in this case study mentioned that their male partners, particularly in Mojgan's case, faced challenges accepting shared domestic roles.

Despite the rejection of traditional gendered norms and roles, it should not be assumed, however, that the participants disregarded the importance of Persian cultural practices in their lives. The participants expressed a strong commitment to their identities as Persian women. They are proud to be Persians and have cultural practices that they can share with non-Persians despite the discrimination they have experienced.

This study agrees with other study findings such as Sadeghi (2008), Maghbouleh (2020) and Dastjerdi et al. (2012). However, where it contributes significantly is by bridging the gap between the influence of culture on language and highlighting the study participants' efforts in practicing their rights and agencies as highly educated women. Despite Muslim women being seen as docile, this study showed that the study participants as Muslim women showed resilience when confronted with challenges. They prioritized their needs first, especially when they faced racism, and used their social status to access resources to combat racial prejudice behaviour.

Through the interviews discussed in the results section, it is evident that there is a relationship between gender, labour, and race. However, some participants were not able to make this connection when asked about their role as Persian women outside of Iran, stating that their Persian background as medical doctors has nothing to do with their work. When one participant was asked if she experienced discrimination, she responded with a "no," failing to acknowledge that the process of requalification itself is 'an act of othering,' as it scrutinizes individuals' education due to the lack of Canadian educational background. While the participant may not have felt directly discriminated against at an individual level, it is important to recognizing the dynamic and intersecting relationship between gender, race, and labour and to understand discrimination at individual, systemic, and institutional levels. The

experience of having her credentials scrutinized, a process that is deployed by an institution, which is in turn regulated by the Ontario government, and is therefore sanctioned at a societal level. Moreover, this institutionalized racism reinforces the power imbalance between the Global South and the Global North/West through notions of ‘acceptable’ medical training and reinforcing Canadian and US medical schools as the norm. In doing so, the Global South is labeled as ‘less than’ and the West constructed as ‘better than.’ This gives more power to and constructs the Global South relative to the West.

Being constructed in opposition to the West and as women from the Global South who have been ‘saved’ but nonetheless subjugated within Canadian society, is also evident in how Iranian people are homogeneously grouped together under the broader term of ‘Arab’ or ‘Middle Eastern.’ Indeed, one of my personal goals in pursuing this study was to challenge this misconception and to highlight the distinctions between the various ethnic groups that are grouped under this term. However, based on the study findings, it became evident that for the participants, the issue extended beyond eliminating this misunderstanding and ethnic differentiation. Instead, to critique and dismantle Orientalizing constructs, the participants are asserting their fundamental rights as women and navigating life in Canada by mobilizing available resources/capital as highly educated individuals, and enjoying independence in all aspects, for all women of non-European white background, and showcasing their resilience in the face of challenges encountered as immigrants.

5.3 Strengths and Limitations

To ensure rigour and acknowledge biases, several steps were taken throughout the research process. Firstly, notes were taken whenever extreme emotions were felt, serving as a reminder to pause and reflect on personal thoughts and biases. This helped prevent any personal assumptions from influencing the research, particularly during the data analysis phase. For example, one assumption was that the participants, as highly socially status

individuals, could navigate their resources and obtain their desired freedom. As a result, I highlighted the participants' freedom while also noting their oppressive experiences.

Additionally, it is crucial to recognize and acknowledge the differences between my own experiences and those of the participants, avoiding projecting personal experiences onto the research findings. By actively being mindful of personal experiences, the research process can be conducted with rigour and integrity, ensuring that the results accurately reflect the experiences and perspectives of the participants.

In addition, my data highlighted the intersecting factors of culture and language shaping the participants' experiences, offering rich detail that supports existing research. Interestingly, the literature reviewed in Chapter II did not explicitly mention these factors. Participants such as Elnaz drew attention to the relationship between cultural norms and language, sharing experiences such as ordering at Tim Hortons. This highlights the importance of considering cultural and linguistic factors in understanding immigrant experiences.

Moreover, the findings regarding credentialing, gender roles, identity, and labour align with previous studies mentioned in Chapter II. Studies such as Mojab (1999) and Rezazadeh and Hoover (2017) discuss challenges faced by immigrants entering the labour market, while James (1999) explores identity formation in relation to dominant Western norms and Sadeghi (2008) delves into gender roles. These studies confirm the findings drawn from my research, enhancing the validity and relevance of the study.

Another strength of this case study lies in the researcher's ability to make decisions based on intuition, offering rich detail and providing a nuanced methodology. However, this can also introduce subjectivity and biases into the research process. As a researcher with a Persian background, my own experiences and assumptions may have influenced the recruitment process and data analysis. For instance, during the analysis, I may have

overemphasized the notion of acceptance during the requalification process and made assumptions about the participants' reactions before thoroughly analyzing the data.

Moreover, the study faced limitations in participant recruitment and sample size. Despite outreach efforts to various organizations, some did not respond, and snowball sampling took longer than anticipated due to doctors' busy schedules. Additionally, concerns about potential political implications hindered some organizations from participating fully.

5.4 Recommendations for Future Research and Policy Changes

5.4.1 Suggestions for Future Research

One immediate suggestion would be to explore Persian women immigrants' labour experiences through different methodologies, such as ethnography or community-based participatory research. Not only would these approaches offer unique insights (e.g., cultural norms and practices in the case of ethnography; or pressing research questions in the case of CBPR), this may help to cultivate trust between the researcher and study participants due to the fostering of long-term relationships and collaborative research design, and ultimately aid recruitment. Moreover, trust can be further established by thoroughly explaining the aims of the research, building rapport between the researcher and the organizations or participants, and raising awareness about the risks while actively working to minimize any influential factors that could jeopardize the participants (Baxter & Jack, 2008).

A direction for future research would be examining Persian women in other regulated profession, such as Engineering to compare their lived experiences in Canada with Persian women medical doctors. Alternatively, a comparative study between Persian women and Persian men could offer valuable insight. In addition, the current study only focused on the normative and heterosexual dynamics between the participants. Future studies could include a vast spectrum of gender categories. Haghiri-Vijeh's (2022) work, for instance, highlights how LGBTQIA+ individuals in regulated professions like nursing face discrimination.

Expanding how gender/sexuality/identity are conceptualized, when examining the gendering and gendered experiences of Persian immigrants seeking to practice medicine or other regulated professions, could help us better understand the complexities and unique dimensions of immigration and settlement.

5.4.2 Suggestions for Policymakers

This research aims to draw the attention of policymakers to the challenges immigrants face, presenting participants' lived experiences to create a motivation to make changes in immigration policy and guarantee a smooth settlement in Canada.

Based on this study, I would suggest that there are discrepancies between the image perpetuated by the IRCC website about and actual lived experiences of immigration and settlement. Challenging these false ideas is crucial. For example, government support for settlement typically last approximately one year after arrival, perpetuating the view that settlement takes only up to a year. In reality, most of the participants, even as highly educated individuals with high socioeconomic status, felt settled after four to five years of living in Canada. It is crucial for policymakers in the immigration and settlement sectors to recognize the ongoing challenges of settlement to improve the quality of life for individuals like the participants in this study.

Canada's promotion of acceptance and diversity should be reflected in policies and rules at the institutional and systemic levels, such as immigration offices and credentialing bodies. This will help ensure that individuals are not devalued or criticized based on their cultural and racial backgrounds and that they can fully benefit from the opportunities and freedoms that Canada promises to provide. To begin, we must be critical of power structures that shape immigrants' experiences. For example, Mohanty's (1984) argument brings attention to the introduction of Western language and culture in non-Western contexts, which can be viewed as a manifestation of colonial legacies, wherein white cultural elements are

introduced to acquire new skills or improve quality of life. In the context of Iran, the promotion of English language proficiency may be seen as a reflection of broader sociopolitical struggles and the desire to gain mobility in Western societies. Moreover, the emphasis on English language proficiency in Iran and its reinforcement through education and societal expectations raises broader questions about the promotion of one language and culture over others. Mohanty's critique of colonialism highlights the power dynamics in learning English as a language to only emphasize it as a skill to help with individuals' acquired skills when navigating themselves in Western countries. Thus, while language proficiency may not have been a significant barrier for the study participants initially, their experiences in Canada reveal the complex nature of language and cultural integration. Understanding the challenges of culture and linguistics within the colonial framework provides a perspective into the complexities of immigrants' experiences and the ongoing obstacles to cultural and linguistic recognition in societies like Canada.

In the case of the participants in this study, credentialing and requalification processes intersect with gendered and racialized identities within a postcolonial context. Rather than viewing their experiences solely in terms of individual qualifications or linguistic proficiency, post-colonial feminist theory encourages considering broader structures of patriarchy and imperialism (Mohanty, 1984). Persian women medical doctors navigating credentialing face systemic barriers that reinforce colonial legacies, an experience that shapes their labour, professional status, and gendered and racialized identities. From this perspective, it is evident that credentialing and requalification prioritize Western educational norms while marginalizing certain forms of knowledge and expertise, perpetuating colonial hierarchies of power. Thus, there is a need for decolonial approaches to credentialing and requalification.

For example, acceptance or rejection of credentials should go beyond just the location of where the degree was obtained. One should consider the values, culture, and knowledge

that an individual has gained through their education and practice, a consideration that is independent of using Western notions as the norm or basis of comparison. Foreign-trained doctors often face challenges adapting to the healthcare system in their new country, including differences in medical terminology, protocols, and patient expectations. For example, the study participants noted differences in treatment approaches between Canada and Iran. In Iran, patients expect doctors to make decisions for them, while in Canada, doctor-patient relationships are more casual, and patients make their own decisions. These challenges can affect communication with patients and providing optimal care. However, it's important to note that foreign-trained doctors are not necessarily inferior to Canadian/US trained doctors. They bring unique perspectives and experiences to their practice, adding value to providing diverse and comprehensive care to patients. There is a need, therefore, for greater awareness and sensitivity to the diverse backgrounds and experiences of foreign-trained medical professionals.

I also recommend removal of the requirement to have Canadian experience to be licenced to practice medicine in Ontario. Recently, the Professional Engineers Ontario (PEO), which regulates professional engineers, announced the removal of this requirement (Keung, 2023). This follows the Ontario government's response to a labour shortage during the COVID-19 pandemic, whereby some professional regulatory bodies were required to eliminate the requirement to have Canadian work experience to facilitate newcomers' ability to acquire professional designations (Keung, 2021). Similar changes could be made for medicine. In 2023, Ontario's government introduced multiple dimensions to the Working for Workers Act to continue advancing international credential recognition by removing barriers that enable foreign-trained individuals in regulated professions to work in their fields. While details about the type of regulated professions would be impacted have not been provided, this could have implications for the medicine and future immigrant medical doctors.

In addition to policy changes, Walton-Roberts (2022) suggests that potential immigrants who intend to work in regulated professions, shift from federal immigrant selection programs to the provincial Nominee Program. She argues this change decreases complexities by allowing concentrated “decision- making responsibility within one level of government” (Walton-Roberts, 2022, p.73). This also reduces costly policy making and clearly “identifies accountability” (Walton-Roberts, 2022, p.73).

5.5 Final Thoughts

The overarching purpose of this study was to contribute to scholarly discourse by rectifying the lack of understanding and representation in research about Persian immigrants, particularly Persian women, in Ontario. The growing Persian community in Canada and the current Woman, Life, Freedom movement motivated me to address this gap in research and shed light on the experiences of Persian women navigating their lives outside of Iran. Through interviews and document analysis, I aimed to explore the simultaneous position the participants occupy in Canadian society, as non-white, educated women. The significance of these findings lies in the fact that Persian women medical doctors are highly regarded and respected because of their education and profession, and yet as non-white women immigrants, their experiences are shaped by the dominant white culture.

Migrating to a new country is challenging. For the participants, migration was a process of hoping to achieve a better quality of life. However, they faced many obstacles, including racism, discrimination, and stereotypes as Persian Muslim women. Despite these challenges, they demonstrated resilience by working every day and exercising their agency. This resilience should not be surprising, given that Muslim and Persian women have been actively advocating for their freedom and women’s rights for many years. The current Woman, Life, Freedom movement serves as a contemporary example of their ongoing efforts.

This study highlights the connection between gender and migration, as the women in this study sought greater freedom and opportunities in a new country, free from the constraints of patriarchal norms and gender-based discrimination. The themes discussed shed light on the complex and detailed experiences of Persian women medical doctors in Ontario, highlighting how their identities were shaped by the systemic challenges they faced. Policymakers and institutions must address these barriers and work towards creating an inclusive and equitable environment for all immigrants, regardless of their cultural or racial backgrounds. By acknowledging and addressing the unique needs and experiences of foreign-trained medical professionals, Canada can harness the full potential of its diverse healthcare workforce and ensure quality care for all its residents.

REFERENCES

- Al-Wazedi, U. (2021). *Postcolonial feminism*. In N. A. Naples (Ed.) *Companion to Feminist Studies* (pp. 155-173). John Wiley & Sons Ltd.
- Balmer, D. F., Courts, K. A., Dougherty, B., Tuton, L. W., Abbuhl, S., & Hirshfield, L. E. (2020). Applying the theory of gendered organizations to the lived experience of women with established careers in academic medicine. *Teaching and Learning in Medicine, 32*(5), 466–475.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for Novice Researchers. *The Qualitative Report, 13*(4), 544-559.
- Berry, (2008). Globalization and acculturation. *International Journal of Intercultural Relations, 32*, 4, 328-336.
- Boyd, M. (1984). At a disadvantage: The occupational attainments of foreign-born women in Canada. *International Migration Review, 18*(4), 1091-1119.
- Bozorgmehr, M. (1998). From Iranian studies to studies of Iranians in the United States. *Sociology, 31*(1), 4-33.
- Bozorgmehr, M., & Sabagh, G. (2022). High status immigrants: A statistical profile of Iranians in the United States. *Iranian Studies, 21*(3-4), 5-36.
[https://doi.org/10.1016/S0140-6736\(23\)00860-7](https://doi.org/10.1016/S0140-6736(23)00860-7)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Collins, P. H. (1993). Toward a new vision: Race, class, and gender as categories of analysis and connection. *Race, Sex, & Class, 1*(1), 25-46.
- Collins, H. P. (2016). *Intersectionality*. Polity Press.
- Cresswell, J. W., & Poth, C. N. (2018). *Five different qualitative studies* (4th ed.). Sage

Publications, Inc.

Cresswell, J. W., & Miller, D. L. (2000). Determine validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-127.

Dallalfar, A. (1994). Iranian women as immigrant entrepreneurs. *Gender & Society*, 8(4), 541-561. <https://doi.org/10.1177/089124394008004005>

Dastjerdi, M. (2012). The case of Iranian immigrants in the Greater Toronto Area: A qualitative study. *International Journal for Equity in Health*, 11(1), 9. <https://doi.org/10.1186/1475-9276-11-9>

Dastjerdi, M., Olson, K., & Ogilvie, L. (2012). A study of Iranian immigrants' experiences of accessing Canadian health care service: A grounded theory. *International Journal for Equity in Health*, 11(55), 2-15.

Dastjerdi, M., & Mardukhi, A. (2015). Social factors affecting the well-being and mental health of elderly Iranian immigrant women in Canada. *Women's Mental Health*, 83-95.

DePoy, E., & Gitlin, L. (2016). Introduction to research: Understanding and applying multiple strategies. *Medicine*, 1, 1-398.

Dossa, P. (2019). Reimagining home in the wake of displacement. *Studies in Social Justice*, 13(1), 1-16.

Dyck, S., & McLaren, A. (2007). Telling it like it is? Constructing accounts of settlement with immigrant and refugee women in Canada. *A Journal of Feminist Geography*, 11(4), 513-534.

Frank, K., & Hou, F. (2016). Beyond culture: Source country female labour force participation and the earnings of immigrant women. *Migrant Labour*, 30(3), 410-435.

Ganji, H. (2022). "Why Canada is an attractive destination for Iranian immigrants?": Iranian

immigration has remained strong during the pandemic, here are some of the reasons why. Retrieved from <https://www.cicnews.com/2022/02/why-canada-is-an-attractive-destination-for-iranian-immigrants-0221701.html>

Guba, E. G., & Lincoln, Y. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication and Technology*, 30, 233-252.

Guo, S. (2009). Difference, deficiency, and devaluation: Tracing the roots of non-recognition of foreign credentials for immigrant professionals in Canada. *Canadian Journal for the Study of Adult Education*, 22(1), 37-52.

Guppy, N., Sakumoto, L., & Wilkes, R. (2019). Social change and the gendered division of household labour in Canada. *Canadian Review of Sociology*, 56(2), 178-203.

Haghiri-Vijeh, R. (2022). Experiences of LGBTQIA+ migrants with nurses and other healthcare professionals in Canada. *Nursing Forum*, 57(6), 1184–1192.

HealthForceOntario. (n.d). Home. <https://www.healthforceontario.ca/en/Home>

HealthForceOntario. (n.d). All Programs. Retrieved from https://www.healthforceontario.ca/en/Home/Health_Providers/Physicians/Registration_Requirements/International_Medical_Graduates

Immigration, Refugees and Citizenship Canada (2011). Evaluation of the Welcoming Communities Initiative. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/evaluations/welcoming-communities-initiative/section-1.html>

Immigration, Refugees and Citizenship Canada (2021). Gender-based analysis Plus. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-performance-reports/2020/gender-based-analysis-plus.html>

Karimi, A. (2020). Refugees' transnational practices: Gay Iranian men navigating refugee

- status and cross-border ties in Canada. *Social current*, 7(1), 71-86.
- Kaushik, V., & Drolet, J. (2018). Settlement and integration needs of skilled immigrants in Canada. *Social Sciences*, 7(5), 1-14.
- Kelly, M. (2011). Transnational diasporic identities: Unity and diversity in Iranian-focused organizations in Sweden. Retrieved from <https://read.dukeupress.edu/cssaame/article-abstract/31/2/443/59687/Transnational-Diasporic-Identities-Unity-and>
- Keung, N. (2021, October 21). These ‘first of their kind’ Ontario changes could get more skilled immigrants working in their actual fields of expertise. *The Toronto Star*.
https://www.thestar.com/news/canada/these-first-of-their-kind-ontario-changes-could-get-more-skilled-immigrants-working-in-their/article_4edf21b4-1603-57fb-9d6d-269e9440fea0.html
- Keung, N. (2023, May 23). ‘Game change’: Ontario engineers remove Canadian work experience requirement for immigrants. *The Toronto Star*.
https://www.thestar.com/news/canada/game-changer-ontario-engineers-remove-canadian-work-experience-requirement-for-immigrants/article_71985dc5-c387-510e-b21b-fc597dec95bb.html
- Kerner, I. (2017). Relations of difference: Power and inequality in intersectional and postcolonial feminist theories. *Current Sociology*, 65(6), 846–866.
- Li, S. P. (2003). Deconstructing Canada’s discourse of immigrant integration. *Journal of International Migration and Integration*, 4, 315-333.
- Maghbouleh, N. (2020). From white to what? MENA and Iranian American non-white racialized race. *Ethnic and Racial Studies*, 43(4), 613-631.
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research?: A review of qualitative interviews in IS research. *The Journal of Computer Information Systems*, 54(1), 11-22.

- Mathews, M., Bourgeault, I., Ryan, D. (2023). Perceptions of bias in the selection of international medical graduate residency applicants in Canada. *Canadian Medical Education Journal*, 14(2), 16-22.
- McSweeney, M., & Nakamura, Y. (2020). The “diaspora” diaspora in sport? A systematic literature review of empirical studies. *International Review for the Sociology of Sport*, 55(8), 1056-1073. <https://doi.org/10.1177/1012690219869191>
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis* (2nd ed.). Sage Publications.
- Mirvahedi, S. H. (2019). The sociolinguistics of Iran's languages at home and abroad: The case of Persian, Azerbaijani, and Kurdish. [Google Books]. Retrieved from https://books.google.com/books/about/The_Sociolinguistics_of_Iran_s_Languages.html?id=Q8ifDwAAQBAJ
- Mogharrab, M. (2018). Investigation of migration-related challenges in order to develop an online information network for Persian immigrants [Unpublished Master's thesis, University of Minho].
- Moghissi, H. (1999). Away from home: Iranian women, displacement cultural resistance and change. *Journal of Comparative Family Studies*, 30(2), 207-217.
- Mohaddes, K. (2007). Country name calling: The case of Iran vs. Persia. *American Geographical Society*, 49(4), 2-12.
- Mohanty, C. T. (1984). Under western eyes: Feminist scholarship and colonial discourses. *Feminist review*, 30(1), 61-88. Retrieved from <https://www.jstor.org/stable/302821>
- Mojab, S. (1999). De-skilling immigrant women. *Canadian Women Studies*, 19(3), 123-128.
- Mojarad, A. E. (2016). Physical activity experiences of Persian women recently immigrated to Canada [Unpublished Master's thesis, Queens University].

- Nakamura, Y., & Donnelly, P. (2017). Interculturalism and physical cultural diversity in the greater toronto area. *Social Inclusion*, 5(2), 111–119.
- OECD Better Life Index. (n.d). Canada.
<https://www.oecdbetterlifeindex.org/countries/canada/>
- Rahnema, S. (2011). “Iranian Canadians”: The Canadian Encyclopedia. Retrieved from
<https://www.thecanadianencyclopedia.ca/en/article/iranians>
- Raihan, M. M., Chowdhury, N., & Turin, T. C. (2023). Low job market integration of skilled immigrants in Canada: The implication for social integration and mental well-being. *Societies*, 13(3), 75. <https://doi.org/10.3390/soc13030075>
- Razack, H. S (2003). Race, space, and the law: Unmapping a white settler society. *Journal of Historical Inquiry and Debate*, 9(1), 153-155.
- Rezazadeh, M. S., & Hoover, M. L. (2017). Women’s experiences of immigration to Canada: A review of the literature. *Canadian Psychology / Psychologie Canadienne*, 59(1), 76–88. <https://doi.org/10.1037/cap0000126>
- Roudgar, R. (2020). Transnationality and urban context: Ethnography of Iranian migrants in Canada. *Urban Ethnography*, 9(1), 45-68.
- Sadeghi, S. (2008). Gender, culture and learning: Iranian immigrant women in Canadian Higher Education. *International Journal of Lifelong Education*, 27(2), 217–234.
- Safdar, S., Lewis, J. R., & Daneshpour, M. (2006). Social axioms in Iran and Canada: Intercultural Contact, coping and adjustment. *Asian Journal of Social Psychology*, 9(2), 123–131. <https://doi.org/10.1111/j.1467-839x.2006.00189.x>
- Said, E. (1978). *Orientalism*. Vintage Press, New York, NY.
- Sayegh, L., & Lasry, J.C. (1993). Immigrants’ adaptation in Canada: Assimilation, acculturation, and orthogonal cultural identification. *Canadian Psychology / Psychologie Canadienne*, 34(1), 98–109. <https://doi.org/10.1037/h0078777>

- Shahidian, H. (1999). Gender and sexuality among immigrant Iranians in Canada. *Sexualities*, 2(2), 189–222. <https://doi.org/10.1177/136346079900200203>
- Shirazi, R. (2010). Negotiating self, identity and belonging: Iranian immigrant women's experiences in the United States. *Journal of Immigrant & Refugee Studies*, 8(1), 28-49.
- Shirpak, K. R., Maticka-Tyndale, E., & Chinichian, M. (2011). Post migration changes in Iranian immigrants' couple relationships in Canada. *Journal of Comparative Family Studies*, 42(6), 751–770. <https://doi.org/10.3138/jcfs.42.6.751>
- Spooner, B., & Hanaway, W. L. (2012). *Literacy in the Persianate World: Writing and the Social Order*. University of Pennsylvania Museum of Archaeology and Anthropology.
- Statistics Canada. (2022a). Classification of admission category of immigrant. Definition of classes-1- economic immigrant. Retrieved from <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=323293&CVD=323294&CLV=0&MLV=4&D=1>
- Statistics Canada (2022b). Focus on Geography Series, 2021 Census Population. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=9&dguid=2021A000011124>
- Statistical Canada. (2022c). Immigration and ethnocultural diversity: Key results from the 2021 census. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026a-eng.htm>
- Walton-Roberts, M. (2022). *Global Migration, gender, and health professional credentials: Transnational Value transfers and losses*. University of Toronto Press.

Yin, R.K. (2003). Case study research: design and methods. 3rd ed. Thousand Oaks, California., Sage Publications.

APPENDICES

Appendix A: Semi-structured Interview Guide

I will begin my interviews by first obtaining informed consent from the participant, as outlined above and as approved by York University's Research Ethics Board. I will invite the participant to ask any questions before we begin. The interview guide below includes comments in brackets as reminders to probe about specific corresponding settlement factors.

1. Name
2. Age
3. Description of family
4. Level of education
5. How long they have been in Canada
 1. In Ontario?
6. When did they leave Iran?

Immigration and settlement:

1. Tell me about your life in Iran before you immigrated.
2. Tell me about the time when you began thinking about migrating outside of Iran [thoughts, feelings, events happening at the time, the context]
3. Why did you move to Canada?
 1. What did you know about Canada?
 2. Why did you choose Ontario?
4. Tell me about the immigration process before leaving Iran.
5. Tell me about your arrival in Canada.
 1. How did the migration officer treat you?
 2. When you arrived in Canada at the border, what was your experience like in speaking English? (Language barrier)
6. Tell me about your experience in speaking English.
7. Tell me about your experience finding a home.
 1. What factors were you looking in terms of housing?
 2. Language barriers?
8. How do you feel about your migration choice?
 1. Do you wish that you selected another host country and a city other than the ones you are currently residing?
9. Tell me about the first time you had to seek healthcare in Ontario.
 1. Your first emergency room experience in Ontario?
 2. Language barriers?
10. Tell me about your experience trying to find a job in Ontario.
 1. Tell me about your experience with requalifying.
 2. Language barriers?
 3. How was the feeling of passing/failing your requalification test?
 4. How was your experience in requalification (i.e., credentialing)?
11. Describe an ideal daughter in Iran? Vs in Canada?

1. Tell me about how your practice/perform your gender now in Canada?
Vs. ways it was practiced in Iran?
12. Tell me about your role as a Persian woman outside of Iran?
 1. What is expected of you now in Canada as a woman at work, among your friends and family?
13. Tell me about the Iranian cultural practices you do in Canada?
 1. Tell me about your cultural and traditional experiences in Canada.
 2. How do you celebrate Persian New Year here?
 3. Yalda
 4. Do you feel content with the way you celebrate any of the celebrations above in Canada?
14. What does being “settled” in Canada mean to you?
15. How do you feel about your settlement/life quality?
 1. How settled do you feel?
 2. What would you change about your current living experience? And why?

Professional life:

1. Tell me about your experience attending medical school?
2. If you have experience working in Iran, how was your experience working as an MD in Iran?
 1. Describe the type of practice you had.
 1. Were you on call?
3. How was your last day of your practice in Iran (just before coming to Canada)?
4. How did you decide that you are going to work in Canada as an MD?
5. Are you currently practicing here in Ontario?
 1. If so, how has the experience been so far for you? [Language barriers]
6. How do they understand professionalism? What does count as a good doctor? Are there any differences in Canadian context vs Iranian context in understanding a ‘good’ doctor?
7. Tell me about your managerial skills in your working environment as a doctor.
8. Have you ever compared yourself as a medical doctor to your colleagues, specifically western white women medical doctors? If yes, how are you similar? How are you different?

Identity:

1. How was your settlement process, as a woman with a family?
2. Tell about your first interaction at a grocery store in Ontario, Canada?
 1. With staff
 2. With other customers
 3. With the space
3. Have you experienced racism and/or discrimination?
 1. [At the grocery store/doctors' appointments/dentist/at work/restaurants/ park?]
4. How do people perceive you when they know your background? What are their reactions?
5. How did you define your identity in Iran? Vs. identity in Canada?
6. Tell me about your family relationships in Iran vs in Canada?
 1. Immediate family
 2. Those living outside of Ontario
7. How do you divide domestic work between you and your partner?

8. How do you see yourself fitting or not fitting in within the dominant culture (Western/Canadian/White)?
9. Do you ever think about how the process of your immigration influenced you?
 1. Your identity
 2. Your relationship with your spouse, relationship with your children
 3. Your career
 4. Your professional identity
10. How would you describe your status as a medical doctor vs Persian woman?

Appendix B: Email to solicit recruitment assistance

To whom it may concern,

My name is Tanaz Fouladirad and I am second year Master's student in the School of Kinesiology and Health Science at York University. I am conducting a case study on Persian women medical doctors and their experiences with settling, living, and working in Ontario. I am wondering if you know any Persian women medical doctors that would be interested in participating in my study. I am interested to talk to women in an in-person interview (~45-60 minutes) about their immigration and settlement experiences.

I have attached a recruitment poster and a recruitment email that can be shared with potential participants. I would be grateful if you could distribute this information with your members and any known contacts who may be eligible to participate.

Please let me know if you have any questions or are interested in participating. I can be reached via email at tan3@my.yorku.ca.

Sincerely,

Tanaz Fouladirad

Appendix C: Recruitment email

To whom it may concern;

My name is Tanaz Fouladirad and I am second year Master's student in the School of Kinesiology and Health Science at York University. I am conducting a case study on Persian women medical doctors and their experiences with settling, living, and working in Ontario. I would like to interview Persian women who have

1. Trained to practice medicine in Iran
2. Immigrated and settled in Canada
3. Practiced medicine in Ontario.

The interview will take approximately 45-60 minutes and involves questions about your immigration experiences including migrating to, settling in, living, and working in Ontario.

The objective of the study is not for purposes of political propaganda. The purpose of this study is to better understand the immigration and settlement experiences of Persian women doctors in Ontario.

All participants will receive a Starbucks gift card of \$10 CAD.

Please let me know if you have any questions or are interested in participating. I can be reached via email at tan3@my.yorku.ca.

Sincerely,

Tanaz Fouladirad

Appendix D: Recruitment poster

SEEKING PARTICIPANTS FOR STUDY ON PERSIAN WOMEN MEDICAL DOCTORS



The purpose of the study

To examine the immigration and settlement experiences and identities of Persian women medical doctors

who can participate?

Persian women who are:

- Trained to practice medicine in Iran
- Have immigrated and settled in Canada and live in Ontario
- Practicing medicine in Ontario

Participation

You will be asked to participate in an interview (45-60 minutes) about your immigration and settlement experiences. All information will remain confidential.

Interested? Questions? Contact Tanaz Fouladirad MA student at York University
tan3@my.yorku.ca.

**Compensation: 10\$
Starbucks gift card**

Appendix E: Informed Consent

Date:

Study Name: Persian Women Medical Doctors in Ontario, Canada

Researcher Name:

Principal investigator: Tanaz Fouladirad, MA Candidate, School of Kinesiology and Health, Science, York University, Tan3@my.yorku.ca

Graduate supervisor's name: Dr. Yuka Nakamura

Purpose of the Research: To examine the immigration and settlement experiences and identities of Persian women medical doctors. To complete my degree, I will have to defend my thesis. This is a thesis-based program/research.

What You Will Be Asked to Do in the Research: To participate in a one-on-one, semi-structured interview lasting 45-60 minutes with inducements such as a 10\$ gift card for the participants' involvement in the interviews that will be supported by York University's inducements grant.

Risks and Discomforts: Some topics raised in the interview might be triggering for some participants. You will be provided with a list of accessible mental health support, if required. The list of mental health resources that I will share with the participants: Big White wall, Bounceback Ontario, Good2talk, What's up walk in clinic, Rainbow health Ontario. All these resources are available either at clinics in person meetings or online such as, Good2talk for immediate services.

Benefits of the Research and Benefits to You: There is limited existing research on Persian immigrants to Canada. This research project will provide information about immigration and settlement of Persian women medical doctors in Ontario, Canada. Further, it provides you an opportunity to share your story and gain knowledge about yourself by reflecting on your immigration and settlement experiences and experiences forming your identity as women medical doctors.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researcher, or the nature of your relationship with York University either now, or in the future.

If you decide to stop participating, you may withdraw without penalty, financial or otherwise, and you will still receive the promised inducement.

In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible. Should you wish to withdraw after the study, you will have the option to also withdraw your data up until the analysis is complete.

Confidentiality: Unless you choose otherwise, all information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Data will be collected in two ways, written notes and audio recording. Your data in the form of written notes will be safely stored in a locked facility and only the researcher will have access to this information. Electronic data will be stored on a password protected file and password protected computer that only I have access to. The data will be deleted (if they are computer files) and shredded in the case of any hard copy data. The data will be deleted in May, 2027. The data will be stored up to 4 years.

The data collected in this research project may be used – in an anonymized form - by members of the research team in subsequent research investigations exploring similar lines of inquiry. Such projects will still undergo ethics review by the HPRC, our institutional REB. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project. Confidentiality will be provided to the fullest extent possible by law.

The principal investigator will keep a link that identifies you to your coded information, but this link will be kept secure and available only to the principal investigator and/or selected members of the research team. Any information that can identify you will remain confidential.

Recordings (audio/video) will be saved in a password protected file to research team members' local computer, not the cloud-based service.

Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting / data collection session.

Questions about the research? If you have questions about the research in general or about your role in the study, please feel free to contact Tanaz Fouladirad at tan3@my.yorku.ca or the graduate office: Health sciences and kinesiology program at 416-736-5728. Thesis supervisor, Dr. Yuka Nakamura at nakamura@yorku.ca. If you have any questions about this process, or about your rights as a participant in the study, please contact the Director, Research Ethics in the Office of Research Ethics, 3rd Floor, Kaneff Tower, York University (e-mail ore@yorku.ca).

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is a delegated authority to review research ethics protocols by the Human Participants Review Sub-Committee, York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University (telephone 416-736-5914 or e-mail ore@yorku.ca).

Legal Rights and Signatures:

I _____ consent to participate in the study, Persian Women Medical Doctors in Ontario, Canada, conducted by Tanaz Fouladirad. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature
Participant

Date

Signature
Principal Investigator

Date

Additional consent (where applicable)

Audio recording

I consent to the audio-recording of my interview(s). Yes No

Consent to use of quotes

I consent to the use of quotations in any final reports/ publications of the research? **Y / N**

Signature
Participant

Date

In thesis materials: Yes No

Signature
Participant

Date

Consent to waive anonymity

I, _____ consent to the use of my name in the publications arising from this research.

Signature
Participant

Date

Appendix F: List of Mental Health Support

RESOURCE	DESCRIPTION
Big White Wall	A free online mental health and well being service offering self-guided programs and creative outlets that includes a space to express, connect, learn and remain anonymous.
BounceBack Ontario	A free skill-building program that offers two forms of support: online videos; and telephone coaching sessions with guided workbooks.
Good2Talk	a 24/7 free and confidential helpline that connects students with professional counselling, information and referrals for mental health, addictions and well-being.
What's Up Walk In Clinic	Immediate mental health counselling for children, youth and young adults with families- no health card is necessary to access this service.
RESOURCE	DESCRIPTION
Rainbow Health Ontario	RHO offers training for healthcare providers across the province to feel more clinically and culturally competent in caring for their LGBT2SQ service users.
Lesbian Gay Bi Trans Youth Line	Complimentary telephone listening, information and referral services for youth, through peer support affirming the experiences and aspirations of LGBTQ.

Appendix G: Websites Accessed for Data Collection

1. Immigration Refugees and Citizenship Canada:

Immigration Refugees and Citizenship Canada (n.d). Home page.

<https://www.canada.ca/en/services/immigration-citizenship.html>

Immigration Refugees and Citizenship Canada (n.d). For newcomers to Canada.

<https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants.html>

Immigration Refugees and Citizenship Canada (n.d). Immigrate to Canada.

<https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada.html>

Immigration Refugees and Citizenship Canada (n.d). Canadian citizenship.

<https://www.canada.ca/en/immigration-refugees-citizenship/services/canadian-citizenship.html>

2. College of Physicians and Surgeons of Ontario

College of Physicians and Surgeons of Ontario (n.d). Home page. <https://www.cpsso.on.ca/>

College of Physicians and Surgeons of Ontario (n.d). What we do.

<https://www.cpsso.on.ca/About/What-we-do>

College of Physicians and Surgeons of Ontario (n.d). Equity, diversity and inclusion.

<https://www.cpsso.on.ca/en/Physicians/Your-Practice/Equity-Diversity-and-Inclusion>

College of Physicians and Surgeons of Ontario (n.d). Registration and new members.

<https://www.cpsso.on.ca/en/Physicians/Registration>