

**The Lived Experience of Internationally Educated Nurses with Developing
Intercultural Competence in Ontario after Watching Communication Vignettes**

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Abstract**THE LIVED EXPERIENCE OF INTERNATIONALLY EDUCATED NURSES
WITH DEVELOPING INTERCULTURAL COMPETENCE IN ONTARIO
AFTER WATCHING COMMUNICATION VIGNETTES**

Internationally educated nurses (IENs) are nurses who obtain their nursing license outside of Canada. IENs face many challenges when trying to transition into the Canadian healthcare system. This is largely due to their misunderstanding intercultural competence (ICC). The purpose of this study was to understand the meaning of the IENs' lived experiences with developing ICC. Forty-six participants took part in focus group discussions based on culturally specific vignettes developed in congruence with the College of Nurses of Ontario Standards of Practice. Using hermeneutic phenomenology and secondary analysis three themes emerged from the data: navigating the headwater, propelling in a new direction and mapping the way. The above themes led to the emergence of the essential theme – confidence. The IENs rely on the confidence engrained in their 'old' knowledge in order to understand and develop their ICC. This study addresses the gap in research relating to IENs transition into Canadian nursing.

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Chapter 1

Focus of the Inquiry

Phenomenon of Interest

The phenomenon of interest for this study is finding the meaning of internationally educated nurses' development of intercultural competence (ICC) in Ontario, Canada after watching communication vignettes. Internationally educated nurses (IENs) are nurses who obtain their nursing education and professional licensure outside of Canada (Lum, 2009). Although detailed statistics specific to IENs employed in Canada are sparse, in 2007 over half of all IENs in Canada were employed in Ontario, comprising 10.78% of the provincial nursing workforce (Blythe & Baumann, 2009). In 2009, out of more than 266, 000 nurses in Canada, approximately 8.3% (22, 000) were internationally educated (Horne, 2011, p. 40). Entering new healthcare systems has its challenges as each system is unique and has its own views on the world, science, and health (Zanchetta & Poreslami, 2006). The differing views within each system pose significant challenges for IENs as they begin to transition into not only the healthcare system, but into the culture of that healthcare system as a whole. Culture plays an important role in health care delivery and receptions of care. The ideas of cultural sensitivity and cultural humility are often addressed in current literature in relation to providing culturally sensitive care in nursing. IENs become responsible for maintaining this critical role of providing culturally sensitive care to a largely diverse population when nursing in Ontario. Without this ability, IENs are at risk of being misunderstood and labeled as incompetent to practice in Canada. This view can be devastating to the IENs if this phenomenon is not better understood. Understanding IENs' capacity to comprehend their new and unique world is important to understanding their individual successes as nursing students and eventually RNs.

IENs are faced with many challenges ranging from overcoming culture shock, understanding the components of relationships, to becoming a source of knowledge and advocacy for patients, their families, and allied health care members. Intercultural

competence incorporates the ideas of knowledge, skill and judgment and how these relate to inter and intraprofessional development. The Delphi definition of intercultural competence (ICC) is used for the purpose of this study. This defines ICC as “the ability to communicate effectively and appropriately in intercultural situations based on one’s intercultural knowledge, skills and attitudes” (as cited in Deardroff, 2004, p. 194). From this definition and based on the College of Nurses of Ontario standards of practice, a model of ICC was developed for use in the original study, funded by the Ministry of Citizenship and Immigration (Bradley, Singh & Page-Cutrara, 2009) (Appendix A). The relationship between cultural sensitivity and ICC is addressed in this study, as the cultural sensitivity of the Canadian nursing community is imperative to the success of an IEN's development of ICC and transition into Canadian healthcare.

Although the role of nursing in Canada is different from many countries, the pride and ownership of the title of nurse is carried worldwide. IENs are proud to come to Canada as nurses only to find their pride is challenged when this title is taken away. In past literature, IENs have expressed distress when realizing their nursing qualifications are deemed nonequivalent in Ontario (Singh & Sochan, 2010). Despite this and other challenges, in 2007, IENs represented almost twenty five percent of working RNs in Toronto (Blythe & Baumann, 2009, p. 193); conversely, the search in relation to the number of IENs not working as nurses after migrating to Ontario presently came up empty. Supporting IENs to become a successful; however, many IENs never achieve their goal of working as RNs as they are unable to enter or completely navigate the bridging process (Singh & Sochan, 2010). Without the success of IENs transitioning to RNs, Canadian health care may see an even larger shortage of nurses. Giving IENs the tools to succeed is imperative to both the quality of the individual and the health care system as a whole.

Poor success in transitioning IENs is evident in their lower pass rates on the Canadian Registered Nurses Exam (CRNE), and this is assumed to be largely due to their misunderstanding of communication (Davis, 2003; Guttman, 2004; McGuire, 2005). In

June and October 2010, of the 7,371 first time writers of the CRNE, 31% were internationally educated, of this thirty one percent, 56.71% were successful when writing the exam for the first time. This is compared to an 88.8% pass rate for Canadian educated first time writers (Canadian Nurses Association, 2011). This vast difference in the success of first time Canadian versus internationally educated writers may illustrate IENs' difficulty in applying the appropriate cultural knowledge, skill, and judgment in the Canadian clinical setting. Thus, the concern in relation to their cultural competence becomes understandable. Edgecombe, Jennings and Bowden (2013) suggest that,

The substantial number of international nursing students in the higher education sector has raised concerns among higher education institutions, clinical practice settings, and professional accrediting organisations about these students capacity to meet learning objectives and competency requirements in their new learning and practice environments (p. 138).

Similarly, Tregunno, Peters, Campbell and Gordon (2009) identify the current tensions in nursing between increasing IENs' presence in the workforce and the delivery of safe patient care in Ontario. Tregunno et. al (2009) also highlight that IENs bring with them the reality of having different education and nursing experiences in their countries of origin. Simply “injecting” them into the Canadian healthcare system can have detrimental effects on the safety of the patients and the IENs' successful transition as a whole. Navigating practice environments means IENs are exposed to the specifics of that environment, including that environment’s primary means of communication. Communication conveys both cultural and behavioural nuances and can become very confusing for individuals new to a clinical, academic, or social context (Edgecombe et al., 2013). Communication plays a vital role in IENs' socialization and requires consideration when exploring their experiences with and development of ICC. There is a considerably large disconnect between Western and non-Western nursing practice. An example of this is the practice of therapeutic touch. Misunderstanding the benefits of therapeutic touch has a powerful impact on a student’s nursing practice (Edgecombe, et

al., 2013). If it is not common practice for an IEN to use therapeutic touch in their home country, it is not surprising that they be completely unfamiliar with this practice. Likewise, IENs reported vast differences in the expectations of professional nursing practice in Ontario and the active role of patients and families in decision-making and healthcare related practices (Tregunno et. al, 2009). Not being able to understand or taking time to understand the English language also affected the IENs' transition experiences, eliciting complaints of cognitive fatigue (Tregunno et. al, 2009). These examples show the importance of IENs' understanding of communication in culture and the impact of culture on individual healthcare systems. Without exploring IENs' understanding of communication and culture, this phenomenon is at risk of becoming misconstrued as incompetence.

Nursing has a professional discourse that is often confusing for those who do not speak English as their first language. Not knowing the conventional routines and direction of communication can lead to miscommunication. Language and the context in which it is used and understood is both culturally and role specific, requiring various multidimensional techniques (O'Neil, 2011). For example, it may be difficult for an IEN to communicate with and teach a patient about community supports if they have not yet identified with this 'teaching' role. The lack of language proficiency and accents are both factors in adjustment for IENs (Sanner, Wilson, Astrid & Samson, 2002). Additionally, the concept of language pragmatics explores how context contributes to the meaning of what is being spoken and is culturally specific. It can be argued that these 'contexts' and 'meanings' allow for easier access to the realization of implicit or explicit goals, but only for those whose first language is being spoken (Xie & House, 2009). How then, do IENs navigate the pragmatics of language and communication? In order to understand the effects of language and communication on IENs' transition into Canadian nursing, we must first explore IENs' meaning of their lived experiences of developing ICC.

Purpose of the Inquiry

The purpose of this inquiry was to explore IENs' lived experiences of developing ICC in Ontario after watching communication vignettes. This study's aim was to explore the IENs' lived experiences with ICC and to discover the IENs' meaning of developing ICC after watching communication vignettes. The vignettes were used as tools to express and explore culturally specific decisions in nursing and were developed in order to demonstrate the challenges with ICC (Appendix B). The vignettes provided a safe platform for the IENs to reflect on and explore the values of Canadian nursing while comfortably addressing and exploring their own concerns with ICC. The vignettes posed as tools for reflection, exploration and ignited the ability for IENs to form new perspectives in relation to ICC. The specific research question guiding the study was "what is the meaning of internationally educated nurses' lived experiences with developing intercultural competence in the Ontario clinical setting when discussing culturally specific vignettes"?

Background

IENs are faced with many challenges. As if the choice of leaving their home country is not hard enough, once in Canada IENs are forced to explore new identities. There are many reasons why IENs leave their home country and many of these reasons are in relation to seeking better working and living environments. Specifically, the literature reveals the following as some of the main reasons for nurse migration: economics, quality of life, financial enhancement, political refuge, and personal safety (Singh & Sochan, 2010, Blythe & Baumann, 2009, Kingma, 2007, Kline, 2003). Many IENs believe that when coming to Canada as a nurse, their qualifications and skills will be valued as equivalent to those who are educated in Canada. However, once in Canada, IENs may be required to upgrade their skills before practicing as RNs. In fact, many IENs never have the fulfillment of re-establishing their professional careers due to the strenuous upgrading process required in order to even be eligible to write the exam (Singh & Sochan, 2010). After coming to Canada, IENs find themselves returning to

education and facing the task of 'relearning' skills while at the same time, learning what is culturally acceptable. The struggles that exist in an IEN's clinical environment can be best described using the terms 'culture shock' and 'cultural dissonance'.

Culture shock relates to the anxieties and feelings involved when an individual is faced with new meanings in a changed environment and misunderstands diverse experiences, resulting in feelings of helplessness and disregard (Gaw, 2000). Culture shock for IENs occurs when they learn they are unable to practice as nurses in Ontario without upgrading their education. Canadian nursing regulations determine that nurses must meet various and certain requirements and standards in order to safely practice. In 2005 it became mandatory for nurses to obtain their Bachelor of Science in Nursing (BScN) for entry-level practice, a changeover from diploma prepared nursing. This caused some tension for IENs hoping to transition into nursing in Ontario (Singh and Sochan, 2010). Often times, these requirements continue to come as a surprise to some, and IENs may feel a sense of disillusionment as they attempt to re-qualify for something they have already done. The mandatory 'relearning' of information and the constant comparison of cultural differences requires IENs to develop various coping strategies. Similarly, cultural dissonance is a result of encountering the culture of a new society on a level that is not yet understood. It can be described as an uncomfortable feeling as a result of a change in one's cultural environment and in fact, the reality of experience in a new culture alone can become a significant source of anxiety (Allan, 2003). Understanding the anxiety that is associated with changing cultures will allow nursing leaders and health care organizations the opportunity to better understand the barriers to IENs' successes. That being said, Ontario is largely diverse so it is also important to ensure IENs understand the effect culture has on their nursing practice in order to successfully provide safe and competent patient care.

Bridging programs for IENs have an obligation to help IENs understand Canadian culture and develop their ICC in order to successfully transition into the RN role. The researcher's interest in this topic originated from an interest in an Ontario University's

Bridging program for IENs. The program developed a technique of increasing IENs' ICC using technology-enhanced learning, funded by the Ministry of Citizenship and Immigration in 2009. This concept was integrated into the curriculum and was available to all IENs enrolled in the bridging program. In this program, the internationally educated nursing students were exposed to positive and negative communication vignettes developed by nursing faculty with the use of actors and a storyboard. Following the vignettes, the students had the opportunity for reflection whereby they integrate their knowledge of intercultural competence. Researchers then attended focus group meetings where the students dialogued about the 'good' and 'not so good' reactions to the communication displayed in the vignettes. The vignettes addressed the following IEN communication scenarios: physician interaction, RN introduction, client introduction, professional boundaries, and faculty learning interaction. Through this program the students have the opportunity to express their understanding and expose their misunderstandings of culture and communication in order to develop new perspectives. Not only did the researcher's interest in this program trigger the development of this study but the sheer commitment of the IEN students also empowered the researcher to look deeper into their struggles and barriers to achieving success.

Philosophical Perspective and Methodology

Phenomenology is a method of inquiry whereby researchers seek to understand the individual lived experiences of a certain population by developing an understanding of specific themes unique to that experience. More specifically, phenomenology allows researchers to explore and understand unique individual experiences, the meaning of these experiences and the resulting interactions with others and their environment (Lopez & Willis, 2004). Heidegger (1962), the founder of interpretive phenomenology, challenged the assumptions of descriptive phenomenology and argued that one's lived experience is invariably related to their environment and socialization (Lopez & Willis, 2004). Also known as hermeneutics, interpretive phenomenology assumes that one's lived experience goes beyond description and looks for meanings in common life

practices. These meanings are not always apparent to the participant, but arise from narratives produced by the participant. A central tenet of Heidegger's thought is that relation of the individual to his lifeworld should focus on phenomenological inquiry (Lopez & Willis, 2004). Three important terms associated with hermeneutics are *lifeworld*, *being-in-the-world*, and *coconstitutionality* (Lopez & Willis, 2004). Lifeworld refers to the idea that individuals' realities are influenced by the world in which they live. Being-in-the-world is used to emphasize that individuals cannot abstract themselves from the world. Coconstitutionality describes the relationship of meanings between the researcher and the participant. The result is a blending of meanings articulated by both researcher and participant (Lopez & Willis, 2004). The fact that the researcher has presuppositions and interest in a phenomenon is a valuable guide to the inquiry and makes the inquiry a meaningful undertaking (Lopez & Willis, 2004). Thus, using interpretive phenomenology will grasp the breadth and depth of IENs' experiences with ICC and more specifically, IENs' meaning of their lived experiences with developing ICC.

Secondary analysis is the method used to guide the research. It is a form of research where the researcher takes previously collected data and reanalyzes it for a secondary purpose (Lobiondo-Wood & Haber, 2009, p. 244). It is a cost effective approach that maximizes the usefulness of collected data (Hinds, Vogel, Clare-Steffen, 1997, p. 408). Despite the hesitancy of its use in nursing research (primarily due to worry about the appropriateness of subsequent analysis of qualitatively generated data) it is argued that the secondary analysis of qualitative data sets is occurring and not recognized as such (Hinds, et al., 1997). The purpose of secondary analysis for this study is to extract a similar but more focused analysis of the data set in order to recognize and appreciate the depth and breadth of the data previously collected. The data will be analyzed in order to uncover the themes related to the phenomenon of IENs' meaning of their lived experiences with developing ICC. The study will result in findings that have not yet been previously made explicit in the primary study.

Significance of Study

The Canadian Nurses Association (2012) predicts a nursing shortage of 113,000 nurses by 2016. Many countries have taken the opportunity to recruit IENs to help minimize their own shortages. That being said, the reason for the poor success of IENs in Canada is yet to be determined. The inability to isolate specific reasons contributes to this poor success. Not only have IENs earned their titles of registered nurses, but they also deserve to be treated as equally contributing members of the Canadian health care team. IENs bring a robust amount of knowledge and skill to the frontline, teaching Canadian nurses, about culturally sensitive receptions of care, making an impact on the nursing community as a whole. Identifying and understanding IENs' struggle with ICC gives researchers, organizations and various stakeholders the ability to look beyond this as 'incompetence' and identify specific reasons and barriers to their success. In doing this, we also have the opportunity to recognize the high-quality attributes of IENs and develop techniques to best maximize their potential (Edgecombe et al., 2013). Knowing how to gauge IENs' ability allows for the success of IENs and an overall success of our patients and health care team.

Understanding the barriers and the facilitators in relation to ICC will allow institutions of higher education and various health organizations to develop training and orientation programs specific to the needs of IENs. However, post secondary institutions providing bridging programs for IENs have felt tensions when attempting to provide and accommodate various diversities and culture while also achieving performance standards (Lum, 2009). Studies show that there have been previous attempts to develop ICC in a number of ways, and many maintain that this can be done through an examination of lived experience. However, the effectiveness of programs that claim to help develop ICC in IENs still require assessment of their success (Perry & Southwell, 2011). Perry and Southwell (2011) stress that further research is needed in order to enhance our knowledge and understanding of the ways ICC, and more specifically, knowledge, skills and judgment are developed in internationally educated students (p. 460). Having specific

program requirements for bridging IENs, based on their needs as internationally educated students, also provides a baseline for competency assessment and supports their success. The quality of the higher education programs has a direct effect on the capability of IENs to provide safe and competent nursing care. The findings of this study will help guide schools and organizations in their program development for IENs as there will be an increased understanding of the needs of IENs. In addition, the significance of this study will contribute to the growing body of interest and knowledge in IENs and their success in Canada as RNs.

Investing time in understanding the meaning of the lived experiences of IENs in regards to ICC shows a respect for diversity and a willingness to contribute to their success. The stress and anxiety of starting new and being faced with a culture they may barely understand causes IENs to frequently isolate themselves to avoid failure and rejection. This study has the potential to knock down the barriers for IENs so they have the opportunity to live fully and provide safe and competent nursing care.

Chapter 2

Review of the Literature

A review of the literature is helpful in understanding internationally educated nurses and the meaning of their experience with intercultural competence. A systematic review of the following computerized databases was done: CINAHL, OVID and Proquest. The following search terms were used *internationally educated nurses, intercultural competence, cultural competence, international bridging programs, reasons for internationally educated nurse migration and internationally educated nurse barriers to success*. The results yielded hundreds of articles and because of this the literature review was reduced using the following search terms *nurse migration, international nurse migration, internationally educated nurses integration, integration of internationally educated nurses, internationally educated nurses competency assessments, internationally educated nurses competency, internationally educated nurse bridging programs, bridging internationally educated nurses and intercultural competence and nursing*. The results were filtered using the limitations of English, peer reviewed and scholarly journals. This resulted in 83 articles, nine of which were found to be specifically relevant to the topic. In addition to this, the reference pages of the articles were explored and additional articles were retrieved. The following discusses the current literature found in relation to nurse migration, IENs' challenges with transition, IEN competency assessments, bridging programs for IENs and the definition of intercultural competence in relation to nursing.

Why do IENs Migrate?

To best understand the lived experiences of IENs, it is imperative to understand the context of their migration decisions. Did they leave family behind? Are they looking for better working conditions? Are they seeking political refuge? Understandably, the reasons attributing to an IEN's decision to migrate effects their current living state and subsequently, this affects the meaning of their lived experience while in Canada.

Literature specific to nurse migration frequently discusses the concepts of ‘push and pull’ factors in relation to nurses leaving source countries and entering destination countries (Slote, 2011; Kolawole, 2010; Blyth, Baumann, Rheume & McIntosh, 2009; Kigma, 2007; Kline, 2003). These concepts represent the contributing factors in the decision of nurse migration, and research maintains that both push and pull factors need to exist in order for an individual to decide to leave their home country (Slote, 2011, p. 181). Push factors are identified as conditions or circumstances that incite change, and pull factors are influences that make circumstances appear more lucrative or attractive and create an incentive to leave (Stole, 2011, p. 181). The belief that pull factors exist in every decision to immigrate leads nurse researchers to question and explore the ethics of international nurse recruitment.

There is a plethora of research addressing the concepts of brain drain and brain gain, meaning low income nations loose their nurses (brain drain) to higher income countries (brain gain) despite the *worldwide* nursing shortage. With that being said, Kolawole (2010) coins the term, ‘brain waste’ in reference to the result of IENs' inability to integrate fully into the Canadian healthcare system (p. 16). This concept refers to the idea that IENs' potential contributions to the healthcare system are seen as wasted as they are unable to gain successful employment within the healthcare system. The contribution of this research, specific to IENs' lived experiences with transition, is helpful in understanding IENs' frustration with the immigration process. In actual fact, the process of immigration is seen as one of the largest barriers to successful transition into the Canadian healthcare system (Jeans & Fran Green, 2005). Exploring the connection between immigration and IENs' transitions contributes to the overall understanding of IENs' lived experiences throughout their migration journeys.

There are many reasons for nurse migration into Canada. The reasons why nurses decide to leave their home countries are often cited in the research but are rarely deeply explored. The most common factors influencing a nurse's decision to leave their home country are economic reasons, quality of life, career and educational opportunities, family

unification, political forces, political refuge, and personal safety (Singh & Sochan, 2010; Blythe & Baumann, 2009; Kingma, 2007; Jeans & Fran Green, 2005; Kline, 2003). The literature search in relation to immigration was specific to nurse migration and may not reflect all the factors contributing to immigration as a global phenomenon. Although research has suggested that both push and pull factors are required in the decision to immigrate, there was only one source that identified the recruitment of professionals (pull factor) as a factor in this decision (Singh & Sochan, 2010). This suggests there is a huge gap in research in relation to the specific reasons, and the context of these reasons, when a nurse decides to leave their home country. There are numerous resources outlining the ethics of nurse migration, but in order to fully understand this complex phenomenon, more research specific to the lived experience of a nurse's decision to immigrate is needed.

Understanding the meaning of an IEN's lived experience begins with their decision to immigrate to Canada. The diversity of decisions makes this a complex issue and one that appears to be undervalued in current literature. The support for IENs as immigrants in Canada should reflect their decision to migrate as this decision is the starting point of their transition journey. Without understanding this multifaceted phenomenon, professional organizations and organizations of higher education will continue to have difficulty in creating IEN specific orientations and bridging programs that support IEN transition. Understanding an IEN's journey and taking into account the various migration decisions provides insight into the specific supports required for their safety and success.

IENs' Challenges with Transition

Once in Canada, IENs are forced to continue to navigate an intricate system in order to obtain their license to practice nursing in Canada. Barriers to IEN transition into the Canadian healthcare system are well documented in the literature. It is also found that internationally educated professionals, who are members of a self-regulated profession having a direct impact on public safety and quality of life, have an even harder

time integrating into their new professional roles once in Canada (Lum, 2009). This includes IENs and is a result of the public's interest in ensuring that access to self-regulating professions is limited to those who meet entry-level requirements (Lum, 2009). This causes great tensions as the health care system struggles to meet the resource demands of a growing population while ensuring the competent and safe entry of nurses (Lum, 2009), despite the length of time it takes to prove this competency. Thus, the successful and timely transition of IENs as a valuable resource requires further exploration to ensure its occurrence.

A common and repeated finding in the literature is the barrier of language and communication in relation to IENs' successful workforce transition (Besner et al. 2010; Blythe et al. 2009; Kolawole, 2009; Kawi & Xu, 2009; Coffey, 2006; Jeans & Fran Green, 2005; Sanner, Wilson, Astrid & Samson, 2002). Language and communication barriers are evident from the time the immigration process begins, often resulting in IENs not knowing what documents or materials are required from their home country in order to prove their nursing education (Kolawole, 2009). Blythe et al. (2009), argue that the real barrier is successful registration with a governing body, such as the College of Nurses of Ontario, rather than finding employment once registered (p. 203). Transition, after migration, into the healthcare workforce requires various strategies to ensure IEN success, such as counseling for groups and individuals surrounding educational needs and requirements (Blythe et al., 2009). In addition to this, the literature identifies various other barriers to successful IEN transition including variability in nursing education, restrictions in relation to immigration status, inability to provide proof of nursing education, cultural barriers (Kolawole, 2009; Kawi & Xu, 2009), inability to keep up to date professionally, non-recognition of health care credentials obtained elsewhere (Baldacchino & Hood, 2008; Coffey, 2006), and the different characteristics of the healthcare system in the IEN's country of origin (Jeans & Fran Green, 2005). The barriers to IENs' successful transitions are well documented in the literature, and often recommendations are provided to address these barriers; however, there is a gap in the

research surrounding the successful reduction of these barriers, leading one to believe they still readily exist.

Without recognizing the barriers to successful transition, IENs will continue to have poorer success in obtaining employment as RNs after immigrating to Canada. Because of poor success, IENs feel inherently undervalued when they feel the capability of their country in educating nurses is questioned (Besner et al., 2010). Without successful transition, and over time, IENs become deskilled and may have an even harder time becoming registered to work (Kolawole, 2009). Nowhere in the literature is there a definition or description of successful transition in relation to IENs and the workforce. Perhaps, because of this, IENs continue to have multiple barriers to success because what successful transition incorporates is not actually understood. This gap in knowledge has the potential to impact the migration and transition process of IENs to an enormous degree.

Competency Assessment: Is there a concern?

Almost all of the literature in relation to IENs' competencies focuses on language and communication problems (Edgecombe et al., 2013). Language and communication appears to over-ride the even bigger issue of internationally educated nursing students views on how they perceive their clinical experiences (Edgecombe, et al., 2013). There is little to no research on IENs' lived experiences with competency assessments or on their view of their experiences with competency assessments in their new healthcare environments (Edgecombe et al., 2013). This suggests an enormous gap in research, potentially contributing to unsuccessful IEN transition. The literature search revealed four articles specific to IEN competency, only one of which actually examines IENs' self-perceived competencies (Edwards & Davis, 2006).

Edwards and Davis (2006), although they acknowledge the impact of language and communication on successful transition, asked IENs to complete clinical surveys designed to measure their perceived competencies in providing safe and efficient nursing care. They found that IENs, with varying demographics, rated themselves 'least

competent' in relation to tasks requiring the use of technology. Second to this, IENs rated themselves as 'least competent' in the knowledge related to cardiac patients (p. 268). This study took place in the United States and does not rate IENs' competencies with relationships, neither intra or inter professional, an important concept in Canadian nursing. Despite the focus on an IEN's perception of strictly skills based competency, the researchers should be credited with taking the first step in understanding an IEN's perceived experience with clinical competency.

Besner, Jackson, McGuire and Surgeoner (2010), in their research study, compared IENs with Canadian educated RNs in relation to their observed clinical competency. They found that IENs struggled with the depth and range of knowledge required to fully meet Canadian expectations. When compared to Canadian educated nurses, IENs were found to use an "I know what's best for you" attitude versus a patient centred care approach. They also found that IENs showed an inconsistency in the time it took to make clinical decisions, their ability to make these independent decisions and clinical judgments, and they were also found to struggle with areas of prioritization in the clinical setting in Canada (p. 14). The researchers question that despite their previous specialty in nursing, how do IENs re-perform at entry level (p. 12)? The findings from this study suggests that further research is needed in relation to IENs' clinical competencies, and the effect of their environments on their knowledge, skills and judgments. Similarly, Tregunno et. al (2009) describe the experience of IENs as a 'U-turn' where the IENs move from clinical expert in their home countries to cultural novice when they enter new healthcare systems (p. 188). This study addresses the difficulty IENs have in re-performing at entry level as they often have many years experience in clinical nursing in their countries of origin; thus, the idea of IENs making a U-turn when entering Canadian nursing. It is noted that IENs struggle with making various clinical decisions in Canada; however, the reason for this has not been adequately explored.

Edgecombe et al. (2013) identify the sparse literature on IENs' clinical learning experiences and relate this to the fact that most studies are done in relation to language

and communication deficiencies. The authors do not underestimate the importance of quality communication in nursing; however, they believe that there needs to be more focus on the lived experience of IENs in the clinical environment. Without doing so, educators, researchers, and healthcare organizations will continue to fall short in ensuring IENs' successful transitions into the health workforce.

Exploring the meaning of IENs' lived experiences with competency in the Canadian healthcare setting is important in order to help encourage successful transition of IENs into the healthcare system. The scarce research done on this phenomenon is certainly a limiting factor when trying to understand the barriers to IENs' successful and timely transitions. Without knowing the barriers from the point of view of those living the experience, the issue of reduced competency will remain at large.

Bridging Programs: Programmed for success?

Many researchers discuss the limited amount of research in relation to bridging programs for internationally educated professionals (Xu & He, 2012; Lum, Bradley & Rasheed, 2011). The literature search done on the success of bridging programs for IENs came up empty handed, since research in relation to such programs for IENs remains in its infancy (Lum et al., 2011). However, strides have been made to address the barriers to IENs' successful transitions into the workplace through the participation in bridging programs.

Singh and Sochan (2010) specifically discuss IENs' perspectives on credentialing and the bridging process. They found that IENs felt a sense of disillusionment with having to return to school to upgrade their qualifications (p. 58). This is an important finding as this can contribute to an IEN's successful transition into the Canadian health workforce. Giving IENs the appropriate amount of information prior to recruitment and immigration is an easy 'fix' to this distressing obstacle. In this study, the researchers observed an evident frustration in the IENs as they retold stories about their 'educational bridging process' (p. 58). The IENs offered key recommendations in relation to the content of the bridging programs they were enrolled in. IENs wanted to learn more about

the Canadian healthcare delivery system, they wanted to gain clinical practice experience in Canada and they wanted recognition of their home country nursing education (p. 58-59). These recommendations are useful in the development of bridging programs for IENs. There is value in the understanding the lived experience of IENs during their bridging and credentialing process, and this phenomenon must be explored deeper in order to influence program developers and schools of higher education in creating suitable programs. Doing so will help ensure the successful and timely transition of IENs into the health workforce.

Of equal importance is the work done by Lum et al. (2011) that explores and identifies the learning styles of internationally educated practitioners (IEP) and how that relates to their success in upgrading their education. The researchers identify the multicultural nature of bridging education and challenges instructors face with adapting to the various and diverse learning needs of each individual (p. 148). The researchers argue that if the learning styles of IEPs' are explored and refined then bridging programs are better able to accommodate learners' needs, resulting in successful transitions into the professional workforce. Two additional studies explore the experiences of IENs in bridging programs and the barriers to their successful transitions.

Edgecombe et al. (2013) identify six factors that impact IENs' clinical learning: socialization, communication, relationships, culture, unmet expectations, and unmet aspirations. The authors contribute to the very limited literature on IENs' experiences with educational bridging programs and specifies IENs' needs to 'fit in' and the worry of failure and disappointment. The authors argue that the socialization of IENs into various new environments has a considerable impact on their educational and transition experiences (p. 2). Similarly, Sanner et. al (2002) discovered three themes that emerged after studying the experience of IENs in a Baccalaureate Nursing program as: social isolation, resolved attitudes, and persistence despite perceived obstacles. The IENs mark their own progression through their perceived acceptance. The authors address the barriers in the university setting as perceived by IENs in relation to their socialization.

There needs to be a considerable amount of more research in exploring IENs' lived experiences with bridging programs to better understand their barriers to success. Without this, programs will continue to be developed despite the IENs' learning needs. Understanding the process of socialization and its impact on IENs' educational experiences are important factors in ensuring their success. Developing programs based on the learning styles of IENs' also has the potential to ensure greater success in timely transition into the healthcare workforce.

Defining & Assessing Intercultural Competence

The literature shows that there are multiple ways to define intercultural competence, variations depend on the focus of the study, and the confusion is simply due to the sheer complexity of the term. Leading scholars in the field of intercultural competence came together to develop the Delphi definition of intercultural competence, and this definition will be used for the purpose of this study. Intercultural competence is "the ability to communicate effectively and appropriately in intercultural situations based on one's intercultural knowledge, skills, and attitudes (as cited in Deardorff, 2004, p. 194). There is a common belief that due to the complexity of the concept, it is difficult to assess an individual's success with intercultural competence (Deardorff, 2004; Koskinen & Jokinen, 2007). Research studies attempting to do this primarily focus on internationalization and a student's ability to mature in their cultural competence (Koskinen & Jokinen, 2007; Koskinen & Tossavainen, 2004). These researchers focus on students' experiences abroad through programs designed to support such learning. The problem with this is the studies reviewed do not mention ICC in relation to immigrant students; however, similar principles can be applied when assessing an internationally educated nursing student's response to ICC.

Competency in nursing is mandatory in order to ensure safe and efficient patient care (Anxley, 2008). The increase in diversity calls for an increased need for cultural competence (Koskinen & Jokinen, 2007). The current literature reflects the need for intercultural competence, and there are many studies done in relation to ICC in business

and education. The literature that focuses on ICC and healthcare is limited; however, this is likely due to the difficulty in finding a standard definition of this term.

Researchers are, nonetheless, in agreement that ICC is an important and growing concept that requires further exploration. There are currently no reported studies done on IENs and the meaning of their lived experiences with developing ICC. That being said, Bradley et al. (2009) developed a model of ICC in order to better grasp the complexities and relationships involved with this concept. This model illustrates the relationship between ICC, specifically knowledge, skill, and judgment, with inter and intraprofessional relationships and entry-level competencies to practice nursing in Ontario. This model portrays the intricate relationships associated with ICC and provides a basis for better understanding the complexity of the term.

Exploring the meaning of an IEN's lived experience with developing ICC has the potential to lead to developments in IEN transition by guiding bridging programs to target the real needs of IENs. Successful bridging programs and organizational orientations need to be aware of and include IENs' perceptions of barriers to achieving quality ICC. In doing this, bridging programs and healthcare organizations will assure the safe transition of IENs into the workforce.

Synopsis of the Literature Review

There is a paucity of research in relation to IENs and their lived experiences with developing ICC. When exploring the nature of IENs' meaning of their lived experiences with developing ICC, it is important to understand the various reasons for nurse migration to Canada. Having this knowledge provides powerful preconceptions in relation to IENs' lived experiences. There is a plethora of literature focused on IENs' intentions to migrate; however, there is very little on the lived experiences of the migration journey. The decision to migrate to Canada should be apparent in order to best support IENs in their process of transition into Canada and the Canadian health workforce.

IENs' successful transitions are a growing phenomenon. The current literature on IEN transition focuses primarily on the barriers associated with language and communication. Despite the importance of identifying this barrier, additional research is needed to grasp the depth of an IEN's lived experience with transition into the Canadian healthcare system. Understanding the barriers to successful transition from the point of view of an internationally educated nurse allows educators, researchers and healthcare organizations the opportunity to develop strategies to support successful and timely transition of IENs. By doing this, there will be a substantial reduction in the amount of 'brain waste' making a dent in the projected nursing shortage in Canada. That being said, successful transition is strongly associated with successful bridging program implementation.

Further research is needed on the success of bridging programs for IENs in relation to timely and successful transitions into the professional workforce. Currently, studies done on IEN bridging programs are few and far between, and there are no reported studies that really grasp the complexity of this phenomenon. It is favorable to say that bridging programs are responsible for helping IENs achieve successful transition; however, there continues to be barriers in relation to assessing the success of educational programs for IENs. In the absence of evidence we are unable to assess and understand the impact of current bridging programs on the successful transition of IENs. Researchers have begun contributing to this growing body of knowledge; however, there needs to be more focused research on IENs' experiences with bridging programs in order to fully understand the needs of IENs to support successful transitions.

Part of an IEN's successful transition is their success with ICC. Intercultural competence is a complex, yet very important concept in nursing. Intercultural competence requires an understanding of how culture affects knowledge, skills and attitudes. Presently, there are numerous studies in relation to ICC and its contributions to the business and teaching worlds, but very little on ICC in relation to healthcare and more specifically, nursing. ICC in relation to healthcare, and more specifically IENs, requires

a deeper and more focused exploration. There are no reported studies on the meaning of an IEN's lived experience with developing ICC, a gap with potential and detrimental effects on the socialization and transition of IENs into the Canadian healthcare system. Understanding ICC and the meaning of IENs' lived experiences with developing ICC will contribute to the growing literature on this phenomenon and will support educational institutions and healthcare organizations in the successful transition of IENs into the Canadian healthcare system.

Chapter 3

Research Methodology & Theoretical Underpinnings

Phenomenology is the study of one's lived experience. Grounded in the philosophy of science, phenomenology is used to understand personal meaning. The phenomenological method of hermeneutic philosophy focuses on the interpretation of a phenomenon, as described by the individual who is experiencing that particular phenomenon. A central and important tenet of this methodology is the idea of intersubjectivity: the belief that members of a community share a common world (Lobiondo-Wodd & Haber, 2009). This study maintains that IENs struggling to find nursing employment in Canada share a common experience in relation to the meaning of their exposure to and development of ICC. A hermeneutic phenomenological methodology was used to uncover themes related to the meaning of the lived experiences of IENs' with developing ICC. By uncovering these themes, the results of this study will disclose the true barriers to IENs' successful transitions.

Phenomenological Research Method

Phenomenology as a research method seeks to explore an individual's lived experience. The philosophical assumptions of this approach are that theory should be based on interpretations, subjectivity is valued, context is important in explanations, biases need to be articulated, and ideas evolve and change over time (Cohen, Kahn & Steeves, 2000, p. 6). Exploring and understanding the lived experiences of IENs allows researchers to consider their interpretations and thus, the true meaning of the IENs' lived experiences with ICC. This study values the different experiences of IENs and understands that the context of these experiences is of the utmost importance. Perceptions of the struggles IENs face with transition are important in guiding this research; however, the truth in these may, surprisingly, be amiss. Conceptualizing researcher bias and making this apparent during the research process is an important part of phenomenology. Allowing for truth to surface is done as the experiences of IENs are told through dialogue and themes present themselves, consciously in the moment.

Phenomenology describes experience, where consciousness dynamically exists, rather than studying thoughts or emotions in the abstract (Cohen et al., 2000, p. 6).

Hermeneutics

The term hermeneutics is derived from the Greek verb meaning “to interpret” or “to translate” and refers to the science, theory and practice of human interpretation (Porter & Robinson, 2011). Hermeneutics is interested in the nature of human interpretation and pays close attention to the idea that the world in which we live is inherently associated to our cultures, languages and traditions. Heidegger’s hermeneutic phenomenology asks questions about ‘being’ and what is the meaning of being? The purpose of this is to reveal structures of human experience, related to the world and the things in it (Porter & Robinson, 2011). Heidegger’s interpretation of hermeneutics concludes that understanding and meaning must happen prior to our reflection on relationships within the world and the things in it (Porter & Robinson, 2011). This concept relates to the fact that things are perceived and understood as we encounter them on a daily basis and to deny their influence on our life-worlds is to deny their existence. In order to understand our relationships within the world, the context or the origin of these relationships must be considered (Porter & Robinson, 2011). Because of this, understanding is never without presuppositions or prejudices and there is no starting point free of bias. This refers to the notion of “thrown project” – in our attempt to understand, we find ourselves as already in the world at a certain time and place, building upon our experiences while appreciating our foreknowledge gained from previous experiences and relationships (Porter & Robinson, 2011). Thrown project relates to the influence one’s current lifeworld has on their understanding and development of meaning. This concept is important to hermeneutics as it suggests that no one is free from their past experiences as they paint a picture of one’s current understanding. Using hermeneutics to explore and understand the meaning of IENs’ lived experiences with developing ICC starts with recognizing what we already know and how we have come to know this. From here, the true meaning of the lived experience of IENs will emerge.

Secondary Analysis of Qualitative Data

Secondary analysis of qualitative data involves the analysis of data that was gathered for a previous research study (Szabo & Strang, 1997). Many researchers use secondary analysis to maximize the use of a data set (Hofferth, 2005; Hinds et. al, 1997; Szabo & Strang, 1997). The advantage associated with the use of secondary analysis is that it expands on the understanding of a particular experience while being sensitive to the idea of respondent burden (Szabo & Strang, 1997). Qualitative data sets produce rich material that can be used to develop various findings, either similar or different from the original research question. There are however, limitations in the use of secondary analysis. One major limitation has been identified as the lack of control the researcher has in generating the data set (Szabo & Strang, 1997). The researcher using secondary analysis does not have the opportunity to ask the participants direct questions; however, this issue is overcome as the new study has the opportunity to create new questions, identify gaps in research and it gives good reason for research on the focus of interest to continue (Szabo & Strang, 1997). The data was originally collected using vignettes as a tool for participant reflection, a Ministry of Citizenship and Immigration project. The vignettes, created for the original study, were done in order to represent nursing standards and competencies in the Canadian clinical setting. Specifically, the vignettes were matched with the College of Nurses of Ontario (CNO) competencies and professional standards. This is important as each health care system is unique in its delivery and expectations of care. Reflecting on the vignettes allowed for the creation of a rich data set in relation to the IENs' meaning of their lived experiences with developing ICC in the Canadian clinical setting.

The use of secondary analysis of qualitative data within hermeneutic phenomenology is supported as the interpretation of the meaning of lived experience remains invaluable despite the research method used to produce the data. Hermeneutics supports the use of secondary analysis of focus group data in investigating a group's interpretation of a lived experience as the meanings within the resulting text data are

finite with layers upon layers of potential interpretations (Potter & Robinson, 2011; Polkinghorne, 2005). Hence, hermeneutics and secondary analysis provide a good fit when exploring the meaning of the lived experiences of IENs' development of ICC.

Theoretical Underpinnings

Transformative Learning Theory

Transformative learning refers to the ability of the learner to generate beliefs and opinions in order to become engaged, empowered and transformed by knowledge. These transformations include a learners' past experiences as frames of reference and points of view and are essential in the transformative learning process (Morris & Faulk, 2012). Mezirow (2000) defines transformative learning as, "the process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mind sets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action" (as cited in Morris & Faulk, 2012, Transformative Learning Theory section, para. 1). Using transformative learning theory (TLT) to understand the meaning of IENs' lived experiences with developing ICC allows us to celebrate the IENs' life experiences and previous knowledge as a key part of their transformation and transition into Canadian nursing. TLT has a good fit with hermeneutics as it highlights the importance of a person's foreknowledge in their learning. Just as hermeneutics maintains that it is impossible to understand or interpret our being without grasping the importance of the dynamic relationships within our worlds, TLT credits the learners past experience and knowledge as generating a transformative learning environment.

Data Collection

Recruitment of Participants

The participants were recruited into the initial Ministry of Citizenship and Immigration grant (Building Internationally Educated Nurses' Intercultural Competence through Technology Enhanced Learning) using information sessions during the student's class time at the University. Here the students had the opportunity to ask questions to the

project team in relation to the practical value of participating in the program. The students were given brochures with detailed descriptions of the project's goals and outcomes. In addition to this, the students were given direct links to the program team's email addresses and telephone numbers and website information. The program was funded by the Ontario Ministry of Citizenship and Immigration grant.

Participants

All of the participants are internationally educated nurses and are students enrolled in a University's Internationally Educated Nurse bridging BScN program in Toronto, Ontario (Appendix C). The total number of participants is forty six (N=46). The majority of the participants are female (87%), with over half (67%) being diploma prepared in their country of origin. Participant representation is highest from the Philippines (45%), second to this from Nigeria (32%). Other countries of origin include India, United Arab Emirates (UAE), Jamaica, Pakistan, Ukraine, Belarus and Slovakia. Nearly half of the total participants (45%) have not practiced nursing for one to three years while in Canada while twenty percent of the participants have six to ten years of experience in nursing in the country of origin. Most of the participants (73%) are permanent residents in Canada. Just over half of the participants reported their immigration class as independent – professional skill trades (52%) and two percent as convention refugee. All participants enrolled in the study were given informed consents and information about the study prior to their participation. The participants were divided into three groups and all were a part of the eighth cohort enrolled in the program. The three groups attended a focus group meeting each session lasting approximately one hour each.

Setting

This study took place at a university located in Toronto, Ontario. The study's demographics specifically revolve around this University's Internationally Educated Nurse bridging BScN program. Focus group meetings took place on site at the university in a confidential, quiet location, accessible to the participants, as they were all students at

the university at the time. The focus group meetings took place on the same day as classes to avoid extra travel costs for the participants.

Focus Groups

Focus groups are used in order to generate and grasp rich and dynamic information from participants. With focus groups, a group of four or more people assembles for discussion. Focus groups consist of a group with similar characteristics within the group and these similarities often make the participants more comfortable and thus, open for discussion (Polit & Beck, 2004). The similarities of the group develop trust within the group, leading to dynamic relationships and ultimately deeper, richer data (Rabiee, 2004). The major advantage to focus groups is that it is very efficient – interviewers are able to gather the viewpoints of the participants in a limited amount of time. In addition to this, the discussions held in focus groups take advantage of the fact that participants react honestly to what is being said by others – this allows for deeper and richer expressions from the participants. The goal of the focus group interview guided by hermeneutic phenomenology is to uncover meaning through participant interpretations. A potential disadvantage to this method of data collection is that the participants may be uncomfortable expressing themselves in a group setting (Polit & Beck, 2008). That being said, the use of focus groups in this setting proved to provide a rich data set.

The focus groups used reflection and stories to discuss the meaning of the lived experiences of IENs' with ICC after viewing communication vignettes. During the focus group meetings stories were told and relived, creating deep meanings from the IENs' interpretations. Cohort eight was divided into three separate focus groups, focus group one (N=15), focus group 2 (N=15), and focus group three (N=16). The vignettes consisted of two versions for each communication situation, one that demonstrated successful communication in the clinical setting and the other illustrating cultural conflict and unsuccessful communication. After viewing each of the vignettes the following dialogue allowed for the IENs to present their opinions, values, and beliefs in relation to their current understanding and development of ICC in a safe environment, leading to a

powerful data set. The focus group discussions were audio recorded as consented by the participants.

Data Analysis

The purpose of this study was to explore the meaning of the lived experience of IENs with developing ICC. Using hermeneutic phenomenology the researcher intended to uncover the themes associated with the studies purpose by reviewing focus group discussions had by the IENs in relation to their experiences with ICC. The goal of hermeneutics is to uncover the meaning of lived experiences as described by those experiencing it, while explicitly acknowledging any preconceived prejudices and/or assumptions (Porter & Robinson, 2011). The data was previously collected for the intention of the original study (Building Internationally Educated Nurses' Intercultural Competence through Technology Enhanced Learning). Reanalysis of the data allowed for a more specific focus on the lived experience of IENs in relation to their experiences with ICC. The researcher notes the importance of the effects of the original researcher's intentions on the focus group discussions, and how these intentions may have affected the conversation by the use of asking open-ended questions specific to the original study, and by limiting the discussion to only allow conversations relevant to the original research question. Because of this, it was important to ensure a good fit between the research purpose of this study and that of the original study. Hermeneutics supports the use of secondary analysis as interpretations evolve based on the researchers and participants' foreknowledge. This knowledge is seen as having the ability to enhance the findings of this study.

The IENs attended focus group meetings and were asked to discuss their interpretations of ICC vignettes provided by the University. These discussions were audio recorded and resulted in three different focus group discussions: IEN 56a, IEN 56b and IEN 56c. The primary researcher of this current study transcribed these discussions verbatim. The original researcher reviewed the transcripts in order to ensure their

quality, consistency and accuracy. The original researcher attended all three focus groups and, for this reason, is a valuable resource to ensure the accuracy of the transcripts.

Firstly, the quality of the data was assessed using the assessment tool, Criteria for use in a Secondary Analysis of Qualitative Data (Hinds, Vogel & Clarke-Steffen, 1997) (Appendix B). Using this tool the data was found to be a good fit for this study. From here, the data was analyzed in a circular motion, realizing that the data analysis process in hermeneutic research has no actual beginning or ending (Cohen et al., 2000). Using the hermeneutic circle as a process of data interpretation means that the smallest statements must be understood in terms of the larger cultural contexts, and in terms of various other contexts such as family, personhood and community (Cohen et al. 2000, p. 73). As the recordings of the focus group discussions were listened to and transcribed, the researchers process of understanding began. The goal of data analysis in hermeneutics is to uncover a 'thick description' of the lived experience of the participants that accurately depicts and communicates the true meaning of the lived experience (Cohen et al., 2000, p. 72). In this study, the data was analyzed to uncover the descriptions of the meaning of IENs' lived experiences with developing ICC. Throughout the transcription phase of the data analysis, the researcher began writing notes and developing theoretic memos that showed the researchers real time understanding of what was being said.

Phenomenological Reflection

Data collection and analysis took place simultaneously as the process of qualitative analysis endeavors to bring meaning to a lived experience rather than search for truth (Rabiee, 2004). As the researcher listened to and transcribed the data the analysis began. Although the data analysis may appear to occur in phases, the meanings that transcended were boundless. There was no specific start or ending to the researcher's understanding of the IENs' meanings of their lived experiences with developing ICC. In fact, this understanding unfolded, grew, and at times even changed as the transcripts were reread and the narratives were listened to time and again. The

researcher tried to unfold and make explicit the meaning of the IENs' lived experiences with developing ICC using the theoretic memos and theme diagrams.

Theoretic Memos and Theme Diagrams

Theoretic memos were completed throughout the secondary analysis research process and data analysis stage. Theoretic memos capture the thinking process of the researcher during contact with the data (Szabo & Strang, 1997). These memos contained ideas about the connections that became visible to the researcher within the data and also began capturing emerging themes (Szabo & Strang, 1997). These ideas began to surface as the researcher listened to the focus group discussions and was completed throughout the transcription process. It was from these theoretic memos that a theme diagram developed.

Theme diagrams become a visual depiction of the flow of ideas as they arise from the data (Szabo & Strang, 1997). The theme diagram in this study captured the process and flow of ideas as revealed by the participants during the transcription of the focus groups. The theme diagram was developed after listening to the focus groups and during the rereading of the transcripts. As meanings became apparent to the researcher the theme diagram continued to evolve.

Determining Essential Themes

Heidegger's hermeneutic phenomenology discloses the nature of being and through interpretation makes explicit that which is already understood (Porter & Robinson, 2011). Hermeneutics is based in the assumption that all things are understood as they are encountered. Understanding, according to Heidegger, is our essential form of being – it is not a structure or a thing. Thus, the data analysis that occurs using hermeneutics is an attempt to interpret the interpreted (Potter & Robinson, 2011). In determining essential themes it is important to bear in mind the following,

As historical beings, we have anticipations and expectations of the future and its possibilities, as well as conditioned understanding from previous understanding. Hence, our existence is interpretive and all meaning takes place

within a context of interpretation mediated by culture and language. What remains in interpretation is to work out 'the things themselves' instead of allowing our pre-understanding to be guided by mistaken assumptions or illusions (Potter & Robinson, 2011, chapter 3, section 3, para 25).

Thus, determining essential themes was the process of making explicit that which was previously interpreted by the group, bringing forth meaning in the context of the participants relationships within and with their worlds. As the researcher was immersed in the participants' interpretations, the themes themselves emerged and worked themselves out.

Ensuring Methodological Rigor

Improving rigor refers to the notions of validity, reliability, accuracy, goodness, quality, and bias control in qualitative research (Cohen et al., 2000). Hermeneutic interpretation is an ongoing process as interpretation is in the eye of the beholder. Cohen et al. (2000) argue that interpretation includes the researcher's own perspective and historical context and the readers of the text produced by the researcher bring their own perspectives and historical contexts (p. 86). Although accuracy is important in improving rigor, it is not necessarily the aim of the hermeneutic study. The results of a hermeneutic study are dependant on the interpretation of the individual reader, and this can be somewhat tentative. That being said, in order to specifically reduce bias in this study, the researcher participated in constant critical reflection and opened up the inquiry to the original researcher (Cohen et. al, 2000).

Constant critical reflection refers to the effort the researcher puts in to identifying preconceptions, assumptions and prejudices in order to make these explicit in the research. By participating in constant critical reflection, the researcher ensures that the findings are not a result of their own assumptions or prejudices. In doing this, the researcher identified what was already known in relation to the research topic. This information was written down and reflected on throughout the analysis process. The interpretation of the results of this study is enhanced by the researchers foreknowledge

and history; however, this knowledge and the context in which it is known does not produce the results of the study.

Another way to reduce bias in this study was done by 'opening up the inquiry' (Cohen et al., 2000). This refers to opening up the inquiry to experts in this field of study to check analytic steps. The researcher has close communication with the original researcher who collected the data set, and the analysis was frequently and deliberately opened up to her in order to ensure its accuracy and validity. This concept has also been described as creating an audit trail as the researchers decisions in analysis are made explicit and reviewed by experts. This step is also a clear way to ensure rigor in the secondary analysis of qualitative data. Throughout the entire study there was an effective communication link with the original researcher. Another important step in research is ensuring that ethical considerations are addressed and good ethics are maintained throughout the research process.

Ethical Considerations and Ethical Approval

The University's Faculty of Graduate Studies approved this research study on July 31st, 2012. Given the nature of doing a secondary analysis, proof of ethics approval for the original research was obtained. The Ethical Review Board approved the original research on February 25th, 2011 (Appendix E). The consent given by the participants for the original study is considered to be explicit for the entire study, including this study. Participants were given a letter outlining the benefits of the research study as contributing to the researcher's understanding of IENs and their successes with ICC. This benefit is evident in the current research study as well. Having close communication with the original researchers ensures that no participant has withdrawn their consent prior to the beginning of this study. Confidentiality was maintained throughout the research process. Only the demographics of the participants were given, thus the participants' identities remained anonymous to even the researcher. The specific participant demographics will be presented in a way that preserves the participants' anonymity and confidentiality. Given the nature of hermeneutic inquiry, it is possible that the results of

this study may raise negative emotions in the original participants. This will be addressed by ensuring that the benefits of participating in the study out way the potential risks. Additionally, using secondary analysis of qualitative data ensures the participants do not suffer from respondent burnout; therefore, there was no request for additional information from the participants. The original researchers did not identify any significant physical risks involved with participation in the study; however, the students were ensured that participation had no influence on course work and participation was voluntary. Informed consents were signed by all participants outlining the above.

Chapter Four

Findings of the Inquiry

The journey of developing an understanding of the meaning of IENs' lived experiences with developing ICC proved to be both powerful and eye opening. The findings of the inquiry contributed to the essential theme of confidence (Balancing the Ebb and Flow) and the emerging themes (Navigating the Headwater, Propelling in a New Direction and Mapping the Way). A theme diagram (Appendix D) was developed based on the findings of the inquiry. This theme diagram is not meant to show the 'steps' involved in IENs' meanings of their lived experiences with developing ICC rather, it represents the fluid motions apparent as the IENs journeyed through and developed the meaning of their lived experience with developing ICC. As the motions are fluid, the analogies reflect terms associated with water and the balancing of the ebb and flow. The unpredictable direction of the water and the carrying forward with them a sense of their past were found to be important concepts to the IENs. The following is a summary of the findings, using water as an analogy, after exploring the meaning of the IENs' lived experiences with developing ICC.

Emerging Themes

Navigating the headwater: where the tributary and the mainstream meet

Tributary is a term used to describe the flow of a stream into a main waterway. Some of the world's largest and longest rivers can trace their origins to a smaller tributary stream (National Geographic Society, 2013). Just as the IENs bring with them a sense of and commitment to their past, tributaries carry with them runoff from different areas as they travel into the mainstream (National Geographic Society, 2013). Resulting from this is a mix of waters, a mix of cultures.

At first, this theme was entitled anchored at shore, but it was felt this title provided a disservice to the IEN's constant drive to continue to learn and move forward in hopes for successful transition into the Canadian healthcare system as an RN.

Navigating the headwater refers to the process of moving from one body of water to

another all the while bringing with you pieces of your past, pieces that are imperative in the creation of your future. Throughout the data analysis process it became evident that the participants found a familiarity with each other through story telling and reminiscing, making the transition easier to discuss. Through reminiscing, the participants openly told stories of what it was like to nurse in their countries of origin with respect to the knowledge, skills, and judgment used when making various nursing related decisions. These reasons and the resulting decisions transcend partly into their futures. The following are excerpts from the participant's narratives. These citations are identified as specific to enhancing the researchers understanding of the meaning of the IENs' lived experiences with ICC and reflect the theme of 'navigating the headwater'.

Vignette four, Professional Boundaries, shows a client trying to give the RN money to buy a coffee. The participants were asked: what is the difference in the nurse's behaviour in video A versus video B, in relation to the knowledge, skills and judgment used? This question encouraged the participants to begin telling stories and reminiscing about what it meant to them to accept gifts from clients as nurses in their home country.

P1: "Yeah...where I came from...accepting gifts is not like...a major crime because if...the client is like...wanted to give appreciation for what you did, and they are like...because, back home we have that 'debt of honour', that if someone did good things than somebody has to put it back".

P2: "Another way of seeing the gift, if they give the gift and you didn't accept it they will see maybe the gift is lots of love, maybe you want more, that's why you're not accepting it".

P3: "You are greedy, that's why you don't accept it".

P4: "In our culture giving is sort of like an...an appreciation" P5: "Yeah" P4: "And it's a big insult if you refuse it. So it was really tricky refusing gifts".

Other participants explained how if the hospital where they worked were run by a private agency or person, not accepting a gift would have them fired from their job as the gift was viewed as profit for the organization, and refusal was offensive to the client.

These stories make it apparent that accepting gifts in the participants' countries of origin was not a choice – it was a must, engrained in respect, fear and compliance. The participants worry about the result or impact of not accepting the gift rather than what would happen if they did accept the gift. It is within the nature of IENs' to concern themselves with what the consequences might be and the potential to upset somebody else (in this case the client) and this is a result of their past experience.

P6: "But now, I think, majority of the time, it's the perspective of the patient, not really the nurse. Because if you reject from the patient, the patient feel inferior, feel terrible, feel so bad, and giving the nurses something is not the, uh, you are rejecting it...he loses confidence in himself".

As the IENs 'navigate the headwater', they bring with them pieces of their past and outwardly recognize how this affects their future. As the IENs face their new world they rely partly on what they already know; what they know is part of who they are, and this projects a sense of being the same, just in a different place. Their strength, their character and the reasons for their decisions are part of the tributary. As they approach the headwater (the place where the tributary and mainstream meet) the IENs begin to transition. This occurs not only through reminiscing, but also through observing. Many times, it is apparent that through observation the participants learn how to respond or react in certain situations, in a so-called culturally proficient way.

P7: "Um...for me, being a new nurse to the community, I try and find out how the nurses treats the doctors, how much respect they give to the doctors. Because, like where I'm from the doctors are held in high esteem, so we see them as superior. So being in a new country like Canada, I will first of all want to find out how the nurses take and respect their, the medical doctors".

This participant response describes the impact of observation on the IENs' meanings of their lived experiences with developing ICC. The IENs rely on Canadian nurses' reactions and behaviours to guide the culturally specific decisions they make. Sadly however, there were times these observations resulted in confusion as the decisions

made by the Canadian nurses conflicted with the IENs' growing understanding of making culturally competent decisions.

P8: "Can I ask a question, um, based on this gift...I mean taking gift from patient, I was working in the hospital and the family member left, I don't know what it was, uh, February 14th, what was it? Valentine's Day, so those...If a family member came [and] brought uh, so much chocolates, and it's like okay, I was caring for the lady directly so you can have it, and gave it to each nurses. And every nurse had gotten theirs, and I was like, oh my God I don't want to, I mean like, *dilemma*, everybody already had it, what am I going to do here? And it's like, I'm the only one standing here".

This statement shows the conflicting nature of standards versus reality and the grey matter in between. The participant followed the standard of care not accepting the gift from the patient all the while observing the complete opposite. Interestingly, the participant felt 'all alone' in making the right decision. As the IEN's understanding of ICC transcended into meaning they began discussing what it means to accept gifts based on their intent and monetary value.

P9: "If the patient really wants to get a coffee for the staff for each and everyone working on the team that day, she can ask one of the family when they come in please bring in some coffee, go down and buy some coffee for the nurses because they really took care of me. Or, buy a box of chocolates for all the team. They all work for me...yes that is acceptable, but not taking the money to get coffee, no".

The IEN's ability to open up to a new understanding begins with encompassing their pasts and understanding how this relates to and 'fits in' to their futures. The IENs' meaning of their lived experiences when making culturally competent decisions is largely complex. This is due to the fact that their past experiences shed a very different light on culturally sensitive decisions (i.e. accepting gifts as a sign of respect). The observations the IENs described suggest a need to have spent time in the health care system in order to understand the features of that health care system. For example, the characteristics of sensitive relationships (nurse-client relationships) and the discourses involved within that

culture of care. Reminiscing and observation are important pieces in understanding the meaning of the IENs' lived experiences with developing ICC. Additionally, this process of reminiscing and observation was also shown to contribute to the IENs' strength to move forward in the right direction. As the IENs navigate the headwater, they bring with them pieces of their past; just as the tributary does as it continues into the mainstream. This theme captures the importance of incorporating the IENs' pasts in the creation of their new understandings.

Propelling in a new direction: despite the waves

Propelling in the right direction is a constant theme. Any decision the IENs make that reflect their drive to move forward is an example of them propelling forward. Again, the process of creating a meaning of their lived experience with developing ICC starts with the decision to nurse in Canada. The title of this theme emerged from 'staying afloat' to 'propelling in a new direction'. The concept of staying afloat referred to a struggle not to sink; the IENs have shown to do anything but 'sink'. The term propelling describes the drive to move forward. This title captures the true nature of the IENs drive to move forward and push beyond the barriers along the way. In doing this, the IENs were able to identify differences between their culturally diverse understandings of care and, with this, were able to unite their competence in order to successfully move forward in the right direction. When identifying differences in the vignettes the IENs showed the ability to relate to both reasons for making certain decisions (the 'good' versus the 'not so good'). The following are excerpts from the narratives that exemplify the IENs' abilities to transcend, using past and new experiences, in order to develop an understanding of ICC in relation to nursing in Canada. These excerpts also enhanced the researchers understanding of IENs' meanings of their lived experiences with developing ICC, especially in relation to the theme 'propelling in a new direction'.

Vignette One, Physician Interaction, shows the IEN standing up for the physician as he enters the nursing station, giving up her seat to him. The physician declines the gesture and then insists that she call him by his first name. The participants were asked:

what is the difference in the behaviour of the nurse in video A versus video B in relation to the knowledge, skills and judgment used?

P1: "Her approach [the nurse in the vignette] when she sees the doctor, it is a very uncomfortable approach for North America, she seems to be very intimidated by his presence, by doctor, she says...you should have my chair, take my chair, and she was seeing the doctor as some kind of, um, God amongst the nurses, which in other countries is quite that way. The doctor is the boss, the chief, whatever he says, and when he enters the room everybody pays much attention and stands up. Oh the boss is here! We have to behave".

P2: "Yeah, in other countries doctors have very great power, if a doctor wants to fire a nurse, he can approach the human resources and they take action, it happens, it happened".

P3: "I think she sees the doctor as being superior than nurses. That's why she got up from the seat and wanted doctor to sit, have a seat, and when the doctors said to her, uh, you could just call me David, that's why everybody here confused, so, she was like no I can't call, should I call you doctor David? I should call you by Mr. David, or doctor, or something like that. So she, she sees the doctor, you know, much superior than nurses".

P4: "Mmmmm [in agreement], that's how she shows respect".

The above dialogue shows the IENs' abilities to identify the 'waves' – the realities that have the potential to be barriers to their success. That being said, despite these waves, the participants understand why the behaviour of the nurse was sustained from one culture to the next; because the relationships they once formed were based in fear, power and principles of respect.

P5: "In the other scenario, for the bad one, um, I would say maybe in the culture background in the nursing background for that nurse she possibly, it, culture set in the way the physician are looked up to. Not just someone you could just call them by name. There is a real, real respect, that you can't just call them by name...So, I think that's, uh, and the doctor wasn't really like polite, and if the doctor has, uh, kind of cultural

sensitivity he could have just like, okay, let it go, and not going ahead and asking her, 'where are you from'? That's just really embarrassing, yeah. But if he was culturalized he says okay, I understand [she's] not from this background but maybe there is a way we can help her integrate".

P6: "Maybe from where she came from [they] don't call your senior by name, or call your superior by name...in different cultures, it's a disrespect to address somebody by name. But in Canada, it's a different ball game".

As the IENs propelled forward in a new direction, they met waves that acted as potential barriers to their success. For example, the dynamics associated with professional relationships are complex. The IENs describe the concept of superiority experienced in their home countries. In Canada, this sense of superiority still exists; however, it is much more subdued. It takes courage and confidence to build and maintain equality among the various professionals in the health care system. That being said, due to the IENs' push to prevail and move forward in their careers, it became evident that they understand the purpose of adapting to the new cultural norms.

P7: "I realized that probably the culture is a little bit different and I might have to adapt to culture here although I'm not very comfortable but there's, but you should know when, when to adopt the culture or when it's okay. It was okay still, but I think it's more comfortable for them that you address them with their names".

P8: "We are accepted [in Canada], we treat doctors the same way as ours because we are all professionals".

As the IENs propelled forward, in the right direction as they began show a deeper understanding of the need to adapt to various cultural norms. In doing this, the IENs were able to 'unite their competence' in order to display this understanding, surpassing the waves. Uniting competence is a term coined for this study and is used to describe the abilities of IENs to bring together their old and new knowledge to form an understanding of intercultural competence. It is an important term as it identifies and celebrates the foreknowledge of the IENs as being a contributing factor to their new understanding.

P9: "Nursing is a universal language. We learn so many things back home and here we will just add up all the things that are new, that are new and...we will just...combine it together to...to come up with...competent care, to give competent care to the clients".

As the discussions continued to unfold, the participants showed a growing understanding of the purpose of identifying the contributions cultural norms have in making various nursing related decisions. The participants are able to combine what they already know with what they are learning, and all the while recognize the importance of this. The IENs propelled forward, bringing with them pieces of their past, outdoing the waves. The IENs displayed the ability to unite their competence in order to form a new perspective.

Mapping the way: staying on course

Mapping the way refers to the IENs' capacities to understand the meaning of ICC and their roles in successfully navigating their new world. It shows the IENs as in control of their journeys, a concept with little recognition and exploration in the past. Identifying IENs as in control of their journeys empowers success. The data shows that the participants get it – they understand the purpose of aligning their perspectives (the old and the new). Sadly, as a result of the limited understanding of the IENs' lived experiences with developing ICC, their differing perspectives, and the IENs' previous experiences, their resulting behaviours are at risk of being identified as incompetence.

P1: "You are saying to them nursing, that Canadian experience, uh, nursing is that all, they have the books, they have this, they cannot say that. I'm from XXX. Our system is copied off the British and the American...what I have to do to go to America is just do the exam, that's all. I don't have to go back to school because I don't have to get a degree. England, I don't have to do no exam. In Canada the nurses, to you, you're international, you're not, it's as if you're not competent enough. You lack competency".

Suggesting that IENs are incompetent strictly because their experiences and perspectives differ is detrimental to their success. Understanding and substantiating the IENs' roles as leaders in their own navigation and transition promotes successful

transition. The following are powerful statements from the data showing IENs as leaders in their own journey.

Vignette five, Faculty Learning Interaction, the student nurse is unsure of how to pour a certain medication. The faculty advisor is rather intimidating and the student is fearful of making a mistake. The participants were asked: what is the difference in the student's behaviour in video A versus video B, in relation to the knowledge, skill and judgment used?

P2: "She had the knowledge, but there is no confidence in her. She, she knows what she will do but, sometimes we get blank minded, we forgot things. And on the first video, I think she forgot, she know what she, she knows the skills, but she forgot certain things, and she got intimidated by the CCD and didn't ask for help".

P3: "In my country, XXX, as a student, if you have an instructor who displays this kind of behaviour, our thinking as students are, um, you have the knowledge, we need it, so we're going to get it because they have already reached where they are, where they want to be...So we are going to go ahead and ask it".

This discussion varied between some participants relating to the fear of asking questions to others proclaiming, it does not matter how you feel if you do not know you must ask.

P4: "We come here, we can do it, we expect, we don't expect to know everything".

P5: "Asking for help or realizing that you're weak on this side you should not put you down but instead do something about it as what he said, um, study ahead of time before going to the client and, um, yeah, realizing your weaknesses and doing something to improve it will help us a lot in dealing with this situation".

P6: "I would still go ahead and ask because the patient safety. If you tell me then, if you don't teach me, okay, I'm sorry, I don't, I can't kill the patient. I don't know it, that's why I seek for help".

The above conversations represent the IENs' competencies in understanding the importance of knowing what you do not know and knowing when to ask for help. These

characteristics are that of individual leaders, inclined to make the right decisions that are in the best interest of ensuring both personal and professional safety and success. In a separate discussion the participants are reflect on vignette two, RN introduction. Here, the IEN is shadowing a nurse in the hospital setting who appears to be too busy and quite irritated with the thought that someone is only shadowing her. The participants were asked: what is the difference in the student nurse's behaviour in video A versus video B with respect to the knowledge, skill and judgment used.

P7: "She came there with confidence, like I am here to help, I didn't come here to stand in anybody's way...I know something. I did work back home. I have some background. I don't know totally the Canadian standards but that's why I'm here, I want to learn".

P8: "Another point is communication. Um, on 2A, when the preceptor introduce her to the nurses she didn't introduce herself properly. Yeah, but on, um, she only said her name...on the B side...she was able to say her name, to say where she is from, you know, she said I'm going to help you. It, it kind of, like, give the nurse the courage that, I know this before. I am from so so so place and this is how we do it, so I am going to help you and know how you do it here".

P9: "Attitude, attitude is very important".

The above statements are reflections of how well IENs understand the importance of communication and confidence. Quality communication and confidence are also both characteristics of individual leadership. Through mapping the course the IENs proved themselves to be leaders in their own journey.

As they navigate the headwater, propel forward and map the quest their evidence of intercultural competence continuously grows. The focus group discussions show that IENs are able to identify the various cultural perspectives and nursing related decisions based on their knowledge, skills and judgments, new and old. They have proven to be successful in forming new perspectives thus, increasing their ICC. Identifying IENs' previous knowledge as power and as a catalyst in their ability to make culturally competent decisions is important as it substantiates the idea of IENs as leaders in their

own worlds. The meaning of the IENs' lived experiences with developing ICC is one that is complex – layered with complicated and sometimes confusing expectations. The IENs' meanings of their lived experiences with developing ICC includes simultaneously relating to both their new and old worlds, pulling from these experiences united competencies and new perspectives. The themes that emerged throughout the focus group discussions all revolved around the essential theme of confidence.

Essential Theme

Confidence: balancing the ebb and flow

Confidence is the state of certainty and the belief in oneself. The act of being confident and the ability to portray this confidence was identified as an important and reoccurring theme. Confidence, as the IENs maintained, is critical to their success with ICC. Throughout the narratives confidence is found to be both explicit and implicit within the text. Explicitly, the IENs frequently cited confidence as being imperative to their success as nursing students and nurses in the Canadian healthcare system.

P1: “I think, um, this would highlight the importance of confidence when you come into the field of work as a RN in the future. Because how you express yourself, or impose yourself would...affect the way that...the one you’re communicating with would react. Like in this one [vignette]...she was able to communicate herself effectively which in return, uh, changed the perception of the nurse, making it somehow positive in the end...she was able to gain the confidence of the nurse. So what I think I am trying to say is, confidence is important and you should remember that we went to school to learn all of these, uh, skills, so we should gain confidence from that”.

This participant recognizes the importance of confidence as it relates to the image it portrays. Essentially she is saying that it is imperative to exert a sense of confidence so that those you are communicating with, whether they are patients or other nurses, are able to develop a trusting relationship with you. She reminds the other IENs that we *already* learned this, suggesting knowledge has the power to ignite confidence. That being said, how does that fact that IENs are deemed non-equivalent affect their confidence? As they

transition into the Canadian healthcare system, are IENs given adequate opportunity to celebrate what they already know? The IENs vocalized their struggle with portraying confidence in a place where they are identified as non-equivalent.

P2: "Back home we are all RNs, right? So coming here and um, we are not allowed, due to one or two things, you know, to go further for, you know, to continue from where we start. I mean, it makes you loose the confidence, because you are, personally I am thinking this is where I am supposed to be right now. But, because I'm in Canada, I'm drawn back. So you know, it makes you loose your confidence. But all we need to, you know, understand is that we have to be courageous, you know, to move ahead...So, but definitely yes, moving from one country to another, yes it's gonna affect your confidence. You have the skills, you have the knowledge, you have everything but as long as the other country you've moved in [is] not able to take you the way you came from, I mean come on, it's going to affect us individually, I am saying it affect me".

'As long as the other country is not able to take you the way you came' – this powerful statement unveils the true complexity of a IENs struggle with fitting in. The IENs undoubtedly display the knowledge and skill in relation to the language of nursing; however, their judgment and ability to make culturally sensitive decisions requires evolving as they gain an increased understanding in ICC. Has the IENs' ICC increases it became evident that there is no place to celebrate this success. They continue to feel a sense of inferiority as the rest of their new world portrays a sense of superiority.

P3: "I can see that uh, that from those RN introduction, possibly the student nurse could have heard about her, uh, the American sign of practice and is like oh my God, we have all the basic training. I'm not able to integrate, like seeing this ward superior and the other ward inferior, so now you can...in the first...aspect whatever, it is superior or inferior I'm going to get in and I'm gonna work there. This is what I have...if I am not okay you can teach me, right? But in the other one, it is like, seeing this place so superior, oh my God, can I really get into this practice? Can I fit in well?...There is no confidence, and um, I think that is cultural destructiveness".

Again, this participant explicitly identifies the importance of confidence stating that without confidence there is cultural destructiveness. Not being confident, to the IENs, is like assuming second place. By hiding what you know and what you do not know breeds the sense of being inferior; whereas, if you are honest in what you know and what you do not know, you create a balanced playing field where each player contributes to another's success. This participant also identifies the struggle IENs have with fitting; however, understands that it is up to the individual to cocreate their own relationship with their new environment – if you see this environment as superior you decrease your likelihood of success.

In addition to the IENs' explicit dialogue in relation to confidence, this essential theme held an implicit place throughout the entirety of the focus group narratives. As the IENs told stories about their experiences in nursing and reflected on the vignettes there was a persistent reference to how individual and group behaviours affect the IENs' success.

P3: "While in the second part...she [the IEN] tried to organize herself a little bit but she was still wrong. Not putting her own profession first. She's trying to put the doctors first"

Here again is the reference of putting yourself second. The IENs discussed the detrimental effect of classifying inferior versus superior and how this relates to the individuals sense of confidence. How the IENs represent themselves is not superior or inferior, as this is not evenhanded; however, displaying a sense of confidence empowers the IENs to make the right decisions and 'fit in' well with the rest of the group. Thus, being confident gives the IENs a sense of belonging. Confidence allows the IENs to not only view themselves as a contributing member to the healthcare team, but also allows this image to penetrate the potential stereotypes and contributes to other's views of the IENs as contributing members of the healthcare team as well. Confidence allows for relationships and meanings to unfold. It creates equal opportunity and a safe and supportive learning environment. The IENs contribute the display of confidence as an

undeniable factor to their success. In addition to this, the IENs and the primary researchers touch on the idea that confidence and how it is displayed is culturally determined. The IENs agree with this notion however it is not deeply explored in the focus groups. The idea of confidence as culturally determined is significant to the IENs' meanings of their lived experiences with developing ICC and requires further exploration in order to better determine its relationship with the IENs' successful transitions into Canadian nursing.

Confidence is the doorway to success and empowers the IENs to continue on, even in the face of uncertainty and perceived non-acceptance. Courage gives the IENs the ability to assume this confidence – perhaps a characteristic born in a history of continuous struggle. Confidence and courage go hand in hand. It is vital to an IEN's success to maintain confidence during the ebb and flow of their transition experience. Ebb and flow suggests that the nature of this transition is one that is unsteady and the direction of the ebb and flow has a tendency to be quite unpredictable. Maintaining confidence allows for the IENs to have a sense of balance throughout the unpredictability and uncertainty of it all. Thus, it is imperative to understand the importance of confidence when understanding IENs' meanings of their lived experiences with developing ICC.

Chapter Five

Discussion of the Findings

This study sought to understand the meaning of the IENs' lived experiences with developing ICC. Using hermeneutic phenomenology this meaning was explored and the findings proved to be invaluable. Some of the findings of this study are not only supported by current research but have also identified enormous gaps in the research in relation to IENs' lived experiences with transition and integration. The following discussion of the findings is supported by the values inherent to the Transformative Learning Theory (TLT) and will be described using the essential tenets of this theory. Understanding the meaning of IENs' lived experiences with developing ICC begins with visualizing their struggle with migration and bridging process. As hermeneutics maintains, it is important that the findings are interpreted together with our past and current meanings, experiences, and knowledge.

When IENs migrate to Canada many are expected to participate in bridging programs in order to develop and enhance their knowledge and understanding of the Canadian healthcare system to increase their success with ICC. To date, there is little to no reported research on the success of IENs after participating in bridging programs (Edgecombe, Jennings & Bowden 2013; Xu & He, 2012; Lum, Bradley & Rasheed, 2011) or on the IENs experiences of community transition (Mccoll, Carlson, Johnston, Minnes, Shues, Davies & Kavlovits, 1998). This gap in research certainly affects the understanding of what is needed to support the success of IENs in their transition and transition process, creating a ripple effect. Not understanding IENs' meanings of their lived experiences with developing ICC affects our ability to ensure their success, and this affects the nursing shortage tremendously. Through exploring the IENs' meanings of their lived experiences with developing ICC it became evident that it is essential to develop educational and transition programs specific to the needs of IENs as learners.

Transformative Learning: the role of engagement and empowerment

Transformative Learning Theory (TLT) celebrates the learners 'old' knowledge combined with the learners 'new' knowledge and how this affects the now. A dominant finding in this study is the way IENs navigate their new worlds by reminiscing about their past, bringing pieces of their past with them that are important in forming their new understandings in the now. As the IENs related to the stories told through the vignettes, new stories emerged, and this continued. From stories came stories with powerful meanings strong enough to create new perspectives. The following discusses the use of TLT and the advantages of using this theory to better support and understand IENs' meanings of their lived experienced with developing ICC.

TLT assumes that adults develop specific habits of mind in relation to their past experiences that subsequently articulate into specific points of view (Morris & Faulk, 2012; Taylor, 2008; Mezirow, 1997). These points of view are a collection of an individuals beliefs, values, judgments, and feelings that form specific interpretations (Mezirow, 1997). Habits of mind and points of view are termed as an individual's frame of reference. These frames of reference help to define an individual's life world through various assumptions and interpretations through which numerous experiences are understood (Mezirow, 1997). An individual's points of view are "subject to continuing change as we reflect on either the content or the process by which we solve problems and identify the need to modify assumptions" (Mezirow, 1997, p. 5). TLT identifies the importance of the adult learners connection with their past experiences, old and new knowledge, and individual assumptions in the transformation of understanding.

Using TLT to guide the transition of IENs into Canadian nursing allows educators to become active participants in the success of IENs. This study shows the propensity of IENs to relate to their past experiences as they reflect on their new understandings. For example, it was demonstrated in the findings that when the IENs discuss the nurse-client relationship they frequently drew on their past experience as they developed a new understanding of culturally appropriate responses and behaviours. As the IENs told

these stories a sense of disillusionment became apparent. They express this disillusionment at times through laughter – can you believe that it is so different here? Other times through fury – proclaiming, we already know this! Similarly, Singh and Sochan (2010) address this same sense of disillusionment in relation to the IENs' feelings of having to upgrade their qualifications in nursing. However, in this study, this disillusionment brought to the surface the conflicting meanings, values and behaviours between the IENs country of origin and the host country. It was evident throughout the IENs' focus group discussions that the 'old' knowledge engrained in their culture led to opening up their understanding of the 'new' knowledge and the 'now'.

Likewise, Xie & House (2009) argue that, "in discussing the pragmatics of interculturality, it is important to point out the intercultural must begin with a culture" (p. 183). What this means is that there are variations between cultures – in their behaviours, attitudes, and values and it is easier for an individual to access their inherent value system from their country of origin. Similar to this, Kolawole (2009) discusses the influence of the 'culture' of the origin healthcare system and its effect on IEN transition. Kolawole (2009) argues that the characteristics of the healthcare system in an IEN's country of origin and the culture of nursing practice may result in an IEN's deficit of knowledge on roles and scope of practice in the new healthcare system. For example, in many countries nurses lack professional independence (Kolawole, 2009) whereas in Canada nurses celebrate their independence. It can be hard for IENs to relate to their new world and their new roles as their previous experiences easily dominate their frames of reference. Tregunno et al. (2009) address the issue of an IEN's experience of making a 'U-turn', from clinical expert in their country of origin to becoming a cultural novice within the host culture. This experience can cause conflict in the IENs' existing knowledge; that being said, the IENs address this sometimes internal controversy by making clear their old and new knowledge in order to develop and understand new perspectives and ways of being. Current literature supports the importance of identifying the impact of one's previous culture on their new perspectives in relation to an IEN's knowledge, skill and

judgment. Likewise, TLT maintains that an individual's frames of reference become open to critical reflection when that individual begins to try and understand actions and behaviours that do not occur the way they anticipated (Mezirow, 1997). In doing so, the individual begins to question the deeply held assumptions about their own culture in relationship to the host culture (Taylor, 2008). In the same way, Koskinen & Jokinen (2007) maintain that, "gaining intercultural competence is a learning process where the learner's must critically reflect on their earlier cultural and personal ideologies, seek new knowledge, and be in dialogue with individuals of a different culture" (p. 89). The findings of this study exemplify the way IENs take part in this kind of learning – they reflect on their past experience and question their assumptions in order to acquire a new and culturally specific understanding. This process is an important step in the IENs' learning and as they create the meaning of their lived experiences with developing ICC. By engaging the IENs in reflection and observation it allows them to critically reflect on and better understand the behaviours and decisions made in their new environment. Participating in the IENs' journeys as experienced learners allows nurse educators to celebrate the IENs' diversity as they progress towards a new understanding. Encouraging the IENs to discuss their past experience shows the IENs support for their decision to transition into Canadian nursing. This support has the ability to empower IENs to be leaders in their own transformation.

Understanding empowerment also means understanding the discourses related to TLT and Canadian nursing. Being mindful of discourse and language pragmatics permits nurses, nurse educators, and nursing leaders to better support the IENs' successful transitions into Canadian nursing. TLT maintains a specific discourse and discourse, in this sense is, "a dialogue devoted to assessing reasons presented in support of competing interpretations, by critically examining evidence, arguments, and alternative points of view. The more interpretations of a belief available, the greater likelihood of finding a more dependable interpretation or synthesis" (Mezirow, 1997, p. 6-7). The IENs live this discourse through their transition and transformations. Throughout the narratives it is

evident that the IENs are presented with competing interpretations of various beliefs in relation to nursing practice and behaviours. For example, in the findings where the participant discusses her experience on February 14th, she describes her internal dilemma of observing other nurses taking gifts (i.e. chocolates). The findings demonstrate this participant living this discourse as she examined the competing points of view; in her home country giving gifts was a sign of gratitude and thanks, not taking it would find her in trouble. In Canada however, gifts are not acceptable, so why is everyone taking them? Based on what she believed to be evidence to support not taking the gift, she made the decision not to. This example shows the power of TLT to empower the IENs to make the right decision based on their new knowledge and ability to examine and understand a situation. In addition to this, O'Neill (2011) argues that, "becoming a nurse is also about being socialized into a professional discourse that is sometimes a mystery even to those for whom English is their first language" (p. 1121). Discourse and how it relates to language is another very important concept when exploring the IENs' lived experiences with developing ICC.

It is proposed, after listening to the IENs' narratives in this study, that further research on the use of TLT to develop bridging programs for IENs be included in the growing interest of IENs' successful transitions into Canadian nursing. Using this theory to develop bridging programs allows nurse educators to create dynamic environments that support the transition of IENs and enhance their understanding of ICC.

Breaking Down the Barriers: discourse and culturally sensitive understanding

Literature focusing on IENs' lived experiences with developing ICC and their transition into Canadian nursing is incredibly scarce. Studies have been done concentrating on the barriers associated with IEN transition into the host country's health care system; however, the quest to find literature specific to IENs' experiences with transition proved to be difficult. The importance of this study is it contributes to this gap in research as the barriers to IENs' transitions have been conceptualized through the IENs' narratives about ICC. One common finding in the literature is the concept of language as

a barrier to any kind of intercultural transition (Porter & Robinson, 2011; O'Neil, 2011; Xie & House, 2009; Lum, 2009; Kolawole, 2009; Xu, 2008; Gulcur, Tsemberis, Steanuc & Greenwood, 2007; Jeans & Fran Green, 2005; Sanner, Wilson, Astrid & Samson, 2002). Similarly in this study, the concept of language and context in which language is understood was a frequent occurrence in the data set.

Language, specifically the English language, was seen as a barrier to IENs' confidence and successful transitions. The dialogue between the participants shows the IENs' experiences with language proficiency as a barrier to effective quality communication. This, in turn, effects the way the IENs are viewed as nursing students and are at risk of rather offensive labels such as being incompetent. O'Neill (2011) shares this concern in her study of the role language and culture have in communication for nurses using English as a second language. She identifies the concern of language proficiency and its suitability in assessing an IEN's language competency. O'Neill (2011) argues that the meaning and the interpretation of language changes as we incorporate culturally meaningful acts and display faint deviances from the norm and this leads to IENs' misunderstandings of what is being communicated. The consequences of this can be seen in the unfavorable image of IENs and ultimately, the IENs' unsuccessful transitions into the Canadian healthcare system. In fact, language fluency can become a serious patient safety issue and in the United States, language is referred to as the most significant challenge for IENs working in that system (Jeans & Fran Green, 2005). Similarly, Jeans & Fran Green (2005) found that employers felt that language proficiency tests do not guarantee that IENs can communicate effectively as communication is often culturally specific and the subtleties within the language take years to learn. Medical terminology, jargon, and abbreviations are recognizably parts of language that may pose limitations to IENs whose first language is not English (Jeans & Fran Green, 2005). In addition to this IENs were found to be concerned with their own accents and ability to understand others with new accents (Sanner et al., 2002). Language and the way language is used and understood is an extremely important concept when exploring IENs'

meanings of their lived experiences with developing ICC. The findings of this study support the current research over the last decade that explores language as a barrier to transition into Canadian nursing. In addition to this, the findings also support the need for further research focusing on the lived experience of IENs and the effect of language on their successful transition as it relates to ICC.

The barriers to IENs' successful transitions are well documented in the literature and this study shows that these barriers, especially cultural barriers, still readily exist. Sadly, the research done on the barriers to IENs' successful transitions has almost repeated itself over the last decade. Sanner, Wilson, Astrid & Samson address the concept of language as a barrier to successful transition in the year 2002 in their article entitled, *The experience of international nursing students in a Baccalaureate nursing program*. Eight years later the issue of language as a barrier to transition for IENs is addressed in a final report entitled *Substantially Equivalent Competency Assessment: Comparing outcomes in Internationally and Canadian educated nurses* (Besner, Jackson, McGuire & Surgeoner, 2010). Again, in 2013 Edgecombe, Jennings, & Bowden identify the vital role communication plays in IENs' socialization in their article *International nursing students and what impacts their clinical learning: Literature review*. The search for literature that addresses IENs' barriers to successful transition came up empty handed and the literature search addressing successful IEN transition programs produced very limited results. The significance of this study in relation to this is it profoundly displays the importance of communication in respect to the IENs' meanings of their lived experiences with developing ICC. Communication plays a vital role in the IENs' transition journeys, from telling stories to making new stories. The IENs identify communication as synonymous with confidence – a concept heavily integrated in their idea of success. Knowing this, it is important that research continues to address IENs' barriers to successful transitions, namely the barriers associated with culture and communication. This study has the potential to lead to a more focused exploration of the IENs' lived experiences with intercultural communication.

Sustaining Success: in with the old while cocreating the new

IENs' successful transitions are dependent on their successful transformation of their understanding of ICC. Each culture develops its own set of discourse and this can make it difficult for any internationally educated professional to integrate into the host culture. The IENs will find greater success in transition if the values of TLT are maintained throughout their transition experience. Engaging the IENs through story telling and reflecting on their experiences shows a respect for their diversity and how this impacts their learning. Empowering the IENs is done through seeing them as leaders in their own learning and transformation. Empowering the IENs also builds confidence, an important concept in the IENs' success. By engaging and empowering the IENs they will successfully begin to safely integrate into the Canadian healthcare system. Throughout the transition process nursing organizations need to be mindful of the barriers that communication creates. In doing this, nurses, nurse educators and nurse leaders can maintain clear and open communication with IENs and their expectations to facilitate IENs' successful transitions. TLT addresses the issue of a dynamic and multicultural nursing environment – a concept identified as a difficulty when developing programs suited for IENs (Lum et al., 2011). TLT honours this diversity and encourages its existence. The multicultural nature of an IEN bridging program becomes less of a threat as it is not imperative to adapt to each and every culture. The learning and transformation that takes place is reliant on the experiences of the IENs. Assessing the success of IENs' bridging programs begins with understanding the needs of the learners. This study recognizes the importance of uniting past and new experiences for the IENs in their bridging process. This study supports future research in developing successful bridging programs for IENs in Canada.

Implications for Nursing

IENs who have made the decision to migrate to Canada continue to have difficulty in accessing and entering the Canadian healthcare system. The barriers are

largely due to the IEN's inability to successfully communicate in their new world. Communication is imperative to the success of the Canadian nurse. Exploring and understanding the meaning of the IENs' lived experiences with developing ICC revealed the need to assess the IENs' successful and safe transition into nursing in Ontario. The following identifies the implications addressed in this study in relation to nursing education, research, practice environments and policy. The findings emphasize the importance of understanding the IENs' lived experiences with ICC.

Nursing Education

Understanding the needs of learners is imperative to their success in learning. Both the teacher and the learner need to be mindful of the learner's previous experiences and how this sets the stage for their new learning experiences. Using the central tenets associated with transformative learning theory (TLT) when educating IENs will benefit both educators and IENs in the following ways, TLT:

- Acknowledges that IENs will become empowered to transform their new understandings in ways that respect their past experiences and points of view.
- Values the importance of incorporating the IENs' past experiences in their new understandings and perspectives.
- Recognizes that a curriculum guided by TLT encourages learners to develop new understandings while reflecting on past experiences and bringing with them pieces of their past. This was found to be very important to the IENs in their education experience in order to promote and facilitate their successful transition into nursing in Canada.
- Addresses the tensions educators face when educating IENs due to the IENs' various cultures and experiences. Using TLT to guide the educator will allow for the IENs' cultures and experiences to be celebrated as a key part of their learning and transition.
- Exposes and addresses the success of current bridging programs in improving IENs' ICC and facilitating their successful transitions.

It is important to incorporate the IENs' understanding of nursing in Canada and the related practice standards and how this affects their practice and understanding of ICC. Using the values of TLT to engage the IENs through story telling leads to empowerment and the ability to transform their understanding and ultimately guide them to successful and safe transition into Canadian nursing.

Nursing Research

There is very little reported research on the lived experience of IENs as they safely transition into Canadian nursing. In addition to this, there is no published research exploring the meaning of IENs' lived experiences with developing ICC. This study addresses this gap in research and reveals the true complexity of the IENs' transition experiences and success with ICC. As partners in the success of IENs we must commit to further exploring the IENs' lived experiences with safe and successful transition into Canadian nursing. Researchers and nurse leaders will benefit from further exploration of the following:

- IENs' experiences with language and communication. This phenomenon requires it's own platform as this has a large influence on the IENs' lived experiences with transition into the host culture.
- The relationship between ICC and confidence in IENs. This study is one of few that focus on the IENs' lived experiences in the clinical environment, a concept in its infancy in the current nursing research (Edgecombe et al., 2013). The depth and quality of the data obtained in this study is only the beginning.
- The value of confidence in an IEN's success and the affect that culture has on the display of confidence.
- IENs' proclaimed needs that facilitate successful transition and self-perceived competency within the clinical setting.
- IENs' safe and successful transitions into Canadian nursing while ensuring legislative requirements are met, as outlined by the College of Nurses.

Exploring the meaning of the IENs' lived experiences with developing ICC in Ontario after viewing communication vignettes exposes the current gaps in research and supports the need to further explore the concepts that are imperative to IENs' successful and safe transitions into the Canadian healthcare system and nursing practice environments.

Nursing Practice Environments

Nursing practice environments rely on the success of all nursing students in becoming RNs to support the upcoming nursing shortage. In order to ensure the successful transition of IENs, nursing practice environments must be mindful of the diversity IENs bring to the Canadian health workforce. Currently there is very limited research on IENs' lived experiences within the host cultures clinical setting. The findings of this study emphasize the importance of:

- Promoting IENs to become contributing members of the healthcare system while ensuring the safe delivery of patient care.
- Acknowledging that success with enhancing IENs' ICC will ensure the safety of IENs within the clinical environment also ensuring the safety of patients and their families.
- Recognizing the values IENs bring to the clinical environment, allowing for a more culturally diverse approach to care.
- Addressing the true barriers to the IENs' successful and safe transitions into nursing in Canada, highlighting the importance of ICC in the clinical environment.

Exploring the effects that practice environments have on IENs' successful and safe transitions opens doors to IENs' success. Nursing practice environments require that all members practice in accordance with the College of Nurses standards in order to guarantee the public's safety. This study addresses the issues associated with IENs' safe and successful transitions into Canadian nursing and provides a platform for further exploration of the IENs' experiences within the clinical setting. Ensuring safe practice in

the clinical setting reflects the importance of developing specific nursing and legislative policies targeted at the safe success of IENs.

Nursing Policy

The importance of policy development specific to the success of IENs in the Canadian clinical setting is critically exemplified in this study. IENs have the opportunity for success but require support from their Canadian partners to ensure successful transition. The findings of this study acknowledges the importance of:

- Valuing the difficulty of IENs' pursuit of employment as nurses in Canada. This begins with complexity of the migration process. Canada needs to invest in policies that support IENs through their migration journey and further into their transition process.
- Ensuring nursing policy reflects the nature of IENs' transition into Canadian nursing in order to ensure safe practice in the clinical setting. The College of Nurses has the responsibility to ensure nurses maintain best practice by abiding to standards of care. Current and future policy needs to reflect the best interest of patients, ensuring all nurses are fit to practice.

Exploring the meaning of the IENs' lived experiences with developing ICC in Ontario after watching communication vignettes uncovered the many implications to nursing education in Canada, nursing research, nursing practice environments, and to nursing policy. Addressing the issue of IENs' successful transitions into Canadian nursing means exploring and understanding the adequacy of bridging programs for IENs, the IENs' lived experiences in the Canadian clinical setting, including the IENs' self perceived competencies, the barriers to the safe and successful transition of IENs into the Canadian clinical setting, and the impact that policy can make on ensuring the safe and successful transition of IENs. Ensuring the success of IENs involves the commitment of not only the IENs themselves but of all nurses, regardless of their current professional status. The success of IENs directly impacts the Canadian healthcare system in a multitude of ways; however, the most obvious impact is the mark it will make on the

upcoming nursing shortage. The Canadian Nurses Association (CNA) is expecting a shortage of 60,000 full time equivalent nurses by the year 2022 and there is already a shortage of 22,000 full-time equivalent nurses in Canada (Canadian Federation of Nurses Unions, 2012). The number of IENs not entitled to practice in Canada is unknown – exploring this phenomenon further is required in order to better understand the reasons for the IENs' poor successes with their transition into nursing in Canada.

Limitations and Recommendations

This study has some limitations worth noting. Firstly, the study was conducted on a small sample size. Secondly, the researcher had no direct contact with the participants. An additional limitation is that there is the potential that participants within a focus group setting may only state what they believe the interviewer and other group members would like to hear. Attending the focus group meetings and keeping field notes may have enhanced the researcher's understanding of the study's findings, supporting participant responses by visualizing their emotions, tones and non verbal communication (Anderson, 2010). A recommendation for future exploration of the IENs' meaning of their lived experiences with ICC is to incorporate respondent input in the data analysis phase and participate in triangulation. Having the participants validate the transcribed data helps to ensure its validity (Anderson, 2010). Triangulation would contribute to this study's validity and reliability when exploring the phenomenon of IENs' meaning of their lived experiences with ICC.

Conclusion

Understanding the IENs as contributing to the diversity of nursing in Canada opens the doors for the IENs' success. The factors contributing to an IEN's unsuccessful transition into Canadian nursing requires deeper and further exploration. This phenomenon itself has multiple and complex layers – layers that need to be explored. Without the success of IENs, Canadian nursing will continue to suffer nursing shortages and ultimately lack the cultural diversity required to produce culturally sensitive care. Classifying the IENs as an asset to nursing in Canada shows the potential impact IENs have on cocreating a diverse healthcare system.

Through dialogue and reflection the IENs produced a rich amount of information, important in understanding their lived experiences with developing ICC. Intercultural competence addresses the issues of knowledge, skill and judgment in nursing and is imperative in order to provide safe and competent nursing care in Canada. The concept of language and communication were briefly addressed in this study but require a deeper exploration as the IENs identified this significant barrier to their transition into Canadian nursing. A recurrent theme for the IENs was the idea of confidence as a catalyst to their successful transition. The idea that confidence is culturally displayed also requires further exploration as this is key in providing appropriate support to the IENs when transitioning into Canadian nursing. Reflecting on the vignettes gave the IENs the opportunity to address the concept of ICC and begin to develop a new understanding and perspective. The IENs' meanings of their lived experiences with developing ICC showed to encompass the concept of incorporating the 'old' with the 'new'. An overarching theme that came from this study is the importance of exploring and incorporating what the IENs already know and have experienced while nursing in their home country. To expect IENs to completely remove themselves from what they know is possibly one of the main reasons for our current misunderstanding and misconceptions of IENs. The IENs require the opportunity to reflect and reminisce on their past experiences in order to understand how this knowledge informs their new knowledge and development of ICC.

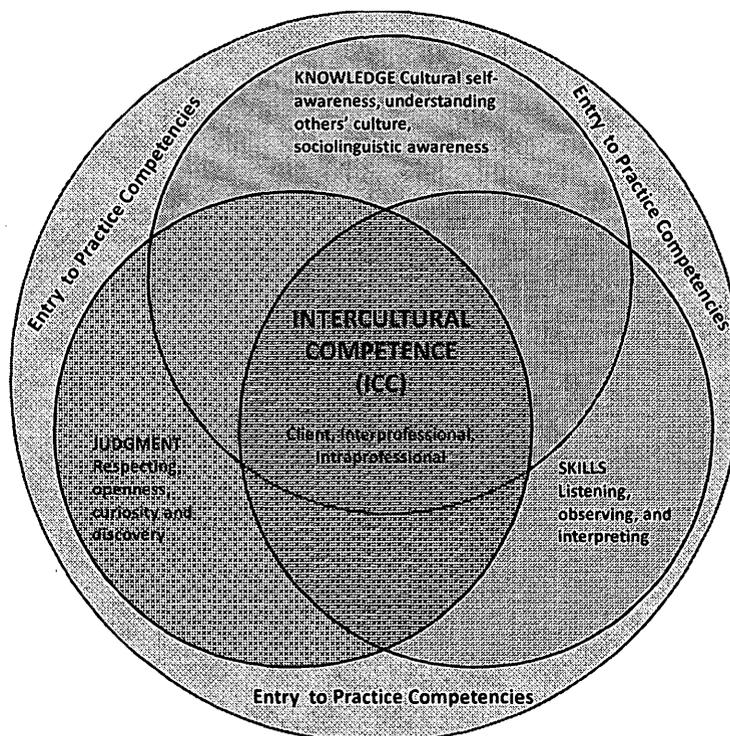
Canadian nursing needs to be more cognoscente of the prospective impact IENs can have on the health care system as a whole. Aside from impacting the current nursing shortage, the IENs ensure a culturally sensitive approach to nursing care. Their experiences possess a vast amount of expertise and are a platform for Canadian educated nurses to begin to understand how to provide culturally sensitive and specific patient care.

Understanding the meaning of the IENs' lived experiences with developing ICC shows the importance of confidence in their journey to success. It shows the importance of listening to the IENs' previous experiences and the influence of their foreknowledge on making clinical decisions. The IENs bring a professional, diverse and well-rounded perception of nursing into Canada. Respecting these perceptions as the IENs transform their understanding takes a huge commitment from Canadian nurse educators and leaders. Developing educational and organizational programs that are mindful of the IENs' points of view and frames of reference is imperative to their success. This study has shown that we need to begin to really listen to the IENs – they are telling us what they need to succeed. They have the potential for great success, as long as Canada is prepared to support them. As IENs transition into Canadian nursing it is imperative that we find ways to build their confidence in order to help them stay on course. Further exploration on the notion of confidence and its cultural determinants is needed in order to successfully empower and encourage confidence in the IENs. This study supports the need for further research on IENs and the notions of confidence and the potential and actual barriers to their successful transition into Canadian nursing. This study also supports the current, though limited, research on IENs' transition into a host cultures health care system.

Exploring the meaning of the IENs' lived experiences with developing ICC ignites the need to continue to focus on the successful transition of IENs into Canadian nursing. More research is needed in order to better understand the experiences of the IENs as a whole and how these affect their understanding and development of ICC. Intercultural

competence is mandatory to ensure patient safety; however, there needs to be clear goals, engrained in policy, that address the complex nature of ICC and its development in IENs.

Appendix A



Bradley, P., Singh, M., Page-Cutrara, K., 2010

Appendix B

ICC Through TEL Project: Vignette Scripts IEN Program

Vignette 1A: Physician Interaction

Script
<p>University Hospital</p> <p>Mid-morning, busy brightly lit nursing station. Phone ringing in background. All chairs at the work table are taken by nurses documenting morning care. Many charts/papers are on table and in work area; no extra chairs are available.</p> <p>One of the nurses is Esme, a (very) new IEN student nurse on the floor.</p> <p>In saunters a physician wearing a white lab coat, clicking a pen. He stands behind the nurses, looking around at the charts on the desk, searching for a particular chart. He is not in a hurry, and is relaxed, taking his time.</p> <p>Unit nurses continue to work.</p> <p>Esme looks alarmed, and immediately starts to gather up her notes and the charts she is working on, anxious to give him a seat..</p> <p style="text-align: center;">Esme (in a distressed voice):</p> <p style="text-align: center;">Oh, Doctor, hello! I'm so sorry, please have a seat! I'm sorry, so sorry I should have noticed you right away sir! Take my seat right here! I don't need it!</p> <p style="text-align: center;">(she promptly drops all her charts and papers on the floor as she stands up)</p> <p>The other nurses roll their eyes at each other and continue their charting.</p> <p style="text-align: center;">Physician (surprised):</p> <p>You don't have to get up you know. I've got some time for a consult here, so I'm not in a rush.</p> <p style="text-align: center;">(he bends to help Esme)</p> <p style="text-align: center;">Esme (embarrassed):</p> <p style="text-align: center;">No, Doctor, I can pick this up!</p> <p style="text-align: center;">Physician (stops helping, starting to smile, amused):</p> <p style="text-align: center;">You know, you can call me Dave like everyone else does around here.</p> <p style="text-align: center;">Esme (even more embarrassed):</p> <p style="text-align: center;">No, sir, I couldn't! You are a doctor!</p>

(snort of stifled laughter from one of the nurses, who catches the eye of the physician)

Esme:
I insist!

(continues to pick up last chart and move to put her paperwork on a shelf)

Physician (a bit impatiently now, but still joking):

Good grief, where are you from? Not around here, that's for sure!
(finally finds the chart, picks it up and leaves the nursing station, shaking his head)

3 Unit nurses: (snicker, stifled giggling)

Esme fidgets, very embarrassed now, attempting to chart her care on a small shelf.
Finally checks her watch and leaves the desk.

END

Vignette 1B: Physician Interaction

Script

University Hospital

Mid-morning, busy brightly lit nursing station. Phone ringing in background. All chairs at the work table are taken by **nurses** documenting morning care. Many charts/papers are on table and in work area; no extra chairs are available.

One of the nurses is Esme, a (very) new IEN student nurse on the floor.

In saunters a physician wearing a white lab coat, clicking a pen. He stands behind the nurses, looking around at the charts on the desk, searching for a particular chart. He is not in a hurry, and is relaxed, taking his time.

3 Unit Nurses (murmur, together):

Oh, hi Dave....Hey there...

Unit nurses continue to work.

Esme raises her head after a moment, looks worried, glancing from the other nurses to the physician, who is continuing to browse for a chart. She looks more and more alarmed.

Now Esme immediately starts to gather up her notes and the charts she is working on.

Esme (in a distressed voice):

Oh, Doctor, hello! I'm so sorry, please have a seat! I'm sorry, so sorry I should have noticed you right away sir! Take my seat right here! I don't need it Doctor!
(she promptly drops all her charts and papers on the floor as she stands up)

The other nurses roll their eyes at each other and continue their charting.

Physician (surprised):

You don't have to get up you know. I've got some time for a consult here, so I'm not in a rush, don't get up on my account.
(he bends to help Esme)

Esme (embarrassed):

No, Doctor, I can pick this up!

Physician (stops helping, starting to smile, amused):

You know, you can call me Dave like everyone else does around here. I don't bite.

Esme (looks relieved, more relaxed, stops fussing):

Thank you. I appreciate that. My name's Esme. I haven't been working here long.

Physician (smiling more, reaching for his missing chart):

Well if you need my help now, Esme, you know my name!
(leaves the nursing station, flipping through the chart)

One of the 3 Unit nurses (looking up):

He is a nice guy, and it's true, he doesn't bite!

Another nurse:

And don't worry about the formalities of offering him a seat. He'll never take it..

Esme:

Well, I guess I can sit back down and finish up this charting we have to start getting

everyone up for lunch!

(everyone returns to charting, heads down)

END

Vignette 2A: RN Introduction

Script

University Hospital

Bright hallway on busy nursing unit, in front of nursing station. Phone ringing in background. Nursing student, Grace, dressed in scrubs, is standing nervously with her clinical instructor, looking around, curious, but fidgeting. Instructor is wearing a lab coat, friendly-looking, checking her watch. They are waiting to meet the RN assigned to the student for the day, so that the student may shadow her activities.

The hassled-looking RN, wearing scrubs and a serious expression, hurries towards the student and instructor, shoving papers in her pocket, and straightening her stethoscope around her neck. She stops in front of the two.

RN (taking a deep breath):

Are you from [the University]? I'm Angela. I was just told half an hour ago I'd have a student for the day, which is great, since it's crazy around here. So, how many patients can you take?

Grace looks embarrassed, looking at her instructor for help.

Instructor (raises her eyebrows, surprised):

Hi, I'm Pat from [the University].

(Offers her hand to shake. RN responds by shaking her hand vigorously)

Instructor (patiently, smiling):

Yes, this is Grace, one of our internationally educated nursing students, she just started our program. She is to shadow an RN for the day, so she can get a feel of the Canadian health system and the nurses' role in it. This was arranged through your unit educator.

RN (stares for a minute, then shakes her head):

Shadow? So she's not helping me with anything?

(looks at Grace)

So, you were a nurse in another country then? What one?

Grace (looking down, shy and embarrassed):

Hello, it is very good to meet you. I was in Nigeria, ma'am.

RN (shifts her weight away, one hand on her hip, sighs deeply, looks away, pursed lips, appears to be thinking, then shrugs):

Well, fine then. Just follow me and try to keep up. I'm not sure what you are used to doing, but we run a tight ship here, and we have standards (raises her eyebrows to emphasize 'standards'). Come on, my patients are at the other end of the hall.

RN leaves, pulling her papers out of her pocket again.

Grace looks to her Instructor, who pats her on the shoulder.

Instructor (caring, a bit concerned but trying not to show it):

You'll do fine!

Grace (hesitating):

Yes, ma'am.

Exits down the hall after the RN.

END

Vignette 2B: RN Introduction

Script

University Hospital

Bright hallway on busy nursing unit, in front of nursing station. Phone ringing in background. Nursing student, Grace, dressed in scrubs, is standing nervously with her clinical instructor, looking around, curious, but fidgeting. Instructor is wearing a lab coat, friendly-looking, checking her watch. They are waiting to meet the RN assigned to the student for the day, so that the student may shadow her activities.

The hassled-looking RN, wearing scrubs and a serious expression, hurries towards the student and instructor, shoving papers in her pocket, and straightening her stethoscope around her neck. She stops in front of the two.

RN (taking a deep breath):

Hi, are you from [the University]? I'm Angela. I was just told half an hour ago I'd have a student for the day, which is great, since it's been crazy around here. So, how many patients can you take?

Grace looks embarrassed, looking at her instructor for help.

Instructor (raises her eyebrows, surprised):

Hi, I'm Pat from [the University].

(Offers her hand to shake. RN responds by shaking her hand vigorously)

Instructor (patiently, smiling):

Yes, this is Grace, one of our internationally educated nursing students, she just started our program. We'd like her to shadow an RN for the day, so she can get a feel for the Canadian health system and the nurses' role in it. This was arranged through your unit educator.

RN (stares for a minute, then shakes her head):

Shadow? So she's not helping me with anything?

(looks at Grace)

So, you were a nurse in another country then? What one?

Grace (embarrassed, but looks at RN, smiling, holds out her hand to RN, who, surprised, shakes it):

Hello, it is very good to meet you. I worked in Nigeria, on a neurology floor up until two years ago. I really loved it so very much! I'm looking forward to seeing how floors are organized here and what is different about patient care.

RN (shifts her weight away, one hand on her hip, sighs deeply, looks away, pursed lips, appears to be thinking, then shrugs and smiles tightly):

Oh well, that's fine then. Just follow me and try to keep up. Look, I'm not sure what you are used to doing, but we run a tight ship here, and we have standards (raises her eyebrows to emphasize 'standards').

Grace (enthusiastically):

Oh, back home we did too. I want to know how your standards are over here...we've talked about them in our class (glances at instructor, who smiles encouragingly, nodding).
I will help you with basic care, if I can.

RN (visibly relaxing, friendlier):

Oh, come on, follow me, my patients are at the other end of the hall (motions for Grace to follow).

RN leaves, pulling her papers out of her pocket again.

Grace looks to her Instructor, who pats her on the shoulder.

Instructor (caring, smiling):
You'll do fine!
END

Vignette 3A: Client Introduction

Script

University Hospital

Brightly lit unit. Patient lying on stretcher/bed in hospital gown, covered with sheet. Head of bed is elevated. Patient, young white male, is waiting for surgery and is nervous, looking around.

In walks IEN student Ekaterina, briskly, wearing scrubs with a stethoscope around her neck, pushing a portable BP cuff, smiling, with a 'take-charge' attitude. She has a paper in her hand, and a pen. Patient looks up, confused.

Ekaterina (wasting no time, moving straight to the bedside and preparing to take vital signs, smiling):

Hello, sir, I am here to take vital signs now and then you will be OK to go for operation!

Patient (clutching sheets to his chest):

Wait a minute, honey! Who are you?

Ekaterina (looking a bit frustrated, continuing to try to apply the BD cuff to the patients arm):

It's OK, I am student nurse, and am working with your regular nurse today, I am going to take your vital signs now, OK! It's OK!

Patient (getting angry):

No, it's not OK! (mimicking her accent when saying 'OK').

You are being really rude, grabbing my arm! (pulls arm away) I want the little gal I had earlier. You know that lady, she knows what to do, she works here. If you're a student, you need to learn how things are done (crosses his arms, looks defiant).

Ekaterina (disbelief, embarrassed, somewhat angrily):
 Sir, with respect to you I will go get her. I am a competent individual, but I will go get
 your nurse, fine!
 (walks away from patient, taking equipment with her).

END

Vignette 3B: Client Introduction

Script

University Hospital

Brightly lit unit. Patient lying on stretcher/bed in hospital gown, covered with sheet. Head of bed is elevated. Patient, young white male, is waiting for surgery (laparoscopic cholecystectomy), and is nervous, looking around.

In walks IEN student Ekaterina, briskly, wearing scrubs with a stethoscope around her neck, pushing a portable BP cuff, smiling, with a 'take-charge' attitude. She has a paper in her hand, and a pen. Patient looks up, confused.

Ekaterina (wasting no time, moving straight to the bedside and preparing to take vital signs, smiling):
 (Talking quickly) Hello, sir, I am going to take vital signs now to get you ready to go for operation!

I am going to take your BP now, OK!

Patient (clutching sheets to his chest):
 Wait a minute, honey! Who are you?

Ekaterina (steps back, looking apologetic)
 (Talking a bit slower, more relaxed) I'm so sorry sir, we are so busy here today. I didn't properly introduce myself. I'm Ekaterina, and I'm a student nurse working with your regular nurse today. Because you are going to have an operation this morning, I would like to take your blood pressure, pulse and temperature, just to make sure everything is OK. Would that be alright?
 (she waits patiently for an answer, smiling)

Patient (relaxing grip on bedsheets):

Oh, well, alright. I thought there was some problem, the way you were rushing in (tentatively holds out his arm). How long have you worked here?

Ekaterina (beginning to take BP, moving slowly but efficiently):

I'm a student here, helping your nurse. I'm taking nursing at the University. I used to work in Russia, but now I would like to be in Canada, and work wiith patients.

(pauses to listen to BP, then makes a note on her paper)

OK, you have 138 over 88 today. Is that normal for you, do you know, or are you a bit nervous today?

(again, waits patiently for an answer, looking at patient)

Patient (beginning to twist sheet in his fingers again):

Oh, I'll be fine....just a bit nervous, I guess.

(looks at Ekaterina, smiles sheepishly)

Ekaterina (caring voice, touching arm of patient):

Sure, let me know if you have questions.

Patient:

OK!

END

Vignette 4A: Professional Boundaries

Script

University Hospital, Surgical Floor

Brightly lit hospital room. Patient lies in bed, head of bed elevated, dressed in hospital gown. Patient is a young woman, about 35. A bandage is visible on the patient's shoulder. Patient appears relaxed. Student nurse is near the bedside, cleaning up a dressing tray. She has just finished reapplying a dry dressing to the patient's shoulder.

The two are chatting pleasantly as the student works.

Patient:

Well thank you Shanti all your care today. You are a great girl, and will make a good nurse, I'm sure.

Student (modestly, but pleased):

Oh, thank you , it was my pleasure. I think your shoulder incision is looking much nicer than when I saw you last.

(puts dressing tray in garbage, removing gloves)

Patient:

I feel like I should thank you officially! You need recognition. Can you fetch me my purse? It's just in the side table right here...

(she motions to the night stand next to the bed, looking expectantly at Student)

Student (surprised, moving towards the night stand):

Is it in the cupboard?

(she opens the door and lifts out a purse)

Here we go.

(puts it on the bed)

Patient (beginning to rummage through purse contents):

I know I've got it somewhere in here...

Student (helpfully):

What are you looking for?

Patient (continuing to search, then looking satisfied, producing a \$5 bill):

Ah, here we are!

(looking at student)

I'd like to give you thanks. I'd like to buy you a coffee.

Student (starting to look uncomfortable):

Oh, ma'am, that's not necessary...I'm simply just doing my job....

(glances at money)

Patient (shaking her head, holding out the bill):

Nonsense. Just a coffee! You deserve at least that, I'm so grateful for all you've done.

(pausing, seeing student's confused expression)

I'd be so upset if you said no!

Student (hesitating, looking at money in his hand, then at patient):

I don't want to upset you or be rude.

(hesitates, then looks resolved)
 Thank you, ma'am. I am due for my break, but I will bring you the change.
 (moves towards door, smiling)

Patient (pleased):
 Enjoy!

END

Vignette 4B: Professional Boundaries

Script

University Hospital, Surgical Floor

Brightly lit hospital room. Patient is a young woman, about 35. A bandage is visible on the patient's shoulder. Patient appears relaxed. Student nurse is near the bedside, cleaning up a dressing tray. He has just finished reapplying a dry dressing to the patient's shoulder.

The two are chatting pleasantly as student works.

Patient:

Thank you Shanti for all your care today. You are a nice girl and will make a good nurse, I'm sure.

Student (modestly, but pleased):

Oh, no problem, it was my pleasure. I think your shoulder incision is looking much nicer than the last time I saw you.

(puts dressing tray in garbage, removing gloves)

Patient:

I'd like to thank you officially! You need recognition. Can you fetch me my purse? It's just in the side table right here...

(she motions to the night stand next to the bed, looking expectantly at student)

Student (surprised, moving towards the night stand):

What do you need your purse for, if it's OK to ask?

Patient (continuing to motion to the night stand):

Dear, you work so hard. I'd like to buy you a coffee.

Student (stopping, turning to patient):

Oh, ma'am, that's such a nice thought. I enjoy helping you. But you know it's not necessary.

Patient (looking hurt):

Don't be silly. It's just a cup of coffee. I've bought a coffee for the last nurse who helped me out.

I am so grateful to you for all you've done. Please, you deserve at least that.

Student (firmly, but pleasantly):

Thank you, but no.

Patient (pouting):

Don't be silly, its just a cup of coffee! I'd be so upset if you said no!

Student (still pleasantly, taking her hand)

It's my job to help you!

Patient (shaking her head, but smiling):

What can I do for you?

Student (patting her hand, moving away from bedside towards door):

You just continue to get better! I am going for a short break and will see you when I get back.

Patient (grateful):

Enjoy!

END

Vignette 5A: Faculty Learning Interaction

Script

University Hospital

Brightly lit medication room. Medication cart, with syringes, pill containers, pens, papers.

A Clinical Course Director (clinical instructor) wearing a white lab coat is standing next to the cart, with a clipboard. A nursing student, wearing scrubs, and a stethoscope is standing next to the instructor, looking at a bottle of Nystatin oral suspension. The instructor is in the process of evaluating the student's ability to administer oral medications.

Instructor (looking at the clipboard):

OK, Dana, your patient undergoing chemotherapy is prescribed Nystatin. Tell me about what you are going to do here.
(glances at the student inquiringly)

Dana (beginning to look a bit nervous):

Well...I was going to give him.... (reading off the bottle) oral suspension.
(looks at the instructor for confirmation)

Instructor (a bit impatiently):

And what is your rationale?

Dana (taking a deep breath):

Well... the patient's immune system is affected by the chemo, and he has thrush now...this is an antifungal?
(unsure of herself)

Instructor (expectantly):

OK, so let's see you administer this. This is an easy one.

The student hesitates, looking at the bottle. She clears her throat. She does not understand how to calculate the amount to administer to the patient.

Dana (nervous, voice is barely audible):

OK, well...the order is for 250,000 units four times per day....and on the container it says 100,000 units per mL....

Instructor (encouragingly):

Yes...? So how much are you going to give the patient?

Dana is unsure. She decides to pour the medication, unscrewing the cap of the bottle, and measuring the liquid. She finishes, recapping the bottle. She does not look up at the instructor.

Instructor (concerned, questioning):

You have measured too much here. How did you measure this?

Dana (nervous, not looking up):
Well....I was unsure.

Instructor (confused, concerned):
Why didn't you ask for help? Not asking for help is potentially very dangerous, Dana.

Instructor begins to make notes on her clipboard. Dana looks like she is about to cry.

END

Vignette 5B: Faculty Learning Interaction

Script

University Hospital

Brightly lit medication room. Medication cart, with syringes, pill containers, pens, papers. A Clinical Course Director (clinical instructor) wearing a white lab coat is standing next to the cart, holding a clipboard. A nursing student, wearing scrubs, and a stethoscope is standing next to the instructor, looking at a bottle of Nystatin oral suspension. The instructor is in the process of evaluating the student's ability to administer oral medications.

Instructor (looking at the clipboard):
OK, Dana, your patient undergoing chemotherapy is prescribed Nystatin. Tell me about what you are going to do here.
(glances at the student inquiringly)

Dana (beginning to look a bit nervous):
Well...I was going to give him....(reading off the bottle)....oral suspension.
(looks at the instructor for confirmation)

Instructor (a bit impatiently):
And what is your rationale?

Dana (taking a deep breath):
Well...the patient's immune system is affected by the chemo, and he has thrush now...this is an antifungal?
(unsure of herself)

Instructor (expectantly):

OK, so let's see you administer this. This is an easy one.

The student hesitates, looking at the bottle. She clears her throat. She does not understand how to calculate the amount to administer to the patient.

Dana (nervous, voice is barely audible):

OK, well...the order here is for 250,000 units four times per day....and the container here says 100,000 units per mL....

Instructor (encouragingly):

Yes... So how much are you going to give the patient?

Dana is unsure. She takes a deep breath, and looks at the instructor.

Dana (quietly):

You know, I know I should know this, because we studied this in drug calculations. But the units confuse me.....can we walk through this together?

Instructor (surprised, but helpfully):

OK. Let's start with what is ordered. How many units per mL you have to start with...?

The two put their heads together, and talk quietly, each nodding and pointing at the order and the bottle. After the short discussion, Dana nods vigorously.

Dana (smiling shyly):

Oh, now I understand, oh thank you!

Dana pours the medication with confidence

Instructor (smiling):

Good!. It's a good thing you asked. Not asking for help is potentially dangerous, Dana.

Instructor begins to make notes on her clipboard.

END

Appendix C

Participant Demographics – Self-Reported

Gender

% Male	% Female
13	87

Country of highest level of education

Labels	Percentage (%)
Unreported	2
Nigeria	32
India	7
Philippines	45
UAE	2
Jamaica	4
Pakistan	2
Ukraine	2
Belarus	2
Slovakia	2

Level of education in country of origin

Labels	Percentage (%)
College	67
University – BA	33
University – MA	0
University – PhD	0

Employment status of participants at entry to bridging program

Labels	Percentage (%)
Employed	82
Unemployed	18
Missing	0

Years of experience in occupation in country of origin

Less than 5 years (%)	6-10 (%)	11-20 (%)	> 21+ (%)	Missing
64	20	9	7	0

Length of time in Canada

< 1 year (%)	1-3 years (%)	4-5 years (%)	> 5 years (%)	Missing
0	49	18	33	0

Years in Canada not practicing occupation

< 1 year (%)	1-3 years (%)	4-5 years (%)	> 5 years (%)	Missing
31	45	11	9	4

Immigration status

Canadian Citizen (%)	Permanent Resident (%)	Convention Refugee (%)	Other (%) (please identify)	Missing
27	73	0	0	0

Immigration Class

Independent - Professions/skilled trades class (%)	Family sponsored (%)	Independent - Business Class (%)	Convention Refugee (%)	Other (%) (please identify)
52	40	2	2	4

Appendix D

 Criteria for Use in a Secondary Analysis of Qualitative Data

Criteria for determining general quality of primary study data set

Ready access to study documents/team

	Yes	No
Tapes of interviews	_____	_____
Hard copies/disk of interviews	_____	_____
Field notes	_____	_____
Memos of interpretative notes	_____	_____
Principal investigator/team members	_____	_____

Training of primary team

	Satisfactory	Unable to determine	Unsatisfactory
Credentials of team members to conduct primary study	_____	_____	_____
Training of members for roles in primary study	_____	_____	_____

Completeness of data set

	Yes	No
Available document(s) are complete (i.e., no missing papers/tapes)	_____	_____
Accuracy of transcription	_____	_____
Minimal of insignificant typographic errors	_____	_____
Appropriate use of software	_____	_____

Able to assess quality of interviewing

	Satisfactory	Unable to determine	Unsatisfactory
Interviewing quality	_____	_____	_____
Interviewing format allowed responses of descriptive depth	_____	_____	_____
Focus/meaning/subject of responses can be determined	_____	_____	_____

Able to assess sampling plan

	Yes	No
Type of sampling plan (e.g.,		

convenience, purposive, theoretical, etc.) is clear

Criteria for determining fit of secondary research question

	Present in sufficient depth	Unable to determine	Not present in sufficient depth
Able to determine extent to which concept of interest is reflected in data set	_____	_____	_____
Able to estimate validity of new question	_____	_____	_____
	Likely	Not sure	Likely
Study sample could be expected to experience this concept/situation	_____	_____	_____
	Similar	Somewhat Similar	Not Similar
Proposed research question is similar to that of the primary study	_____	_____	_____
Aggregate Impression		Yes	No
Data set of sufficient quality, completeness, and fit with secondary research question		_____	_____

Retrieved from: Hinds, Vogel & Clarke-Steffen (1997). The possibilities and pitfalls of doing a secondary analysis of a qualitative data set. Qualitative Health Research, 7(3), p.420.

Appendix E



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Memo

Certificate #:	2010 - 056
Renewal Approved:	02/25/11
Approval Period:	02/25/11-02/25/12

To: Professor Pat Bradley, Faculty of Health, bradley@yorku.ca
 Professor Mina Singh, Faculty of Health, minsingh@yorku.ca
 Professor Karin Page-Cutrara, Faculty of Health, kcutrara@yorku.ca

From: Alison M. Collins-Mrakas, Sr. Manager and Policy Advisor, Research Ethics
(on behalf of Wade Cook, Chair, Human Participants Review Committee)

Date: Friday February 25th, 2011

Re: Ethics Approval

Building Internationally Educated Nurses' Intercultural Competence through
 Technologically Enhanced Learning

I am writing to inform you that as there are no substantive changes to the methodology, risks to the participants or any other aspect of the protocol, the Human Participants Review Sub-Committee has granted renewed approval re the ethics protocol pertaining to the above project.

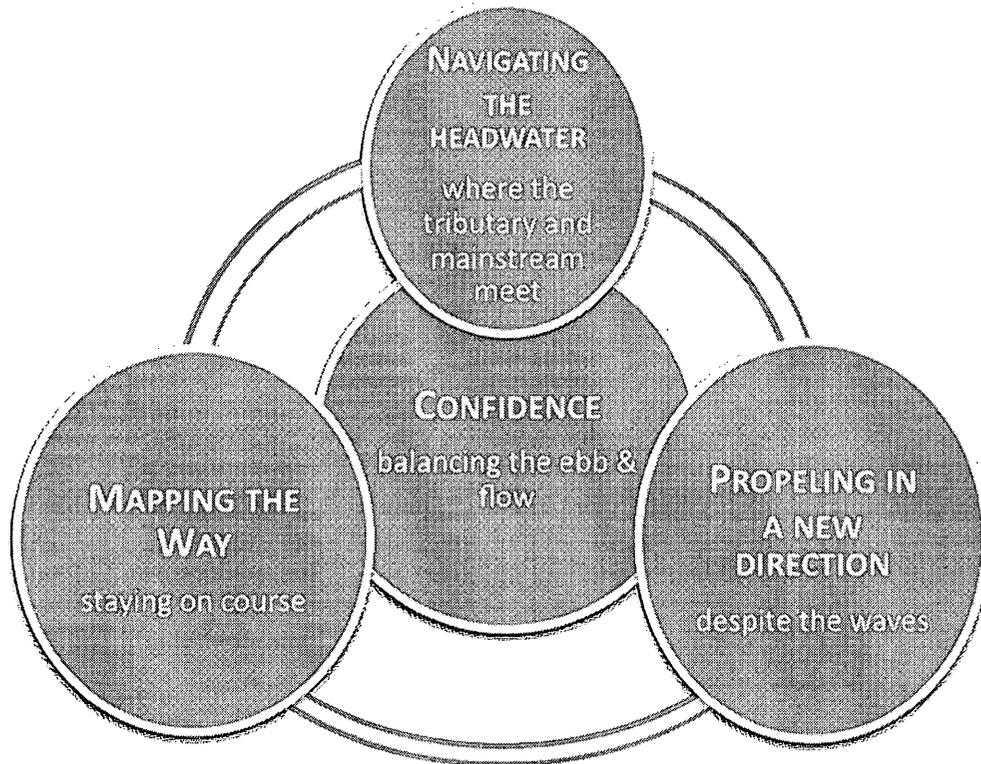
Should you have any questions, please feel free to contact me at: 416-736-5914 or via email at: acollins@yorku.ca.

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM
 Sr. Manager and Policy Advisor,
 Office of Research Ethics

Appendix F

Theme Diagram IENs' meaning of their lived experiences with ICC



Coulis, J, 2013

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