THE ADAPTATION EXPERIENCES OF TRANSNATIONAL PHYSIOTHERAPISTS IN ONTARIO, CANADA: A GROUNDED THEORY APPROACH

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ABSTRACT

In both research and policy, much attention has been given to further understand how internationally educated professionals integrate in Canada. However, little attention has been given to the reintegration experiences of physiotherapists who were educated and trained internationally. Using the constructivist grounded theory (CrGT) method, the main study objective was to generate a theory to further explore these issues.

Following the CrGT approach, transnational physiotherapists were invited to share their Canadian integration experiences. The participants' reflections about their lived experiences, feelings, and thoughts led to the identification of the contextual elements (micro, meso and macro) as the dominant themes of "Facilitators" and "Barriers". Further analysis revealed that a specific set of structural barriers and facilitators point to the five integration stages and six adaptation identities. In this study, identity adaptation (IA) emerged as the core theory that explained the participants' successes and challenges.

The contributions of this study are the first to be reported in the physiotherapy-immigration discourse. These include identifying the various social structures and processes that impact the integration of the transnational physiotherapists. Some of these examples include the positive effect of social networks and the negative implications of the "Canadian experience" (CE) requirement. The results have implications for more successful professional integration at the education, policy, and practice levels.

DEDICATION

In memory of

Dr. Marcia Rioux
1947 – 2021
Senior Scholar and Distinguished Research Professor Emerita
York University
Wherever you are, I hope that you can now breathe a sigh of relief

My Grandparents
Marcelo & Catalina Dalisay and Silvino & Paz Andrion
of Davao City, Philippines
It is truly humbling to have been chosen and destined by God to obtain the PhD degree on your behalf……you just produced a scholar.

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ACRONYMS

CE	Canadian Experience
COVID-19	Corona Virus Disease - 2019
CPO	College of Physiotherapists of Ontario
CrGT	Constructivist Grounded Theory
IEHCP	Internationally Educated Healthcare Professional
IEPT	Internationally Educated Physiotherapist
LICP	Live-In Caregiver Program
MCQ	Multiple Choice Questions
OSCE	Objective Structured Clinical Examination
PT	Physiotherapy (or Physiotherapist) Physical Therapy (or Physical Therapist)
PTA	Physiotherapist Assistant
TNP	Transnational Physiotherapist

CHAPTER 1

INTRODUCTION

From research to policy, much attention has been given in recent years to further understand how internationally educated professionals integrate in Canada. While several cross-cutting themes have been identified as facilitators or barriers to such integration, some professions have garnered more research and funding attention than others. This has been especially true for health professions with large membership such as nursing to the disadvantage of other professions such as physiotherapy. In the case of the latter profession, literature has been scant as to the transnational physiotherapists'(TNPs)[1] experiences in their attempts to re-enter the profession. As the number of TNP exam registrants and registered practitioners are growing, a study is warranted to examine how they navigate the various social and professional structures in Canada.

Physiotherapy (physical therapy or PT)[2] is a distinct medical profession that started in North America during World War I and the polio epidemic when rehabilitation needs reached new peaks (Pagliarulo, 2007, p.13-24). In Canada, the first physiotherapy school started in 1929 at the University of Toronto under the leadership of Ms. Enid Graham, who was also a founding member of what is now known as the Canadian Physiotherapy Association (Evans, 2010, pp. 55-62). Currently, the PT profession is the fifth largest Canadian health professional group (Accreditation Council for Canadian Physiotherapy Academic Programs et. al., 2004, p, 1). Internationally, the World Confederation for Physical Therapy is the professional association of all physical

[1] In this study, the term "transnational physiotherapists" (TNPs) will be used to refer to physios whose PT degrees were completed and obtained outside of Canada, whether they were born here or elsewhere. In my opinion, while the present study does not specifically explore into the transnational activities of foreign-trained PTs, the results of this study suggests that such transnational activities already exist. Further, using "TNP" to refer to this group is felt to be more inclusive, as opposed to "foreign trained" or "internationally educated" that further reinforces the divide between "us" and "them".

[2] In this study, the terms PT, physio, physical therapy, and physiotherapy will be used interchangeably to refer to either the profession or the professional.

therapists and is based in the United Kingdom. PTs work in a variety of settings including universities, research centres, hospitals, or private clinics. One of the striking differences, however, is how PTs (i.e. clinicians) practice the profession.[3] In some countries like the Philippines, for instance, direct access by the public to the PT services is not allowed and PT clinicians can only work if they are under the direct supervision of a licensed medical doctor (Professional Regulations Commission, 2020). This contrasts with the Canadian practice where physiotherapists work autonomously and independently from any medical practitioner. Unless needed primarily for private insurance reimbursements, physician referral is not required by law.

As one of the highly regulated professions in the country, the practice of physiotherapy in Canada is governed by several separate but inter-dependent bodies. Citing several authors, Adams (2017, p. 71) highlights professional regulation as

> "…a term rarely defined in the sociological literature; however use of the term is fairly consistent. Regulation refers to 'the powers of an agency or organisation to set a framework of rules through which it holds others to account' (Davies 2004: 56). Self-regulation occurs when a body regulates itself and its membership. Professional self-regulation is often established by statute, whereby state actors delegate responsibility for a profession's regulation to a body composed of professional practitioners (Brazier et al. 1993; Macdonald 1995); the regulatory body can include people from outside the profession as well, but typically professionals compose the majority."

At the academic and credentialing levels, the Canadian Council of Physiotherapy University Programs (CCPUP) "provides leadership in topics, trends and issues pertinent to physiotherapy academic and clinical education and research responsible for ensuring that the various PT universities across the country meet the standards for entry level university education" (CCPUP,

[3] Uniquely, practicing PTs in Ontario for example are required to notify the College of Physiotherapists of Ontario (CPO) if they perform "higher risk activity" such as suctioning or needling (College of Physiotherapists of Ontario, 2014).

2020). Second, the Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting the country's fifteen PT education programs (PEAC, 2020). Third, the Canadian Alliance of Physiotherapy Regulators (Alliance) is responsible for the credentialing of physiotherapy degrees that are earned either within or outside of Canada and for administering the two-tiered PT competency (licensure) examinations for both locally and internationally educated candidates (with Quebec[4] as an exception) (Alliance, 2020). The Alliance is composed of the eleven PT Colleges which in turn are responsible for the regulation of practice in their respective provinces or territories. In the Province of Ontario specifically, the College of Physiotherapists of Ontario (CPO) was created through the Physiotherapy Act of 1991 (Government of Ontario, 1991) and as a provincial regulator, has the legal mandate of overseeing the activities of its members. Inter-alia, its primary responsibility is to protect the public (College of Physiotherapists of Ontario, 2014). Finally, the national professional association of PTs in Canada is the Canadian Physiotherapy Association with its eleven provincial and territorial counterparts such as the Ontario Physiotherapy Association.

Due to the growing number of TNPs in Canada, the Alliance in 2006 sponsored a consensus-building workshop entitled "Integrating Internationally Educated Physiotherapists [IEPTs][5] in Canada" with the key objective of discussing the main findings from its earlier research work called Diagnostic Report (Alliance, 2007). By inviting key stakeholders, including representatives from various physiotherapy credentialing and regulatory bodies and TNPs themselves, the

[4] Through the Ordre Professionel de la Physiotherapie du Quebec, Quebec is the only province in Canada that does not require its physiotherapy students to pass the Canadian national examinations as long as the applicants are graduates from one of its accredited physiotherapy programs or if they have practiced as registered PTs elsewhere in Canada (Ordre Professionel de la Physiotherapie du Quebec, 2016). At the same time, the Ordre is also responsible for the credentialing of all academic documents for both locally or internationally educated PT students (ibid.). Interestingly and unique to Quebec, a special mutual agreement is in place that allows reciprocity of physiotherapy practice between Quebec and France (ibid.).

[5] "IEPT" is currently the most commonly used term to refer to PTs educated outside of Canada.

workshop focused on eight themes from the Report that highlighted the main barriers to the successful integration of physiotherapists who were trained outside of Canada. The identified barriers include licensure pass rates; length of time to become licensed; language issues; the role of networks; immigration information pre-departure; employment opportunities; cultural differences; and financial implications in credentialing and licensure. To my knowledge, the Diagnostic Report was the first document published in Canada that both acknowledged and provided recommendations to the many issues faced by TNPs. Since the Report was first published, a few recommendations have come to fruition including the creation of PT bridging programs (particularly in British Columbia, Alberta, Ontario, and Quebec) and a more efficient processing time for credentialing. However, there are issues still requiring much attention, including the large disparity in the pass rate between the locally educated and internationally trained PT examinees and the rising costs for both credentialing and examinations (Alliance, 2020). With the Report published fourteen years ago, more research is needed in terms of how they integrate professionally and socially. Three key considerations from the Report, therefore, are worth mentioning which have implications to the present study: 1) the Alliance's assumption of a linear trajectory of the TNP's career pathway; 2) that "IEPT" only referred to professionals who were both born and educated outside of the country; and 3) "successful integration" was defined as a TNP working as a full-fledged PT in Canada.

Study Objectives

The primary objective of this study is to generate a theory as to how TNPs integrate professionally and socially vis-a-vis contextual factors that either facilitate or hinder such process. The study findings will contribute to existing and future TNP research. At the broader level, this research will contribute to the wider debates on immigration, integration, and professional re-entry

most especially for immigrant professionals coming from low-income countries. Using the constructivist grounded theory (CrGT), the importance of this study is warranted as literature is scant on the lived experiences[6] of TNPs. For example, existing research studies focus only on the delivery of programmatic activities of PT bridging programs. In other words, there is very limited knowledge about how TNPs perceive their own integration journey. Substantively, this work is important as it will contribute to the TNP integration discourse, given the current lack of a theory to explain how they integrate. Consequently, our limited knowledge of their lived experiences and subjective understandings lead to questions such as: What are the different contextual factors that may influence the movement (or not) of TNPs in their career pathway? And how do these contextual factors contribute to the emergence of a theoretical concept that offers an explanation as to how they integrate? Indeed, understanding this conceptual framework can provide more depth and breadth into the many facets of their integration experience. Particularly, what this study aims to investigate are the other factors that influence their adaptation in Canada beyond their licensure examination experiences.

A secondary objective of this study is to further examine the experiences of TNPs who were born and raised in Canada but decided to study PT abroad. Examining the perspectives of this cohort might provide new information and a more holistic inquiry about TNP integration, given that the Diagnostic Report focused primarily on TNPs who emigrated from low-income countries. How might their experiences be similar or different from their racialized colleagues? To my knowledge, understanding the experiences of Canada-born or raised TNPs remains an unexamined area that might provide opportunities for further research inquiry and policy recommendations.

[6] Lived experience is defined as the "ontological aspect of the problem….[It] is how a person immediately experiences the world (Smith, 1998, p. 213)."

Third, this study further examines how "successful" integration is interpreted by TNPs. Does this only mean being employed as a fully registered PT in Canada as originally suggested by the Diagnostic Report? Given that the pass rate for TNPs is significantly lower compared to those who were locally educated, does this also mean that failed examinees are considered "unsuccessful"? Consequently, are there "alternative" career pathways for failed examinees and have they chosen to take these paths instead? Alternatively, how do full-fledged practicing TNPs define "success" post-examinations? Do they pursue other interests that further build their careers? And how do these influence their identities as TNPs?

From a gender lens analysis, a fourth objective of this study is to further examine the integration experiences of female TNPs. To this end, this study will investigate the career implications of being a female TNP and how that might influence one's career trajectory. As a predominantly female profession, is there any difference in experience between racialized and non-racialized female TNPs as they attempt professional re-entry?

While various theoretical concepts on immigrant integration abound, there has been no attempt in the past to explain how these theories relate to the lived experiences of TNPs in Canada. Aside from using it as a backdrop upon which the findings will be compared and analyzed, a final objective of this study is to review the body of literature on TNP integration and how they relate and contribute to the wider discourse and debate around foreign credential recognition, immigrant integration, and professional re-entry both in Canada and internationally.

Conceptually, this dissertation is premised on key theories that relate to migration and integration at three levels (macro, meso, and micro) including the theory on racial capitalism (macro); the key debates on the role of institutions on professional re-entry (meso); and the theories on how habitus, capitals, and acculturation impact integration (micro). These various theories

have been chosen as their underpinnings provide the important framework to understand the integration process. For example, Robinson's racial capitalism explores how racialized bodies have been used to serve the economic needs of the West. What is the implication of this theory to this study given that the majority of the study participants will be anticipated to be coming from low-income countries? At the meso level, how various social institutions and processes play a critical role in professional re-entry is important given the participants' desire to re-enter the physio profession. Finally, understanding the participants' subjective perceptions on the integration process using the works of Bourdieu and Berry will help situate their unique experiences and how they compare to other immigrant professional groups or between TNPs themselves. As mentioned, given that grounded theory is used in this research to examine the TNP integration process, the emerged theory will be compared and/or contrasted to these key theoretical concepts to identify new concepts and examine theoretical connections.

CHAPTER 2

REVIEW OF LITERATURE

A comprehensive literature review was conducted to examine relevant empirical literature in the areas of contemporary migration in Canada, the migration and integration of internationally educated healthcare professionals (IEHCPs) and the (re)formation of their professional identities. Next, a review of relevant conceptual constructs and theories was undertaken for theoretical sensitivity.

PART I. EMPIRICAL REVIEW

Kelly and Trebilcock (2010) traces the history of Canadian immigration and colonial history that can be encapsulated in three periods from the years 1497 (a time of first European contact) to 1867 (the creation of the Confederation). The first period, covering the years 1497 and 1760, was a time of great rivalry between France and Britain where ultimately, the latter country's conquest of most of Canada ended the former's North American colonial aspirations. Despite this, however, France left a huge influence on what is now known as modern-day Quebec and a portion of New Brunswick and Nova Scotia (the Acadian population) (ibid, p. 22). The second period, from the years 1783-1812, was a time marked by the influx of immigrants from the United States (US), specifically the Loyalist refugees and American land seekers, following the American War of Independence. When the Canada-US war ended in 1812, Canada saw its first large number of settlers of British descent (ibid., p. 23). The third period is represented by post-War of 1812 where the country saw its first influx of immigrants from Great Britain, notably the Irish. Despite the increasing number of immigrants between the periods of 1783 and1850, the authors argued, however, that Canada was still not considered a land of immigrants at the time of Confederation (ibid.).

Beginning with the Immigration Act of 1906 and under the government of Prime Minister Wilfried Laurier, Canada tightened its immigration policies where it imposed the exclusion of certain groups and the deportation of foreign-born Canadian residents (Lacroix, 2016, pp. 61-62). The same Act was later expanded where immigrants were deported based on moral and political grounds (1910), the banning of applications from former "enemy countries" (1919), and an almost total ban on Chinese immigrants (1923). It will also be recalled that it was during the periods of 1885-1923 and 1923-1947 that the Chinese head tax and the denial of Canadian citizenship to Chinese immigrants, respectively, were imposed (Cho, 2018, p. 385). It was also around this time (1870s – 1940s) that Japanese immigrants experienced discrimination that reached its peak when they were uprooted from their communities in British Columbia during World War II as Japan fought the Allied forces (Okawa, 2018, p. 11). Indeed, Canada's immigration policy has historically been racist that intentionally selected white immigrants only, especially those from Western Europe. Consequently, the immigration peak for British immigrants was in 1957 where during this period, the migration of Asians to Canada was unacceptable, as highlighted by Prime Minister King in 1947:

> "Large-scale immigration from the Orient would change the fundamental composition of the Canadian population. Any considerable Oriental immigration would, moreover, be certain to give rise to social and economic problems of a character that might lead to serious difficulties in the field of international relations." (Rawlyk, 1962, pp. 289-294).

While the highest recorded number of immigrants that entered Canada was 400,000 in 1913, it was in the 1960s that a shift in source countries for immigrants outside of Europe began to emerge (Statistics Canada, 2016). Particularly, Canada's immigration policy changed in 1962 as the new criteria for immigrant selection was introduced based on immigrant skills and not by

country of origin (the "non-racial" regulations). However, such change has been criticized as it still capped the number of immigrants from Ceylon [Sri Lanka], India, and Pakistan (Rawlyk, 1962, pp. 297-298). By 1967, the Pearson Government formally introduced the "points system" (Immigration Act of 1967) as "a method designed to eliminate caprice and prejudice in the selection of independent immigrants…and the elimination of discrimination based on nationality or race…" (Citizenship and Immigration Canada, 2006).

Historically, immigrants to Canada were trades people who performed manual labour (Austin & Dean, 2006, p. 20). With the immigration changes in the 1960s and with the introduction of the points system, the country eventually welcomed many immigrants from non-European countries (Taylor & Foster, 2015, pp. 157-158) and as a result, more and more immigrants are coming from Asia such as the Philippines, India, and China. With the steady increase in the number of immigrants arriving in Canada and as a classic example of a settler-colonial nation, the necessity for foreign-born individuals to integrate into the Canadian social fabric has almost become a rite of passage. This is the case most especially for those individuals whose culture, way of life, and even physical features are very distinct from the Europeans.

Currently, almost 22% of Canadians are immigrants (Statistics Canada, 2017)**.** Whether to work temporarily or settle permanently in the country, Canada welcomes thousands of temporary workers and permanent residents annually where in 2019 for instance, this translated to 341,180 permanent residents being admitted to the country and 404,369 temporary work permits issued (Government of Canada, 2020). Furthermore, a five-year trend analysis reveals that source countries for immigrants have not significantly changed since. As noted in Appendix I, and except for the year 2016, the top three source countries for permanent residents remain India, China, and the Philippines that reflect the continued influx of people from mostly low-income and non-

European countries. At the same time, the current educational levels of immigrants are much higher than their counterparts from the earlier decades (Grant & Nadin, 2007, pp. 141-144).

New Canadian residents enter the country in four distinct ways: under the family class; as economic immigrants; as refugees; or under the "other "[not specified] category (Government of Canada, 2015*)*. Recently, the Trudeau Government announced the planned increase in the number of permanent residents that will be admitted to the country in the next three years: 401,000 (2021), 411,000 (2022), and 421,000 (2023) (Government of Canada, 2020). In an effort to unite family members, Canada has a long-standing history of allowing family sponsorship where spouses (primarily wives) are sponsored by their partners (Merali, 2009, p. 321). This means that for the most part, these sponsored individuals already have in place the important social support upon their arrival to the country. Economic immigrants, on the other hand, usually enter the country through the "Skilled Workers Program" where their level of education and prior work experience are evaluated through a points-system (Government of Canada, 2015). Distinct from permanent residents are the temporary workers and students who arrive in the country for limited time duration, but whose immigration status may be changed to a permanent resident visa upon completion of a required period of residency (Government of Canada, 2015). Prioritizing the permanent residency of these temporary workers has also been announced recently by the federal government (Prime Minister's Office, 2021).

The pull-and-push factors for Canadian immigration are reported by several scholars. Cheng (1998, pp. 634-637) identified several reasons why people migrate from developing to developed countries including better standards of living in host countries; better work environment; opportunities for their children; political conditions; and professional employment opportunities. On the other hand, the receiving country benefits from such migration. For example, the migration

of physicians to Canada has been suggested by some authors as bringing their "unique gifts to the practice of medicine" (Crutcher & Mann, 2007, p. 93). Their practice is also important to Canadian provinces such as Newfoundland and Saskatchewan where there are shortages of physicians (Baerlocher, 2006, p. 152) as most immigrants choose to live in highly-populated Canadian cities like Toronto, Vancouver, or Montreal that offer more career opportunities (Hyndman, et.al., 2006, p. 2).

Of those who enter Canada either temporarily or permanently, a substantial proportion of them are healthcare professionals (Government of Canada, 2015; Alliance, 2016). With an ageing Canadian population and the need to address the shortage of healthcare workers, the Federal Government policy has been to use the addition of IEHCPs to the national workforce to provide an extra layer of support in an ever-changing healthcare environment and demographics (Government of Canada, 2014; Dumont et.al., 2008, pp. 7-12). Several countries now have earned the reputation as primary "source" countries for IEHCPs, such as India and the Philippines, as noted below. While economic reasons for migrating remains an important reason why health professionals migrate, cultural reasons should also be considered. In a study on Filipino nurses, Ronquillo, et.al. (2010, pp. 262-275) highlighted how migration has been deeply entrenched in the Filipino culture. Similarly, there is also the cultural expectation to migrate to the more developed countries for healthcare workers from the Asia-Pacific region in general (Yeates & Pillinger, 2018, p. 94).

The increase in the number of IEHCPs migrating to Canada was most noticeable in the late 1980s up to the 1990s for a number of important reasons (Dumont et.al., 2008, pp. 9-10). This was a turbulent time for healthcare professionals in the country, especially for nurses, due to the significant cuts made to public healthcare funding, alongside decreasing the number of students

being admitted to medical schools. Further, the cuts in healthcare funding also meant massive lay-offs of practicing nurses that also prompted their migration to the US. It was also during this period that tighter regulations were in place for IEHCP registration. As the years passed, however, various levels of government found the importance of the contributions of IEHCPs to the Canadian healthcare system. The increasing number of IEHCP immigrants is also a response to change in workforce demographics due to a baby boomer impact where Canadian-educated healthcare workers are either retired or are nearing retirement (Greig et.al., 2013, pp. 1-2). For instance, and to capitalize on the new immigration demographics, the Harper Government in 2005 began investing in the integration of IEHCPs into the Canadian workforce with the primary goal of strengthening the national health care system (Government of Canada, 2015). Moreover, the Federal Government also launched in 2006 the "Internationally Educated Health Professionals Initiative" (part of the wider Internationally Trained Workers Initiative) that has the goal of increasing the number of IEHCPs joining the Canadian healthcare system (Health Canada, 2015). As part of this undertaking, various levels of government launched several ways to integrate internationally trained health workers including the creation of bridging programs; collaborating with regional health bodies; and the creation of examination preparation programs (ibid.).

For the most part, IEHCPs are attracted to migrate to Canada for economic reasons and the desire to work in the Canadian healthcare environment (Chen, 1998, pp. 630-637; Cheng & Yang, 1998, pp. 634-635; Tambosso et.al., 2018, pp. 80). However, because of red tape and bureaucracy, it takes longer for these well-trained and highly-qualified immigrants to get employed in their respective fields, if at all (Girard & Smith, 2012, pp. 219-221) and is an issue that appears to be encountered globally by other host countries, including Australia (Hawthorne et.al., 2005, pp. 675-681). Lum (2006, p. 113) further suggests that the presence of IEHCPs in Canada

could also be perceived as a job threat among local professionals. At the macro- and meso- levels, the terms "brain drain" from source countries (OECD, 2015) and "brain waste" in receiving countries (Grant & Nadin, 2007, pp. 141-162; Reitz, 2001, p. 350) have been coined to reflect the impact of migration to the growing ethical, economic, and political debates concerning the effect of globalization on immigration (Ahmad, 2005, pp. 43-45; Reitz, 2001, p. 349). In Canada, the effect of workforce globalization is felt by the migration to the country of highly qualified professionals (mostly from developing countries) such as doctors (Spurgeon, 2009, p. 189), pharmacists (Austin, 2006, pp. 20-21), nurses (Murphy & McGuire, 2005, pp. 25-27), and teachers (Walsh et.al., 2011, pp. 657-665). From a critical lens, it has been further argued that the arrival of immigrants to Canada is reflective of how human resources in a globalized world have become commodities (especially female workers) (Guo, 2009, p. 44). Specifically, the "importation" of professionals to economically advanced countries serve to fill the shortages in the labour market and reduce dependency ratios for an ageing population. Others further argue that these could also be commodities for the source countries through financial remittances (Kelly & Lusis, 2006, pp. 839-841).

Using the Census of Population and the Longitudinal Immigration Database, Statistics Canada noted several important observations on the representation of immigrants working in the Canadian healthcare system. These include the immigrants' intended occupation upon entry to Canada and the professional integration of nurses who were educated both in Canada or elsewhere (Statistics Canada, 2021). Based on this examination, it has been further noted that immigrants who entered the country as adults were working predominantly in nursing and other healthcare support occupations. Second, immigrant adult nurses came mostly from the Caribbean, Africa, and Southeast Asia (with over 30% arriving from the Philippines). Third, almost 44% of adult

immigrants completed their highest educational degree in Canada while those who earned their degrees outside of the country were considered overqualified at the time of their admission. Of special interest is how the corona virus 2019 (COVID-19) pandemic has shed light on the non-utilization of IEHCPs who are not currently working in the healthcare field, suggesting that they "could be a potential resource for caring for COVID-19 patients and providing essential support services, such as cleaning medical instruments and increasing the capacity for testing" (Statistics Canada, 2020). In the Province of Ontario, specific actions were also taken to actively recruit IEHCPs to help battle the pandemic, including the creation of the "Health Workforce Matching Portal" (Government of Ontario, 2020).

Existing studies report several challenges that IEHCPs face after arriving in Canada that act as barriers to integration. These barriers can be broadly divided into three areas: credentialing; examination/ licensure; and workplace integration (Alliance, 2007, pp. 20-34; Ogilvie et.al., 2007, pp. 226-235; Austin & Dean, 2006, pp. 20-25). Interestingly, these barriers are not unique to Canada and thus, scholarly literature from other countries (e.g. Australia, UK, and the US) was also reviewed for comprehensive understanding.

In the area of credentialing, notable barriers are the de-valuing of the education received in other countries and the time involved in re-evaluation. The training of healthcare professionals and their scope of practice varies across countries, raising the credentialing challenge after migration. Scholars in Canada for example report that education of IEHCPs is perceived as low quality by practitioners in the fields of nursing and pharmacy (Ogilvie et.al., 2007, pp. 226-235; Austin & Dean, 2006, pp. 20-25; Boorberg et.al., 2009, p. 399). Similar situation is reported for the physiotherapy profession in North America (Cornwall et.al., 2016, p. 296; Alliance, 2007, pp. 20-34). Others in Canada like Goldberg (2006, p. 85) argue that immigrants' previous educa-

tion in Canada "…are not recognized for entry into the labour market." Such sentiments have also been observed in the US where there was tightening of licensure requirements for IEHCPs like dentists (Boorberg et.al., 2009, p. 399).

A Canadian study on Turkish immigrants by Akkaymak (2017, p. 670) argued that both employers and professional regulatory bodies view the immigrants' prior work experience and academic training as "associated with foreign cultural practices that do not fit into the Canadian workplace." In terms of credentialing discrepancies, the contradiction of being evaluated and approved by Canadian immigration bodies based on their professional qualifications but at the same time not being recognized by their professional bodies has also been noted among internationally trained medical laboratory technologists (Grant, 2010, p. 135). This could be attributed to the jurisdictional differences between the federal and provincial governments. For physios, the discrepancies between their perception of the local clinical practice and the actual value of their previous PT education post-migration only created workplace tension (Jesus et.al., 2016, pp. 1597-1609), as reported for other IEHCPs (Akkaymak, 2017; Reitz, 2001). Indeed, this non-recognition of academic degrees and work experience has been identified by labour scholars as a critical barrier towards integration (Kelly & Lusis, 2006; Friesen, 2011; Girard & Bauder, 2007; Cheng et.al., 2013).

Recognizing the educational qualifications and training of IEHCPs as Canadian equivalent requires the submission of academic documents to credentialing bodies for assessment. From this initial stage alone, most applicants already realize that their journey to practicing their profession in Canada can take a longer time than they have originally anticipated. Such processing delay can be attributed to several factors, including the length of time to process the academic requirements from the university that granted their degrees (Newton et.al., 2012, pp. 538-539); the

length of time for universities to directly mail the documents to the credentialing bodies (Alliance, 2007, p. 25); and the length of time for Canadian evaluators to assess the foreign documents and whether precedent cases exist (i.e. previous applications received from the same university and country) (Ogilvie et al., 2007, pp. 229-230). The delay is further prolonged when official translations are required (Newton et al., 2012, p. 539) or when scholastic records need to be retrieved from war-torn countries (Jeans, 2006, p. 60S).

Within the field of PT, there are stark differences in the educational system between North America and the source countries for physios. For example, the practice of physiotherapy in India is not regulated (Grafton & Gordon, 2018, p. 658) and students are able to practice right away without undergoing any form of licensure examinations. Once in Canada, this difference in practice regulation has implications to Indian physios who need to pass the two-tiered PT licensure examinations before being allowed to practice in the country. At the same time, implementing an evidence-based practice for physios in Colombia has been halted by the clinicians' lack of statistical training and limitations in understanding English (Velez et al., 2015, pp. 2-11). Other negative issues identified with international PT academic programs include the quality and frequency of accreditation and the lack of licensure examinations in Central or South American countries (Cahalin et.al., 2008, pp. 346-348); the unclear status of the PT profession such as in China (Jones & Skinner, 2013); or the need to 'internationalize' a country's PT education such as the case in Nigeria (Oyeyemi 2011, pp. 1-5). Furthermore, countries like Japan, Iceland, and the US offer only MCQ-type of licensure examinations (Cahalin et al., 2008, p. 349). Adding to this complexity is how the educational system in source countries may be different in terms of teaching style (mostly didactic) and teachers perceived as authorities (and their expertise cannot be questioned).

Another integration barrier for IEHCP is preparing and taking the licensing exam along with cost. There are three possible outcomes after one has been credentialed (Alliance, 2007, pp. 25-26; Ogilvie et.al., 2005, p. 225-229; Austin, 2005, p. 137): 1) that of completing the required courses prior to the licensure examination; 2) taking the licensure examination without the need for further academic upgrading; or 3) having their academic qualifications deemed completely non-Canadian equivalent. The latter outcome has been identified in the literature as the greatest barrier to enabling workplace integration (Ogilvie et.al., 2005, p. 226) and the applicants may be advised to seek another career (Crutcher & Mann, 2007, p. 95). Passing the licensure examination, on the other hand, is one of the major stumbling blocks towards the integration of IEHCPs to the Canadian workplace. This is evident in the performance of IEHCPs in licensure examinations where, regardless of profession, they perform inferiorly compared to their Canadian-educated counterparts (Boorberg et al., 2009, pp. 404-405; Alliance, 2007, pp. 20-21; Grant, 2010, p. 135). Some of the identified factors in the low pass rate of IEHCPs include their limited English language ability (Majumdar et.al., 1999, p.178); time since graduation (Ogilvie et.al., 2007, p. 229-230); academic training from the home countries being ranked low (Boorberg, et.al., 2009, p. 399); and lack of social support (Baptiste et al., 2010, pp. 144-150; Alliance, 2007, p. 30). It is also worth mentioning that in some source countries such as the Philippines, attending review centres has been perceived to play a positive role in passing any licensure examination (Visco, 2015; Dagdag et.al., 2017).

Brown (1980, pp. 326-336) and Greene and Karavatas (2018) argue that underrepresented groups experience disadvantage when they take licensure examination. This has also been noted among foreign trained PTs in Canada (Alliance, 2019). Cheng et al. (2013, pp. 741-742) mention how immigrant professionals were most likely to succeed if their training and education closely

resembled that of Canada's. Within the PT exams in Canada, the discrepancies in training and education are reflected most especially in the performance of TNPs during the licensure examinations, particularly the clinical component (the OSCE[7]). It will be recalled that Canada is one of only few countries in the world where OSCE is used to evaluate a PT candidate's clinical performance for the sole purpose of professional entry. The low pass rate especially among TNPs from low-income countries was also an observation of Miller et.al. (2010, p. 17) who acknowledged that the "pass rates were highest for candidates who were writing for the first time as NGs [new graduates] from Canada…." For instance, the combined average pass rate for the TNP in the MCQ for the years 2010-2013 is only 53%, compared to 94% for Canadian-educated and 58% (c.f. 92% for Canadian-educated) for the OSCE (ibid, p. 13). Interestingly, TNPs from high-income countries (HICs) (i.e., Commonwealth and other high-income countries such as the US) and who are native English speakers have consistently performed better in both components of the examination. On average, candidates from the top three HICs (United Kingdom, Australia, and the US) have a combined average pass rate of 80% in the MCQ and 82% in the OSCE (Alliance, 2014). In comparison, the exam performance of applicants from the top three low-income countries (India, the Philippines, and Pakistan) has a combined pass average of 39% in the MCQ and 35% in the OSCE (ibid.). However, the value of the OSCE to evaluate a candidate's clinical competency in Canada has recently been questioned (Bobos et al., 2021). The cost of credentialing can also be expensive. For instance, as of July 2020, the credentialing and examination fees for all PT exam candidates totals $4,905.00, if passed on the first attempt.[8] These do not include any administrative fees that may be applicable. Candidates who attempted any component of the

[7] In Canada, the Objective Structured Clinical Examination (OSCE) is comprised of 16 stations (a combination of 5- and 10-minute patient encounter that mimics clinical scenarios).
[8] The breakdown of costs for both local and foreign-trained exam applicants are as follows: $1,088.00 (credentialing), $1,002.00 (written component), and $2,815.00 (clinical component) (Alliance, 2020).

exams more than once pay more. Indeed, the amount required to pay for these expenses would be significant, especially for those just starting their lives in Canada.

In the area of workplace integration, the notable challenges for IEHCP are racism, Canadian experience (CE), gender, and language command**.** The attention to racism in North America is increasing as more immigrants of colour have joined the workforce, especially in the healthcare field. A systematic review by Paradies et al., (2013) revealed that more than two thirds of the literature showed evidence of racism experienced by healthcare professionals. The authors defined racism as a "phenomenon that maintain or exacerbate avoidable and unfair inequalities in power, resources, or opportunities across racial, ethnic, cultural, or religious groups" (ibid., p. 364). Others have argued that racism is prevalent and is the greatest barrier to healthcare reform (Seneque, 2010). In this case, Inwood and Yarbrough (2010, p. 299) referred to it as the "racialization of place" where geographic landscapes have been constructed that defined and reinforced racialized social hierarchies. Moreover, not speaking English at the workplace has also been a contested terrain. While the prohibition of speaking one's native tongue at work ("English-only policy") has not been challenged in the Canadian courts, the situation was different in the US when a group of Filipino nurses received a court-ordered compensation from their employer for workplace discrimination for banning them from speaking their dialects at work (Do, 2012). At the same time, racialized groups (including immigrants), already experience work discrimination even during the interview selection process. In an experimental study by Oreopoulos in the Greater Toronto Area and Montreal (2011, pp. 148-171), candidates with foreign-sounding names (i.e., non-Western names) have been intentionally de-selected from the pool of potential interviewees by employers.

Considerable literature exists on how racism and 'othering' have impacted the integration of

internationally trained nurses and physicians (Covell et.al., 2014, pp. 26-45; Turrittin, et.al., 2002, pp. 655-667; Neiterman & Bourgeault, 2015, pp. 615-634; Calliste, 1992, pp. 85-102). In Canada, it has been identified as a contributing factor to de-skilling (Creese & Wiebe, 2012, pp. 56-76). In the PT profession, the issue of racism is only beginning to gain attention. An important early work of Kelly et al., (2006, p. 28) explored the perceptions of internationally trained PTs regarding the oral component of the Canadian physiotherapy examination. In their study on the de-professionalization of Filipinos in Canada, they argued that the PT OSCE was "culturally specific and favoured candidates who conformed to the cultural expectations of the examiners" (ibid.). Their study further revealed not only the challenges in the examination process but also the negative attitude of a Canadian-educated PT examiner towards a foreign-trained colleague attempting the examinations (ibid.). Furthermore, Vazir et al., (2019, pp. 335-345) note how internalized and interpersonal racism have been experienced by racialized PTs in Ontario. They also highlight how racialized licensed PTs were given less opportunities to work in hospitals and reported having experienced discrimination because of their accents (a form of institutional cultural capital) (ibid.).

Another workplace integration challenge is to comply with the CE requirement where its negative impact has gained the attention of scholars (e.g., Friesen, 2011, pp. 80-81). It has also been described as a paradox that has become a normalized practice: "…they [immigrants] cannot acquire it without being hired or they must accept lower-skilled or unpaid volunteer positions to gain CE…" (Ku et.al., 2019, p. 296). Consequently, immigrant professionals arriving in the country usually work at a lower level of expertise or not working in their fields altogether post-migration. Within the healthcare field, this finding has been observed among immigrant doctors and nurses (Cheng et.al., 2013, p. 734; Remennick & Shakhar, 2003). Furthermore, imposing the

CE requirement also proved deleterious as most immigrants found themselves providing free labour services in the form of volunteer work upon their arrival to Canada (Handy, 2009; Wilson-Forsberg and Sethi, 2015). Moreover, the CE requirement also prohibits the already licensed IEHCPs from practicing their professions. According to Reitz (2001, p. 366), Canadian employers do not hire foreign-trained workers not necessarily due to the lack of local experience, but it is so much more about this cohort being compared to "young Canadians who have just completed their schooling." Despite these barriers, however, the critical role that social networks play in securing employment has been earlier reported and highlights the importance of networking most especially among newcomers (Akkaymak, 2016, pp. 664-668). It is interesting to note that in some source countries, rendering volunteer services post-graduation has become common practice due to the lack of employment opportunities in certain professions. For example, nursing graduates in the Philippines felt that volunteering only exploited their education (Pring & Roco, 2012, pp. 95-97).

It has been pointed out that there is a huge discrepancy in finding profession-specific job between the Canadian-born and the internationally educated groups (Reitz, 2001, p. 348; Statistics Canada, 2015). Some scholars notice that some immigrants coming to Canada arrive with the wrong assumption that they will be able to practice their professions right away (Ikura, 2007, p. 19). Others state that the challenges faced by IEHCPs in securing profession-specific jobs are "a considerable waste of valuable human capital" as applicants lose their self-respect in the process (Grant & Nadin, 2007, pp. 150-158). Further, Newton et. al. (2012, p. 539) noted in their systematic review on the internationally trained nurses' literature that they were given the most challenging tasks, were assigned undesirable work hours (graveyard shifts), and denied career advancement. The authors further argued that "Promotion is noted to be based on meeting cul-

turally-specific criteria instead of on merit, thus facilitating racial and ethnic discrimination" (ibid.).

The role of gender in workplace integration has also been documented by scholars. At a broader level, the unemployment of women (especially professionals), could be attributed to how they have been historically "assigned" to raising their families. In short, there is the cultural and societal expectations that men are supposed to be the breadwinners (Raz et.al., 1991, pp. 535-537). In an earlier study, foreign-trained nurses who arrived in Canada as spouses delayed pursuing their careers upon migration to take care of their families (Ogilvie et.al., 2007, p. 230). Such is also the case for female physios who end up raising their young families and delaying career advancement as a result (Short, 1986, p. 243). With physiotherapy being a predominantly female profession (Higgs et.al., 2001, p. 85), women physiotherapists have also been reported to be working part-time or not working at all (Canadian Institute for Health Information, 2010; 2008). Aside from this, Girard and Smith (2012, p. 225) also note a difference in pay between genders with women earning less.

The importance of having English or French profession-specific language competency at the workplace has been attributed as one of the factors to successful integration. This is more so when one works in the healthcare field where patient safety is of utmost importance (Meuter et.al., 2015, pp. 371-372; de Moissac & Bowen, 2019, pp. 24-32). However, literature reports the challenges of immigrants when using the English language (Cheng et.al., 2013; Nguyen et.al., 2014, pp. 140-141) and is one of the most salient barriers to workplace integration. This finding is evident most especially in professions such as nursing where a substantial number of its workforce are internationally trained. From their experiences of completing bridging programs to their actual employment, the language issues foreign-trained nurses face include challenges in com-

munication skills, academic literacy, or using appropriate terminologies (Lum, et.al., 2016, pp. 344-351; Donnelly et.al., 2009, pp. 201-211). Among TNPs, issues in using the English language have been observed as early as during the credentialing process. In an earlier report and commenting on the issue of language proficiency, an Alliance credentialing officer had this to say (Alliance, 2006, p. 37):

> "I will speak as slowly and clearly as I can and then ask the [TNP] if they have understood what I am saying. They will repeat it back to me using exactly the same words that I did but then a couple of weeks later I'll get another phone call about the same thing again."

Professional Identity Construction

As IEHCPs join the Canadian healthcare labour workforce, studying their professional transition, adjustment, or identity construction has been particularly salient in the professional or occupation literature. Generally speaking, professional identity construction "refers to a general process of identity formation and involves specific identity work or interpretive activity involved in reproducing and transforming self-identity" (Caza & Creary, 2016, p.11). Such construction or formation of professional identity has been examined in different facets, as in the case of a professional transitioning from novice to expert. A study by Pillent et.al. (2013, pp. 660-678), for example, presented the tensions experienced by novice teachers that created a shift in their own identities as educators. Particularly, their transition from being students to professionals provided opportunities to know more about their chosen profession where the "professional identity tensions appear to be a very positive 'tool' for teacher learning" (ibid., p. 674). In the case of medical students, the tension between diversity and standardization has been highlighted by Frost & Regehr (2013, pp. 1570-1577) whereby the constructs of homogeneity (standardization) and individual differences (diversity) appear to be pulling them in different directions. As a result, stu-

dents resolve the issue by relying more on the 'standards' side to fit into the norm while setting aside or turning off their personal sides.

The identity (re)construction among IEHCPs has been reported in the literature that highlight both their career trajectory and professional interactions. Within the rehabilitation field, for instance, the integration of internationally trained occupational therapists in Canada has been described as a linear process. Mullholland, et.al. (2013) argued that this group undergo a workforce-integration continuum consisting of three stages: "coming to Canada," "registering with the College," and "integrating into the workforce." Similarly, the linear model of immigrant integration has been offered by Sochan and Singh (2007, pp. 130-136) that explored the three-part licensure journey of internationally educated nurses: hope, disillusionment, and navigating disillusionment. The linear trajectory model was also used to explain immigrant integration in Canada, including the calculation of income years post-migration (Li, 2003). On the other hand, a study on immigrant engineers in Canada by Friesen (2016, pp. 189-211) argued that the change in identity among this group of professionals is primarily the result of the various restrictions imposed by regulatory and licensing bodies. Particularly, the tension created by the interaction of foreign trained engineers with local authorities and locally trained colleagues did not necessarily create learning "at the boundary" but has instead forced them to assimilate versus integrate (ibid., pp. 208-209).

Several observations have been made with regards to the transition of immigrant physios in other countries. For instance, Dye and Gajewska (2001) noted that non-UK trained European PTs integrated best if stakeholders supported the "adaptation programmes" for this cohort, including providing opportunities for clinical exposure in the local setting. Several observations have also been noted as immigrant physios re-adjusted to their new home country. On the posi-

tive side, “overseas trained” PTs in the United Kingdom described how their change in professional identity allowed them to gain professional status, autonomy, and respect (Kyle & Kuisma, 2013, p. 175). At the same time, the cultural background of foreign trained PTs has been perceived as bringing diversity to the workplace. This has been viewed important especially in receiving countries where local PT practitioners may have biases or assumptions against patients belonging to the underrepresented groups. Lee et.al. (2006, pp. 166-170) explored the perspectives of PTs treating patients whose first language was not English and suggested that clinicians need to be more culturally sensitive when treating patients from other cultural backgrounds. Another earlier investigation explored the biased cultural diversity perceptions of Norwegian PT students to Muslim patients where the latter have been viewed either as “the other” or “the same” (Fougner & Horntvedt, 2012, pp. 21-22). There also appears to be “identity confusion” among immigrant PT practitioners, as in the case of former Russian physicians who ended up working as physiotherapists in Israel. In this study, the respondents underwent an identity crisis on how to reconcile their past identities as medical doctors to their present work as physiotherapy clinicians (Remennick & Shakhar, 2003).

At a broader level, while physiotherapy is considered an important allied health profession, its identity as a profession remains puzzling to most scholars in the field. For example, it is only now that physiotherapy researchers in Canada are beginning to take a closer look on the influence of race, equity, and the “power” within the profession (e.g., Vazir et.al., 2019). At the same time, the story of PT in Canada is grounded in what Ritzer (1975, p. 630) refers to as the “processual” approach as physiotherapy traces its roots from massage therapy. Commenting on the identity of physiotherapy and its relationship to professionalism, Hammond et.al. (2016, pp. 71-77) suggests that identity formation among physiotherapists is often complex and co-

constructed within the environment to which they practice. Furthermore, such complexity is further compounded by the fact that physiotherapy is generally regarded as a profession with strong Eurocentric roots. Yeowell (2013, p. 325-326) raise the lack of representation of Muslim, Black, and ethnic communities in the UK PT profession and its impact on such issues as gender, touch, and undressing. Furthermore, being a PT student of colour also has implications as to how grades are awarded. Naylor et.al. (2014) for instance noticed in their study how racialized students completing their PT degrees in the UK were awarded significantly lower marks during their clinical placements. Moreover, how immigrant physios are being referred to in various jurisdictions only create the divide between the locals and the "outsiders". Such terminologies have included internationally educated (Alliance, 2007); overseas trained (Kyle & Kuisma, 2013, pp. 172-177); international physiotherapy graduates (Foo, et.al., 2017); non-English speaking background (Lee et.al., 2006); or even foreign educated (Cornwall et.al., 2016, pp. 293-304).

PART II. THEORETICAL REVIEW

To provide a holistic view of how immigrants adapt to their new host society, a three-pronged approach to examining such adaptation was taken. Particularly, presenting the various relevant theories at the macro, meso, and micro levels was expected to help in further understanding how the interplay of various forces and the relationship between different actors influence immigrant settlement in Canada. Furthermore, and from a pragmatic standpoint, offering a three-level theoretical approach provides the opportunity to understand how the various contextual factors interact during the adaptation process that serve either as facilitators or barriers to adaptation. As noted below, within the field of immigration studies, adaptation (broadly defined) appears to be an overarching framework in exploring the life stories of immigrants and how such stories intersect

with immigrant-related policies alongside their interaction with many social structures and social processes. At the macro level, the theory of racial capitalism and its relationship to political economy will be presented to examine how race has been exploited, specifically how immigrants and racialized groups have been used as commodities to achieve the economic goals of capitalist societies. At the meso level and using an institutional lens vis-a-vis political economy (PE), the contradictory roles and policies of government and regulatory bodies will be presented to demonstrate how such contradictions influence the immigration process. Finally, an examination at the micro level of the immigrants' lived experiences and how their professional identities are formed during the adaptation process will provide an understanding of how they navigate the various systems on a day-to-day basis. This is achieved by discussing Pierre Bourdieu's concepts on habitus, capitals, and social field and John Berry's work on acculturation.

At the macro level, this study uses the theory of racial capitalism to examine the relationship between one's racial background (e.g., country of birth) and capitalism. Given the nature of this research, using such theory will help in exploring how racialized labourers and immigrants - in this case immigrant physios- have become important commodities to serve both the economic and human capital needs of developed nations. Defined as "the process of deriving social or economic value from the racial identity of another person" (Leong, 2013, p. 2153), racial capitalism is a sociological theory that was originally conceptualized by Cedric Robinson who earlier argued how slavery was meant to be used to address the needs of Europe (Thomas, 2013).This theory posits that the bodies of racialized members of society have been exploited, used, and served as sources of cheap labour by capitalist and predominantly White societies. Paradoxically, and as observed in current times, people of colour have been further exploited for their market value. Particularly, the addition of racialized labourers into the workforce have been viewed as im-

portant for diversity where one's skin colour "…has become a commodity to be pursued, captured, possessed, and used" (Leong, 2013, pp. 2154-2155). With the current strong resurgence of resistance from various racialized groups in the West, notably the Black Lives Matter movement, there have been renewed calls to address the systemic racism experienced by the various racialized diaspora. Such renewed calls have also trickled to professional bodies, including the Canadian Physiotherapy Association, which recently asked members to comment on the role of diversity, equity, and inclusion within the profession "to inform the future of Canadian physiotherapy care."[9]

Given how it prides itself as a multicultural country, using racial capitalism as a 'macro' level theoretical reference point provides an opportunity to understand how racialized and immigrant bodies in Canada are utilized, in light of the skills-based immigration policy of the Federal Government. When discussing the state of immigrants and other racialized bodies in Canada (e.g., refugees and international students), racial capitalism is an important theory considering how the shift in immigration demographics now reflects a majority of people of colour entering the country. Given their assumed 'professional' status upon arrival, what has been an important observation is how immigrant de-skilling has largely affected immigrant and racialized groups in the country who experience labour inequities such as working in low-paying jobs (Bauder, 2003; Canadian Centre for Policy Alternatives, 2011). In other words, the immigration policy of Canada has reified racialized bodies as economic bodies. Commenting further on the reality of the economic supremacy of the West and how this system has further exploited racialized bodies, Chatterjee (2019, p. 3) further asserts that "This globalized economic reality makes post- colonial Southern labour recruitment a nearly non-negotiable economic imperative and, in the process,

[9] As an active member of the Canadian Physiotherapy Association, the author received a survey (June 2021) from the CPA that solicited information from the members regarding diversity within the profession.

throws a serious challenge to Canada's normative vision of itself."

As noted by Robinson (1983, pp. 109-120), slavery in Africa was the beginning of racial capitalism where African bodies have been used to serve the needs of the New World. As colonialism spread globally, so did the commodification of racialized bodies that spanned not only economically but also in the field of education (and consequently in various professions). A case in point is how the nursing profession in the Philippines stemmed from the influence of the American regime post-World War II. In her book "Empire of Care: Nursing and Migration in Filipino American History", Choy (2003, p. 63) highlighted how the education system has been exploited by the colonizers not only to serve their own purpose but to further exert their global dominance:

> "I argue, first, that Filipino exchange nurse migration refashioned, yet also perpetuated, the social and racialized hierarchies created by U.S. colonialism in the Philippines. Second, the transnational dynamics of Filipino exchange nurse migration, which took place in the context of U.S. attempts to maintain its global dominance during the cold war, prefigured the post-1965 immigration of Filipino nurses to the United States that so many studies have attributed solely to the ''liberalization'' of U.S. immigration laws, and specifically the passage of the U.S. Immigration Act of 1965."

In Canada, racial capitalism has been demonstrated primarily by the evolving immigration policies of various governments that touted workers to work, study, or live in the country. Specifically, the points system has attracted professionals to migrate to the country in recent years. However, the discrepancy between the Federal Government's immigration policies and the re-entry rules of professional bodies are at odds where issues such as the non-recognition of prior academic credentials and work experience and de-skilling have become barriers to integration, as discussed below. Secondly, how Canada has positioned itself to attract and retain international students has been an interesting development as it demonstrates the government's response to the competition for global talents (She & Wotherspoon, 2013, pp. 1-4). In light of the restrictions

imposed by COVID-19 and the subsequent decrease in the entry of immigrants to the country, the Government of Canada opened a new pathway for permanent residency for students with recent post-secondary credential, foreign nationals already in Canada, and French speaking nationals who have Canadian work experience or have university credentials (Government of Canada, 2021) For example, in the spring of 2021 and as additional measure to support the Canadian economy, temporary skilled workers and international graduates working as frontline workers in healthcare and other essential sectors were invited to apply for permanent residency that began in the early part of 2021. This additional measure was meant to "grant permanent status to temporary workers and international graduates who are already in Canada and who possess the skills and experience we need to fight the pandemic and accelerate our economic recovery" (Government of Canada, 2021). It will be recalled that with reference to international workers applying to Canada, three streams are currently in place, all under the "Express Entry" scheme: Federal Skilled Worker Program, Federal Skilled Trades Program, and the Canadian Experience Class (Government of Canada, 2018). Such a program is part of the wider government initiative to better prepare international students to the Canadian labor market, including the launch of "Building on Success: International Student Strategy" (Government of Canada, 2019) to attract and retain international students to study and live in Canada, among others. With the option of students being able to apply for permanent residence after two years, this initiative appears to be very promising. However, some scholars have been raising concerns that the promises made by this program remain unrealistic, especially for PhD students (Wang, 2018). Indeed, the ability of the Canadian government to attract students to study and stay in the country can be argued as one form of racial capitalism as the various immigration programs have attracted individuals coming mostly from low-income countries. As Gomez (2020, p. 521) argues, " We [international students] are

sought after as profit, and as the self-sufficient labourer, a tagline imbued with discourses of exclusion and control particularly of non-white bodies."

Racial capitalism has been used as a theoretical framework to examine racism and the inequitable treatment of racialized groups. For example, Danewid (2020, pp. 289-313) contend how predominantly people of colour in the United Kingdom have been intentionally marginalized in urban planning and design. In this study, she argued that the creation of the so-called "global cities" only displaced and increased the violence experienced by racialized groups. Within the healthcare field, racial capitalism has been used to examine the social and racial inequities that have been brought to the surface by the COVID-19 pandemic. McClure et. al. (2020, pp. 1244-1253) examined the disparity in health services received by Blacks and other underrepresented groups where in their view, the collusion of epidemiology and racial capitalism has put the blame on individual biological differences, to the detriment of implicating wider discussions on race and inequity. Specifically, they highlighted how the COVID-19 pandemic has further put racialized workers in nursing homes and factories at a very precarious situation where their exposure to the virus is greater. Nasol and Francisco-Menchavez (2021) maintain that while racial capitalism has been important in the delivery of care by Filipino caregivers to elderly patients in residential homes, the inferior labour standards experienced by this diaspora has only been exacerbated by the COVID-19 pandemic. In Canada, the concept of racial capitalism has been used to examine the experiences of agricultural seasonal workers where it was concluded that "Canada's complicity in benefiting from the program can be attributed to the fact that SAWP [Seasonal Agricultural Workers Program] provides Canadian employers with easy access to marginalized labour from Third World countries" (McCausland, 2020, p. 59).

In this study, racial capitalism is an important theory to use in examining and demonstrating

how TNPs have been treated inequitably as they attempt to re-enter the PT profession in Canada. Specifically, this theory will help in further understanding how their origins (i.e., home countries) and their race play a role in their attempt to professional integration and inclusion. To this end, racial capitalism will help one to further understand the relationship between race or ethnicity and professional entry. Furthermore, this theory also helps to explain how the globalization and Westernization of education in low-income countries might have been used as a modus operandi by the developed countries in order to entice professionals from low-income countries to migrate to the North.

At the meso level, using the institutional lens vis-a-vis PE provides the opportunity to examine how the various economic policies of the government impact immigration. Given how PE "begins with the observation that actual policies are often quite different from 'optimal' policies" (Dazen, 2000, p. 7), discussing the contradictions between Canadian immigration admissibility requirements and the challenges of professional re-entry serve as an important point of departure. On one hand, the potential economic contribution of immigrants to Canada has been demonstrated by how their credentials have been assessed and approved at their entry point into the Canadian economic market. But on the other hand, their entry into the provincial labour market has been barred by very restrictive measures that prevent their entry to their respective professions. While the Federal Government policy has historically used the points system to assess the eligibility of immigrants, there has been a disconnect between using such a system and the criteria set by various professional bodies. This has resulted to immigrants being caught in the middle of the integration crossfire. Because of this policy gap, immigrant professionals experience de-skilling and downward career mobility, as in the case of foreign trained nurses (Salami et.al., 2018). At the same time, part of this discourse is how certain employment practices in the country have

been normalized, including the paradoxical requirement for immigrants to first obtain the CE prior to being considered for employment (Sakamoto et.al., 2010; Ku et.al., 2019; Bauder, 2003). Aside from this and depending on the type of profession that they intend to re-enter, certain "institutional scripts" have been established by various Canadian professional bodies, further erecting barriers that make it harder for foreign trained professionals to gain entry to professional membership (Zikic & Richardson, 2016).

The professional re-entry of immigrants to the Canadian labour market reveals how the re-integration process has been viewed from the individualistic lens. In this case, immigrants' perceived deficiencies have been problematized from the skills deficit model where their individual work experience and academic training are compared against the Canadian locals. In her critique of skills training as a remedy to immigrant de-skilling, for instance, Chatterjee (2019, pp. 9-10) convincingly argued that:

> "We will be able to see that mere training gaps or administrative mismanagement are not why skilled immigrants cannot find skill-commensurate jobs; rather, de-skilling followed by retraining are organized practices through which the liberal Canadian state creates distinctions between workers with national subject and immigrant identities. The claims of superior standards and benevolent concern have been packaged in sensitized liberal discourses of skilling and training immigrants to bring them at par with national standards. In short, skill discourses have allowed Canada to continue to be the White nation it has historically been envisioned as without explicitly mobilizing discourses of race."

Indeed, the above remark demonstrates the impact of one's race to professional re-entry. The government's focus on the individual immigrant's deficiencies avoids the politically charged discussions of how people of colour in Canada have been marginalized to work in blue collar jobs despite their previous educational training and work experience. As previously mentioned,

this only highlights the stark differences between the immigration policies by the Federal Government and the membership admission criteria set by local professional bodies. De-skilling, therefore, has become a normalized phenomenon for immigrants in Canada. As a response to these identified "deficiencies," both government and professional bodies have conceptualized various "remedy programs" aimed at "fixing" these deficiencies, including the creation of bridging programs, language courses, and additional skills training. For example, bridging programs were created to "bridge" (i.e., to remedy) the knowledge gap of IEHCPs and introducing them to the realities of working in the Canadian healthcare system (Government of Ontario, 2015). Consequently, a number of bridging programs have been funded by the government. At the University of Toronto, the International Pharmacy Graduate Program has been recognized "as a best practice for bridging education" (Austin & Dean, 2006, p. 19). Bridging programs (or similar activities) have also been developed for nurses (Jeans, 2006, pp. 60S-61S); physiotherapists (Evans & Ladyshewsky, 2015; Martin et.al., 2015); occupational therapists (Baptiste et.al., 2010, pp. 144-150); dentists (Boorberg, et.al., 2009, pp. 399-415); and physicians (Crutcher & Mann, 2007, pp. 90-95). Certainly not a panacea, bridging programs have been further criticized for being non-standardized (Newton et.al., 2012, p. 539) and requires passing more exams with no guarantee of admissions due to space limitations (Bourgeault & Grignon, 2013, p. 210). While these programs are laudable, they do not offer opportunities to have the wider, systems level discussions around accommodation and equity, thereby opening the door for workplace discrimination and othering.

In terms of addressing the language issues faced by newcomers, the "Language Instruction for Newcomers to Canada" was established in 1992 by the Federal Government as a training program for immigrants whose mother tongue is not English (Government of Canada, 2014). Simi-

larly, various privately-run language schools offer courses to prepare immigrants for formal language tests (such as the "Test of English as a Foreign Language" or the "International English Language Testing System"). However, these latter tests and similar others have been criticized for being non-profession specific (Xu, 2010, p. 66; Ogilvie et.al., 2007, p. 228-229). Essentially, they test formal English comprehension but do not evaluate the examinee's ability to use the English language in the workplace setting where there is the concomitant uniqueness of every profession's lingo and the use of non-verbal communication (Majumdar et.al., 1999, p. 178).

Since immigrants' credentials are perceived as inferior to that of the Canadian standards, the pathway for immigrant professionals have taken a downward direction for several reasons. First, they take on survival jobs to make both ends meet. As securing employment is an important aspect in their integration, landing a job for newly arrived immigrants is critical for psychological and practical reasons (Wilson-Forsberg, 2015, pp. 469-470). However, working in survival jobs, especially for immigrants with professional degrees, have been reported to create a negative psychological effect (Creese & Wiebe, 2012, pp. 56-76). From a PE critique, immigrants taking on survival jobs despite being overqualified serves the purpose of contributing to the Canadian economy as general labourers. Second, the negative effects of the so-called CE requirement at the workplace has gained the attention of some scholars (e.g., Friesen, 2011, pp. 80-81; Ku, et.al., 2019) and further describe it as a normalized Canadian employment practice (Bhuyan, et.al., 2017). Commenting further on the CE paradox, Ku et.al., (2019, p. 296) stated that "…they [immigrants] cannot acquire it without being hired or they must accept lower-skilled or unpaid volunteer positions to gain CE….". Consequently, immigrant professionals arriving in the country usually work at a lower level of expertise or are not working in their fields altogether post-migration (Kaushik & Drolet, 2018). This finding has been observed among IEHCP, such as

doctors and nurses (Cheng et.al., 2013, p. 734; Remennick & Shakhar, 2003). Furthermore, imposing the CE requirement also proves deleterious as most immigrants find themselves providing free labour services in the form of volunteer work upon their arrival to Canada (Handy, 2009; Wilson-Forsberg & Sethi, 2015).

At the systems level, some argue that the CE requirement is a reflection of how foreign credentials do not necessarily meet Canadian standards and that remediation is necessary to fill any gaps. As a result, this further reinforces 'othering' in the process. Chatterjee (2015, pp. 553-554) for instance asserts that:

> "Re-casting structurally instituted barriers in the labour market as immigrants' problems, i.e., their lack of particular skills is how these policies and attendant rhetoric render skills and training obtained outside of Canada/the West sub-standard and subject to scrutiny (CIC, 2012f). What this actively produces, and simultaneously makes invisible, is an inversion of the de facto situation of immigrant professionals in Canada. To first construct highly skilled professionals (recruited in the name of national prosperity) as deficient, and then to normalize this inversion by offering policy solutions, is a highly ideological practice, which is productive at many levels. Since Canadian credentials are harder to obtain, such policies prevent the entry of racialized immigrants in large numbers while ensuring the entry of those who have stronger potential to assimilate (the class dimension is also pronounced here)."

It has been pointed out that there is a huge discrepancy in finding profession-specific employment between the Canadian-born and the internationally educated groups (Reitz, 2001, p. 348; Statistics Canada, 2015). It has also been noticed that some immigrants coming to Canada arrive with the wrong assumption that they will be able to practice their professions right away (Ikura, 2007, p. 19). Once in Canada, they also start feeling the impact of discrimination. In the case of internationally educated nurses (IENs), Newton et. al. (2012, p. 539) argue that "Promotion is

noted to be based on meeting culturally-specific criteria instead of on merit, thus facilitating racial and ethnic discrimination" (ibid.). Syed (2020) further report the experiences of discrimination by IENs and how they felt that their being "foreign" has ghettoed them to work in perceived low-status employment sites such as nursing homes, i.e. labour stratification.

Considering the historical context of the relationship between PE and immigration, Hiebert (2006, pp. 38-48) over a decade ago examined the low economic performance of immigrants under four premises: human capital, labour market discrimination, economic restructuring, and diminishing social services. Over-all, he felt that the credentialization process was to blame why their economic status was below that of the local Canadians. In the area of human capital, he further explained that because of the government's heavy investment on higher education in the 1970s, immigrants now have to compete with a better educated local workforce, unlike in the past when immigrants' education were much better than the Canadians' (ibid., p. 42). In short, he argued that the inferior performance of immigrants cannot be solely attributed to the lack of human capital alone. Second, he explained that the labour discrimination experienced by immigrants is primarily due to the barriers erected by professional institutions whose process of credentialing has become very restrictive for non-Canadian credentials, alongside the CE requirement. He further mentioned that because of the disconnect between the federal (immigration) and provincial policies (professional bodies), a revision of the points system in 2002 was necessary:

> "The underlying ethos of this change is basically an admission of defeat: the State cannot control the credentialisation process so has decided to select Skilled Workers on their adaptability in general." (ibid., p. 43).

Third, Hiebert contended that while immigrants entered the county under the points system in the 1960s and 1970s, not everyone has had the opportunity to work in managerial and other white-collar jobs. Consequently, during this time, more opportunities opened for immigrants to work in

unionized settings where the salary was competitive. Thus, many immigrants ended up working in these workplaces as the credentialization process was seen as another layer of barrier:

> "Skilled Workers are thought to be, in economic terms, substitutable labour that can compete for the most challenging jobs in the economy. However, the credentialisation process serves to convert immigrants into complementary labour, which is channelled into jobs that the Canadian-born shun." (ibid., p. 44).

Finally, the diminishing social services has been identified by the author as a contributing factor in the low economic performance of immigrants due to the change in the welfare state. Particularly, he identified the lack of and the inconsistencies in the social services provided to immigrants that impacted their entry into the labour market (i.e., settlement programs such as language training) (ibid., p. 45). Building on the arguments earlier offered by Hiebert, the discourse around immigration and political economy has further focused on the influence and the impact of neoliberalism in immigration policies. For instance, the government's focus in selecting the "ideal immigrant" and "ideal immigrant family" has been guided by the neoliberal concepts of self-reliance, marketization, individualism, and self-sufficiency (Root et.al., 2014) and where the onus to succeed has been placed solely on immigrants without much regard to the social and economic changes brought about by neoliberalism, such as reduction in social services. Furthermore, and compared to the 1970s, Canada has now positioned and packaged itself as an ideal country of study for international students (Trilokekar & Masri, 2017; Chang, 2018) in response to the global competition for talents.

In this study, taking the institutional lens (i.e., PE) to examining the experiences of TNPs is critical for a number of reasons. At this meso-level analysis, the role that the social, political, and professional bodies play in the integration of TNPs will be examined, especially in the area of professional re-entry. In the latter instance, this study will further examine how the credentialing

body (i.e., the Alliance) plays as the primary gatekeeper in PT professional practice in Canada. Second, examining the policy disconnect between the immigration and PT professional bodies will be considered, taking a deeper examination of how such disconnect has created a contradictory and convoluted environment for applicants. Third, taking an institutional lens affords this study the opportunity to compare the experiences of TNPs vis-a-vis other immigrant professional groups. Such comparison will delineate any similarities or differences in experiences and their policy implications.

At the micro level, the integration experiences of immigrants will be examined using Bourdieu's work on habitus, social field, and capitals and Berry's theory of acculturation. The work of both theorists is especially important when investigating the personal, lived experiences of individuals who attempt to enter or join the mainstream group or society. Particularly, a combined analysis on the work of Bourdieu and Berry is an opportunity to examine the micro processes that are involved as individuals attempt to gain professional membership. That while Bourdieu explains the interconnection of one's identity to the external world, Berry provides the theoretical explanation of how such processes might occur. Ultimately, however, both theorists point to the influence of the larger societal forces that determine the inclusion and exclusion membership criteria.

Bourdieu's work on habitus, defined as "an active residue of an individual's past that functions within the present to shape his or her perceptions, thought, and bodily comportment" (Swartz, 2002, p. 63), is an important concept when examining the microlevel adaptation of immigrants. Habitus reflects one's preferences and personality and is based on the person's upbringing and accustomed way of living. While habitus resides within the person, one's ability to express it, however, is very much dependent on the "social field," broadly defined as the external

environment where an individual is located. At the same time, the expression of one's habitus is also dependent on the types of capitals one possesses and how they are being valued by the external field. That is, the environment's assessment of a capital's value will influence how a person expresses and demonstrates his or her preferences or tastes. As maintained by Reay (2005, pp. 568-571) the various capitals are interconnected. Ultimately, however, the valuation process determines one's membership or exclusion from a particular group. In other words, there is an interdependent relationship between one's internal preferences and possession of capitals and the external social field.

Bourdieu particularly argued that aside from economic capital, individuals also possess human, cultural, and social capitals that impact their positioning in the social space (Bourdieu, 1986, pp. 114-125). While human capital mirrors one's ability, social capital (considered an opportunity) means the ability to network (Friesen, 2011, pp. 81-82). Cultural capital, on the other hand, has been understood as "a set of cultural competencies" that includes the embodied state (e.g., accents), objectified state (e.g., artifacts), and the institutionalized state (e.g., academic training) (ibid.). With reference to accent, the ways in which it has influenced the integration of immigrants have been vastly studied and often with negative implications (Friesen, 2011; Ogilvie et.al., 2007, pp. 234-235).

The interdependence of capitals can be appreciated when examining the (re)entry of immigrants to professional life in Canada. As a matter of fact, Bourdieu's work has been used by many labour scholars to further understand how immigrants reintegrate (or not) to the Canadian social and professional circles. In his work on Turkish immigrants, for instance, Akkaymak (2017, pp. 657-674) argued how the possession of Turkish institutional cultural capital has been perceived by local employers and regulatory bodies as not being at par with Canadian standards.

In another study on internationally trained engineers, Friesen (2011, pp. 79-100) claimed the need to acquire different forms of capitals and the importance of gaining local experience to enter the profession. At the same time, some migration scholars such as Kelly and Lusis (2006, pp. 831-847) have attempted to establish how the perceived inferiority of certain capitals in Canada has the opposite effect in the home country (the spatiality of capitals) in their study on the experiences of immigrant Filipino-Canadians.

On the other hand, Berry's acculturation theory explains how individuals transition from one culture to another. The process of acculturation, defined as "culture change that results from continuous, first-hand contact between two distinct cultural groups", has been observed both at the group and individual levels (Berry, 1992, p. 69). Within this theory, Berry suggests two distinct events that take place when people move from one place to another where the cultures are different, thereby influencing the outcome: behavioral shift and acculturative stress. By definition, behavioral shifts "are changes in behaviour away from previously learned patterns towards those more frequently found in the new society. These involve learning and unlearning a repertoire of behaviours" (ibid., p. 73). Such learning-unlearning cycle either promotes the learning of new customs from the new culture or the "shedding" of one's original cultural identity. Acculturative stress, on the other hand, are "a number of stressful psychological phenomena that involve conflict and often result in new forms of behaviour that interfere with smooth day-to-day functioning" (ibid.). Berry further offers the idea that adaptation is an important mechanism that individuals need as it determines both the strategies used during the adaptation process and the outcome. By strategies, he meant the three possible ways that individuals adapt: adjustment, reaction, and withdrawal (ibid., p. 71). For Berry, adjustment is about the changes an individual makes in order to adapt to the new environment; reaction is going against the new environment; and in with-

drawal, the individual withdraws from the environment in order to avoid any pressure (ibid.).

Aside from these three ways of adapting, Berry further offers four possible ways on how individuals adapt to the new environment (the mode of adaptation): assimilation, integration, segregation/separation, and marginalization. By assimilation, an individual adapts the culture of the new environment while at the same time letting go of his or her former culture. Consequently, a melting pot of cultures is created in a society whereby everyone adapts the same culture. As these immigrants settle in their new home countries, it is inevitable that tension begins to build between the locals and the "foreigners." Consequently, the need for the new settlers to be fully assimilated become more important. Aside from changing their foreign-sounding names to local names, some also took drastic measures such as changing religions or assimilating to other cultures (Goldstein & Stecklov, 2016). In other words, assimilation was found to be the only way to settle better into the host society, even if that meant stripping off one's original identity. In integration, on the other hand, the host society encourages the individual to maintain his or her old cultural ways while at the same time embracing the larger societal culture. This is demonstrated in countries where multiculturalism is being promoted most especially among the immigrant population. The third way that individuals adapt is either through separation or segregation, depending on which group controls the situation. If a certain society is controlled by the dominant group, one sees segregation whereby certain underrepresented groups are separated from the majority group, as in the case of the Blacks being separated from the Whites during the 1960s in the US. In separation, certain groups maintain their traditional culture and way of life and withdraws from mainstream society, as in the case of separatist movements. Finally, marginalization means a group losing both their own traditional culture and contact with the larger society. These groups may include new immigrants and underrepresented sexual groups (Montesanti et.al.,

2016). With reference to mental health, some scholars further argue that there is a strong relationship between the different types of acculturation and psychological stress whereby first-generation immigrants experience mental distress due to marginalization (Klein et.al., 2020). Among the four types of acculturation, integration has been found to be positively associated with better mental health of immigrants (Choy et.al., 2021).

With reference to the micro level analysis of integration, understanding the modes of adaptation provides a critical framework upon which the results of this research may further build on. This is true as our knowledge about the experiences of TNPs is very limited, especially in the area of professional re-entry. For example, how do TNPs integrate in Canada and what strategies do they use as they settle in the country and in their attempts to re-enter the profession? Do they also experience work segregation and in what ways? And what role do capitals play in their integration process, particularly their social and cultural capitals?

Research Questions

Based on the empirical review of literature and the theoretical review on existing lenses and frameworks about the challenges of adaptation for immigrants, there is a lack of substantive theory about the lived experience of TNPs' adaptation in Canada. Several research questions are posed to gather rich information from the participants, such as:

1. What are the ways in which the personal and institutional social processes impact the integration of TNPs in Canada?
2. What are the common barriers that TNPs encountered in the integration process? And what strategies did they use to mitigate these?

3. What are the similarities and/or differences in the integration experiences between the racialized (i.e., those from developing source countries) and non-racialized (i.e., those from developed, usually Commonwealth, countries) TNPs? And what is the relationship of these differences to the various personal and/or social processes that impact their integration?
4. How do current PT policies in education and practice influence the integration of TNPs?

Indeed, one of the most important aims of this work is how the theoretical analysis of the emerging concepts of the study will illuminate the unexplored factors that influence the integration of this cohort, including the implications that race, gender, or country of origin may have. In addition to theoretical contributions, the results of this work are anticipated to inform and empower the TNP community.

CHAPTER 3

METHODOLOGY

This chapter presents an overview of the research paradigms followed by the researcher's worldview that has guided the research process starting with the development of research questions to the data collection, analysis, and interpretation. The subsequent sections in the chapter present the sensitizing concepts and ethical considerations.

Overview of Research Paradigms

The world of qualitative research has exponentially grown in the last few years as evidenced by the so-called paradigm wars: the positivists vs. post-positivist vs. constructivist (1970-1990); the post-positivist vs. constructivist vs. critical theorists (1990-2005); and the war between proponents of modernist researchers vs. mixed methodologists/critical theorists/and interpretive methodologists (2005-present) (Denzin & Lincoln, 2011, p. 1). Very briefly, the positivist paradigm asserts that genuine knowledge can only be drawn directly from objective measurements and the "application of rational thought based in logic" that was popular during the time of Comte who was very interested in "positive knowledge" from the fields of metaphysics and theology (Patton, 2005, p. 105). Post-positivism, on the other hand, is an offshoot of positivism where "it is possible, using empirical evidence, to distinguish between more and less plausible claims..." and refuting or accepting an experimental hypothesis is a standard practice (ibid, p. 106). For instance, clinical trials have become the gold standard in post-positivist research. Collectively, both the positivist and post-positivist paradigms are referred to as modernist.

The post-modernist approach to knowledge seeking include critical theory, constructivist, and participatory action research (PAR). Developed by Habermas and the Frankfurt School in the early 1900s, critical theory research is focused on the empowerment of disenfranchised groups

and the emancipation of ideas where critical reflection is key (Creswell, 2003, p. 10; Scott, 1978, pp. 1-21). To a similar extent, empowerment is also critical in PAR; however, disenfranchised individuals are directly involved in the research process as investigators where power imbalance and the goal of societal transformation are explicitly stated (Mertens, 2005, p.243). On the other hand, the constructivist paradigm grew from the earlier works of Husserl on phenomenology and Dilthey's (and other German philosophers') work on hermeneutics. It is a type of inquiry whereby it "seeks to discover and to describe in narrative reporting what particular people do in their everyday lives and what their actions mean to them…." (Mertens, 2005, pp. 12-14). The emphasis, therefore, is on the participants' lived experiences. Further, the constructivist paradigm posits that knowledge is socially constructed that is co-produced by both the researcher and the participants and where the inquiry process is influenced by the investigators' values (ibid.). It is the goal of the researcher to understand the complexity of both reality and knowledge. Moreover, constructivists further reject the notion of the existence of one objective idea and instead emphasize contextualized realities. Some of the most common constructivist methods include interviews, observations, and review of historical documents.

Strategy of Inquiry - Grounded Theory

Originally developed in the US by Glaser and Strauss and considered as the most used qualitative method, grounded theory (GT) is a type of inquiry where a researcher begins the research work with no hypothesis in mind but instead relies on the emerging data to develop a theory and to direct the inquiry process (Noble & Mitchell, 2016, p. 34; Mitchell, 2014, p. 3; Patton, 2005, p. 109). In short, theory development in GT is "grounded" on the data. While there have been several styles of GT that evolved through the years, four have been widely used in academic research: the classic grounded theory (i.e., Glaser & Strauss); Corbin-Strauss qualitative data anal-

ysis (i.e., Straussian); the situational analysis (i.e., Clarke); and the constructivist GT (i.e., Charmazian). The main differences between these styles are the processes and methods for coding (Evans, 2013). The latter author suggests that recognizing the different styles of GT will aid the researcher in both recognizing his/her research philosophy and the subsequent methodology; a brief description of these styles follows.

The classic GT (CGT) was originally developed by Strauss and Glaser in 1967. Key features of this GT include substantive and theoretical coding and theoretical saturation. The Strauss-Corbin GT is an offshoot of the GT where more emphasis was placed on creating procedures in data coding and structuring. This method also allows literature review prior to conducting the research work ("theoretical sensitivity"), unlike in the CGT where existing theories are only used as an additional data (ibid.). Also, in the Corbin-Straussian method, there is the "forced emergence of data" (Andrew et.al., 2012, pp. 12-20). On the other hand, the situational analysis GT (developed by Clarke) supplements the traditional GT by using cartographic illustrations to analyze various situations by mapping them out in various categories to illustrate the complexities of social life (Clarke, 2003, 553-576). Finally, the Charmazian/CrGT, developed by Kathy Charmaz, also incorporates literature review right at the beginning of the study. However, this GT is unique in that specific questions initially guide the research process. At the same time, Charmaz considers both the CGT and the Strauss-Corbin GT as post-positivist. At the very heart of the Charmazian GT is the belief that concepts and knowledge are co-constructed between the participant and the researcher and not simply waiting to be discovered during the research process. Aside from having pre-conceived questions, other key features of CrGT, include reviewing the literature prior to initiating the study; conducting theoretical sampling only after key concepts have been defined; and the use of gerunds (e.g., "dreaming of becoming a PT" – Participant 11 in

this study) during the initial coding (Charmaz, 1990, pp. 1161-1172; Charmaz, 2011, pp. 359-380).

The Constructivist Grounded Theory

This section will discuss the ontological and epistemological tenets of the Charmazian GT followed by the researcher's worldview in the study.

The ontological belief or answering the question "What is reality?" in the constructivist paradigm involves investigators going "one step further by rejecting the notion that there is an objective reality that can be known and taking the stance that the researcher's goal is to understand the multiple social constructions of meaning and knowledge" (ibid., p. 14). Particularly in the Charmazian GT, "…constructing constructivism means seeking meanings---both respondents' meanings and researchers' meanings" (Charmaz, 2000, p. 525). Viewed primarily from the lens of the participants (and with the researcher interpreting such reality), it is more of clarifying versus challenging the respondents' view of how they perceive reality (ibid). Comparatively, in the post-positivist paradigm, there is only one reality out there that is waiting to be discovered. In the latter discipline, reality can only be known through experiments – the hardcore science – or deductive style qualitative research. As such, positivist/post-positivist research focuses more on causality whereby a process of elimination is necessary to identify the factor/s that could potentially explain the phenomenon being investigated.

The epistemological approach as a critical element in constructivism understands that the attainment of knowledge is a result of the interaction between the researcher and the participant and where the researcher's own values, assumptions, or biases are made explicit (Mertens, 2005, pp. 14-15). Whereas positivist/post-positivist researchers insist on objectivity, the interaction between the researcher and the subject is encouraged in the constructivist paradigm (ibid.). As a

result, knowledge is co-constructed and co-produced. At the same time, "objectivity" for qualitative researchers is achieved by way of confirmability (ibid., p. 15). Moreover, research questions evolve as data evolve, meaning a research question cannot be deterministically established prior to the study, unlike in post-positivism where a researcher either accepts or rejects the null hypothesis. Therefore, from a constructivist's perspective, the complex construction of knowledge requires considerations of multiple factors in understanding a phenomenon. The GT method developed by Charmaz is used to guide this study to examine the integration experiences of TNPs in Canada. Given that literature is silent on how this cohort adapts, using this method is important in theorizing their experiences as "data collection and analysis reciprocally inform and shape each other through an emergent iterative process" (Charmaz, p. 2011, p. 360).

My worldview is informed and influenced by the constructivist paradigm. As viewed from the lens of the Charmazian GT, I am very interested in social justice and advocacy research. As advocated by Charmaz (2017, pp. 36-38), developing a "methodological self-consciousness" is important when conducting research using CrGT as:

> *"Methodological self-consciousness means detecting and dissecting our worldviews, language, and meanings and revealing how they enter our research in ways we had previously not realized....[It] means examining ourselves in the research process, the meanings we make and the actions we take each step along the way. Methodological self-consciousness also means becoming aware of our unearned privileges as well as taken-for-granted privileges accompanying our positions and roles."*

Early in the research process and as part of the effort to develop my methodological self-consciousness, and therefore self-reflexivity, I have been more aware of my own privileges, biases, and assumptions as a TNP living in Canada. For example, as a faculty member of the Uni-

versity of Toronto's PT Bridging Program[10], I consider myself very privileged within the TNP community in Canada. At the same time, my interest in social justice issues has been fueled by my own socio-historical background. As someone who emigrated from the Philippines, I am constantly reminded about my own experiences as an immigrant PT in Canada and how these may also mirror the experiences of my fellow TNPs. As a result, it was very crucial for me, especially during the intensive interviewing and data analysis stages of this study, that the participants' own views were highlighted and not overshadowed by my personal experiences and biases. At the same time, I am also acutely aware of how my gender (identifying as a straight, heterosexual male) might influence data analysis, given that the PT profession is predominantly a female profession. Moreover, my awareness of how my gender and line of questioning might influence data analysis are important given the unique experiences that the female participants may share during the interview process.

As a person of colour living in Canada whose home country was colonized by three different countries for more than three centuries, I am also aware of how my upbringing has been influenced by a culture where working abroad was an important career aspiration and was impressed upon me at a very young age. To this end, migrating to North America to live and work (the so-called American or Canadian dream) has been an important yardstick for professional success. This was especially true as I come from a family of nurses (including both my siblings), most of whom are now working and living in the US. Such upbringing was an important consideration when I interviewed Filipino TNPs.

[10] The Ontario Internationally Educated Physical Therapy Bridging Program (OIEBP) is the only Ontario-based bridging program for transnational PTs.

Study Design

As mentioned, GT is useful when there is very limited knowledge about a phenomenon being investigated with its open-ended approach to inquiry considered its greatest strength (Engward, 2013, p. 38; Andrews, Higgins, Andrews, & Lalor, 2012, p. 14). In this research, the Charmazian GT method was the most appropriate to use primarily because of its central tenets that are grounded on social justice. Given that literature is scant on the lived experiences of TNPs in Canada and considering that many of them are racialized, understanding their perspectives is viewed important. Moreover, and building on the lack of knowledge regarding TNPs in Canada, the initial use of semi-structured questions was considered important in creating some structure or framework in the interview process while aiming for rich data gathering through open conversations, memo taking, and use of a reflexive journal (Appendix II) for gaining insights and informing the discussion points for subsequent interviews. Some of the questions during the early stages of the semi-structured interviews and probes are listed in Appendix III.

Prior to the conduction of research, ethical approval was obtained from the Human Participant Research Committee at York University, Toronto and had a validity period of two years, following the approval of the dissertation research proposal. At the same time, I also completed the Tri-Council Policy Statement Certificate. The researcher paid utmost attention in the planning and execution of the study to follow the principles of participant autonomy, beneficence, and fairness (Belmont Report, 1979). The autonomy demands taking an informed consent where participants are fully aware of the study procedures, risks and benefits and their rights before agreeing to voluntarily join the study. The principle of beneficence means (1) do not harm and (2) maximize possible benefits and minimize possible harms. The fairness refers to distribution of benefits and risks (who is studied and who gets the benefits). In light of these principles, the interviews took

place in locations that were convenient for the participants.

Participant Eligibility

To take part in this voluntary study, participants must have earned their physiotherapy degrees (minimum Bachelor's) outside of Canada, whether they were born in this country or not. This study aimed to include those individuals who were born or raised in Canada but decided to study physiotherapy abroad to better represent the diversity of the TNP population. Another criterion was participants required fluency either in English or Tagalog to participate in the study. They must also be residing in the Province of Ontario. Given that TNPs are spread across the country, this criterion was an important consideration as the experiences of non-Ontario residents might be different if they resided elsewhere (for example, Quebec has different credentialing and language requirements). Furthermore, passing one or both components of the Canadian Physiotherapy Competency Examinations was not a requirement for study eligibility nor were they required to be practicing physios at the time of the interview. Consequently, participants need not be registered with any of the provincial physiotherapy Colleges or should be members of any PT professional body (e.g., Ontario Physiotherapy Association). However, participants' PT educational qualifications should have been verified by the Alliance as substantially Canadian equivalent that was achieved by completing all the required course/s (called equivalency studies). In turn, successfully completing this equivalency studies made them eligible to take the PT national examinations. With the "Canadian equivalent" criterion, the study assured that the participants' prior education and training were aligned with Canadian standards. Furthermore, to avoid potential conflicts of interest between myself and the interviewees, participants at the time of the interview should not be an existing student in the comprehensive program of the OIEPB.

Theoretical Sampling

The study started with a purposive sampling and then focused on theoretical sampling per grounded theory approach. Purposive sampling refers to recruiting participants who have rich information and contribute to deeper understanding and, hence, theory building around the studied phenomenon. Theoretical sampling refers to seeking participants with certain characteristics to advance a theoretical concept. Further, the criteria of theoretical saturation and negative case analysis were employed to determine the adequacy of sample in the study (Charmaz, 2011; 2000). Theoretical saturation refers to reaching a stage in data collection (and analysis) when the information shared by the participants became iterative. The negative case analysis, on the other hand, refers to gathering information from participants in order to challenge the developing concepts and/or relationships for theory verification (details are provided below). While there is no consensus in the literature as to the minimum number of participants needed to reach theoretical saturation, Starks and Trinidad (2007, p. 1375) state the approximate sample size ranges from 10 to 60 participants.

Following three pilot interviews, I sent out invitations to various individuals and organizations. The consenting study participants were recruited mostly from the alumni pool of the University of Toronto's OIEPB Program and former members of the now-defunct Society of Physiotherapists with Foreign Credentials (SPFC).[11] Sending electronic mail blasts[12] to these groups was the primary and initial method of recruitment. As noted in Appendix IV, participants (whether born in this country or not) must have earned their physiotherapy degrees (a minimum Bachelor's) outside of Canada and such degrees have been credentialed by the Alliance as sub-

[11] The Society of Physiotherapists with Foreign Credentials was a registered non-profit organization in Ontario formed in 2014 and ceased operations in 2018.

[12] At the time of recruitment, SPFC's Yahoo groups was still active and former members were still able to receive email communications.

stantially Canadian equivalent, among others.

In this study, the experiences of both racialized and non-racialized group were viewed important to theorize the role of race and/or discrimination in relation to the TNP integration experience. Consequently, the researcher sought to purposively recruit White participants. In the final sample, three participants are of European background (Jake, Kate, and Mario) and the rest are people of colour. Moreover, only three participants spoke with a "North American" accent (Jake, Kate, and Christofer). Overall theoretical saturation was deemed to be achieved after interviewing nineteen participants. This became very evident starting with participant seventeen, as seen from an excerpt in the author's memoing on analytic insights (Appendix V). The decision to end further participant recruitment became much clearer through the concurrent data analysis.

The negative case analysis is an analytic strategy that enhances transferability of the study findings. Multiple negative case analyses are done in this study, specifically to the various TNP integration stages. Consequently, doing the negative case analyses further facilitated the recruitment of participants who fit the criteria based on the emerging data. To elaborate on the negative case analysis, an example is provided here on the addition of purposeful probes about the reasons of migration to Canada as interviews were ongoing. The preliminary analysis revealed economic opportunities as a key reason for many interviewed TNPs to migrate to Canada. The addition of "anything else?" probe and researcher's deliberate pause during the interview, led to participants' reflections and disclosures of safety and personal freedom among female TNPs as additional reasons of coming to Canada. Notably, the two female participants from the Middle East wanted to be free as women and to stray away from the cultural expectations of them being just second-class citizens in their home countries. Specifically, one of the two Muslim participants wanted to leave her home country as she felt that the head dress was being imposed on her.

Data Collection Procedures

Three pilot interviews were conducted prior to actual data collection where three TNPs from the Philippines were invited to participate and their consent obtained. These pilot study participants were chosen based on their availability and were known to the interviewer. These participants provided feedback to the questions, including appropriateness, content, and length. Overall, these participants felt that the line of questioning were relevant, non-leading, and reflective of the experiences of TNPs in general. The pilot interviews were also instrumental for me to further refine my interviewing skills. It was also an opportunity for me to be comfortable using the audio recorder for storing the interviews, to jot down relevant notes for follow up questions, and to constantly reflect on my personal assumptions, biases, and knowledge as a TNP himself. As suggested by Gill et. al. (2008, p. 290), the interview questions were piloted to ensure that they were both clear and answerable. The pilot interviews were also an opportunity to further refine the guiding questions. Similar to Chiovitti and Piran's (2003, pp. 430-431) finding, the three pilot interviews were conducted prior to the actual data collection process.

The study flyers (Appendix IV) were distributed in the professional network of the researcher. Particularly, the flyers were distributed to the alumni of the PT Bridging Program at the University of Toronto and to the members of a local organization of TNPs. In the flyer, the purpose of the research was explained, the study eligibility requirements outlined, and my contact information was provided. As eligible participants expressed interest to participate in the study, the author followed up with them through phone conversation for further eligibility screening. This was then followed by snowball recruitment where one eligible participant informed other potentially eligible participants in their network. Intensive semi-structured interviews[13] were arranged

[13] As defined by Charmaz (2015, p. 1620), intensive interviewing "is an open-ended, emergent, but lightly guided form of interviewing about a topic or experience about which a researcher participant is knowledgeable. It is also

at a time and place that were convenient to the participants while ensuring their privacy during the interview process. All interviews were conducted face-to-face which, to the author's opinion, further promoted in-depth and rich discussions. The richness of the conversations can also be attributed to the participants being interviewed in their natural environments. Prior to the start of any interview, both written and verbal consents (Appendix VI) were obtained from the participants. They were also reminded that they can withdraw from the study at any point in time. They were further informed that they had the right to refuse to answer questions that they felt were inappropriate, of which none occurred. The participants also willingly complied to completing a brief demographic survey prior to the start of the interview (Appendix VII). The duration of each interview was between 60 and 90 minutes. As the author is fluent in English and two other Filipino languages (Tagalog and Visayan), the participants were informed that they can use these during the interview process, reiterating the earlier report that using a preferred language is a good way to gain more information and to establish trust and rapport (Andrews, 1995; Tsang, 1998; Drew, 2014). Throughout the research process, all the interviews were audio-recorded and each participant was assigned a pseudonym for the demographics and interview coding, respectively, to protect confidentiality. All scripts were professionally transcribed verbatim and stored in an encrypted USB while all audio files were destroyed right after transcription. The accuracy of transcripts was checked by the primary researcher by listening to a randomly selected segment of the talk and the corresponding transcript.

Data Analysis, Rigour and Fittingness

The analysis drew from the Charmazian GT approach, and this section summarizes some main elements, such as line-by-line coding, memoing, quality enhancing strategies for credibility

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known as in-depth interviewing in some countries and disciplines."

and fittingness or transferability of the findings. This section also discusses study credibility, fittingness, and the importance of theoretical sensitivity and the use of sensitizing concept.

Charmaz advocates for line-by-line coding for inductive analysis and to negate the researcher's preconceived assumptions of the data. Coding is the process of data analysis in GT (Walker & Myrick, 2006, p. 550) where information is manually transcribed after each interview and an analysis of the emerging information follows. In keeping with the general principles of GT (Noble & Mitchell, 2016, pp. 34-35; Walker & Myrick, 2006, pp. 547-559; Andrews et.al., 2012, pp. 12-26), the next interview session is then guided by the data that emerges from the preceding interview. Consequently, searching for action words further provide direction and meaning to the lines which were extremely helpful as various categories were formed based on the emerging data. At the same time, using gerunds to code the data leads to a more precise analysis. Unlike other qualitative methods, grounded theory insists on asking the "why" questions that are often facilitated by using action words when coding to reveal how the data demonstrates processes and actions. In this study, using gerunds was extremely helpful in framing the "action" of each line; that is, they provided direction as to what the data was suggesting. During data analysis, I immediately conducted the line-by-line coding once the interview was transcribed and vetted against the original recorded audio interview. At the same time, since two research participants used both English and Tagalog during the interviews, the coding process was only done in English to facilitate "emergent theorizing" (Charmaz, 2014, p. 1079). The process of line-by-line coding represented one of the major tasks in this study. During the coding process, it was imperative that the lines were interpreted by asking the "why" questions, as mentioned previously. By doing so, it prevented the author from interpreting the data superficially and rather through a focus on what the data was suggesting as a key to analysis and theorizing. Some authors using the Charmazian

GT, such as Wu and Beaunae (2014, p. 253), however, warn that too much fracturing of the data may blur the whole picture. Instead, they echo Charmaz's earlier reminder that line-by-line coding is a "conceptual idea" and that coding can involve up to five lines for as long as the data captures the conceptual category in question (ibid.). In this study, there were some instances where between 2 and 5 lines were coded as one. These lines if fractured prematurely either provided hollow meanings or remained incomplete.

The writing of memos is considered as a core component of analysis in the CrGT. By memo writing, the researcher makes sense of the data by taking the data apart (fracturing) and analyzing their meanings. This activity was also an opportunity for the researcher to question his or her assumptions about the data, further eliminating or diminishing his biases or assumptions. In this study, I engaged in extensive memo-writing after each interview that allowed critical reflection on what the data were suggesting that also aided in theoretical sampling (as discussed earlier). An example of memoing in this work is presented in Appendix V.

While Chiovitti and Piran (2003, pp. 428-434) report the various elements of rigour in GT, two important aspects were considered in this work, in keeping with the principles of a Charmazian GT: credibility and fittingness. Credibility refers to the findings' trustworthiness and fittingness refers to "the probability that the research findings have meanings to others in similar situations" (ibid.). The authors further suggest some ways in which credibility is maintained in GT, including allowing participants to guide the inquiry process; checking emerging theory against participants' meanings of the phenomenon; and using the actual words of the participants. While guiding questions were initially used to interview the first three participants, the data that emerged from these first three interviews guided the fourth interview, and so on. In other words, the guiding questions changed as the data changed; data guided the lines of questioning. Howev-

er, what was consistent was the fact that the open-ended form of inquiry allowed the participants to express themselves at a deeper and more meaningful level. Such deeper conversations were further aided with the author's open-ended questioning. In other words, the participants led the discussion process with the author providing the necessary follow up questions where clarifications where needed. Such follow up questions began with open-ended statements such as "Tell me more about it…." On the other hand, checking the emerging theory from the previous interviews were verified against the new participant's interpretation of the theory. For example, "Canadian experience" was an important construct that emerged first during the interview with participant 3 that was later verified by the subsequent respondents. Consequently, this construct formed part under the Hopeful Stage, as will be explained later. Finally, encouraging the participants to use either the English or Tagalog during the interview further encourage study credibility. As mentioned, two participants in this study used both languages during their respective interviews.

The fittingness or transferability in this study was maintained by first delineating the participants' demographics, including their countries of origin, years of clinical experience, and immigration status at the time of landing in Canada. This information were important in aiding the readers understand better the context upon which the data were analyzed and interpreted. For instance, understanding the importance of sending financial remittances to family members (as an example of a transnational activity) can only be appreciated if one understood that most of the participants who were interviewed emigrated from low-income countries where such practice was commonplace.

The Charmazian GT's emphasis on theoretical sensitivity of the researcher is critical for the research inquiry, unlike the classic GT style by Glaser. In this study, I examined the literature on

key debates and theories on the immigrant integration early on (see Chapter 2) to develop theoretical sensitivity - "the ability to sense the subtleties of the data" (Elliott & Higgins, 2012, p. 7). The theoretical sensitivity provided me with theoretical foundations while analysis remained inductive. Indeed, there is a distinction "between using sensitizing concepts to help sharpen one's awareness and using theoretical concepts to impose a framework on the data" (ibid.). Further details are provided below on "contradiction" as a sensitizing concept.

The process of data collection and analysis was iterative and simultaneous throughout the research process. The new emerging data was initially coded where the concepts were placed in subcategories (conceptual components). After the initial coding stage, the relationship of various codes was compared for similarities and differences and grouped together accordingly through a process called constant-comparative. The process of constant-comparative is critical in GT where the existing (working) theory is constantly compared to the emerging data (Mertens, 2005, p. 242). At this stage, the major codes were further analyzed to determine the central phenomenon that connected them (core category). Theoretical sampling was conducted once the key concepts have emerged repetitively during the interview. To maintain data integrity and to ensure that data is accurately reported in the Results chapter and interpreted properly in the Discussion chapter (verification method), the following methods have been used to verify data accuracy:

1) direct quotes have been used throughout the data collection process to support the categories and concepts that emerged.
2) information was further clarified to the participants if unclear to the author during the inter-view;
3) memoing was done to describe and support theoretical concepts;
4) the author constantly reminded himself of his biases and assumptions; and

5) discussions with the dissertation committee members.

Sensitizing Concept

Contradiction as a sensitizing concept was very useful during the analysis of the data. Originally coined by Blumer in 1954, a sensitizing concept is:

> "A definitive concept refers precisely to what is common to a class of objects, by the aid of a clear definition in terms of attributes or fixed benchmarks. . .. A sensitizing concept lacks such specification of attributes or benchmarks and consequently it does not enable the user to move directly to the instance and its relevant content. Instead, gives the user a general sense of reference and guidance in approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look." (Bowen, 2005, pp. 13-14)

Particularly, this concept provided the important technique to further understand the social processes involved in the TNP integration process. For instance, the participants' initial expectations and perceptions of what life in Canada was did not conform to their lived experiences as new immigrants to the country. Specifically, the discrepancy in information provided to the participants pre-departure was a critical factor that made their adaptation experience to Canada less than optimal. While those who entered under the economic class (independent immigrants) were approved based on their past academic training and work experiences as physios in their home countries, these did not translate into professional entry for many. Take the case of Jeremy from the Philippines who exhausted his exam eligibility and lost his chances of becoming a PT in Canada:

> "Why would immigration consider physiotherapy as one of the categories for skilled workers and then once you get here, they don't even support that category by giving you more choices or by giving you more chances. It's like I feel that the immigration, at this point, is like trying to get skilled workers on particular areas where the country

> need it most, which is aptly right, however, it lacks the support that it should give to these skilled workers once they get here."

Indeed, the contradiction in the credentialing policies between the immigration and credentialing/regulatory bodies has been one of the important themes in the study. For most of the participants, they felt that such discrepancies only gave them false hope of being able to practice as PTs upon their arrival to the country. This observation was earlier noted by Grant (2010, p. 135) on her work on internationally educated medical laboratory technologists and human resources.

Detailed information about the interview process was provided to the participants a few days prior to the scheduled interview that gave them the opportunity to ask questions prior to the start of the process. The participants were informed that they have the right to refuse to answer any questions that they deemed too sensitive. Prior to the start of the interviews, participants were reminded that they can withdraw from the study at any time and that withdrawing will not influence their relationship with me nor will it jeopardize the study. They have also been informed that any future publications related to the study will be shared with them. They were further reminded that only the author and the members of the dissertation committee will have access to the interview data. They were also reminded that as part of the confidentiality agreement, only unique identifiers (i.e., pseudonyms) will be used during the transcription process and all transcribed answers will be stored in an encrypted USB. Further, they have been informed that all audio files will be destroyed immediately after transcription cross checking. As per approved York University research protocol, all archived data will be stored for ten years (until August 2028).

The participants' identities were protected by ensuring that all data related to this study have been stored in an encrypted USB (Data Traveler Vault Privacy 3.0). The USB contained all the information such as the transcribed scripts and the respondents' demographics. The transcription

company (called “Simply Transcription” based in London, Ontario) ensured that all transcribed data have been securely and safely stored in their facility and all audio recordings have been destroyed after these were sent to me for cross checking. All the data that were sent for transcription were uploaded in a secure website provided by the company. Participants were also asked if they required accessibility accommodations during the interview and none expressed this. Furthermore, to facilitate the interview process and to best capture their answers, the researcher also informed the participants that the interview process can be either audio-recorded or written down by the author. None of the participants objected to audio recording. While the interview required participants to recall their past experiences that may have evoked painful memories, none required or requested to be assisted for further psychological intervention. No extension of the ethics approval was necessary for this study as the dissertation committee felt that the data collection was sufficient.

CHAPTER 4

FINDINGS

Using constructivist grounded theory, this study examined the experiences of physiotherapists (otherwise known as physical therapists, PTs, or physios) who were educated and/or trained outside of Canada. Following theoretical sampling approach, the study also included individuals who were born or raised in Canada but decided to study physiotherapy abroad.

The Identity Adaptation (IA) Theory

In this study, identity adaptation (IA), referred to as "IA theory", is identified as the core theory that explains how the TNPs adapt to the different stages of their immigration and professional journey. This theory has not been reported elsewhere in the physiotherapy literature and is therefore an original contribution to the field. Within the context of this work, IA is defined as *a process of professional or personal transformation whereby TNPs adapt their identity based on the contextual elements facilitating or hindering their integration stages in an earnest effort to belong to certain groups or communities*. Regardless of their countries of origin, the findings of this study reveal that all the participants re-adapted to the Canadian environment when they (re)entered the country. For example, they adapt to their new identity as "PT assistants" in a clinical environment as an important step towards their goal of reclaiming their former title in their home countries as "physiotherapists."

Along with the external contextual factors that impact TNP integration, the IA theory explains the internal processes as TNPs reflect on their feelings, thoughts and experiences. Consequently, the six identities described under each IA stage below are the winning and losing moments of the TNPs that reflect both their triumphant achievements and agonizing defeats. The IA theory explains that migrating to Canada is like a gamble that can serve either as an ally or foe. In this

study, six key TNP identities and five stages have been identified, as discussed below. From the foregoing, each stage represents a shift in the identity of TNPs.

Following the CrGT process, data analysis started with line-by-line coding that culminated to the emergence of the categories. For instance, a line-by-line coding and subsequent constant-comparative data analysis for Participants 1 (P1) and 12 (P12) is illustrated below:

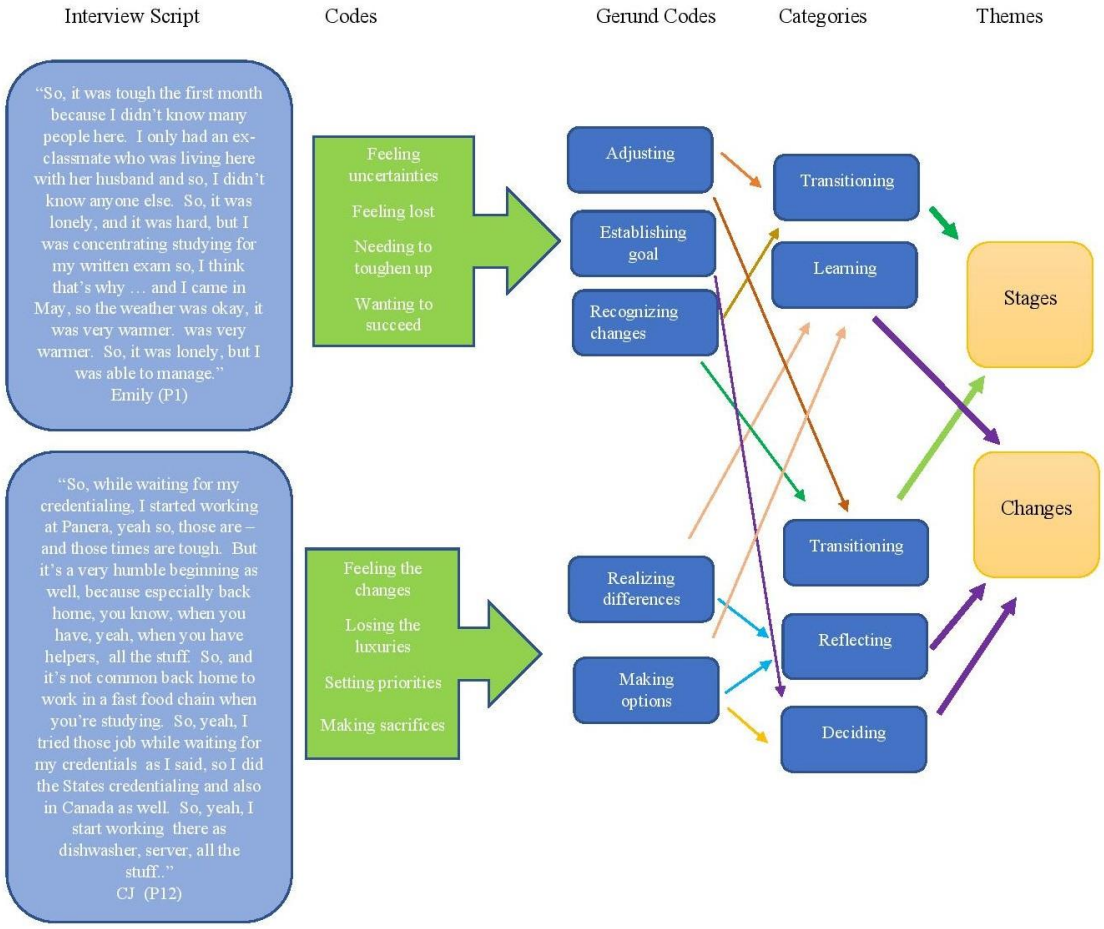

Figure 1. *Emergence of core categories.*

Figure 1 shows how interview excerpts were coded leading to the development of conceptual categories that later collapsed into broader themes. During the final stages of data analysis, the IA was identified as the core theory explaining the identity-related developments and their relationship with the contextual factors coherently as demonstrated in Figure 2.

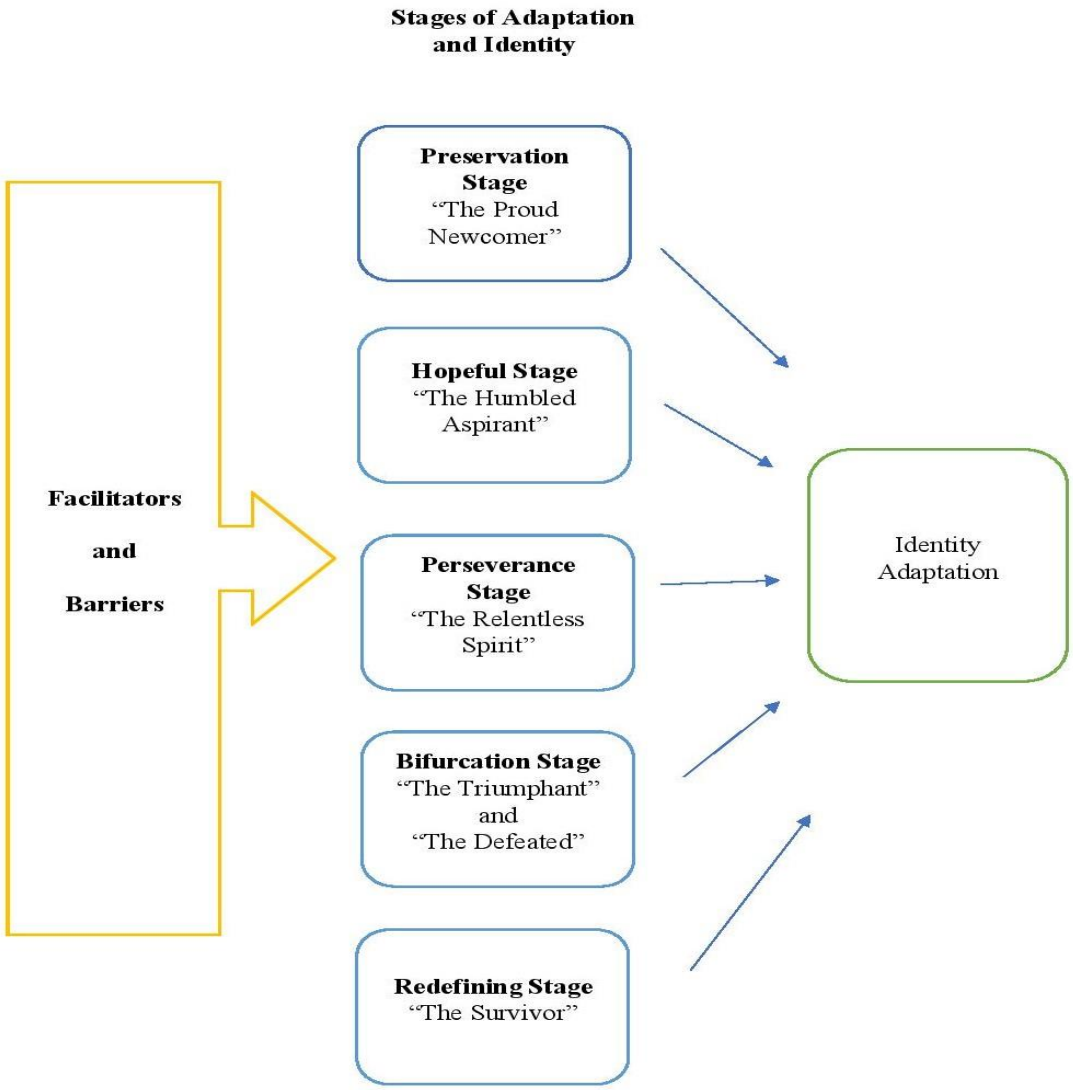

Figure 2. *Emergence* of *the IA Theory*.

The TNPs' reflections about their lived experiences, feelings, and thoughts led to the identification of the contextual elements (micro, meso and macro) as the two dominant themes of "Facilitators" and "Barriers". Further analysis reveals that a specific set of barriers and facilitators point to the various adaptation stages while some of these intersect. For example, the study participants consistently acknowledge their "original" identities as PTs not only in the early post-migration period but all throughout the adaptation stages, even if some were not successful in securing their licenses to practice. In other words, there is cross-pollination in some of the barriers and facilita-

tors that demonstrate relevance to the context of the adaptation journey. At the same time, each stage also depicts the identities of TNPs. The adaptation stages ultimately point to "Identity Adaptation" as the core theory that explains how they adapt in Canada.

Participants

Given the importance of the lived experiences of the participants, this section highlights the profiles of the nineteen TNPs who were interviewed for this study. The diversity of profiles is evident not only in their years of work experience but also their countries of origin and current work status, among others. A summary of the participants' profiles is included in Appendix VIII.

In total, nineteen (19) TNPs took part in the study and the average age was 40 years old. Two participants were either born (Christofer) or raised (Jake) in Ontario but decided to study physiotherapy abroad. Their inclusion in the study was the result of theoretical sampling as guided by the emerging categories, concepts, and the author's memoing. On the other hand, seventy-nine percent (79%) of participants were born and raised in low-income countries, with fifty eight percent (58%) coming from Asia while the rest emigrated from Europe (Italy), South America (Colombia and an undisclosed country), and the US. There was almost an equal distribution between those who were married (with or without children) and single. Sixty-three percent (63%) are already working as registered Ontario physiotherapists in various settings and fifty-three percent (53%) of the participants are women. Except for the one participant who was born in Canada (Christofer), the rest of the participants entered the country under the economic class (47%), followed by family class (32%), or as temporary workers (16%). Of those who entered under temporary work permits, all were from the Philippines and arrived as live-in caregivers.

The average years of experience working as physios in their home countries was six years while two respondents worked for less than one year and two others had no PT experience at all

upon migration. At the time of the interview, only one was a permanent resident (Marcus) while the rest already obtained their Canadian citizenship. All respondents were residing either in the City of Toronto or in the Greater Toronto Area (GTA) at the time of the interview. Because these geographical locations are culturally diverse, recruiting participants for the study did not pose as a challenge. However, certain ethnic groups (i.e., Filipinos) comprised most of the participants. This could be attributed to the fact that Toronto is home to the largest Filipino population in Canada (Embassy of the Philippines, 2021). While the Alliance earlier identified the key source countries for TNPs in Canada (Alliance, 2015, p. 11), the study invitation did not attract TNPs from India (leading source country for TNPs). The most probable explanation for the non-representation of Indian TNPs was that most of the members of the SPFC and OIEPB alumni were from the Philippines at the time of recruitment. The nineteen interviews took place between November 2018 and May 2019 with three conducted in the participants' workplace while the rest were in the respondents' residences.

In terms of educational degrees, two participants have Master's, one has a "Doctor of Physical Therapy"[14] title, while the rest have Bachelor's. As mentioned, their PT educational qualifications have been vetted by the Alliance as substantially Canadian-equivalent and all have successfully completed their equivalency studies. While passing one or both components of the Canadian Physiotherapy Competency Examinations was not a requirement for study eligibility nor were participants required to be practicing physios at the time of the interview, all of the TNPs interviewed (100%) have attempted (whether unsuccessfully or not) either the MCQ and/or the OSCE. Of these, thirty-seven (37%) passed both the MCQ and OSCE on their first attempt while eleven percent (11%) exhausted their exam eligibility. Moreover, some study participants were

[14] To work in the US, one must have completed a "Doctoral of Physical Therapy" or DPT degree that is not similar to obtaining a PhD.

not registered with either the provincial physiotherapy College or members of any PT professional body (e.g., Ontario Physiotherapy Association). Appendix IX summarizes the number of examination attempts by the participants and their current work status.

Participant 1 - "Emily" was originally from Colombia who first came to Canada under a student visa to study English. At that time, she stayed with a Canadian family where she had her first encounter about Canadian life. When she went back to her home country after her English studies, she later decided to apply again for a Canadian visa but this time as a permanent resident. Emily was practicing in Colombia for four years as a PT prior to migrating to Canada. She still strongly identifies with her Colombian roots and shows her pride and gratitude to her home country by retaining her Colombian citizenship and casting her vote when it is election time there. Emily passed her written examination on the first attempt and her OSCE on the second attempt. She is now working in a large teaching hospital in downtown Toronto. She lives in Toronto with her husband.

Participant 2 – "Jordon" arrived in Montreal after he was sponsored by his mother who arrived in Canada as a refugee from Colombia. He admitted to learning English in his home country by watching TV shows and through online chatting with different people worldwide. Jordon also studied French in Montreal but later moved to Toronto as he felt that the latter city was more welcoming to immigrants. He identifies himself as a Black person. Jordon failed his written examinations four times and his OSCE twice. He is currently working in a downtown Toronto academic hospital. Jordon is single and has a Master's degree.

Participant 3 – "Marcus" from the Philippines was one of the two youngest participants of this study, having migrated to Canada at the age of 27 with a Bachelor's degree in PT. Sponsored by his mother who earlier came to Canada as a caregiver, he arrived in the country with his father

and siblings. He has unsuccessfully attempted the MCQ twice and at the time of the interview, has been attending review classes in a private, for-profit PT review centre that is operated by a registered PT originally from the Philippines.

Participant 4 – "Lauren" is one of the two female participants who emigrated from the Middle East with 12 years of experience prior to migrating to Canada. She entered the country as an independent immigrant and not knowing anyone upon landing. A fellow plane passenger (en route to Canada) offered his home address where her permanent resident card can be mailed to. She completed her Canadian PT equivalency studies online and at the time of the interview, was completing a transitional "Doctor of Physical Therapy" degree in the US. Lauren passed her MCQ on the first attempt and her OSCE on the second try. She currently works in a nursing home facility.

Participant 5 – "Jasmine" was also from the Middle East and has the greatest number of years of clinical experience among all the participants (15 years). Entering Canada as a skilled worker with a Bachelor's degree, she has been practicing in Toronto as a PT since 2011 and owns her private practice clinic. Jasmine was successful in passing both her MCQ and OSCE on the third attempt.

Participant 6 – "Abby" was originally from the Philippines who entered Canada in 2002 under the family class category (her husband was the primary applicant). With a Bachelor's degree in PT, she had two years of work experience in her home country prior to migrating. Completing her PT equivalency studies online, she attempted her MCQ three times and has since given up her dream of becoming a PT after the Alliance capped the number of attempts to three. Abby has three children and at the time of interview, was completing a rehabilitation assistant certificate.

Participant 7 – "Lisa" also emigrated from the Philippines in 2004 under the skilled worker category. With a Bachelor's degree in PT, she had seven years of clinical experience prior to migrating. She has been a registered PT in Ontario since 2008 and has been working in a school setting. Aside from this, she also has three additional PT-related work in the public (acute hospital) and private settings for the purposes of gaining more clinical experience and for additional income. She completed her equivalency courses online and successfully passed both her MCQ and OSCE on the first attempt. At the time of the interview, Lisa had two young children.

Participant 8 – "Drake" is also from the Philippines and entered Canada under the family class category (his parents were the primary applicants). He had no clinical experience in the Philippines as he left his home country immediately after obtaining his Bachelor's degree. He passed both the MCQ and OSCE on his first attempt. Prior to his examinations, he completed his PT equivalency courses online. Drake is married and with one child. At the time of the interview, he was working in a retirement home setting. Aside from working as a physio, he is also working as a private insurance agent, primarily for additional income.

Participant 9 – "Mia" emigrated from the Philippines with a Bachelor's degree and arrived in Canada under the Live-In Caregiver Program (LICP). Prior to working as a nanny for her Canadian employers, she also worked in the same capacity in Taiwan and Hongkong, primarily prompted by the lack of job security for any PT-related work in the Philippines (she only worked as a PT in the Philippines for six months). Mia was one of the first batch of students to attend the PT Bridging Program that inaugurated at Ryerson University. Due to family demands and the change in the exam policy, she only attempted the MCQ once and unsuccessfully. Mia has three children who are all attending primary school.

Participant 10 – "Alayna" was a caregiver working for a Canadian family when she first ar-

rived in the country from Hong Kong where she also worked in the same job. After she completed the LICP, she became a Canadian permanent resident and pursued her PT equivalency studies at the University of Toronto's Bridging Program. Alayna was one of the first examinees to be affected when the Alliance capped the number of exam attempts to three. Having reached the maximum number of exam attempts in her MCQ, she is no longer eligible to take any PT examination. As result, she was forced to go back to her original work as a housekeeper at the time of the interview.

Participant 11 – "Alexander" also entered Canada under the LICP, having been sponsored by his aunt to take care of a sick relative. Prior to this, he was working for four years in a military hospital in the Philippines. He holds a Bachelor's degree in PT and has been working as a physiotherapy assistant (PTA) for eight years in a private clinic at the time of the interview. Alexander is married, has two children, and unsuccessfully passed the MCQ during his first attempt.

Participant 12 – "CJ" was part of the family sponsorship when he arrived in Canada in 2012. As a fresh PT graduate from the Philippines, he only worked for four months prior to migrating. He completed his PT equivalency studies through online learning and is now working in a private clinic as a registered PT in Ontario. CJ passed both his MCQ and OSCE on the second attempt. Aside from his job in a private clinic, he also provides home care services for extra income.

Participant 13 – "Alyssa" was originally from South America (name of country withheld upon her request) and first landed in North America via the US. She arrived in Canada in 2010 as a permanent resident with her husband. She holds a Bachelor's degree and was working as a PT in her home country for six years prior to migrating. She is now a registered PT and at the time of the interview, has been working in a hospital setting in the GTA for five years. To earn extra in-

come, she also works on a casual basis in a hospital acute care setting. Alyssa has one child and completed her equivalency studies online.

Participant 14 – "Jane" arrived in Canada from the Philippines in 2008 as an independent immigrant with her husband and son. While she holds a Bachelor's degree in PT, she never worked as physio in her home country but was instead running an agricultural business. During the interview, she has been working for four years as a registered physio in a private clinic in the GTA. Aside from this, she was also working in two other settings (private clinic and home care) in order to gain more experience and for fulfillment. Jane passed her MCQ on the first attempt and her OSCE on the second try.

Participant 15 – "Jeremy" is another participant from the Philippines who landed in Canada in 2012 as an independent immigrant. He holds a Bachelor's degree and has two years of clinical experience in the Philippines. While he passed his Canadian MCQ on the first attempt, he exhausted his OSCE eligibility as he failed this test on the third attempt. Due to his exam ineligibility, he is now working instead as a clinic coordinator for a PT clinic in Toronto. Among the participants, Jeremy was the only one who was able to work under a provisional PT license (for ten months). He is single and completed his equivalency studies online.

Participant 16 – "Kate" is the only female participant in this study originally from the US and of European American background. She entered Canada through the family sponsorship program, having been sponsored by her Canadian husband. In the US, she had eight years of clinical experience and has a Master's degree. Kate successfully attempted both components of the Canadian PT exam on her first attempt and was not required by the Alliance to complete her equivalency studies prior to her taking the examinations. While she practiced in Ontario for almost two years in a hospital setting, she gave up her PT license to take care of her three young chil-

dren. She intends to go back to practicing PT in Ontario again if she will not be required to re-take her PT examinations.

Participant 17 – "Christofer" is a single, Ontario-born practicing physio who decided to study PT in the US where he earned his Doctor of Physical Therapy degree. At the time of the interview, he was working for almost two years in a private clinic in the GTA. He was also not required by the Alliance to complete any equivalency PT course and successfully passed both his MCQ and OSCE on his first attempt. Christofer is of Asian descent.

Participant 18 – "Jake" was only three years old when he arrived in Canada with his family. While he was raised in Ontario, he decided to study PT abroad (in Scotland) where he earned his Master's degree. He was also not required by the Alliance to complete the equivalency courses. He passed both the MCQ and OSCE on the first attempt. He is a self-employed PT working in a private clinic and at the time of the interview, has been working in this position for three years. Jake is of European background.

Participant 19 – "Mario" emigrated from Italy with his wife and daughter in 2016 as permanent residents. He holds a Bachelor's degree and prior to migrating, was practicing as a private PT for twelve years in his home country. During the interview, he was already working for six months as a registered physio in a Toronto-based rehabilitation hospital. Mario completed his equivalency course both online and the University of Toronto's Bridging Program. He successfully passed both components of the PT examinations on the first attempt.

The recruitment of the first two participants in the study (Emily and Jordon) was achieved through convenience sampling and where the first version of the semi-structured interview guide was used. Subsequently, the interview questions were refined based on the emerging interview concepts. However, the recruitment process eventually changed to theoretical sampling as the

author deliberately and intentionally sought participants who fit the criteria based on the data that emerged from the ongoing interviews. The selection of these participants was drawn from the pool of consenting individuals. The selection of participants was also informed by the author's critical reflection based on his memoing. A sample of such memoing can be found in Appendix X that illustrates how participant number 3 (Marcus), for instance, was selected. Inductive theoretical sampling, therefore, was utilized in this study where the selection of the participants was dictated by the emerging theory (Patton, 2015, p. 289).

Except for two participants (Mia and Alayna), everyone spoke English throughout their interview that did not require translation during the coding of data. For the two participants who responded in combined English and Tagalog, the latter language was translated into English by the author who is fluent in the language. At the same time, three respondents requested anonymity of their countries of origin (Lauren, Jasmine, and Alyssa) as they felt that revealing their origins will jeopardize their identities as there are only very few TNPs from their respective countries who live in Toronto or in the GTA. The average time for the interviews was one and half hours and all the respondents consented to having their interviews audio recorded. Throughout the interviews, the author was also writing his own notes that were used to further guide the interview process and to clarify and verify information.

The IA Theory: Identities and Stages

The TNP identity adaption for the six stages of integration identified in the study are: "The Proud Newcomer" (Preservation Stage); "The Humbled Aspirant" (Hopeful Stage); "The Relentless Spirit" (Perseverance Stage); "The Triumphant" and "The Defeated" (Bifurcation Stage); and "The Survivor" (Redefining Stage). Each stage is contextualized by a specific set of barriers and facilitators based on the TNPs' reflection of their lived experiences, feelings and thoughts. The barriers and facilitators could also be conceptualized as micro, meso and macro levels with interactions across these layers.

1. "The Proud Newcomer" (The Preservation Stage)

The Preservation Stage represents the stage where TNPs are both protective and proud of their identities as physiotherapists in their home countries. During this stage, they are "The Proud Newcomers", hopeful that their credentials and other qualifications will help them succeed as they start their new lives in Canada. Whether being reunited with family members or migrating on their own, they arrive in the country with high expectations about their professional entry, albeit most of them had no pre-conceived idea of what Canadian physiotherapy practice was all about. Indeed, the contradiction of wanting to practice PT in the country and yet with no solid understanding of how the process works, is already evident at this stage. For example, only three of the nineteen participants in this study are aware of how the Canadian physiotherapy profession is practiced. From among those who entered as skilled workers, only Emily has the background information about the local PT practice while Jake and Christofer were already aware as they were both raised in Ontario. Indeed, it is an interesting contradictory finding how some participants have been granted skilled worker visas but were completely unsuspecting of how the profession is locally practiced. Furthermore, it is also during the Preservation Stage that luck is per-

ceived by The Proud Newcomers as an ally: “If I will be lucky enough.” Alongside their education and work credentials, their commitment to practicing PT in Canada is also fueled by their personal desire to being called physiotherapists again. At the same time, the promise they made and the debt of gratitude that they have for the people (e.g., parents) who supported their education was also an important reason why they want to practice again.

The specific contextual facilitators and barriers that relate to the Preservation Stage of adaptation are presented in Figure 3. While a number of contextual facilitators are identified, one of the identified barriers to their integration is the lack of PT network upon arrival. Moreover, their positive mind-frame since the pre-migration time is also evident and is an important finding under the Preservation Stage. Even before they left their home countries, the participants already hoped to join the Canadian physiotherapy workforce long before they migrated, even for those who arrived in the country as temporary workers (i.e., caregivers).

Upon their arrival, the TNPs are hopeful that their past experiences and educational qualifications will propel their physiotherapy career forward in Canada. For instance, Alexander, who entered under the LICP, was already hopeful the day that he first landed in the country:

> “First, when I landed in the plane, I was actually – I was so happy that I get in Canada because it’s one of my dream and I achieved that. And my second dream is actually to eventually get my license, either here in US or Canada. And I’ve been working on that since I come here in Canada.”

Furthermore, the participants as The Proud Newcomers are confident that their past PT education and work experience are strong indicators that they will also ‘make it’ in Canada as in the case of Mario who brings twelve years of clinical experience from Italy:

> “So, when I came to Canada, always my dream was working as neuro – neuro staff in public sector and thanks God I, for now, I achieved this goal.”

Being hopeful to practice as a physio and to preserve one's PT identity can also be attributed to the fact that TNPs do not want to end up doing something outside of their profession, especially taking on blue-collar jobs. Abby, for instance, recalled an encounter with an immigrant whom

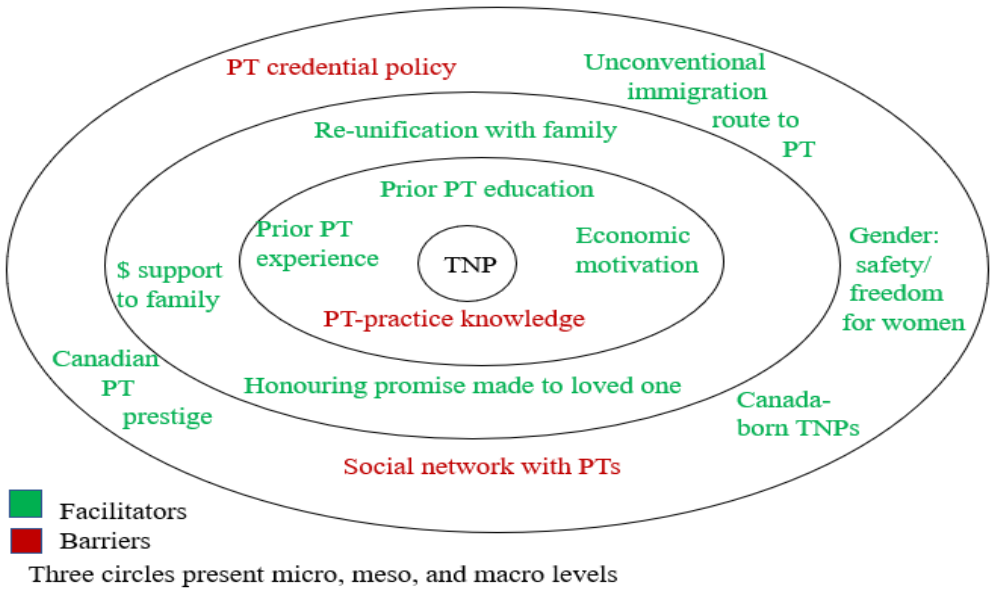

Figure 3. Contextual Facilitators and Barriers & Preservation Stage

she met during her first few months in Canada. She arrived in 2002 as her husband's dependent who applied under the skilled worker category:

> "I met other people when we came here. They were like you know, you'll meet somebody in McDonald's sweeping the floor and when you interview, the guy, he's a lawyer…. I know, it's kind of devastating because you studied. You invested your time, your money, like you know, you went to Canada. You're looking for a greener pasture, right. You wanted to be somebody better than what you were doing back home, right."

Indeed, The Proud Newcomers' desire to 'make it' in Canada can be attributed to several factors including personal desire and monetary considerations. The high salary of full-fledged PTs is an important reason why a newcomer with a positive mind-frame continues to pursue the dream of practicing. The economic benefits concomitant with a stable income and salary is an attractive

incentive to continue being optimistic about the future. This is especially true for participants like Marcus who only arrived in Canada in 2016:

> "Personally, of course, to become a physio here in Canada, it's good because I always hear my coworker, that is internationally physiotherapy too, that it has more good salary compared to physiotherapy assistant, of course. Because as of now, they make physiotherapy assistant salary as a minimum when January 2018 comes. So, what push me, what push me to continue in to pursue this job is, of course, to have a better life, a better salary and I think, of course, if you have a better salary, you will be stable unlike if you have a – I'm not belittling them, those people who are minimal [earners]."

Analysis through the conceptual tool of contradiction, however, reveals the disappointment TNPs experience between their dream and reality. Since they have been assessed by the immigration officials based on their academic and work experiences as physios, TNPs assume that their past PT education and work experience would be recognized immediately by local bodies, as noted previously. Consequently, all the study participants recalled wanting to practice the PT profession either immediately upon their landing or after obtaining their permanent resident status. At the same time, as the participants think that their previous education and training are not inferior to the Canadian standards, they feel extremely optimistic that these will facilitate a smooth transition.

Given the number of years that they have been working as physios in their home countries, the TNPs' perception of the value of their experience and its transferability to the local clinical practice cannot be ignored. However, and to their dismay, work experience is not part of the credentialing requirements of the Alliance. Consequently, the inclusion of their work experience as part of their immigration requirement only gave them false hope. As expected, the non-recognition of their work experience in Canada proved disappointing. This was especially true

for the participants who acquired highly specialized physiotherapy knowledge and skills from their years of practice in the home countries. Aside from this, the disadvantage of not having a social network of physiotherapists is also a barrier during the Preservation Stage. While they can find information on the Internet related to credentialing, they still have questions that are specific to the education and training that they obtained from their home countries. Particularly, their questions are related to the courses that will be required of them to complete and the anticipated expenses that will be incurred. At the same time, they feel that having that strong network was crucial as newcomers. While almost all of these participants came from countries where strong family ties and traditions are highly valued, they arrived in Canada with less support network. The effect of the lack of network proved even more disappointing to TNPs who first entered under the LICP. Aside from living with their Canadian employers, their contract with the government also prohibits them from pursuing educational opportunities while they are still under the program. However, for Mia, deliberately seeking Filipino physio graduates was important for her. Prior to working in Canada as a nanny, she earlier worked in Hong Kong in the same capacity:

> "So, I came here to Canada as a caregiver for six years in one employer. So, while staying with my employer I tried to mingle with the other physiotherapists from Philippines and got involved with other activities and so happy to be with some friends who are all – who are all graduates of physio."

The desire to practice the PT profession as The Proud Newcomer is also linked to the promise made to their families of being a PT professional, which they wanted to honor. Such desire fueled their motivation to continue pursuing their dream as they feel that they owe their educational achievement to their parents. Emily's optimism is evident in her goal of becoming a physio in Canada:

> "My thing is that I didn't want to leave Colombia unless I was going to be able to be a physiotherapist here, like I if I didn't know I could work here as a physio I would gone back home. Because I always thought that my parents were really like strong about this, is like we paid for university here, in Colombia usually your parents help you pay for university."

Indeed, keeping their promise to their parents that they will persevere to practice their profession in Canada was a strong reason why they remain determined in their goal. For example, the passing of Alexander's mom is an important reminder for him why he needs to remain hopeful, despite the fact that he arrived in Canada twelve years ago (at the time of the interview), has failed the MCQ once, and is still waiting to get into the PT Bridging Program:

> "Well, it can be – like my mom just passed away while I'm preparing for my exam. She died of pancreatic cancer. She died from pancreatic cancer. So, while I was preparing, I went back home and came back here, then yeah so, it's like a traumatic experience…. Because she's actually hoping me to get my license eventually. And I want to fulfill that in the near future. It can be probably hard for me, but I will try to make it easier."

Therefore, it can be postulated that for the participants who arrived with no family members, the importance of giving honor to loved ones, despite the geographical distance, became even more crucial.

The hope to practice again as PTs is also triggered by the desire to support the financial needs of family members (financial remittance) back home. Alayna, for instance, has worked as a caregiver first in Hong Kong and then eventually found her way to Canada. Her optimism about the future is fueled by her commitment to providing for the financial needs of her family:

> "Okay, because of family financial reasons, I went to Hong Kong, because I know that going to Hong Kong is easier to go to other countries, primarily did not think of coming to Canada. I was just – I want to get – earn some money to afford me to take [physical therapy] exams, in the U.S. or somewhere else. And

> helping my family back home, because we were really, I don't know, we were just financially broke. And so, that is the only easiest way for me to help out, so I went to Hong Kong for three years. But when I was in Hong Kong, the easiest company to go to is Canada through a live-in caregiver program…."

When further probed as to why she had to work as a nanny, Alayna poignantly recalls that

> "Economically, Philippines is not – I don't know, as for me, I try to find a job in the Philippines after finishing university, after even getting my license. It's just so hard to be employed even in the government. For some reasons, I did not land a job, even – I'm from a village and we have a government hospital nearby. The only government hospital and the only licensed physio in that area. So, I had this feeling that I have to be employed in this hospital because we are to start in physio department in the hospital. And even then, I wasn't able to get in."

Indeed, it is not uncommon for parents to sell properties or even having to work abroad in order to support their children's education, as in the case of Filipinos. Abby's father, for instance, was working in Saudi Arabia in order to support her and her siblings' education; they were raised solely by their mother:

> "Well in the Philippines, right, it's like, you know, I think it depends on your like status, because if you came from a poor family, like let's say you're from the province, right. Your parents would sell lots or whatever, right, in order to find something for you, for tuition fee in something, right. And you're expected that, okay, So, once you – once you finish, then you're going to help us raise your kids, right."

Given the support that several TNPs provide to family members, financial remittance is very noticeable among the Filipino participants who send money to family members in the Philippines, including paying for their sibling's tuition fees. Furthermore, as all participants are first-generation immigrants to Canada (except for Jake and Christofer), they continue to keep their

social ties with family members they left behind. As a result, social remittance was also observed in the study. As technology is now far more advanced, they communicated with family members mostly through Skype®. At the same time, some of the participants also reported maintaining dual citizenships that continue to allow them to take part in the political affairs in their home countries, including the right to vote (political transnationalism), as in the case of Emily who stated, "Every time there is like elections in Columbia, I go and vote for who I really believe is going to be better for my country."

Family reunification was also identified as a facilitator for the Preservation Stage of integration and The Proud Newcomer identity formation. Given the Government of Canada's emphasis in reuniting families through sponsorship, an important finding in this study is how several of the TNPs have been reunited with their families after having been separated for a long time. Because of family reunification, some of the TNPs already have that important family support upon landing. In the case of Drake and CJ, the decision to move to Canada was their parents' idea. Drake's father, for example, decided to be the primary applicant for his family after spending most of his working life in Saudi Arabia. Arriving together as a family, Drake only spent a few months in Canada when he first landed, went back to finish his PT schooling in the Philippines, and then permanently settled here:

> "Because my father worked in Saudi Arabia for twenty years and he never goes home more than two times a year. So, he never see us. And that's the way to earn, send us to school, but ultimately, he's sick of like being away. So, he said, why don't we apply to Canada so we can be all together."

CJ, on the other hand, was listed as a dependent in her mother's application to Canada. Single and with only four months of work experience in the Philippines, he recalls how it was like the first time they landed as a family:

> "Okay, so my mom came – no, my mom applied for family sponsorship through skilled worker through her at the time. I think it was 2010, 2009, somewhere there then we get approved 2012. So, we came here in Canada as a family, then that's why I get here in Canada."

For some TNPs, they arrived in the country as sponsored dependents by their mothers who earlier migrated to Canada. Marcus' mother, who earlier entered Canada under the LICP, sponsored her husband and her children to join her in the country. Marcus recalls how it was when the whole family first landed:

> "My family and I came here in Canada last February 2016 because my mother petition us. We have waited for many years before we arrive here in this country, Canada. When I arrived here in Canada in 2016, it's mixed emotions because, of course, happy we were reunited with my mother, but a little bit nervous and feeling lost because I don't know how to find a job and I don't have any idea on applying online jobs before because in my country, we usually do passing of our resumes personally."

Similarly, Jordon was sponsored by her mother who came to Canada as a refugee:

> "I was single at that moment and then they came to Canada and when they started on their project they were accepted as refugees and they include me in their claim. … it was it happened that I was always included in their claim and after six years, I ended up coming to Canada in 2007. So, when I came, it was like – I really wanted to come. I was their only child, so I wanted to be with my parents."

Family reunification also means being reunited with their spouses, as in the case of Kate who moved to Canada. She gave up her eight-year experience working in one of the US hospitals in the East Coast:

> "Yeah, well I got married in the States to my husband who's Canadian and we had been having a long-distance relationship. So, right after we got married, I came up

to Canada."

The analysis using the "contradiction" lens reveals that TNPs' networks with PTs still remained weak to none after arriving in Canada through family re-unification.

Negative Case Analysis: The Proud Newcomer

Under the Preservation Stage, a search for negative cases led to four participants with unique experience when starting lives in Canada than the dominant patterns discussed earlier. These analyses of some unconventional stories of TNP Proud Newcomers provide further depth into their experiences. The analyses of these negative cases highlight the following study findings that provide a different and unique perspective into the study: migrating beyond economic reasons; beyond the perceived differences in education between the North (economically developed countries) and South (economically less developed countries); the unconventional route to joining the PT profession as a motivator; and the perspectives of Canadian-born versus or Canadian-raised TNPs.

While the salary of physios is often cited as an important motivator to obtain a PT license, a negative case analysis in this study found that two female participants from the Middle East[15] migrated to Canada primarily for safety reasons. To the author's knowledge, this is the first evidence in the Canadian PT literature where TNPs migrate to the country beside monetary or family reunification reasons and where the primary reason was preserving their dignity as Muslim women. For both Lauren and Jasmine, the desire to be free from various cultural expectations because of their gender was identified as the primary reason for migrating to Canada. These included wearing the hijab, the non-recognition of women's rights in their home countries, and the cultural belief of the inferiority of women. While there could be other mitigating factors, such as

[15] As stipulated earlier, the participants requested that the names of their home countries remain anonymous throughout the study to further protect their identities.

political unrests and ethnic fighting (as reported by Jasmine), these two participants have a combined PT work experience of almost 30 years from their respective home countries. It is interesting to note that it took them this long to decide to migrate to Canada.

The Canadian PT profession has a global prestige due to having one of the highest standards in the world. Thus, becoming part of the profession is also an important reason for The Proud Newcomer to become licensed in Canada, despite the many challenges ahead. For instance, while Mario feels that his twelve-year experience in Italy did not prepare him for the exams here, he still felt motivated and optimistic about joining the profession:

> "So, I think my experience that I had and that I built up in 12 years, all the courses, post-graduate courses that I had, I had a lot of post-graduation – graduated courses, they helped me but the actual education as a physiotherapist in Italy does not give you all this preparation, in my opinion, to pass an exam like this in Canada…. You need to be determined. You need to be, you need to be focused on your goal and think that even if you don't pass – even if you don't pass, it's an experience. And, as everything during the life, you have to make sure that it's a treasure, that experience. And, help you to grow up and find out what are your weakness."

The challenges in becoming licensed in Canada can be partly attributed to the fact that the Canadian PT practice is autonomous and may not be the case in other jurisdictions such that those whose education is not similar to Canada's will encounter exam difficulties. To confirm or refute this observation, a negative case analysis was done where Kate's perspective was sought. While she passed both her Canadian PT exams on the first attempt and for someone who has been educated in the US, her experience while preparing for the MCQ and OSCE was not different from the rest of the study participants:

> "And I found it different here in Canada. It was almost like you could get your degree, but then not actually be good enough to practice because you couldn't pass the exams. So, I just felt like that was a – like a big discrepancy between the two countries."

On the other hand, the unconventional route to the Canadian PT profession was identified, via the negative case analysis, as another motivating reason for the Proud Newcomer in the adaptation stage of Preservation. As PT-related jobs are scarce in some TNPs' home countries, becoming a physio again in another country also means that they must take non-traditional routes just to be able to enter the country. Thus, some TNPs enter Canada through the LICP, notably those from the Philippines, while the majority of TNPs enter Canada as skilled workers (independent immigrants). Arriving via the LICP is an unconventional approach to entering the Canadian PT profession and offered an opportunity for the negative case analysis. It was found in the conversations with Mia that she was very hopeful that soon she will be working as a PT and no longer as a live-in caregiver:

> "…my dream is to come to Canada to have a – to be a future physiotherapist and I really tried my – even though that I will do the live-in caregiver for two to three years but I was really trying my very best to go to school just to continue my career as a physiotherapist. So, I came here to Canada as a caregiver for six years in one employer. So, while staying with my employer I tried to mingle with the other physiotherapists from Philippines and got involved with other activities and so happy to be with some friends who are all – who are all graduates of physio."

Identity Adaptation

At the Preservation Stage, The Proud Newcomer's desire to make it in Canada has been facilitated by several contextual factors, foremost of which are their previous PT education and work experience and the presence of family members upon their landing as presented above. On the other hand, their lack of both PT social network and knowledge about local practice are iden-

tified as key barriers during this stage. However, it is also during this stage that IA start to emerge that is primarily triggered by their immediate needs, including the need to support family members. For instance, some TNPs are willing to temporarily trade their PT identity into something that is less prestigious. Specifically, the adaptation in identity is very glaring for the TNPs who worked somewhere else prior to migrating here. That is, individuals who left their home countries to work in another country before moving to Canada (cross-country migration) found themselves adapting to their new identities. In Alayna's case, because her family needs to support her brother who was completing his university degree and due to the lack of PT-related work in the Philippines, she decided to work in Hong Kong as a domestic helper. She holds a Bachelor's degree in PT and was a university scholar:

> "…in my mind, I have to finish, I have a goal that after three years in Hong Kong, my brother will be – I'm helping a brother to finish university, that's why I have to really stay there for that long and then file the application from there [to Canada]….It was – it was something I never regret doing [working as domestic helper], because helping your brother finish his school and he is very successful now…. Yeah, it's very humiliating, especially that …. I mean you are working the lowest position possible in the country and you feel like, I did not train for this. This is like a common job, this is like a common-sense job. And so, oh wait, at the very beginning, it's just so hard to accept that you are working, but meeting people there working the same way and even they finish Master's, even working as a domestic helper is kind of giving you a little bit of, I'm not alone feeling. I'm not the only one. So, it's helping emotionally to get through."

While it is clear from Alayna's experience that her transition from being a physio to becoming a domestic helper was not easy, it was a necessary step that she had to take to help a family member. While her experience was personally perceived as humiliating, her work in Hong Kong changed her perception of who she was; that she needed to adapt to her new identity as a nanny because she was very optimistic that with her support, her brother will eventually finish universi-

ty. Equally important, knowing that she is not the only Filipino professional who has taken this route gave her the consolation and the hope that things will get better for her and her family.

Similarly, Mia was also working as a domestic helper in Hong Kong prior to moving to Canada to work as a nanny. When asked about the migration pattern for Filipino professionals, she equated "abroad" with "greener pasture" even that means being de-professionalized first before eventually becoming a physio again. In her case, migrating to a place that offered a "greener pasture" meant that she'd have to initially give up her identity as a professional by first working as a nanny - her "steppingstone" and main entry point to the Canadian PT profession:

> "But think – looking at the people coming, going outside the Philippines, going to Canada, it's like it's a greener pasture. I mean if you are successful, you come here as being successful, even if I – just like me. I didn't – I came here as a live-in caregiver but my dream is to be a physiotherapist."

On the other hand, Alyssa remained hopeful that she would be accepted for who she was when she left her home country. Originally from South America, she and her then boyfriend entered the US with visitor's visas but were working there illegally. As such, her job defined her identity in the US:

> "So, when we were there, we noticed that we really needed to work to make ends meet and I never called my parents and asked for money or him. We left [name of country] -- like we left the country with not more than a thousand dollars in our pockets and we were staying in a family, like close family's house. So, I started working like, cleaning houses and my husband start working, like washing cars and car wash, and then we -- like, by the end of the three months, I got a more permanent job as a babysitter and my husband got a more permanent job as a pizza delivery guy. So, we noticed that being a babysitter and a pizza delivery guy in the United States, which was a country where we felt constantly different and we didn't have

> access to health care. We didn't have access to anything because we were just, we weren't legal immigrants there, we-we was just, we were just travelling….So, we decided we were gonna stay and we were gonna apply to either Canada, New Zealand or Australia, that were taking physios. Uh, Canada was closer. It had a good, free health care and we would have that chance to grow in a place that we knew it was more tolerable to like, foreign people…."

The Preservation Stage represents the initial stage of the TNPs' journey to becoming a licensed PT in Canada. Thus, preserving their identity as physios are paramount and necessary. At the same time, it also represents the stage where an immigrant physio is beginning to recognize the limitations of her or his PT education but hanging on to the promise to make it in Canada as a registered PT no matter what.

2. "The Humbled Aspirant" (The Hopeful Stage)

The Hopeful Stage represents the phase where the participants are hopeful that they will be able to save their identities as professionals with self-worth. Having officially landed in Canada either as permanent residents or as temporary workers, this stage is also marked by soul searching as the often-sad realities of being new to Canada started to be felt in their day-to-day living. Particularly, the Hopeful Stage represented the stage at which the struggles of TNPs begin to emerge especially in the areas of social networking, seeking employment, and for the non-native English speakers, the challenges in using the language. Figure 4 summarizes some of the key contextual elements under the Hopeful Stage.

As newcomer immigrants to Canada, establishing their social network is not an easy task even for those who arrived under the family class, including linking with a PT network. For TNPs who arrived in the country with an already available support (e.g., parents or siblings who migrated years earlier), familial conflicts amongst them ensued because of adjustments after be-

ing separated from each other for a long time. Moreover, conflicts also happened because of TNPs feeling the pressure to find a job to support the needs of their families, both in Canada and in their home country (includes sending money to family members back home). In this case, the promise of a better pay once licensed to practice PT in Canada becomes an even more important reason to remain hopeful.

For TNPs arriving as independent immigrants, finding that social support was more daunting. For example, two of the participants in the study (Lauren and Jasmine) relied on strangers that they met either at the airport or in the street to give them information about having a permanent shelter to live. As a matter of fact, one of these two participants did not have a mailing address when she landed in Toronto. Additionally, an important finding in this study is how the participants establish their social network with their own ethnic communities where they find emotional support and job referrals. It is also through their own ethnic community networks that they connect with other TNPs. However, staying within their own communities for a long time also proves detrimental to their language skills as this does not give them much opportunity to practice English. At the same time, staying in the same community also means having less exposure to the culture of other ethnic or mainstream groups which is critical as they live in diverse cities such as Toronto. However, meeting long-time immigrants in the community is one source of inspiration for TNPs and serve as informal mentors for them. Aside from the emotional support that these mentors/friends provide, the participants also report that meeting established immigrants helped them in finding their first job in Canada. One participant (Marcus), for instance, recalls how the recommendation letter from a licensed fellow TNP from Europe made a huge difference when he was first seeking employment as a PTA. Interestingly, only one partici-

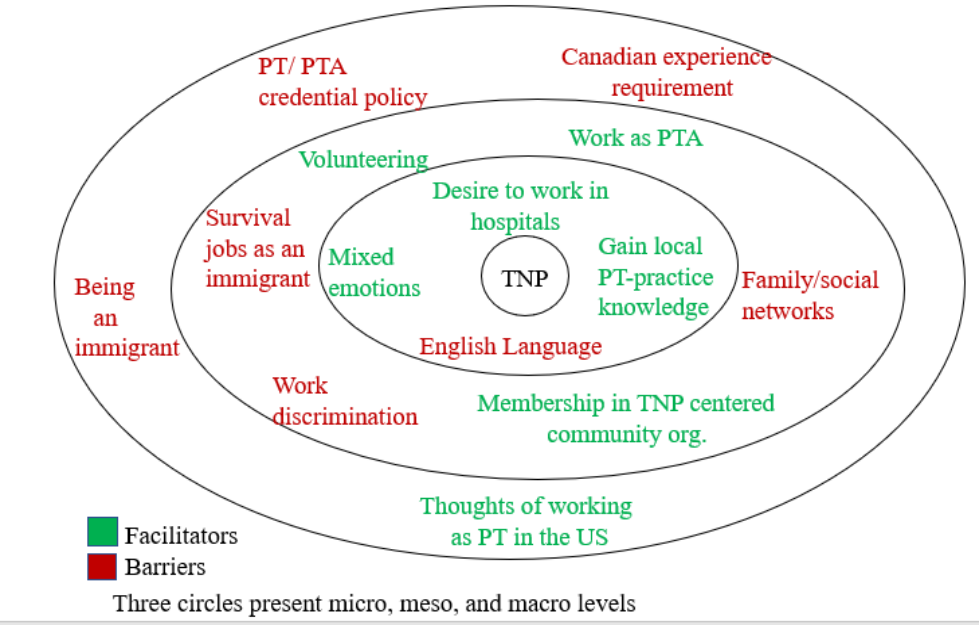

Figure 4. Contextual Facilitators and Barriers & Hopeful Stage

pant in this study has sought the assistance of a government-funded immigrant support agency (Jeremy).

Another important finding under the Hopeful Stage is how several participants find it beneficial to take part in the various educational activities provided by two TNP-centered community organizations[16]. Aside from the regular lectures and workshops, they also find the networking activities in these organizations extremely important as they provide opportunities for information exchange about their experiences in such areas as licensing/credentialing, examinations, job security, or even personal matters. During this stage, the bonding between TNPs transcended boundaries or countries of origin that later became an important source of support. As a matter of fact, the two Ontario born/raised participants found their mingling with fellow TNPs very valuable. Furthermore, it is also through these volunteer organizations that the participants regain their

[16]These organizations were the Society of Physiotherapists with Foreign Credentials and the Philippine-Educated Physical Therapists Association of Ontario. Both these organizations are no longer operating.

confidence that they will eventually make it as PTs in Canada. Recalling her experience, Jane describes her membership with one of the organizations as a steppingstone:

> "…That was the most important steppingstone actually in my life because that's the time that I met – from that friend, I met other Filipinos that are already reviewing. Some Filipinos have passed their licensure exam and they're advocating and helping others to be a physiotherapist in this country."

In the Hopeful Stage, most of the participants work in survival jobs to get through the first few months or years post-migration. As expected, the feelings of hopelessness and desperation are being felt by the Humbled Aspirants. As all of them migrated with professional PT degrees, they feel that their past education and work experience were all put to waste and according to one participant, "garbage" (Alexander). However, the jobs that are available to the participants upon their arrival are entirely different from what they expected. At the same time, the participants' lack of information pre-departure about the nuances of the CE requirement is one of the early barriers that they encounter as Humbled Aspirants. Indeed, it is not uncommon for them to work in blue collar jobs upon arrival. In some cases, they provide free labour in the form of volunteer works. Since they already have PT training from their home countries, most of them did not see the value of volunteering just to earn CE. However, and as it turns out, this was the most viable way for them to eventually earn an income in a field that was familiar to them (i.e. rehabilitation).

Aside from gaining CE, the volunteering assisted TNPs in expanding their social network which eventually led them to securing paying jobs. As an important finding under the Hopeful Stage, most of the participants took part in some form of volunteer activity, again reflecting their desire to regain their professional status and establish their network. Volunteering among the Fil-

ipino participants was obvious, and they admitted that this practice was common in the Philippines both to gain more clinical experience and due to the lack of work opportunities there. Further, some of the participants in this study took part in volunteer activities after having been away from the PT profession for a long time to re-learn their lost skills as clinicians or to review their PT knowledge. Volunteering for this reason was common among the participants who entered Canada under the LICP where their past immigration status (i.e. temporary workers) prevented them from engaging in educational activities. For instance, Mia feels that her volunteer experience was helpful when she completed the LICP:

> "Yeah, I tried to volunteer as a physiotherapy assistant because I want to see where – I want to continue my career as a physiotherapy, so as I do the physiotherapy, volunteer as a physiotherapy assistant volunteer, I am learning through the cases of the clients then on that I'll do my readings but and I'm learning a lot. And trying to think to take again the exam. That's why I did the volunteer."

At the same time, it is not unusual for them to work in two or three different survival jobs just to make both ends meet. Moreover, the feeling of resignation is apparent as their past experiences and education did not prepare them for their new normal. It is important to note, however, that some participants at this stage express strong resistance to working in survival jobs as they are argue that they came to the country to seek greener pastures and "didn't come to Canada to work in a coffee shop" (Jasmine). Thus, their emotions could be characterized as mixed emotions in the Hopeful Stage.

In their desire to get into the PT profession again, working as PTAs proves a critical facilitative step towards their formal entry into the field and one of the most important highlights under the Hopeful Stage. Except in Quebec, working as a PTA is non-regulated in Canada and meeting the requirements to work in this role was less stringent compared to that of a registered PT. For

most of the participants, they describe their experiences working as PTAs as a steppingstone towards their entry into the PT profession. This type of work also provides them with a good introduction to the Canadian healthcare system, a better understanding of the Canadian PT lingo, and to practice their English communication skills. Aside from having salaries that were above the minimum wage, they also feel that working as PTAs was viewed as economically better than working in factories. Consequently, the feelings of being relieved and lucky working as assistants are felt by TNPs during this stage. However, finding work even as a PTA can be disappointing. In the case of Jeremy who is now working as a clinic coordinator, he sent over two hundred forty resumes to various private facilities before he landed his first PTA interview for a private clinic. Thus, the presence of mixed emotions is again identified.

The national credentialing requirements for both PT and PTA role are recognized by TNPs in this phase. For example, it is interesting to note how under the Hopeful Stage that many of the participants start noticing that hospital-related jobs are perceived to be more prestigious work setting versus working in private clinics or nursing and retirement homes. However, they are being denied this opportunity primarily because they were not educated as PTAs in Canada, despite having prior education as PTs (and not as PTAs). This frustration is expressed by Alexander who has four years of clinical experience working in a large military hospital in the Philippines:

> "I understand the Canadians are protecting their graduates and even for physiotherapists to apply the physiotherapy assistant in the hospital, it's actually impossible because I learned from my colleagues that they are actually accepting only those people – I mean, only the students who graduated in Canada with PTA degree. If you're a foreign trained physiotherapist, you will not be accepted."

The Hopeful Stage also means that the Humbled Aspirant persists even in the face of workplace discrimination, especially for having that "foreign" education. This stage is also marked by

the necessity to defend their professional integrity. Particularly, being accused by colleagues of stealing jobs from locals is not only perceived as a racist remark but also a reality as they start working in the rehabilitation field again as PTAs. This experience was recalled by Alyssa from South America who passed both components of the PT national exams on her first attempt:

> "So, and, yeah, I felt very welcomed [by the team]. I thought I would feel any different. I did not until my, the physio assistant that just met me that day, that was working there, she asked me so my, my supervisor said, the physio here that works here, said that you are an internationally trained physio, so you're a physio in your country, right? I said, yes. And I came here, as a physio, to validate my diploma, so I can work as a physio here too. And she looks at me and says, so you came here to steal Canadian jobs? And I said, no, I came here because Canada needs physiotherapists and they don't have enough physiotherapists to do the job. And I never had a good relationship with this person but right away I went to my supervisor and I explained to her, look, this what's going on and if you hear anything, ask me first. Just don't assume anything, she really doesn't like, like me to be in this position, like doing the same job as her. So, if you hear that something wrong, ask me first."

The challenges in using English at workplace and for studying is one of the most salient findings in the Hopeful Stage. While most of the respondents (n=11) were originally from countries where English is used as a medium of school instruction or even as a national language, most of them struggle either in comprehension ("translating in the head") or speaking. The participants also face challenges in understanding some of the idioms or the pace at which words are spoken ("…they talk too fast…"). Furthermore, aside from acknowledging their own limitations, they also reveal that having colleagues at work who speak their native tongue or not practicing English at home further complicated their learning of the language. The participants in this study also commented that passing the various English standardized tests (as part of the immigration or ac-

ademic requirement) such as the TOEFL or IELTS[17] did not necessarily translate to better communication skills or language comprehension. This could be attributed to the fact that these tests are not profession-specific. Furthermore, the struggles in using the English language was also reported even by those who migrated a few years ago and are now practicing as licensed PTs. However, in an effort to improve their English, they try several ways to further master the language including practicing with (and being corrected by) patients, watching English shows, or mastering the 'technical' side (e.g. learning how to shorten sentences and talking straight to the point). However, one very interesting finding in this study is how several participants are acutely aware of their accents and how they view it as a barrier to better communication. For example, Alyssa attempts to improve her language skills by "break[ing] her accent" to get ahead in her English ability.

Thoughts about working in the US as a physical therapist was one of the ways in which the participants tried to redeem their identities as professionals. In this study, they perceived the US PT credentialing and licensing processes as more straightforward and their chances of becoming licensed PTs was perceived to be easier. This could be attributed to the fact that the US has only one licensing requirement (MCQ) for all exam candidates. At the same time, there was also a sense of pressure of working as a PT again as the participants witnessed how their former university classmates from their home countries have flourishing PT careers in the US. Consider Alexander and Marcus' earlier plans to pursue their career as PTs in the States:

> "Yeah, actually I did my credentialing in the US, but actually because I already had my kids here, I – my first priority is just to finish my degree here first. I mean, my licensure here then that will be just probably, if I will be given a chance later on but anyway, my first priority now is Canada." (Alexander)

[17] Test of English as a Foreign Language (TOEFL); International English Language Testing System (IELTS)

> "What keep me going at this point? Especially when, okay. Of course, when I was in the Philippines, most of my friends are also licensed to other countries, especially the United States and Australia. So, I'm thinking of myself in the future too. Am I going to be like this always or to be like them. To be licensed in another country too. So, I don't want to say this, but this is what the reality is. I'm comparing myself to their fortune." (CJ)

Negative Case Analysis: The Humbled Aspirant

While the majority of the participants in this study are from developing countries, understanding the perspectives of Canada-born/raised TNPs are important to include to have a deep understanding of the experiences of this cohort. These participants decided to pursue their PT degree outside of Canada as they felt that the admission standards were too high or that they were not able to wait for the following year to enroll. The inclusion of two Canada-born or raised TNPs in this study was important to provide a different lens upon which to examine their experiences. For example, Jake (who arrived in Canada when he was only three years old) and Christofer (who was born and raised in Ontario) recall how challenging it was to re-establish themselves upon their return to the country after their overseas PT schooling. Learning more about their perspectives reveal that in spite being considered local Ontarians, their insights upon their return to Canada also mirror the experiences of their TNP colleagues. For instance, the lack of social network within the PT community was an aspect that made Jake's re-entry challenging:

> "…but as I later found out when I came to Canada, you talk about me settling in Scotland, then I had to resettle back in Canada with a zero network in the – so this is what I had in common with any foreign trained physio, is I came back to Toronto and I knew nobody in the field…. So, I came back to Canada and re-establishing myself here was another journey. It was like you finish, end up having a very stressful time in Scotland with all the challenges there, you know, busy schedule, so quick. It's like a whirlwind and then you come back here and it's not an easy game."

Given that most of the TNPs in this study were born and raised outside of Canada, the perspectives of these two participants who decided to study abroad provide important information as to how they also attempted to preserve their identities as Canadians while being overseas. For Christofer and Jake, they reported that such identity preservation was strengthened by the network that they formed with their fellow Canadian students. Consistently, they reported that the bonding between them came naturally simply because they were all from Canada. As Jake recalls:

> "So, but the fact that we were all from Canada, we immediately started spending time together…. Yeah, I think it was just commonality."

At first glance, it may appear counterintuitive to think that they would face social networking issues. However, their experiences suggest that similar to their non-Canada born or raised counterparts, they also struggled in finding and establishing their PT networks. For 34 year-old Jake, for instance, he described his experience as "not an easy game". On the other hand, Christofer describes being called "foreign trained" as "It feels like I'm someone coming in and competing with the locals for the position."

Identity Adaptation

During the Hopeful Stage, the identity of the TNP has emerged from being the Proud Newcomer to becoming the Humbled Aspirant. During this stage, the participants begin to see the realities of living in Canada including taking non-physio related jobs and the challenges that they must face to obtain a PT license. Thus, the pride that they initially felt when they first landed in Canada as physiotherapists is now being replaced by their new identity as immigrants who need to make both ends meet. Furthermore, for Jake and Christofer, they begin to question their personal identities as the "local Canadians" as they experience the same struggles as their fellow

TNPs from other countries. In addition, the identity of being the Humbled Aspirant was very noteworthy for those who entered under the LICP as they metamorphosed from being physiotherapists to becoming nannies.

As Humbled Aspirants, the TNPs tap all the necessary resources during the Hopeful Stage in their quest to start the credentialing process, understand the licensure system, and taking inspiration from fellow TNPs who are now practicing as full-fledged PTs in Ontario. As a result, this stage is an opportunity for the TNPs to fully understand the implications of balancing family demands and keeping multiple jobs but at the same time keeping the eye on the prize: to be called a physiotherapist again. From being the Proud Newcomer, the experiences that they have during this stage is also an opportunity for the TNPs to reflect the value of their education, their worth as professionals, and the various systems that they have to navigate in order to continue in their professional journey. Consequently, some of the TNPs have considered working in the US instead.

3. "The Relentless Spirit" (The Perseverance Stage)

During the Hopeful Stage, the Humbled Aspirants begin to understand the nuances of being immigrants in Canada. As the realities of re-certifying as a PT prove to be more challenging than they initially thought, TNPs use several tactics as they persevere to reclaim their identities as PTs – the hallmark of the Perseverance Stage. While the participants have already been introduced to some of the important social institutions and processes at the Preservation and Hopeful Stages (including the role of the Canadian immigration, the perceived selective hiring practices of teaching hospitals, and the impact and influence of various capitals such as accents and previous PT education), the critical role that social networks play in their professional and social integration

has been pivotal at the Perseverance Stage. Particularly, it is during this stage where the participants formally express their desire to join the Canadian physiotherapy profession through one important process: the credentialing of their academic degrees. It is also during this stage that the outcome of their credential assessment is being put to test that set the stage for the launching or abolishment of their professional PT careers. As an essential step, the credentialing process determine whether a candidate's prior academic training is substantially Canadian-equivalent or not. If it is deemed non-equivalent, the applicant is required to take additional courses to fulfill the academic deficiencies. Not anticipating the length of time it requires for the whole credentialing process to be completed, another important finding in Perseverance Stage is how the unfamiliarity of the participants to both the PT credentialing and licensing processes cause delay in the whole process, further contributing to their frustration and disappointment. It will be recalled that most of the study participants did not have any prior knowledge (pre-departure) about the PT practice in Canada and as a result, most of them realized that their previous work experience as PTs in their home countries was not part of the assessment process. Most importantly, Perseverance Stage reveals the identity of TNPs as relentless individuals who continue to persevere despite all the challenges that they face.

Applying for credential evaluations at the Alliance was administratively a lengthy and difficult experience with discrepancy at times. There was delay in the processing of their academic certificates and degrees both from their source countries and within Canada that proved to be a very frustrating experience and has been described by TNPs as "time-consuming." As most of them graduated from their respective universities several years prior to migrating, finding someone to help them gather and process their academic credentials (i.e. transcripts of records) from their home countries was another hurdle that they needed to overcome. At the same time, these

documents must be in English or French only. As expected, this proved challenging for those applicants whose PT education was not delivered in either language. It was also observed in this study that the long credentialing process was also experienced even by applicants whose PT education was completed in the US or Europe. Furthermore, the lack of a precedent case (i.e. a completed credentialing assessment of an applicant from the same country and university) also contributed to the longer processing time. This was particularly the case for the participants who were the first ones from their home countries to apply for credentialing at the Alliance (such as Jasmine and Lauren). There was discrepancy in the course requirement for TNPs as well as discussed under negative case analysis.

Being unfamiliar with the various PT institutions[18] that operate in Canada appears to be one of the major challenges that the participants face under the Perseverance Stage. As most of them are not aware of how the PT systems operate in the country, this creates confusion and disappointment. This is further complicated by the lack of and the contradictory information provided by immigration officials pre-departure. It was reported by several participants that they were initially confused with these various organizations and the specific roles that they played in Canadian PT practice. For instance, the participants who entered Canada as skilled workers had the initial impression that they would be able to practice as PTs right away once they arrive in the country. On the other hand, while those who landed as temporary workers were aware that their dream to practice as PTs might take longer, they were not prepared for the pecuniary implications and the knowledge decay as a result of being away from the profession for a long time. The role of social networking, however, proved very useful for all the respondents in trying to understand and initiate the credentialing process.

[18] In Canada, three important institutions control the practice of physiotherapy: the Alliance (for credentialing and administration of examinations), the Canadian Physiotherapy Association (a professional body) and its provincial branches; and the various provincial PT Colleges (for PT practice registration).

Under the Perseverance Stage, completing the required courses is viewed by the participants as a two-edged sword: on one hand, completing them means eligibility to sit for the written component of the PT licensure examination. On the other hand, it also means looking for a university to enroll the required courses with its concomitant financial implications. During their time, formal bridging programs that offered equivalency courses were still non-existent.[19] Furthermore, the many changes in the credentialing policies of the Alliance, such as the number of required courses to complete, further resulted to confusion among the participants. For example, the current policy on equivalency completion (2021) only requires applicants to take one course (Canadian healthcare system). Prior to this, some of the participants had to complete three or more courses. The Perseverance Stage, therefore, tests the resiliency of the participants as they balance work, attending to the needs of their young families, and taking extra jobs to support family members back home. Indeed, balancing the work-study-family act is one of the most unexpected experiences of TNPs that became obvious during this stage. For example, Alyssa who was completing both components of the examinations right after giving birth, had this to say:

> "It's, it's a choice. You have to choose. It's gonna to be your family or your career at that point. Like I said, I was, at one point I was with a newborn baby. At other points, I was working fulltime and I had to take care of my family, I had to take care of like, a house and everything, and still work for the exams. So, I, how I wish I was living in my own country, studying in my own language, doing my, the exam in the, like, something that I learned at school. That would be like, so much less pressure. I had to make sure that the bills were paid."

[19] Currently, bridging programs are offered in British Columbia, Alberta, Ontario, and Quebec. There are no similar programs in Atlantic Canada or any of the territories. The bridging program for PTs in Ontario started in 2012 at Ryerson University and has continued at the University of Toronto.

At the Perseverance Stage, working in different practice settings in Canada was initially seen as an opportunity for the participants to reflect on the value of their previous PT practice (institutional cultural capital) and its potential impact on their Canadian PT career. Unfortunately, however, the negative implications of having a "foreign" accent and complying with the CE requirement that they experienced during the Hopeful Stage continues. As they complete the required credentialing courses, several participants also face additional challenges including how the female participants either have to delay the completion of their courses or giving up their careers altogether because of the need to take care of their children. Again, this points to work-life balance and prioritizing their needs.

Several important contextual factors were identified as facilitators and barriers to the participants' integration during the Perseverance Stage, as summarized below. Similar to their experiences under the Hopeful Stage whereby licensed and practicing TNPs provided educational opportunities through various organizations, their experiences with these informal mentors became more personal. Particularly, these TNP mentors guided them through the credentialing and licensing processes. Given that they are working on survival jobs and negotiating their own identities, the TNPs feel that the achievements of these mentors have become an inspiration more than ever. Aside from lending support in securing employment, these mentors also reminded them that "once a physio always a physio" (Alexander). Shining a ray of light in an otherwise dark journey, the mentors' words of encouragement continue to inspire the participants to keep going, despite the many hurdles that they are facing during this time. For instance, aside from helping her secure a permanent job as a PTA in one of the nursing homes operated by a city, Jasmine from the Middle East recalled how her TNP mentor, originally from the UK, boosted her confidence as she was navigating the credentialing process:

> "But still she'd look at her personality, she just felt my pain because I was explaining her a couple of times. Okay, I came here, I have to be physiotherapist, but I don't know what I can do. I don't have job, I'm suffering, and she felt, like, you know, kind of like a sorry most probably. That's why she just tried to help me, and she never just stop it. After that, when I just, you know, start in the city, she was my boss as a physio. We were just, like, discussing everything, there was a time she was asking me. Of course, she used to know this, she has this knowledge, but I think she was, like, you know, trying to help me, okay, to feel myself better, okay, always asking me, what do you think? I never felt as a rehab assistant working with her."

Aside from meeting mentors, creating a network of TNPs through membership of community organization focused on TNPs proved very beneficial as well for most participants during the Perseverance Stage. For example, meeting classmates either online or in-person proved very helpful as they kept the same social circle up to the time that they were reviewing for the national exams. What was unique in this study, however, was that even for the Canada born or raised TNPs, they found their membership with TNP organizations very helpful. Jake recalls his experience:

> "…but as I later found out when I came [returned] to Canada, you talk about me settling in Scotland, then I had to resettle back in Canada with a zero network in the – so this what I had in common with any foreign trained physio, is I came back to Toronto and I knew nobody in the field…. So, I came back to Canada and re-establishing myself here was another journey….So, I found it useful seeing other people in a similar situation where they're trying to, you know, get the test done. But also, I felt unique in that group because there as no other Canadian, you know, yeah."

During this stage, there have been many realizations by TNPs as they start working as PTAs in various settings, primarily experiencing work culture shocks. For example, their unfamiliarity

working in a nursing home environment can be attributed to the fact that they came from source countries where this type of workplace was very uncommon. As a result, some of them initially

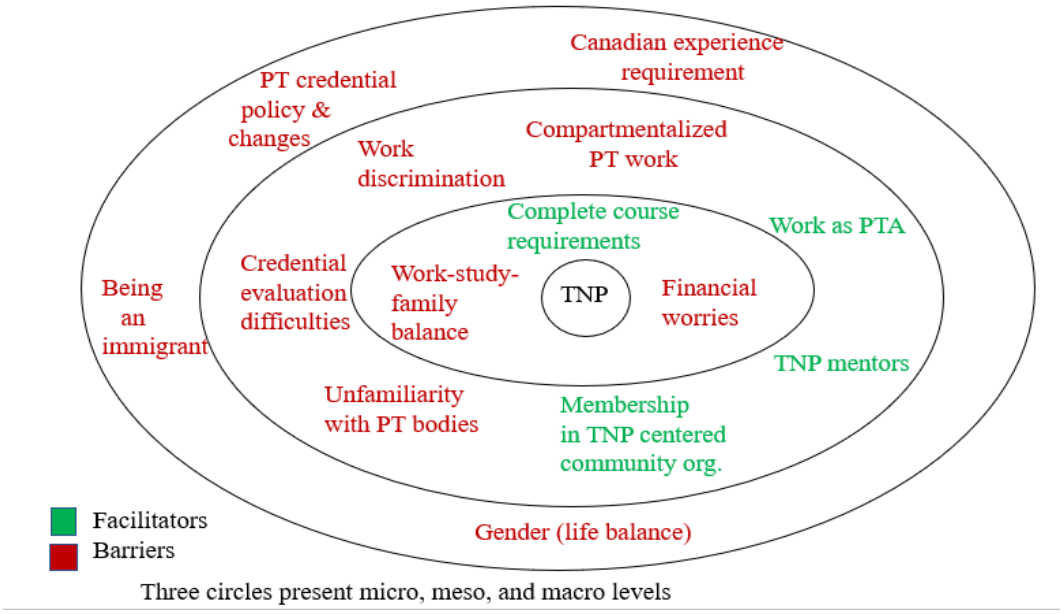

Figure 5. Contextual Facilitators and Barriers & Perseverance Stage.

felt depressed working in this kind of setting. Both Lauren (from the Middle East) and CJ (from the Philippines) share the same reflection as they recall their PTA work in nursing homes:

> "I wasn't familiar with this one because we didn't have nursing home in back home." (Lauren)
>
> "So, it's nice to see – at first actually it's very depressing because it's my first time seeing all the old people just staring at the glasses and expecting somebody to visit them." (CJ)

Their perception of PT practice in Canada being "compartmentalized" (Alayna) also become palpable. Particularly, starting to work in the PT field made them realize that physiotherapy practice in this country was different from their home countries where they were generalists.[20] At the

[20] The three major areas of practice in Canada are musculoskeletal (orthopedics), neurology, and cardiopulmonary.

same time, they also start questioning the work ethics of the Canadian practicing PTs, notably those working in OHIP-designated clinics,[21] where they feel that the quality of care provided was awful compared to those patients attending the same clinic but were paying out-of-pocket (i.e. private patients). Moreover, several participants also feel being victims of discriminatory practices at their workplaces as they have been prohibited from bringing certain types of food (e.g. fish) or having an "English-only" policy at work. At the same time, they also feel that their way of speaking- their accent (embodied cultural capital) - has been a target of constant criticism from both co-workers and patients. The issue on accents will be discussed in greater length at the Bifurcation Stage where such played a bigger role in their adaptation. Furthermore, some participants also feel that they are both overqualified but underpaid in their role as PTAs. They admit that the very technical nature of the job is a degradation of their PT degree. Finally, there is also a sense of cultural inferiority experienced by some of the participants. As most of them were only exposed to treating patients from their own cultures, they initially had hesitations about treating people from other races, notably patients who are White, as they feel that their performance might be compared to the locally educated PTAs. For instance, the initial feeling of hesitancy was especially felt by Abby from the Philippines who recalled her PTA experience during her first few days working in an OHIP-run clinic:

> "…when you see like, you know, people different from your colour – it's like White people, you kind of think that oh, maybe they don't like to talk to me or you think they would let me treat them. I mean versus, let's say, there's a Canadian assistant versus me, right, and then if the patient is the same race as the Canadian, you think they're going to choose me?"

Negative Case Analysis

[21] The Ontario Health Insurance Plan (OHIP) is the provincial insurance plan that covers physiotherapy treatment for patients below 18 and over 65 years old and those who stayed overnight as an inpatient in a hospital setting and requiring physiotherapy upon discharge (regardless of age).

While the majority of the participants in this study obtained their PT degrees in developing countries and where they report a slow processing of documents, a negative case analysis under the Perseverance Stage reveals that the case was also similar for TNPs who graduated from high income countries specifically the US and Scotland as in the case of US-educated Christofer:

> "So, like when I came back, I wanted to enroll into the written exam, but they have to do the credentialing. So, I had to wait, I had to wait nine months, right, because they're not accepting certain applications at certain times. So, then I was forced to go to the US to work at that time." (Christofer)

However, an interesting finding in this study is how the same individuals were not required to take additional courses upon their return to Canada, as compared to their colleagues from developing countries.

Identity Adaptation

The Perseverance Stage reveals the resilient and relentless characters of TNPs as they complete their equivalency studies. Their identity as the Relentless Spirits has been shaped by the day-to-day demands of work, study, and family life. Indeed, their relentless commitment to becoming physios again overpowers the everyday pressures that they face as they balance everything in their lives. Having a relentless attitude, however, is also influenced by community mentors who served as critical guides and important figures of inspiration. At the same time, having a relentless attitude is complemented by their membership to organizations that assist TNPs. Hearing from other fellow TNPs that they share the same struggles and that they are not alone in their integration journey only further strengthened their convictions and commitment. In addition, they need to be the Relentless Spirits as they feel that they came to Canada precisely because they want to practice here. Thus, giving up their dream to become a physio again is not an op-

tion.

4. The Bifurcation Stage: "The Triumphant" (Reclaiming) "The Defeated" (Relinquishing)

The Bifurcation Stage represents the fork at which the careers of the TNPs diverge where at one end, a group reclaims their title as PT professionals (The Triumphant) while the other group relinquishes their dream of being re-certified as physiotherapists (The Defeated). This stage also marks the point where the participants had to strike the fine balance on the demands imposed by work, study, and family life. This is most evident among the female TNPs as some eventually gave up their dreams to become a PT again. This stage is further marked by a major milestone in a TNP's professional journey: challenging the Canadian PT licensure examinations and the important role that the Alliance plays as the gatekeeper to the profession. Figure 6 below summarizes the contextual elements in the examination journey of the participants.

The Bifurcation Stage presents some of the nuances of working in the Canadian healthcare environment, including the impact of working in an interprofessional team where various healthcare professionals have to work collaboratively. Moreover, it is also observed during this stage the tension between some of the participants' assertion of their perceived right to practice versus the regulatory body's mandate of ensuring public safety. For example, some TNPs argue for more testing opportunities for the sake of fairness, especially for those who attempted the examinations multiple times while others critique the 3-attempt cap imposed by the Alliance. This was especially the case of Alayna and Jeremy who have exhausted their exam eligibility after failing one of the components on their third and final attempt.

As noted in Figure 6, TNPs shared some of their strategies to feel grounded under adversity,

especially faith and positive outlook. An interesting finding under the Bifurcation Stage is how the participants (from the Philippines and Italy) attributed their persistence and motivation to their religion and the belief that God had reasons why they had to undergo all the trials. For this group, faith was a necessary element that allowed them to face the unknown path before them, embracing a complete resignation to the will of a higher being. Moreover, having a positive outlook on life and allowing oneself to transform -"to learn to re-learn" - was also an important coping mechanism. This was evident for Jordon from Colombia who realized that he needed to change some of his ways:

> "There is something that people tell like the first thing to – maybe I don't know, the first thing to change is you have to learn to relearn."

The participants cite several reasons why they continue to persist in obtaining their PT licenses despite the failures. One, the relatively high salary of PTs in Canada is enticing – an economic motivation. This is especially important for those who have been working on survival jobs or for those who have been waiting for a long time to complete both the credentialing and licensure processes. This goes without saying the economic implications are salient for the participants who are the breadwinners of the family. At the same time, and most especially for the multiple test takers, it is important for them to recoup the credentialing and licensing fees that they have amassed. Two, the support of spouses and families played a critical role as the participants entered the Bifurcation Stage. Notably, the sharing of family chores with their partners is especially important for the female respondents who otherwise would have taken the full responsibility of running the household while studying at the same time. Interestingly, family members (whether immediate or extended) also play an important role when the participants are reviewing for the national exams. For example, some of the TNPs have to send their children back to their home

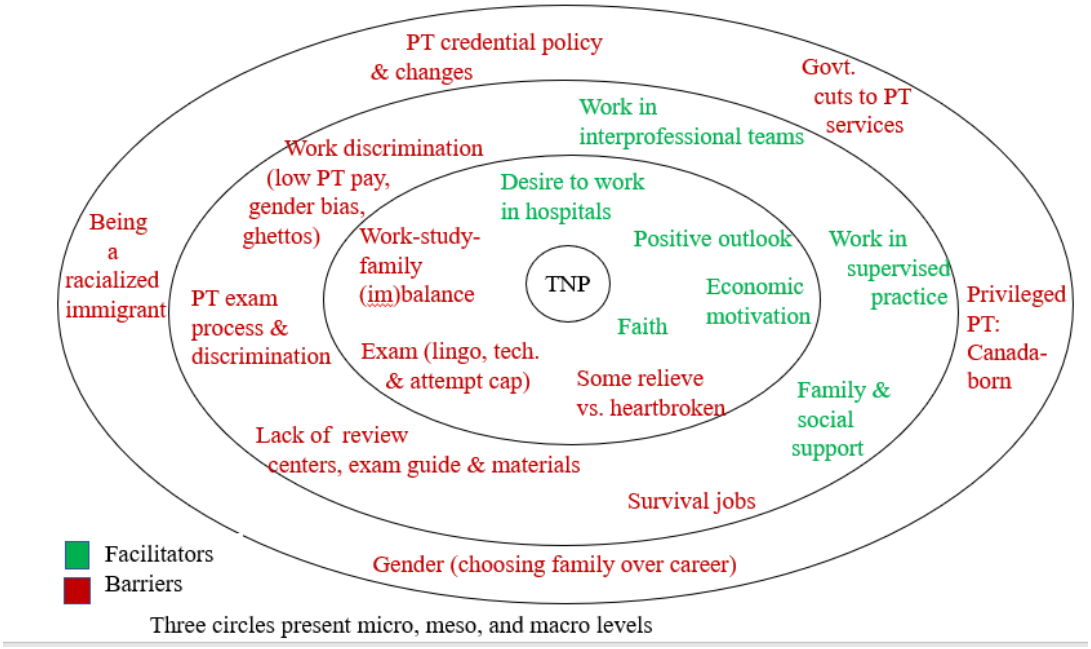

Figure 6: Contextual Barriers and Facilitators & Bifurcation Stage.

countries to be looked after by relatives. As social support was readily available in their source countries, it is also not uncommon for the participants themselves to go back home to study and review. How the participants travel back and forth to Canada and maintain familial ties during the Bifurcation Stage is also one of the ways in which they demonstrate transnational activity. For example, Alyssa from South America decided to review for the OSCE in her home country while her husband and study partners were in Ontario:

> "There was a time that I wasn't even home, I was back in South America visiting my family, but it was more towards the end, closer to the exam, just so I could have more time to study while they [parents in home country] would take care of my daughter. And we kept having the study groups like, via Skype. They were in my place and like, my husband would make them breakfast and we would chat via Skype (laughs)."

Third, the participants persist in their dream to practice PT in Canada because of the encouragement that they receive from their own social network. Particularly, and similar to the findings

under the Hopeful and Perseverance Stages, their membership in TNP organizations prove helpful as they are able to find study partners, obtain examination tips, and create life-long friendships. Finally, wanting to practice PT again is fueled by their desire to work in academic or teaching hospitals as they feel that these workplaces are more prestigious, just like how most of them wanted to work in this environment as PTAs.

As they prepare for the national examinations, most of the participants overwhelmingly report that the exam preparation support and resources available for them are either very limited or absent altogether. In most instances, they must be very resourceful in finding review materials, sometimes befriending local PT graduates just to gain access to their resources. To illustrate, CJ who successfully passed both components of the exams on two attempts, had to desperately take this route as his review materials were extremely limited:

> "Just somebody gave me those materials, that's who – they said who studied here, like, I don't know which university and they have – I don't know, maybe since day one they've been taught how to do their practical exam, their OSCE.... So, without that, I don't know how we can pass this exam, because for sure, people who studied here already, like, very familiarized with all the steps because that's what their being taught here, right? Yeah."

To this end, the participants perceive how the local PT graduates may already have the undue advantage both in education and test-taking skills. For example, they argue how local graduates have already been trained to approach both components of the Canadian PT examinations right from day one of their PT schooling. The participants, for this reason, feel that the local graduates occupy a very privileged status within the profession. On the other hand, a few participants also report how local graduates refused to share review or lecture materials with them as they have been viewed as "threats". Consider the experience of Jane who is now practicing as a full-fledged PT in the Greater Toronto Area and a mother of a child with mental disability:

> "So, when I volunteered at cardiac rehab, we had – I met an international student – a local student from here. And, just talked to her a few questions and then, she didn't really like to share a lot of information to me because I'm – I'm a competitor…. She don't really talk to you because I'm a volunteer and she's a physiotherapy student from [name of Ontario university]…. And she just – I asked her if I could take a look some of her notes or – and she just didn't give me information."

In most of the countries that have PT licensure examinations such as the US, the presence of PT review centres is common to help prepare candidates for the national exams. However, this is not the case in Ontario and the participants identify the lack of review centers as a critical barrier towards their successful attempt in the examination. As a result of the lack of institutional support, most of them relied heavily on review books that they purchased from the US. One respondent, Emily from Colombia, described the lack of support as like "being thrown in a pool." Furthermore, during the examination itself, particularly the OSCE, some participants report the perceived bias of the examiners against them because of their accents and how they presented themselves. CJ, recalls his experience as he was challenging the OSCE:

> "There's some examiners who are – who looks like ignorant in the sense that they just really have a bad vibes with you as soon as you go in the, what do you call it, the room. And I heard, I don't know if it's true, there are some even, like, students who graduated here, like, the examiner was their teacher before. So, I don't know if it's an edge for them, I don't know…. Because, you know, they [i.e. examiners] would know our accent, right, when we speak. Accent itself, like, when we are speaking, they would just, like, you know, you would see in their face, there's something just, like, you're different from other people. I don't know if it's just my feeling…. Yeah, so when you have an accent, like, you – they would already, like, maybe – like judge you, the way you deliver things, yeah."

"The Triumphant" (The Reclaiming Stage)

For the participants who eventually obtained their licenses to practice as PTs again (The Triumphant), they felt some stress relief. Further, they identified two unique aspects of PT practice in Canada that facilitated their transition from being examinees or students to being called Canadian physios. First, they note how the local PT practitioners work in a team-based model where they collaboratively work with other healthcare professionals. This type of interprofessional collaboration is not commonly practiced in most of the participants' source countries as their healthcare systems usually have the top-down management system where the physicians remain the team leader. Working under the supervision of a registered PT, TNPs also find it helpful when they are able to assess and evaluate patients under a temporary license (where they are called "PT residents").[22]

Yet, these participants also report several barriers that make their return to practice challenging. At the institution level, they feel that their previous PT education did not prepare them well for the examinations in Canada, specifically the OSCE. This finding is a stark contrast to how the study participants felt about the value of their academic credentials and work experience during Preservation Stage ("Proud Newcomers"). Adding to this complexity is how the participants have been educated in source countries where the teaching style is mostly didactic and where teachers are perceived as authorities whose expertise cannot be questioned. Bifurcation is also an important stage that highlights the perceived discrimination experienced by the participants. This finding is specifically notable during the Reclaiming Stage where perceived racist remarks from patients and co-workers are uttered towards the now-practicing TNPs. Aside from their accents,

[22] In Ontario, candidates who passed the first component of the national exams (written or MCQ) can work under "Provisional Practice" as long as they have registered to take the second part (OSCE) examination. Unlike in the past, this temporary license is time-limited and candidates who failed the OSCE in the past are ineligible to avail of this (College of Physiotherapists of Ontario, 2020).

they also feel that their identity as "international graduates" appear problematic. Because of this, some TNPs feel that "…they just ignore us.…and they're looking for the being much more Western. More graduated from North America or Canada" (Lauren from the Middle East). For the same reasons, their identities as TNPs are also treated with suspicion as some patients question their capabilities as clinicians. This observation also trickles down to the management level where some participants feel that there is preferential hiring for local graduates or that they are being sided to during work conflicts. Lisa from the Philippines and a mother of two, recalls her experience with her manager:

> "I work in different nursing homes, a number of them and I find that the management when, I don't know, I don't want to make that assumption, but they would gravitate, for example, there are two therapists on site. They would gravitate to the one who's – that doesn't have an accent. So, I don't know, what influence, like what, what is."

Aside from discrimination, how the government cutbacks in physiotherapy services impact the participants' job security is also experienced by this group. In 2014, the Ontario government implemented a cutback on and delisting of publicly funded physiotherapy services that has significantly affected the contract that private companies had with government-operated nursing or long-term care homes (Landry, et.al., 2007). Because of the decreased government funding, several of them either lost their jobs or had their hours reduced that further caused strain on their finances. It will be recalled that many of the TNPs in this study desire to work in academic settings but feel that they are not given the opportunity to do so. As a result, many have been ghettoed to work in nursing homes. In their current work setting, several participants "were contract positions in the nursing home….we didn't have a good reputation" (Lisa). Aside from the effect of cutbacks, some participants also report the huge pay and work condition differences between

them and the local graduates. This observation was shared by Lauren who has been working in a private clinic for a decade now:

> "And less kind of chance to get kind of better hours for the work, better kind of time, better kind of breaks, better payment and I'm just – after 10 years right now, I can tell you, sometimes my income is less than the time that I started."

Once they start practicing as physios again, one interesting observation is how gender bias for the different professions is heavily entrenched among patients. For example, for US-trained Christofer who is now working in a hospital setting, he has often been mistaken as a physician while his female counterparts were assumed to be nurses. Christofer's experience suggest that unconscious gender bias still exists whereby males are assumed to take higher professional status (e.g. being a physician) while female healthcare workers belong to the subordinate groups (i.e. allied health or nursing). How Christofer perceives this bias is worth noting that reflects his identity as a PT:

> "Well, they kind of, basically, it's just like someone calling you something that I'm not. Like being a doctor is obviously a great status, but at the same time, respecting the College, you cannot, not even for a joking reason say that you are a doctor. You must confirm and say you're a physiotherapist, right. So, it's - I don't wanna say – it's not even degrading, it's just, it's not really – it doesn't make you feel good in a sense because they're calling you something that you're not, right."

Finally, some participants also feel that their past work experiences might have played a factor in their examination performance. For example, Kate who was working as a PT in the US for eight years prior to migrating admitted that the exam was not easy for her as her past practice was highly specialized. When asked about her exam preparation and how she passed all her exams on the first attempt, she had this to say:

> "I think, I think well having my prior knowledge, but it was also a bit of difficulty because I had kind of specialized in neuro. So, for eight years I had done head injury, stroke, spinal cord injury. I never really did ortho during that time and then so, to sit for this exam I had to recollect all my ortho. So, I needed to go back and really study that all over and I just, I really did study a lot for almost a year and a half every day, several hours, to pass this exam."

"The Defeated" (The Relinquishing Stage)

As the other fork of the Bifurcation Stage, Relinquishing represents the point where the participants give up their dream of practicing PT again (The Defeated). Expectedly, the experiences of those who failed to re-enter the profession as licensed PTs proved very heartbreaking. For these individuals, the feelings of hopelessness, fear, and desperation are very palpable. At a personal level, some of the female participants gave up their dream to become physios again for the sake of their families. As they have young children to take care of, family responsibilities took precedent over their careers. This reflects a societal level gender bias where women are expected to stay at home and take care of their families. At the same time, for some of the female participants, even if their children are much older, they feel that it is already too late to go back to reviewing and refreshing their PT knowledge.

The Relinquishing Stage is also an important stage as it represents the point where the participants find themselves doing the same blue-collar jobs that they earlier did during the Hopeful Stage that further suggest that their career trajectory is circular (roundabout) versus being linear. Mia from the Philippines, who unsuccessfully attempted the MCQ once, admitted that being a professional in Canada was not for her and only hoped that her children will instead carry on that dream. Very sadly, she recalls how she decided to give up her dream:

> "To be – I think it's better for you to do that career when you don't have your family with you, because you really have to concentrate. You really have to – all your time is

> – your time is fulltime to do your reviews and everything. And I cannot do that, because I have my family. I have to work. Looking at some physios who really want to do the reviews, they don't work. They really have to do the review for four to five months, not doing it, not working. For me, I can't do that because I have a family. I have to work. I have to feed them. I have a house to pay. I have the bills to pay. So, that's one thing that made me stop doing the – my career. Yeah."

Their difficult experiences of preparing and taking exams play a vital role in their journey. It has also been observed in the study that all but one of the participants (Alexander) who originally entered Canada under the LICP relinquished their PT dream either because of personal choice or the system forced them to (i.e. having exhausted eligibility). It was also notable how individuals from this group attempted the written component of the Canadian PT examinations only and unsuccessfully. Consequently, Mia and Alayna went back to working again as nannies. Participants who gave up pursuing their professional careers as PTs, including Jeremy, felt that the system failed them, especially with the imposed policy of allowing an exam candidate only three attempts in any component of the examinations. These participants argue that they know of fellow TNPs who successfully passed the licensure examinations in their fourth or fifth attempt when the original five-attempt policy was in place.[23] Indeed, the Relinquishing Stage represents the tragic stage in the TNP integration journey, specifically for the candidates who have exhausted their examination attempts. Pleading to the Alliance to give them more than three chances, the feelings of hopelessness and disappointment are undeniable. And yet, none of the participants who exhausted their exam eligibility has expressed any desire to legally challenge the exam policy of the Alliance. In their desire to continue working in the healthcare field, however, they reported wanting to receive advice from the credentialing organization for an alternative career

[23] The five-attempt examination policy by the *Alliance* was changed in 2014 to reflect the current maximum attempts to three in either components of the testing (i.e. MCQ and OSCE).

pathway that they can pursue beyond physiotherapy. As their chances of becoming a PT in Canada has been capped by the system, they feel that the Alliance should at least provide them with other possible career paths to take or even provide counselling to get them "through difficult times….to give other options like it's not a dead end or an end to your dreams" (Alayna). Being reminded of the precarious situation that she is in, Alayna further expresses how capping the examination attempts to three affects her:

> "It was so emotional, it was so – what now, I mean I'm not ready to give up, but they [Alliance] already gave up on you and then I went through again, I have to read the policies of Alliance if I can find a loophole that I can do the exam, consider – re-consider, something like that. I read every fine print where I can really tell myself that this is not fair, I mean I feel like this is not fair, because you [Alliance] are the one telling me that you're not good enough now, that you have taken three attempts, you know, that's the kind of feeling that I get from that."

Identity Adaptation

Whether they are The Triumphant or The Defeated, TNPs share common identity adaptations during the Bifurcation Stage. One, they must change their identities as physios as their previous trainings are no longer relevant in the Canadian healthcare practice. For instance, they are no longer the rehabilitation technicians who were just relying on physicians for orders. Second, the discrimination that they experience during this stage made them question their place within the Canadian physiotherapy profession and in the process negatively highlighting their identities as racialized immigrants. Finally, for those who failed on their last exam attempts or for those who decided to take care of their families instead, this stage is marked by the stripping of their identities as physios.

Negative Case Analysis

During the Relinquishing Stage, The Defeated points the finger to the system that failed them. By capping the examination attempts to three, for instance, the hope of becoming a physio again is no longer possible. As some participants report that there are TNPs who eventually pass their examinations beyond the three attempts, a negative case analysis was done to examine the issue. In this study, Jordon from Colombia passed his MCQ exam on his fourth attempt and is now working in a large academic hospital- the dream job of many of the participants. Thus, Jordon's experience validates the arguments of the participants that it is possible for someone to practice despite multiple exam attempts.

Furthermore, even for participants who passed both components of the examinations on their first attempt, they feel that the 3-attempt-only policy of the Alliance is unfair and unnecessary. Alyssa from South America who is now working in a large community hospital as a full-time clinician firmly believes that capping the attempts to three is not helpful to her TNP colleagues:

> "And it's unfortunately that the Alliance only sees the internationally physio, trained physios, they only see the equivalence, that they only see the pen and paper part of the profession and all the other aspects really cannot be assessed, are very valuable too. So, I truly believe that internationally trained physios should be seen as people trying really hard to pass that exam and I believe that we should have more chances."

On the other hand, and most especially for those who were already in their last examination attempt, several participants reported an extremely high level of anxiety knowing that it was their last chance. This was especially true for Mia who reported that "the system gave up on me". This sentiment was further echoed by Kate, a TNP from the US, who passed all her examinations on the first attempt:

> "Yeah, I think it's a real shame because just correlating it to, you know, some people just aren't good test takers and it might have no reflection of how they are in the clinic or how great of a physio they are because I had a friend in the States actually who, one of the best physios I've met, one of the most knowledgeable. She failed her test down there like once or twice, the written component…Again, some people are just not good test takers. Some people are exemplary clinicians and maybe they [i.e., Alliance] need to set something up where there is a hospital or something that has someone dedicated to taking these students and seeing how they really are in a clinical setting."

5. "The Survivor" (The Redefining Stage)

The Redefining Stage as the fifth stage of IA, represents the stage where TNPs express their plans and aspirations for the future regardless of their professional status. This stage can be best described as the point where they all look back on what has transpired on their personal and professional lives thus far from the time they landed in Canada. This is also the stage where they reflect how their past might inform or influence their future. In other words, this stage is the point where regardless of their career status, the path of TNPs re-converges to continue into their adaptation journey. For the licensed professionals (The Triumphant), this might mean re-visiting their earlier dreams such as pursuing higher (graduate) studies which they hoped for during the Preservation Stage. Furthermore, the Redefining Stage reflects a satisfied, happy state for the licensed TNPs as they are now free to choose whatever direction that they want to take beyond physiotherapy. Their focus, therefore, is more of a personal nature: spending more time with their family or even taking longer vacations. For individuals who relinquished their PT careers (The Defeated) and went back to the Hopeful Stage to become The Hopeful Aspirants again, some are already looking forward to or are already on their way back to the Bifurcation stage, but this time taking a non-physio pathway (The Relentless Spirits).

The Redefining Stage is an important stage as it reveals the participants' feelings about how it is like to be a TNP in Canada. For example, the practicing PTs in this study report having mixed feelings about their identity as professionals in the country. While they are proud to have achieved their goal of practicing as PTs again, there is also a strong sense of regret for leaving their home countries which invested in their education, as in the case of Emily from Colombia. On the other hand, the strong sense of accomplishment was evident on how Jasmine from the Middle East described her accomplishment as "amazing" as she felt that she is now "equal with them [locally educated PTs] and then I have Canadian clients." Furthermore, Alyssa from South America describes her integration journey as a "lifetime of experience." Expectedly, Kate from the US did not see much difference as she feels that the healthcare system and the workplace culture in her home country and Canada are the same. Surprisingly, some participants who already relinquished their PT titles (The Defeated) still feel proud to be called TNPs simply because of the achievements of their TNP colleagues who are now practicing the profession again. This is especially true for those participants who know of practicing TNPs from their home countries. This was the case of Mia who decided to give up her PT dream because of family demands:

> "I'm proud to be an international [-ly educated PT] because as you can see, we're the only one-most Filipinos are graduates coming here as caregiver. Yeah. And as professionals and successful."

As earlier noted, TNPs who relinquished their PT dream continue to redefine their professional identities, this time having to switch to other career paths. For some, working beyond the role of an assistant means pursuing other opportunities within the same organization. In the case of Jeremy who has exhausted his exam eligibility, he now works as a clinic coordinator for one of the

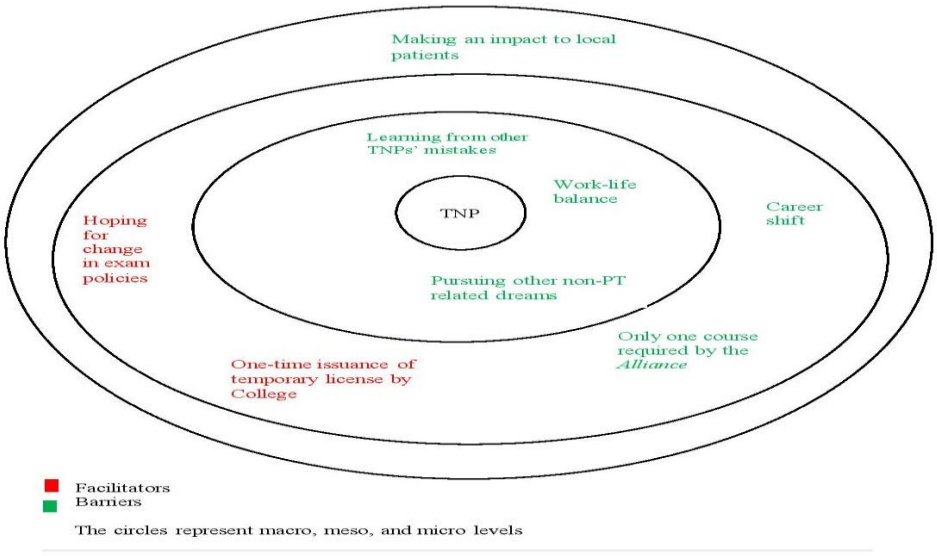

Figure 7. Contextual Elements & Redefining Stage

local branches of a large rehabilitation company where he was initially employed as a PTA. For others, maintaining a career within the rehabilitation field is important for personal satisfaction and professional identity. In the case of Abby who failed her MCQ thrice, she is now pursuing a certificate program as a rehabilitation therapist specializing in acquired brain injury. Alayna, who exhausted her exam eligibility, is applying for a degree program to become an educator for special children. This reflects her life-long dream (Preservation Stage) of helping children with disabilities.

Identity Adaptation

The Redefining Stage is important in the TNP integration as it reflects their identities as The Survivors and have learned to adapt their identities to survive in their new environments. For example, all TNPs look ahead to the future and what it holds. For the newcomers, this means learning from those who arrived earlier and learning some of the "survival" tricks, as in the case of Mario and Marcus who both arrived in 2016. At the same time, the need to continue surviving

continues to be experienced by those who arrived years ago. For some, adapting their identities means no longer calling themselves as professionals, as in the case of those who exhausted exam eligibility. In the end, what was common to all the participants in the Redefining Stage was that regardless of their professional or personal situations, each was seeking a work-life balance. Evidently, this can be explained by the many juggling activities that they had to do in the many roles that they now play. Most importantly, however, it appears that under this stage, life continues for all the participants that demonstrates their resiliency to the many obstacles that they face. This stage indeed reflects their ability to adjust for survival – for their careers, their loved ones, and for themselves.

Negative Case Analysis

While the Redefining Stage and being called "The Survivor" may intuitively refer to those who have been in Canada for a long time, a negative case analysis reveals that this also applies to the newcomers. In the case of Marcus who already failed his first MCQ, re-attempting to take the licensure examination to formally join the Canadian PT profession continues to be a goal. A critical finding under the Redefining Stage is how some participants who are still attempting the examinations (The Relentless Spirits) consult The Triumphant or even The Defeated TNPs to inform their career trajectory. In this case, Marcus has already been provided with many professional advice as to how he should be planning strategically his career moves. For example, as he reflected on his past mistake of taking the MCQ just "to see how the exam goes", he learned important lessons and received many examination tips from his informal Triumphant mentors:

> "Don't, I will advise him or her [i.e. newly arrived TNP] not to rush. Don't take the chances away from you in taking exams. You must go to a review centre or someone that can help because don't do the mistakes that I did…...They [mentors] give me insights or their experience or they share their experiences. They share me the things that I need to do aside from, of course,

> they always remind me, study more, study well. But they told me – maybe in the beginning it's hard, but don't lose hope. You will, you will – they are motivating me. They keep motivating me. They keep telling me that someday you will come to this position also. Just don't rush yourself and they always give me positive remarks, positive about life. Positive things on how to achieve my goal to become a physio."

In the same way, Mario recalls how his being a survivor ultimately is all about adapting:

> "I am the kind of person, I choose this, so we have a saying in Italian, so did you want the bike? Now, you bike. So, it's a kind. I say, I choose, I choose to do it. so, because I choose, and I have to do it. How do I say? I choose to do it and I need to. If I don't like it, if I don't like it, I grab a plane, I go back. But because I like it, I choose it. I choose the environment, I choose, so I need to adapt."

Conclusion

This study has led to the generation of the IA theory that explained how the TNP integration process was about how the participants adapted their identities according to the various contextual factors and stages. From the initial line-by-line coding, the emerging codes and categories ultimately generated the core theory through the CrGT approach. At the same time, using "contradiction" as an analytical tool has been useful in further understanding the role of the various contextual factors in the integration process. The Findings chapter demonstrates how TNPs integrate in Canada that is defined by various contextual factors that either serve as facilitators or barriers to integration. Consequently, this chapter outlines the five key stages in the TNP integration: Preservation, Hopeful, Perseverance, Bifurcation, and Redefining. Each stage, in turn, demonstrates how TNPs adapt their identities based on the contextual factors that exist. At the Preservation Stage, one observes the TNP as the "Proud Newcomer" who is proud of her or his past education and training while at the same time looking forward to living a new life in Cana-

da. During the Hopeful Stage, one sees the TNP adapting to the new identity as “The Humbled Aspirant” after realizing the little value that is being placed on his or her past credentials and training. The Relentless Spirit emerges once the TNP reaches the Perseverance Stage whereby he or she relentlessly pursues his or her dream of practicing as a physio in Canada. During the Bi-furcation Stage, one notes the split of TNPs: “The Triumphant” celebrates the achievements of finally joining the Canadian PT profession as a licensed professional while “The Defeated” seeks alternative pathways as the opportunity to be called a physio again is no longer possible. Finally, the Redefining Stage describes the TNP as “The Survivor” where his or her resilient spirit has allowed him or her to continue in their professional journey in Canada, this time with priorities that are different from the time they first landed in the country.

CHAPTER 5

DISCUSSION

As literature is silent on the topic of TNP identity and adaptation, this research problematized their everyday, lived experiences beyond what is currently offered. What this study offers, therefore, is a non-disjointed analysis of the TNP integration process from the time that the participants decided to migrate to Canada up to their present career aspirations. Consequently, this work examined the various tensions that resulted as the participants navigated the various systems and their implications to their lived experiences. Specifically, this study examined how the participants situated themselves within the context of the local PT practice, regulations, and education policies vis-a-vis their unique academic, cultural, and social backgrounds. Identifying these overlapping tensions opened opportunities to build on or question some of the existing PT policies in Canada.

The inductively identified theory of Identity Adaptation (IA) explains how the participants' adaptation can be viewed as a process of personal and professional molting whereby the participants had to shed off their former selves to adjust to the demands, opportunities, and challenges that existed at the micro, meso and/or macro levels during the different TNP integration stages. In this study, IA is defined as "a process of professional and personal transformation whereby TNPs adapt their identities based on the contextual elements that either facilitate or hinder their adaptation in an earnest effort to belong to certain groups or communities." Such identity adaptation occurred both pre- and post-migration, suggesting that this process occurred multiple times, at different stages, and with varying causes. As a study that explored the experiences of TNPs who were educated and/or trained outside of Canada, the research participants' diverse backgrounds and experiences provided the richness in data. These included the experiences of partic-

ipants who were born or raised in Canada but decided to study physiotherapy abroad. As a result, this study also presents a panoramic picture of the diversity of the participants' lived experiences, notwithstanding their specific social or professional circumstances.

The emergence of the five stages of TNP integration was helpful in determining the six TNP identities and their relationship to the various contextual factors. At the same time, how TNPs continue to maintain their ties with their countries of birth or education was an important finding. For instance, the participants in this study maintained contact with their loved ones in their source countries through various platforms (social remittance) while at the same time sending money (financial remittances), or even taking part in political affairs such as voting (political remittance). For this reason, the term 'transnational physiotherapist' is used and proposed to refer to an individual who regularly takes part in such cross-border activities. However, and unlike the findings of Cocks and Cruice (2010), there was no evidence of 'brain circulation' in this study where TNPs exchanged knowledge and information between their source and host countries (e.g., organizing or participating in professional activities in their home countries). In other words, knowledge exchange occurred between TNPs within Canada only and with no evidence of that entering or exiting the country. This study also introduces the 'TNP' term as it is felt that it is more encompassing and less divisive as compared to some of the terms that are popularly used in the literature such as IEPT or foreign trained. In other words, and in the spirit of equity, using TNP attempts to lessen the divide between 'us' and 'them' or the 'local' vs. the 'foreign'.

The findings of this study also challenge an earlier work that suggested that the integration of TNPs assume a linear and sequential trajectory. In this model, it has been proposed that their career journey would culminate in their employment as registered PTs (Alliance, 2007; Figure 8):

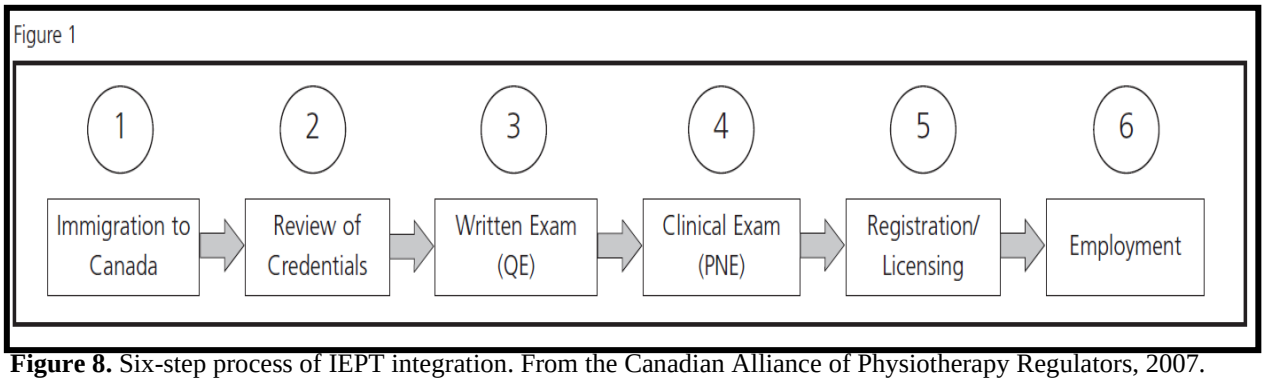

Figure 8. Six-step process of IEPT integration. From the Canadian Alliance of Physiotherapy Regulators, 2007.

As a matter of fact, the linear trajectory proposed by the Alliance is only a snapshot of the TNP journey. Particularly, the above figure only represented three of the five stages of the TNP integration process as proposed in this study (namely Preservation, Hopeful, and Bifurcation). Alternatively, the findings of this study offer the 'roundabout' TNP integration model. In this framework, the TNP integration journey is non-linear as all participants reverted to one of the integration stages that they have earlier gone through (Figure 9). For example, once licensed and practicing, The Triumphant TNPs 'went back' to the Preservation Stage and re-visited their earlier career goals when they first landed in Canada as The Proud Newcomers. In the same way, TNPs who have exhausted their exam eligibility (The Defeated) found themselves doing the same menial jobs again in the Hopeful Stage. In the process, the finding of a fluid movement between the various IA stages is multi-factorial and has implicated several social institutions and processes that served as facilitators or barriers to professional inclusion. Indeed, the Alliance's linear and straightforward integration model is questioned by this study as it diminishes the effect of physio de-professionalization. This study further argues that the TNP integration process is far more complex and cannot be simply demonstrated by arrows pointing to one direction.

Social processes, with its many classifications, are "repetitive interaction patterns of behavior which are commonly found in social life" (Horton & Hunt, 1976, p. 289-310). Within the context of this study, these iterative behavioral practices have implications to the professional adaptation

of TNPs. Particularly, the findings of this study suggest that the participants often encountered conflict with various PT institutions and processes as they attempt to re-enter the profession in Canada that put into question their identities as professionals. This is evident on how the various contextual factors interacted at the meso and macro levels. At the same time, being the professional outsider has further implications to the TNPs who were educated and trained in developing countries where their possession of certain attributes or characteristics even made them less desirable. From the time they were admitted to Canada up to the time that they either achieved or relinquished their dream to practice, their previous training and education have become liabilities during examinations, employment, and day-to-day social interactions – a finding that speaks about the systemic norms and policies.

Aside from the very stringent professional regulatory measures that are in place, other important contextual factors such as the lack of resources (including social networks) and perceived discriminatory practices also delayed or halted their professional integration. Beginning with the inconsistent information that they received pre-migration about PT practice in Canada, they arrived in the country only to be welcomed by different and conflicting PT practice rules and policies.

The issue of equity and how it was perceived by the participants was very palpable in the narrative of The Defeated TNPs who ended up giving up their physio dreams because the system forced them to. In this case, the three-attempt-only policy in the examinations capped their eligibility to challenge the tests, signaling an end to their physiotherapy careers. However, whether they were licensed or not, perhaps one of the most striking observations in this study is how most of the participants critically questioned the drastic change in the number of exam attempts that candidates were allowed to take, given the perceived disadvantage that they experienced. For

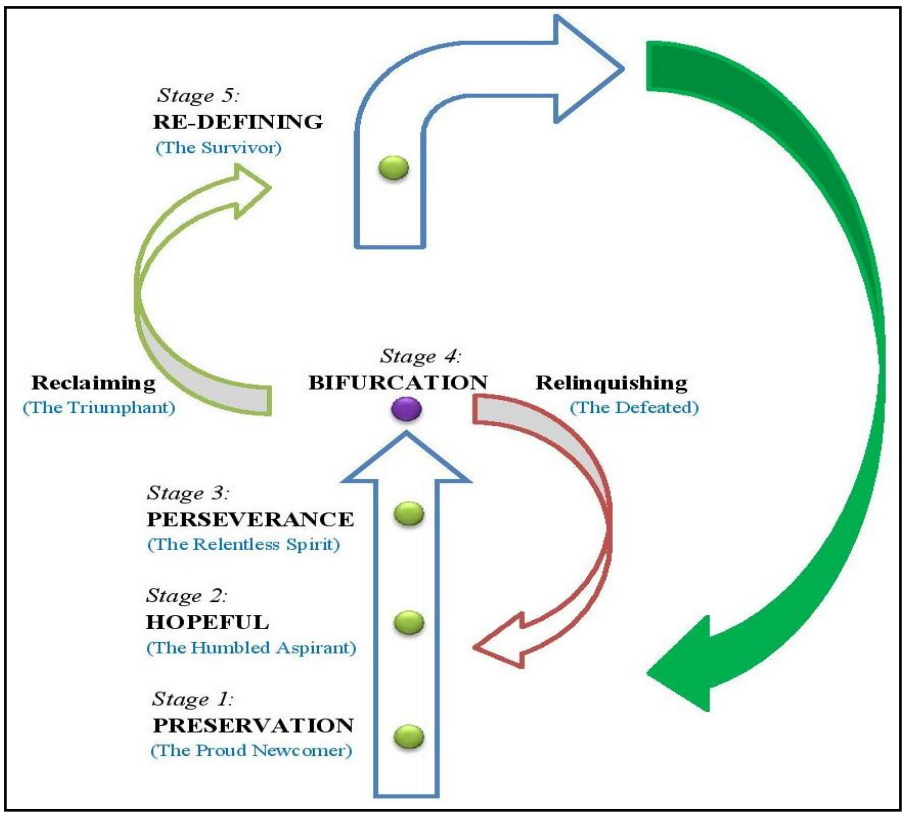

Figure 9. *Roundabout integration trajectory of TNPs.*

participants who have exhausted their exam eligibility, they appealed that they be given more chances, arguing that there were examinees in the past who eventually passed the exam on the fourth or fifth attempt. Since the three-attempt policy has never been legally challenged, one can only speculate the factors that led the Alliance to changing the number of attempts allowed. It will be recalled that in the US, for example, exam candidates are given six attempts in a lifetime to challenge the National Physical Therapy Examination (200 MCQ) (Federation of State Board of Physical Therapy, personal communication, April 18, 2019).

At the same time, the lack of exam resources made them rely heavily on the advice and tips of informal mentors or TNP organizations. Considering how they perceived the advantage of the local PT graduates, this could be an opportunity for the various professional bodies to create sustainable networking and mentorship opportunities for TNPs. At the same time, given that the

credentialing fees of the Alliance is not within the modest range,[24] paying such amount for a newly arrived immigrant can be challenging. Therefore, this could also be another opportunity for the profession to consider some of the ways to best support their immigrant colleagues. Additionally, the TNPs also felt that the information and resources that they received from the Alliance at that time was lacking. For example, during the OSCE preparation, the candidates were left on their own to create study groups which would have been unimaginable for new immigrants to the country. As one participant (Emily) noted, "I was talking in front of the mirror…" as she was preparing for her OSCE which she eventually passed on the second attempt.

Also noteworthy in this study is how brain waste has been demonstrated during the Bifurcation Stage. In this instance, some TNPs had to go back to working in the same menial jobs again. These individuals, who have exhausted their exam eligibility, should be provided guidance as to other career alternatives that they can pursue to avoid further de-professionalization. For future research, it will be interesting to see whether individuals who took the non-physio pathway also had to go through the different integration stages as suggested in this study. It will also be interesting to see what the career trajectory might look like for a TNP who migrates to another country to continue pursuing the PT career after exhausting exam eligibility in Canada (in the US for instance, as expressed by some participants under the Hopeful Stage).

Based on the lived experiences of TNPs gathered in this study, the IA theory then demonstrates the ways they adapt into the mainstream society. As the way for them to move through the adaptation process, every stage offered various contextual factors that allowed them to either move up higher to the next stage or not. Interestingly, a few adaptation experiences of non-racialized TNPs also reflected the same experiences as their racialized colleagues. For example,

[24] As previously mentioned, the cost for credentialing is $1,088.00 while the total exam fee is $2,815.00 ($1,002.00 for the MCQ and $1,813.00 for the OSCE), a total of $3,903.00. The latter amount does not include other administrative fees such as exam recount or withdrawal.

the role that social networks play was an important aspect in their journey but was essentially absent during their early career stages. However, the process of IA was even more challenging for the racialized TNPs as they also dealt with the consequences of possessing various capitals that were considered outside of the norms of PT practice in Canada. These included having a different accent, being educated outside of the country, or simply because of their skin color. And yet, they persisted in adapting their identities as this was the only way for them to survive in the country. By adaptation, it meant having to constantly re-evaluate who they were as outsiders both in social and professional circles. Adaptation also meant having to re-define what "success" might look like. For some, this meant having to pursue other career goals outside of physiotherapy. Regardless of the adaptation stage that they were in, however, the resiliency and adaptability of the TNPs appear to be the key components in their survival as they attempted to hurdle different obstacles.

Theoretical Contributions of the Grounded Theory Study

To further build study trustworthiness and to strengthen the IA Theory, some components of the theoretical lenses will be presented in this section that highlight the implications of the findings in this study: theory on racial capitalism (macro), institutional/political economy lens (meso), and Bourdieu's work on the capitals and habitus and Berry's acculturation theory (micro).

Robinson's racial capitalism theory posits that racialized bodies have become important commodities to help sustain the economic activities of capitalist countries (Robinson, 1983). Evidently, the migration of TNPs to Canada has been fueled primarily by the lack of practicing PTs in the country. With a robust economy and the promise of a better future for themselves and for their families, TNPs have been enticed to migrate to the country. Once in Canada, however, they realized that the bureaucratic process only impeded the progress of their careers that has been

further delayed by the perceived discrimination that they felt most especially at work. Whether they were able to eventually practice the PT profession or not, the TNPs found themselves working in blue collar jobs just to make both ends meet. At the same time, they also found themselves working in jobs that they felt they were overqualified to do, specifically working as PTAs.

Robinson's work allows one to appreciate how capitalism has permeated the PT profession. With respect to this study, the production of physiotherapists in low-income countries have become a steady source of human labour in the West. Despite the bright offer to be able to practice their profession, Canada has capitalized on the oversupply and educational qualifications of racialized TNPs to fill the labour market shortage in the country, whether related to physio or not. And even for the TNPs who were eventually able to practice as PTs again, they found themselves working in areas that were shunned by the locally educated practitioners. Since physiotherapy has its historical roots in the global north, it is important to acknowledge how such history may have implications to racialized practitioners in and from the global south. Indeed, since the Canadian physio profession is regarded as having one of the most stringent regulatory practices globally, it might also be to the detriment of those who were educated outside of the country. For example, arriving in Canada without the necessary tools pre- and post-migration can only prove to be a frustrating and disappointing experience. This also meant that some participants may have to give up their dreams of becoming registered PTs again.

Ongoing immigration is an economic policy in Canada given low birth rate and aging population while other newcomers like TNPs experience high level challenges to practice as PTs on the other. As a result, the non-entry of TNPs as registered PTs in Canada has delegated their economic bodies to performing blue-collar, low-paying jobs. In other words, the economic bodies of the TNPs have been used by various social institutions to fill the labour shortage in Canada that

effectively exploited the foreign trained professionals. At the policy level, the PT profession should continue reflecting on the implications of brain drain from source countries as a result of physios migrating to Canada. At the same time, the discrepancies in policies between the Canadian immigration and the Alliance should be reconciled, as the contradicting rules proved disastrous for the participants that triggered a host of negative events that ultimately led to the de-professionalization of some. Moreover, the discrepancies in education and training among the international PT learning institutions are huge such that the credentials in one country are not recognized in another. As an autonomous profession with its members practicing independently, it remains important that the Canadian PT profession continue to liaise with other international credentialing and learning institutions about how the profession is practiced here. This is most critical for those source countries where the scope of PT practice is under the directive of a physician. Particularly, there are countries where direct access is not practiced because of legal prohibitions. This has implications as to how sending countries should (re)evaluate their teaching methods and the use of various learning materials to better prepare their own graduates for an anticipated practice in Canada. At the same time, the PT clinician's ability to think critically, often needed in the Canadian PT practice setting, can be jeopardized. Thus, it can be problematic for the PT profession specifically to continue welcoming international colleagues who do not possess the "right" qualifications.

The idea of how humans have become commodities in the labour market can be explained by how the state controls the operation of healthcare professions in Canada. While certain minimum standards need to be met for licensure and regulation purposes, the participants in this study reported how they felt disadvantaged from the resource and education standpoints. As the Alliance (through the licensure examinations) determines the number of entrants into the profession and

with TNPs reporting their perceived disadvantages, it appears that there is a disconnect between the standards set by the Canadian PT labour market and what the TNPs can offer. This effectively limits the number of entrants into the profession that raises the market value of the profession. With limited number of practitioners, the physiotherapy profession can therefore raise its economic profile within other healthcare professionals by creating a high demand for its services while at the same time decreasing its supply. This argument has been earlier noted by several authors who observed how the monopolization of services by healthcare professionals effectively raised both the professional profile and wages of their members (Brante, 1988, pp. 119-142; Bourgeault et al., 2013, pp. 199-223).

The idea that the bodies of TNPs have become the "economic bodies" was best demonstrated by how the cutbacks in physiotherapy funding in 2014 occurred for publicly-funded physiotherapy services in Ontario. This cutback caused both financial and emotional despair for the participants, recalling that most of them during that time were working as PTAs in nursing homes whose funding was significantly decreased alongside that of private clinics. Moreover, most of them were contractual workers in these settings as a result of the agreement between the government and private companies where the latter provided the supply of rehabilitation workers for nursing home patients. Unfortunately, because most of the participants were working in for-profit organizations, they suffered significant financial loss when the contracts ended. Consequently, the effect of contracting out health services to private companies caused job insecurity among the participants. Indeed, because of government cut-backs, it increased the work insecurity or precariousness of the TNPs as a result of what Marx would refer to as the proletariat exploitation under capitalism (Chhachhi, 2014). It can be further argued that their economic bodies became commodities that were easily disposed by a system that no longer needed them. In other

words, the precariousness of their contractual employment was largely influenced by neoliberal principles where the provision of a public good, in this case healthcare, was delegated to private companies which in turn employed the TNPs as mere contractual workers with no benefits or job security.

The emergence of IA to explain the TNP integration could also be theoretically interpreted via Bourdieu's work on habitus upon which the capitals operate. Given how Bourdieu's theories on the capitals support the lived experiences of the participants, his work on this topic is included as an adjunct tool for analysis. For example, the Bourdieusian discipline argues that there is interconnection between the various capitals (Reay, 2005, pp. 568-571) and one of the ways in which this has been demonstrated in the study is how economic capital complemented social capital. The possession of positive capitals – those capitals perceived to be desirable- proved very useful not only in securing employment but also in workplace integration. The possession of these positive capitals, including speaking the "perfect English" or being already immersed in the Western culture, was a given for those participants who were born and raised especially in North America. Furthermore, for the participants from North America or Europe, the possession of a positive economic capital was helpful as they were establishing themselves in Canada as physiotherapists. For example, for the Canada-born/raised participants, financial support came from family members who were already in the country. At the same time, one European participant (Mario) sold his private PT practice in his home country and that he already owned a condominium in Toronto before he migrated, suggesting further that he had the financial means to support his family upon their arrival in Canada. On the other hand, for some participants who arrived under family sponsorship or as nannies, they had to initially live either with family members or their employers, demonstrating that economically, they were also dependent on others

during their first few years in the country.

Thus, the observations of how either negative or positive capitals impact adaptation concurs with Bourdieu's argument that the volume and value of the capitals possessed (in this case, negative or positive) was predictive of their place in the social field (Angus et.al., 2005, p. 165). Furthermore, the findings of this study further suggest that the possession of either a negative or positive capital had a direct effect on the adaptation trajectory rate among the participants. That is, the less ownership of the negative capitals, the more efficient one went through the adaptation process and with less hurdles along the way. By identifying the various capitals and how they impact both the habitus and practices within the social field, this work provides an explanation as to why IA can be an important theory to explain why and how TNPs adapt their identities.

How the participants' diverse cultural background was in tension with the professional practice in Canada was a critical finding in this research. Notably, the participants' perceived discrimination and 'othering' which made them feel like outsiders and not welcomed by their colleagues and by the PT profession. Therefore, reconstructing themselves during the adaptation process was important in order for the TNP to adjust themselves to the new social field because of the possession (or not) of certain negative capitals. In this case, identity crisis was an important event where participants reconciled their past identities with their current situation and future aspirations. That is, and as mentioned, the more negative capitals they possessed, the more challenging their integration journey was and the more it was necessary for them to change their identities. The negative capitals here refer to those capitals that have been perceived to be less desirable in Canada, such as having a heavy accent or possessing foreign qualifications. As noted, the possession of these negative capitals was most evident among TNPs who were originally from developing countries. Language-wise, while all the participants in the study passed the re-

quired English language fluency requirement, most reported having difficulties in using the language at the workplace which also contributed to their "othering". Therefore, the profession should further explore how to best support language fluency of TNPs beyond the standardized testing methods.

The challenges that the participants faced at the social and institutional levels indeed warrant further discussion as the issues they raised appear to be silent in the Canadian PT literature. Particularly, the perceived discrimination that they experienced as they attempted to navigate the various social institutions have implications for the future direction of the profession. Most especially for TNPs who migrated from developing countries, seeking for greener pastures was the main reason for their migration to Canada because physiotherapists in their home countries were either underpaid or there was absence of work altogether. Upon their arrival, they had to start looking for work to support themselves and their families. A negative institutional capital that worked unfavorably for the applicants was how they were required to comply with the CE requirement as they were seeking employment, especially for the newly arrived participants. While CE has been regarded as a rite of passage for new labourers in Canada, this phenomenon has not been reported in the physiotherapy literature. The non-ownership of CE meant that the participants either had to resort to providing non-paid volunteer work (such as being a non-paid PTA) or to start taking blue-collar jobs where such requirement may not be necessary (e.g. working as a janitor). This reflected an opportunistic system where the participants provided free labour to employers who took advantage of this unfair employment practice. Therefore, taking survival jobs (a negative economic capital) – though not ideal- allowed them to pay for their everyday expenses. By advocating for the plight of potential new members to the profession, it remains critical that TNP voices are embedded in various Canadian PT policies, most especially on la-

bour rights and equity issues.

As they started working in the physio field again either as registered PTs or as PTAs, the discrimination that they experienced from colleagues and patients continued that further made them feel like outsiders to the profession. At the workplace, the perceived discrimination experienced by the participants deserves careful consideration not only during hiring practices but also to address the micro-aggressions that they received from colleagues. As TNPs start building their Canadian careers, it is also critical for the profession to address the accusations made against them, such as stealing jobs from the locals and the authenticity of their past PT training questioned by patients. In other words, their expectations of who they thought they were as professionals was entirely different to what they were expected to be. This identity crisis has also been reported in the physician literature where medical students struggled to find their own personal identities, such as being gay or person of colour, while at the same time desiring to meet professional expectations (Frost & Regehr, 2013). The findings in this study, therefore, reflected the conflict of how one's identity as an immigrant, with its many attributes, ran in conflict with the expectations of the profession. Particularly, how their previous identities as PTs was not necessarily recognized and at times not welcomed by their colleagues in the profession. Despite on-going calls by different PT institutions in the country that promote and celebrate the diversity of the profession (e.g., Physiotherapy Month), it appears that such occasions do not necessarily include the real life struggles of the participants who felt that they were perceived as competitors in the profession. The perception of being an outsider is an important consideration as some scholars in the field argue how PT has not fully matured yet as a diverse profession (Gibson et.al., 2010, p. 98). At the same time, given that there are now many TNPs practicing in the Canadian healthcare system, including the results of this study in policy discussions will hopefully influence the direc-

tion of the profession.

Possessing the certificate of completion of licensure exams and registering in Ontario as PTs were objectified capitals that were not easily obtained by most of the participants. While the possession of these objects (certificates) signaled their formal entry to the profession, most of the participants were unaware of the "rules of the game" to practice physiotherapy in Canada and was one of the important contradictions found in this study. For example, in terms of the examinations, most participants reported that their previous academic training (institutionalized cultural capital) did not prepare them well for the two-tiered examination process in Canada, most especially during the OSCE, alongside the perceived lack of information and resources from the Alliance. This became obvious to them only when they entered the Hopeful Stage. Throughout the study, the participants expressed how review materials could have helped them better prepare for the Canadian physiotherapy examinations. These include making available to TNPs some of the materials that are accessible only to the graduates of local universities. At the same time, this study acknowledges the fact that each university may have unique materials that are accessible by its students only. As a result, it will be most helpful to further expand and update the examination preparation materials that are currently available in the Alliance website. Indeed, the lack of resources by the participants and the refusal of the local graduates to share information have been perceived to have played a negative role in the exam outcome of the participants. How can this situation be used by the PT profession as an opportunity to support TNPs? Doing so is an important step towards equity.

Most of the participants in this study reported the importance of belonging to a formal organization of TNPs (professional club). They further noted the importance of being mentored by fellow licensed TNP colleagues, as earlier reported by Yoon et.al. (2017). A unique finding in the

study is how Canada-born TNPs also found it very challenging to re-establish themselves when they returned from their overseas schooling and the importance of social networking even for this group. This latter finding is crucial as it expands and challenges the notion that only immigrants (i.e. foreign trained) professionals experience social networking issues upon arrival. At the same time, this finding also challenges the Alliance Report where it has been argued that people born and educated in Canada "have an intuitive sense of how to navigate our particular version of civil society" (Alliance, 2007, pp. 30-31). The need to establish a strong social network was very evident to all the participants in this study and was critically important during job-seeking and examination preparation. Surprisingly, even the Canada-born or raised TNPs also sought local student examinees to secure exam resources from them (objectified cultural capital). In short, there was a disconnect between perceived reality and experienced reality. To this end, the creation of a mentorship system between the local and TNP examinees might be beneficial to create that environment of inclusivity and foster exchange of knowledge and experience, keeping in mind that many TNPs arrive in Canada with already several years of experience. It will also be helpful if PT universities will encourage their graduates to be more welcoming and helpful to TNPs in sharing their review materials. This will also promote more opportunities for cultural exchange between students.

The TNPs also perceived the OSCE process to be unfair and unjustifiable. They further noted how these exams were more advantageous to the locally educated students who have been trained early on in their studies on how to successfully complete these tests (positive institutional cultural capital). Given the high stakes nature of the examination, it remains important that these issues be addressed for equity, accountability, and transparency reasons. Furthermore, the participants expressed in the study how they found it helpful to be mentored not only by licensed prac-

titioners but also individuals who are TNPs themselves as they were able to personally draw inspiration from them. Particularly, the participants felt that the TNP mentors truly understood their experiences as they were navigating the various systems. In other words, a formal mentorship program with registered TNPs as mentors will be beneficial. Perhaps through settlement agencies where government funding for immigrants is directed, the creation of sub-organizations specifically for TNPs will be helpful not only in helping them navigate the various systems but also in creating important social networks. These sub-organizations will also be helpful in organizing continuing (or refresher) activities for TNPs as university-based bridging programs, while very useful, can be costly most especially for newly arrived immigrants.

Given how most of the participants felt the OSCE as a huge barrier to professional integration, the PT profession should re-visit the OSCE as an evaluation tool of clinical competency given the recent evidence of its ineffectiveness (Bobos et.al., 2021). As none of the "Triumphant" participants reported having to struggle with the provision of actual physiotherapy services once they started working (i.e., relearning the skills of a physiotherapist), this finding is critical considering that the participants argued that the number of exam attempts one took does not necessarily reflect one's clinical skills. It will be recalled that between the two types of physio exam (MCQ and OSCE), most TNPs fail in the OSCE component.

At the practice level, the perceived discrimination that the TNPs felt during their encounter with the examiners during the OSCE was identified as a stumbling block. The participants mentioned multiple times how their accents became liabilities in exam sites. For example, they felt that the OSCE examiners were already biased against them because of their manner of speaking and appearance (looking "culturally different"). While this finding support an earlier research of Kelly et.al., (2009) on examiner bias, further action needs to be seen from the PT profession on

how this can be better addressed. This study also recommends that the Alliance review its orientation program to ensure that both examiner bias and cultural sensitivity be appropriately addressed. At the same time, the participants' appeal to amend the three-attempt-only policy should be reviewed by the Alliance. This includes providing substantial evidence as to why the original five-attempt policy was abolished. Unfortunately, no data has been made public by the organization that provided evidence as to why the number of examination attempts had to be reduced. Regardless of their current professional status, most of the participants in this study agreed that the number of exam attempts should be reverted back to five, as in the past. They felt that their unique personal circumstances were enough reasons to give them more chances to challenge the PT exams.

This study also confirms the results of previous research that highlighted how female physios either had to delay or give up their dream to practice PT to raise their children. On one end, all the participants who are mothers reported being happy and satisfied with their role in the family, taking care and raising their children. But deciding to become a mother also meant that they either had to give up or delay their dreams of practicing as PTs in Canada. Consequently, those who delayed their career eventually gave up on their dream as they felt that they were no longer able to catch up with their studies and exam preparations. This observation was glaringly noticeable for the participants from the Philippines who arrived as nannies. This further suggests that the goal to practice has been reserved primarily for men. Indeed, using a feminist lens reveals how gender norms are imposed by societal perceptions and attitudes that lead to life inequities (Lips & Lawson, 2009; Thebaud et.al., 2021). This observation is important as this study brings to the surface the need to reconcile two things: that while the majority of practicing physios in Canada are women especially in Ontario (Higgs et.al., 2001, p. 85; CPO, 2021), this becomes a

threat to female TNPs at the same time as they are at greater risk of not being able to practice the profession again. Particularly, support and due considerations are much needed in situations where they either had to delay their credentialing, course completion, or examinations as they have to stay at home to raise their children. This has further implications most especially in terms of the length of time one can be credentialed or to complete the licensure examinations.

While they transitioned to the different integration stages, what is clear from the study is how the participants' optimism played an important role in the integration process. Indeed, given the various ways that TNPs integrate, this study counters the argument that integration is a linear process as TNPs found themselves moving between stages and not necessarily moving in a linear, predictable trajectory (i.e., linear vs. roundabout). Berry offered four ways on how immigrants adapt and based on the study findings, the adaptation of TNPs to their life in Canada is a mixed one. For example, while assimilation appeared in some stages such as during their licensure exams or with workplace cultural expectations, they also demonstrated marginalization, as in the case of TNPs who ultimately gave up their dreams of practicing the profession again and are now working in areas that are totally outside of PT. Similarly, those who assumed a separation type of integration displayed some forms of resistance as in the case of those who have exhausted their exam eligibility. While they were aware of existing policies that bar them from pursuing their PT careers, they remained defiant and demanded change in the system. At the same time, and using Berry's various acculturation models, the findings of this study further suggest that the participants used various acculturation strategies depending on the particular TNP stage or personal circumstance that they were in. Arends-Toth & van de Vijver (2004) argue that people can use different acculturation strategies based on their unique situation.

IA Theory Contributions

While adaptation has been reported in other professions as a key element in the professional integration process (Ngo & Este, 2006; Wilson-Forsberg, 2014; Sayegh & Lasry, 1993), such has not been reported yet in the PT literature. IA Theory, therefore, has implications and contributions to the TNP literature and to the immigrant integration discourse.

First, adaptation was a necessary element in order for the participants to continue surviving and at times thriving in their new social environment. By being adaptable, the TNPs were able to navigate the various adaptation stages although at times, it took them to directions that they did not necessarily choose. To this end, IA Theory demonstrates how the participants exhausted all the resources at their disposal in an effort to "make it" in Canada. This is evident by how none of them expressed any desire to go back to their home countries after arriving in the country.

IA Theory is also important to explain the relationship of each adaptation stage to the identity that emerged and how the various contextual factors – either barriers or facilitators- played a critical role in understanding what the anticipated pathway might be. Ultimately, and in their earnest effort to belong, TNPs needed to transform themselves in order to adjust to and work around the situation that they were in. However, and for some of the participants, their transformation did not necessarily translate into achieving their goal of becoming registered physios again but rather took them to other paths. This allowed them to either deepen their personal identities (e.g. being a mother) or seek other alternative careers that will give them the opportunity to be called professionals again.

Third, the IA Theory is critical to understanding the impact of the various contextual factors in the TNP journey. At the pragmatic level, the various contextual factors at each adaptation stage should be carefully studied and analyzed if the ultimate goal is to facilitate the successful

adaptation of TNPs. Understanding the various negative contextual factors of adaptation can be used as an opportunity to diminish the barriers to TNP integration. For example, what are some of the ways in which the PT profession can interrupt the negative cycle that is most evident at the Bifurcation Stage?

The IA Theory also examines the social structures and processes that either facilitate or hinder the adaptation process. It brought to the surface the palpable and contentious relationship between the participants and the various social structures. As the IA Theory explains that the adaptation of TNPs is a process that it is non-linear, the ebb and tide of such a process can be confusing and at times, disappointing. The theory then provides an opportunity to re-examine these structures and how they can be best navigated by TNPs. To this end, the IA Theory can be used by the various PT stakeholders in critically analyzing how the lived experiences of TNPs can better inform their respective policies in education, regulation, and practice. The IA Theory, therefore, provides an entry point into the lives of immigrant physios and understanding better their struggles, hopes, and dreams.

Finally, this study is all about the lived experiences of TNPs. The IA Theory can be used as a tool for TNPs to assess their readiness to migrate to Canada, including identifying some of the anticipated barriers that they may encounter upon landing. If already in Canada, the TNPs can use the theory as a means to self-reflect and analyze how the uniqueness of their situations will continue to be influenced by the identified contextual factors.

CHAPTER 6

CONCLUSION

More than a decade after the Alliance's 2007 publication, this work sheds new light on the lived experiences of TNPs by examining how the various contextual factors contributed to the adaptation of their identities. Specifically, the identification of the various adaptation stages ultimately pointed to the IA Theory as the main finding that explains how TNPs adapt post-migration. While these TNP identities are critical to further understanding the diversity of the Canadian PT profession, it is hoped that they will guide various stakeholders in exploring opportunities on how to best support them at each stage, including how current policies in education, regulations, and practice have created unintended consequences such as perceived discrimination and "othering."

Canada is a country known to welcome immigrants from all over the world. The points system is particularly important in determining the eligibility of individuals under the economic/skilled immigrant category where education and work experience are the primary criteria for admission. As a result, the government has used the points system to ensure that only the highly-educated immigrants enter the country. Since most of the participants entered Canada under this class and at the systems level discourse, it is important for the physiotherapy profession to both recognize and acknowledge this for several reasons. First, it is critical to recognize that while TNPs who enter the country were assessed as "physiotherapists," paradoxically, it is also the possession of these "foreign" qualifications that caused their de-skilling and de-professionalization that is only further challenged by the credentialing, examination, and registration to practice regulations. Consequently, arguing from the lens of the racial capitalism theory, one can posit that Canada as a potentially racial capitalist nation, has benefited from the ra-

cialized TNP bodies from low-income countries to fill the labour shortage in the country. That is, these supposedly highly-educated economic migrants have instead become general labourers to work in places where their skills are under-utilized and unrecognized by local Canadians. Second, an acknowledgment on the lack of discourse within the Canadian PT profession on the impact of TNP migration only diminishes the problem of systemic de-skilling and de-professionalization at the micro level. The integration problem therefore remains at the individual level only and centers around the immigrant physios' skill deficiencies. This micro approach can be further attributed to the lack of a stronger, more meaningful collaborative action between Canada and the governments of various TNP source countries. That is, there is still limited discourse and action on how to best prepare these immigrants for migration, alongside the lack of information and remedies on how their educational qualifications and work experience can be leveraged against the local Canadian standards. Consequently, creating that bridge between the immigrant physios' skill "deficiencies" and the wider implications of the TNP migration is an important opportunity for policy makers such as the Alliance to re-examine at a deeper level why TNPs perform disproportionately with national examinations. This is also an opportunity for decision makers to examine all the identified contextual factors identified in this study and how they can be utilized to make the adaptation experience for TNPs more successful.

It is also important to acknowledge the effect of migration to Canada on the experiences of female TNPs. As a predominantly female profession and with women having more representation in this study, it is important to acknowledge that their negative integration experiences was more pronounced. This is especially true for female TNPs who had to take care of their young children at the risk of either delaying or giving up their physio careers. Thus, this study further reiterates the value and impact of the various TNP adaptation stages, identities, and contextual

factors on this group. For example, identifying these elements early in the migration journey for female TNPs is critical as they can be used to design support programs pre- and post-migration. Future studies are needed to examine how the interplay of the various contextual factors can be utilized so that the facilitators to integration can be further enhanced while at the same time diminishing or eliminating the effects of the identified barriers. These points are important in an effort to create that enriching environment where female TNPs can thrive and their unique needs addressed, thereby ensuring an equitable playing ground for this group.

With the growing number of TNPs in Canada, the results of this work are important as the Canadian physiotherapy profession moves forward into the next century.[25] While this study presents limitations, they could also serve as future research opportunities. First it is important to recognize that the participation of TNPs in this study may be a demonstration of either their satisfaction or disappointment in their immigration journey. It will be interesting to know how they will perceive their adaptation years from now and how such adaptation might look like. As they would have already gained more work and life experience in Canada, it will be especially interesting to see if there are further evolutions to their adaptation experiences. Second, many of the participants were from the Philippines whose integration experiences may be different from TNPs coming from other countries. For example, while faith was identified as an important contributor to their integration, we do not know if religion or other beliefs also play a role in the integration of non-Filipino participants. Third, the study participants were all from the Greater Toronto Area where resources may not be that limited compared to other geographical areas where academic resources may be scarce or work opportunities limited. For instance, there are currently no bridging programs offered in Atlantic Canada. At the same time, given that Toronto is considered a diverse city, the experiences of the participants might be different if they resided in

[25] The Canadian Physiotherapy Association celebrated this milestone in 2020.

non-multicultural cities. It will also be interesting to know the perceptions of TNPs who live in areas where the population of people of colour is less. Fourth, many of the participants were credentialed a few years ago when the exam and credentialing policies were different and have affected their adaptation in a different way. One such example is the length of time it took for the Alliance to complete the credentialing process in the past. Fifth, this research has not explored how TNPs integrate in Quebec or other neighboring provinces, as differences in language and local culture might have different implications for this study. Sixth further studies will be needed to further examine the hiring practices of academic hospitals vis-à-vis TNPs. Moreover, this study only examined the experiences of TNPs whose academic credentials have been deemed substantially Canadian-equivalent and has excluded those individuals who were originally trained as PTs in their home countries but whose credentials have not been assessed by the Alliance or whose academic credentials were deemed non-Canadian equivalent. It will be interesting to see what their career trajectory looks like and what might that mean for The Defeated TNPs who may be seeking alternative careers. Moreover and given the recent literature arguing the ineffectiveness of the OSCE in evaluating the clinical performance of an exam candidate (Bobos et.al., 2021), it will be interesting to see the implication of this to the future of PT credentialing and examination in Canada.

This study attempted- and hopefully succeeded- in laying down the framework upon which future research on the adaptability of TNPs will be built on. IA as a theory explains the adaptation of TNPs in Canada and therefore informs us about the various social processes and structure that influence their adaptability which in turn impact the services they need or the assistance they receive. Arguing that TNPs go through the round-about process to adaptation, the identified stages have delineated how the various contextual factors can have implications to the space that

TNPs occupy within the PT profession and beyond. Currently, it appears that they are not positioned superiorly but inferiorly, laterally and not centrally. In other words, TNPs in Canada remain at the sideline, their voices remain mostly unheard, and their struggles not fully recognized.

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Appendix I. Top source countries, 2015-2019.

Year of Admission	Number of Permanent Residents Admitted	Top 5 Source Countries
2019	341,180	India China Philippines Nigeria Pakistan
2018	321, 035	India Philippines China Syria Nigeria
2017	286,479	India Philippines China Syria USA
2016	296,346	Philippines India Syria China Pakistan
2015	271, 845	Philippines India China Iran Pakistan

Annual Report to Parliament on Immigration, 2016-2020. Retrieved from https://publications.gc.ca/site/eng/359079/publication.html

Appendix II. Reflective journal after Participant 2 interview.

While my interview today with P2 was a bit exhausting (probably because it has been a long day for me at work), it gave me the opportunity to re-visit my past interest in racism within the PT profession. What P2 mentioned today ("I'm a minority…I'm Black") somehow resonated with me, being a "brown" PT. However I should remind myself always that as the researcher in this study, I have to be neutral in my line of questioning, especially when it comes to race. That I should not be asking leading questions, but instead ask probing ones (So tell me more about it…). What I really like about this interview is how P2 just kept on providing information….that his sentences felt like all connected. He just took me from one event of his life to the other. And I am very thankful of that recorder as I found myself many times listening intently to stories. But I also have to prepare myself in the event that one of my participants might not allow me to record the interview.

I felt very empowered today, as I am actually doing an interview for my dissertation. This is very exciting! I am wondering how many more I will be interviewing. I have to remind myself as well to be aware of my own biases….especially if I will end up interviewing a fellow Filipino.

Appendix III. Semi-structured interview questions

(Prior to the formal interview session, the interviewee will be given 20 minutes to complete demographic data. At this time, a written consent form will also be provided for the interviewee to read and sign.)

Opening statement:

- "I would like to thank you for participating in my doctoral research project. Before we begin this interview, please be reminded that all the information that you will be providing will be kept confidential and your identity will remain anonymous. Please know as well that you can withdraw from this study at any point in time. [If participant is Filipino, please say, "I can conduct this interview in English, Tagalog, or Visayan. Please let me know of your language preference."
- "The purpose of this research project is to further understand your experience as an IEPT living in Canada. This interview will have **3 main questions** with some follow-up where necessary."
- Do you have any questions at this point?"
  (If no further questions, state: *Now, we are going to start the interview process. Do I have your verbal consent to proceed?*)

Main guiding questions:

1. Take me back to your first few years here in Canada. How was it like starting a new life in this country?

2. Whether it is professional or personal, can you please tell me more about the rewards of living here in Canada? (**Follow up probe:** What were some of the factors that allowed you to achieve these things?)

3. Can you tell me more about the challenges that prevented (or preventing) you from achieving your personal or professional goals? (**Follow up probe**: What do you think are the reasons that may have prevented you from achieving your goals?)

Appendix IV. Email Invitation Flyer

Research Invitation

"Exploring the integration experiences of Internationally Educated Physiotherapists (IEPTs) in Ontario, Canada"

Objective

The primary purpose of this research is to explore the different facets of the immigration experiences of IEPTs since their arrival to Canada. The participants will be asked to describe their experiences with credentialing and licensure, seeking and finding employment, and current work experiences. The various facilitators and/or barriers to their integration will also be explored including the role of social networks, language, race, gender, or country of origin.

What you will be asked to do

The one-time face-to-face interview (lasting between 60 and 90 minutes) will be done in a mutually agreed place, date, and time. It is anticipated that the interview process will start on November 2018.

To be eligible to participate in this study:

- you must have earned your physiotherapy degree outside of Canada
- you must be residing in the Province of Ontario
- you must have been credentialed by the *Canadian Alliance of Physiotherapy Regulators* (CAPR)
- you must be eligible to take **or** have already completed (whether successfully or not) one **or** both components of the *Physiotherapy Competency Examination* administered by the CAPR (i.e. written and oral examinations)
- you **do not** have to be a practicing (licensed) physiotherapist in Ontario or elsewhere in Canada
- you must **not** be presently enrolled (cohort 2018-2019) in the *Comprehensive Program* of the *Ontario Internationally Educated Physical Therapy Bridging Program* at the *University of Toronto*

Confidentiality

The identity of all interview participants will remain anonymous and you will have the opportunity to withdraw from the study at any point in time. Ethics approval has been obtained from *York University's* Human Research Participants Committee.

If you have any questions related to the study, **including how to participate**, please contact the principal investigator at jandrion@yorku.ca.

Thank you for your consideration.

Sincerely,

Jeffrey Andrion, PT, PhD(c), MA, BScPT
Ph.D. Candidate, Graduate Program in Health,
School of Health Policy and Management, Faculty of Health
York University

October 30, 2018

Appendix V. Actual memoing.

Memoing, Participant 9

In my memoing with P8, I wanted to build on the idea of "relinquishing of PT identity" and in this instance, P9 gave up her dreams because of the above reasons. However, just like P8, P9 also underwent to a process of what now I call "identity in metamorphosis." For instance, upon arrival in Canada, she remained protective of her identity as a PT graduate in the Philippines. At the same time, she had to redeem her identity as a PT when she used the LICP as a steppingstone to be able to realize her dream to become a PT in Canada. After finishing her caregiver contract, she had to "reclaim" her identity in Canada by both going back to school to complete her credentialing and volunteering in a private clinic when she kept failing her exams. She also tried to reclaim her identity by getting involved in an organization of IEPTs where she was able to re-establish her communication and relationship with fellow IEPTs. One of the most interesting things during the interview was the fact that she wanted to reclaim her identity by hoping at one point that the exams would be unlimited to give her time to prepare amidst her personal responsibilities. In my future interviews, I would like to pursue this idea further, i.e. reclaiming the PT identity by having more opportunities to take the exam (i.e. multiple attempts).

What was interesting in my interview with P9 was that while she decided to relinquish her PT identity, she was at the same time very proud for what other IEPTs have already achieved, most especially those who are now practicing as licensed PTs in the country. This point was interesting **because initially, I thought that relinquishing identity would totally mean disconnecting oneself as a PT to pursue something else.** This was not the case with P9 as somehow, she stayed in touch with the PT world by being still proud of other IEPTs' achievements despite her personally relinquishing becoming a PT. I also saw in this interview how she relinquished her dream to take care of her family instead of taking the exams again. In this instance, my interview with P9 has again reiterated the role and influence of gender in a female IEPT's life. This was echoed in my previous interviews. I strongly believe that gender has a huge influence in the career pathway of an IEPT in Canada. Moreover, as she relinquished her PT identity, she had to go back to her original work as a caregiver, which I think is a form of redemption both for survival and to continue having an identity in Canada as she mentioned that she is now very happy and satisfied with her current job. **This is really an interesting point and gives another layer to what redemption might mean to an IEPT: that is, shifting to (or going back) to another (or previous) career.**

Christofer's experiences mirror that of the rest of the participants: the benefits of having group mates for the exam; dreading the OSCE; feeling the advantages of being a local grad; the challenges of finding a full time work (locals as the norm). He also noted the perception that the PT profession is perceived as a female profession. As he re-defined his identity, he also went beyond the PT part but also needed to preserve his identity by taking acupuncture, a cultural expectation.

As I was reflecting on my interview with Christofer, I went back to my past interviews as I realized that the stages of metamorphosis is a matter of fact cyclical. That is, even if they have reached the stage of re-defining themselves, some go back to preserving their identity which in Christofer's case is preserving his own cultural identity.

Memoing, Participant 17.

Appendix VI. Consent Form

Informed Consent Form

Date: July 20, 2018

Study Name:
"Exploring the integration experiences of internationally educated physiotherapists in Ontario, Canada"

Researcher name:

- Jeffrey Andrion – PhD Candidate, Graduate Program in Health, York University
  - Principal Investigator
  Email: jandrion@yorku.ca

Purpose of the Research:

- The purpose of this research is to explore how internationally educated physiotherapists perceive their integration to Canada in the areas of credentialing/licensure, employment, and workplace integration and how various social processes facilitate and/or hinder such integration.
- The research will be conducted through a one-time face-to-face interview approximately between 60 and 90 minutes. The results of the study will be disseminated through publications, presentations, and workshops.

What You Will Be Asked to Do in the Research:

- In this research, you will be asked to recall your experiences on credentialing/licensure and employment/workplace integration and identify the facilitators and/or barriers to such integration
- You will be participating in a one-time face-to-face interview between 60 and 90 minutes
- No remuneration or inducement will be offered to you for participating in this study.

Risks and Discomforts:

- No risks or discomfort from your participation in the research are foreseen.

- **Benefits of the Research and Benefits to You**:
  The principal direct benefit to the participants is the potential validation of your own experience in terms of your integration into the professional and social community in Canada. At the same time, given the social justice nature of this research, your participation to this work will be an important platform where your voice (opinions, points of view, etc.) will be heard and acknowledged. Consequently, the results of this research will contribute to the growth of the IEPT literature in Canada and beyond.

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 study staff, or the nature of your relationship with York University either now, or in the future.

- 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.

1

Confidentiality:

- Given the nature of this research, your answers to the various questions will be audio-taped which will consequently be transcribed verbatim. These transcribed data will be stored in an encrypted USB where only the primary investigator knows the password. At the same time, as you will be assigned a unique participant number to ensure anonymity, your personal identity will not be revealed before, during, and after the interview process and in publications, presentations, or workshops.

- Only the principal investigator and his dissertation committee will have access to the ***transcribed* (anonymized) data**. The committee members are Drs. Lillie Lum, Farah Ahmad, and Philip Kelly.

- As rich information can be gathered from using grounded theory, all data will be archived in an encrypted USB (password required). The main rationale for archiving these data is for future use in publications, workshops, or presentations. It is anticipated that all the archived data in the encrypted USB will be destroyed after 10 years (i.e. August 2028).

- 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.

- Confidentiality will be provided to the fullest extent possible by law.

- 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.

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 me at jandrion@yorku.ca or my supervisor, Dr. Lillie Lum at lum@yorku.ca . You may also contact the Graduate Program in Health at healthdn@yorku.ca.

This research has received ethics review and approval by the Delegated Ethics Review Committee, which is 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, "Exploring the integration experiences of internationally educated physiotherapists in Ontario, Canada" conducted by Jeffrey Andrion. 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_____ **Date**_____
Participant (name) -

Signature_____ **Date**_____
Principal Investigator – Jeffrey Andrion

Additional consent

1. **Audio recording**

☐ I consent to the audio-recording of my interview(s).

Signature: Date:

_____ _____
Participant: (name)

Appendix VII. Demographic Questionnaire.

Demographic Questionnaire

Age:
Marital status:
Gender:
Number of children *(if applicable)*:
Country of origin:
Have you lived in other countries?
☐Y ☐N
*If yes, specify country/ies:*_____
Date of arrival in Canada:
Immigration status at the time of arrival:
_____

If employed:
What is your current job?
_____
Is it related to physiotherapy? ☐Y ☐N

Do you work:
☐full time ☐part time ☐casual

How long have you been working in this position? ___years ____months

If applicable, how many years or months have you been practicing as a PT in Canada?
_____

If applicable, how many years or months have you been practicing as a PT in your home country? _____

Which country did you receive your original PT degree? _____

If currently not employed:
Reason for non-employment:
_____

Credentialing:
How did you complete the credentialing process?
☐ I completed the required course/s online.
☐ I completed the required courses through the Bridging Program.
☐ I completed the required courses by as a special student in a Canadian PT school.
☐ I was not required to complete any courses by the *Alliance*.

Examination:
Check below the type of Canadian PT exam/s that you have completed, the number of exam attempts, and whether you passed them or not:

Part 1 (Qualifying Exam)
Number of attempts: ____
Pass ☐ Fail ☐

Part 2
(*National Physiotherapy Exam* – OSCE)
Number of attempts:____
Pass ☐ Fail ☐

☐ I have not attempted either components of the Canadian physiotherapy examination.

Appendix VIII. Profile of participants (pseudonyms)

Participant	Country of Origin	Marital Status	Year of Arrival in Canada/ Landing Status	Highest Educational Degree	Professional Status	Primary workplace
Emily	Colombia	married	2003/economic class	BScPT	Registered PT	Teaching hospital
Jordon	Colombia	single	2007/family class	BScPT	Registered PT	Teaching hospital
Marcus	Philippines	single	2016/family class	BScPT	PTA	Private clinic
Lauren	Middle East *	single	2004/economic class	BScPT	Registered PT	Private clinic
Jasmine	Middle East*	single	2002/economic class	BScPT	Registered PT	Private clinic
Abby	Philippines	married	2002/economic class	BScPT	Pursuing another career	Private clinic
Lisa	Philippines	married	2004/economic class	BScPT	Registered PT	Nursing home
Drake	Philippines	married	1997/family class	BScPT	Registered PT	Community setting
Mia	Philippines	married	2006/LICP	BScPT	Caregiver	Private home
Alayna	Philippines	single	2009/LICP	BScPT	Housekeeper (exhausted OSCE attempts)	Private home
Alexander	Philippines	married	2006/LICP	BScPT	PTA	Private clinic
CJ	Philippines	married	2012/family class	BScPT	Registered PT	Private clinic
Alyssa	South America*	married	2010/economic class	BScPT	Registered PT	Teaching hospital
Jane	Philippines	married	2008/economic class	BScPT	Registered PT	Private clinic
Jeremy	Philippines	single	2012/economic class	BScPT	Clinic coordinator (exhausted OSCE attempts)	Private clinic
Kate	USA	married	2006/family class	BScPT	Registered PT *(resigned College registration)*	Currently not working
Christofer	Canada	single	Not applicable	DPT**	Registered PT	Community hospital
Jake	Canada	single	1987/family class	BScPT	Registered PT	Private clinic
Mario	Italy	married	2016/economic class	BScPT	Registered PT	Teaching hospital

**Name of country withheld upon participant's request*
*** Doctor of Physical Therapy (USA)*

Appendix IX. Number of examination attempts and current professional status

Name	Country of Origin	Number of MCQ Attempts	Number of OSCE Attempts	Current Work Status
Emily	Colombia	Passed on 1st attempt	Passed on 2nd attempt	Licensed PT
Jordon	Colombia	Passed on 4th attempt*	Passed on 2nd attempt	Licensed PT
Marcus	Philippines	Passed on 2nd attempt	Still completing MCQ	PTA
Lauren	Middle East	Passed on 1st attempt	Passed on 2nd attempt	Licensed PT
Jasmine	Middle East	Passed on 3rd attempt	Passed on 3rd attempt	Licensed PT
Abby	Philippines	Failed on 3rd attempt, did not try again**	Did not attempt	PTA
Lisa	Philippines	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Drake	Philippines	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Mia	Philippines	Failed on 1st attempt, did not try again	Did not attempt	nanny
Alayna	Philippines	Failed on 3rd attempt, exhausted exam eligibility	No longer eligible	housekeeper
Alexander	Philippines	Failed 1st attempt, preparing for 2nd attempt	(Still completing MCQ)	PTA
CJ	Philippines	Passed on 2nd attempt	Passed on 2nd attempt	Licensed PT
Alyssa	South America	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Jane	Philippines	Passed on 1st attempt	Passed on 2nd attempt	Licensed PT
Jeremy	Philippines	Passed on 1st attempt	Exhausted exam eligibility (failed on 3rd attempt)	PTA
Kate	USA	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Christofer	Canada	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Jake	Canada	Passed on 1st attempt	Passed on 1st attempt	Licensed PT
Mario	Italy	Passed on 1st attempt	Passed on 1st attempt	Licensed PT

**Jordon took his examinations when the original 5-attempt policy was still in place*

***While Abby was "grandfathered" under the original 5-attempt policy and is still eligible for the written component, she decided not to pursue her PT career anymore.*

Appendix X. Memoing – Participant 3 Recruitment

Participant 2 (P2) was also from Colombia, just like participant 1 (P1). However, unlike P1, P2 always wanted to leave Colombia even at a young age and based on my interview, it did not appear that he had a strong spirit of nationalism unlike P1. Rather, what came out in the conversation was a person who was very committed to becoming a PT in Canada. He moved from Quebec to Ontario as he felt that having a national exam for everyone – foreign trained or local – made sense. While he passed his written exam on the 4th attempt, he attributed most of his success from joining the Bridging Program. What also makes his experience different is that he already had social support upon his arrival to Canada. ***I am curious to know how it was like for a TNP to arrive in Canada already with a strong social support?*** In the case of P2, his mom and stepfather were already here when he first landed and he found the support very important….I am curious to know if P3 will feel the same way?

This participant seemed to have a very strong drive to becoming a licensed PT in Canada. He also raised some interesting things that are worth exploring in future interviews: the negative influence of his "thick" accent and the long process involved in the credentialing of his papers. He seemed to have a positive regard, however, for the whole exam process. He approached it not as a barrier but as reality that he must face. I am wondering if other TNPs feel the same way?

In my next interview, I will be looking for a TNP who arrived in Canada only recently and with with a social support already in place…… to see if he or she shares the same experience with P2? I am wondering how that social support impacted his or her integration? I am also curious about the experience of someone who has already been credentialed but not yet a licensed PT in Canada. I am curious to know about that experience……when s/he is still in the process of challenging the exam?