# Education Environment and Role Transition of Internationally Educated Nurses Enrolled in a Practical Nursing Bridging Program in Ontario, Canada

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## Abstract

The purpose of this study is to explore a practical nursing bridging program's education environment and the role transition of internationally educated nurses (IENs) who were enrolled full-time at a community college in Toronto, Canada, during the winter semester of school year 2018–2019. A survey questionnaire consisting of three parts was used to gather data from 68 IEN students who volunteered to participate in this study. Descriptive statistics and multiple regression analysis were used to analyze data. Participants' responses to the open-ended question "Could you please list any problems/issues you have encountered in the bridging program?" were thematically analyzed. Results indicate that all bridging program education environment components, as well as role transition subscales, were described as "agree." There is a significant relationship between the respondents' perception of learning within their bridging program's education environment and role transition. However, views on teachers and atmosphere, as well as academic and social self-perception, seemed insignificant predictors of role transition. Participants' responses to the open-ended question were analyzed and grouped into four themes: concern with teachers, program content issues, program pace, and financial issues.

## Introduction

When an individual moves from one country to another, they will likely experience some form of culture shock owing to differences in cultural practices and way of life. These differences may be more profound for immigrant professionals who initially expect that finding a job in their pre-migration profession will be a seamless process. Professionals such as nurses typically study from the same body of knowledge; however, the way this knowledge is used in the workplace varies from one jurisdiction to another. For example, Neiterman and Bourgeault (2015a) reported that a major issue confronting internationally educated health professionals (IEHPs) is their lack of understanding of their scope of practice and those of the other members of the interprofessional team. As a result, an immigrant professional, such as an internationally educated nurse[1] (IEN), is put in a precarious situation in relation to registration and licensure and, of equal importance, their subsequent role transition within the host country. Some studies reported that this is related to IENs' lack of familiarity with the professional, cultural, and societal nuances of nursing practice in the host country (Covell et al., 2018; Cruz et al., 2017). This may become even more challenging for IENs who were educated as registered nurses (RNs) but may have opted to assume a different role such as that of a registered practical nurse (RPN), a situation viewed by IENs as a form of deskilling (Salami et al., 2018).

Role transition refers to changes "in role relationships, expectations, or abilities" that an individual experiences in the face of a change in environment, such as the workplace (Meleis, 2010, p. 15). Such changes may require an individual to acquire new knowledge or alter their way of being to the extent of re-defining themselves in order to meet social expectations within the new environment (Meleis, 2010). Role transition is an experience that many immigrants go through as they attempt to start a new life in their host country.

Due to an increase in immigration of IENs globally, there has been a recognition of the need to develop curricula in postsecondary institutions to meet the specific "learning needs of these students who have previous nursing knowledge and experience in [another country] yet require enculturation to the role expectations of a nurse" in the host country (Campbell, 2009, p. 123). In Canada, nursing bridging programs[2] primarily intended for IENs have been developed by postsecondary educational institutions and some immigrant and/or settlement organizations with funding from both federal and provincial governments. These programs were developed as a strategy to help IENs provide evidence of recent practice, address identified gaps in their education and work experience, and support their role transition. While a number of studies have been published on IENs in Canada (Bassendowski & Petrucka, 2010; Primeau et al., 2014; Primeau et al., 2021; Salami et al., 2018; St-Pierre et al., 2015; Sochan & Singh, 2007), available literature

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[1] The term *internationally educated nurse* refers to "immigrant nurses who received their initial nursing education in a country other than Canada and who later migrated to this country as an independent immigrant, a family-sponsored immigrant, a refugee or initially a participant of the Live-in Caregiver Program" (Cruz, 2011, pp.1–2).

[2] A nursing *bridging program* has been defined as "any program designed to address gaps and/or differences in education and competencies so that the internationally educated nurse may become registered to practice in Canada, and facilitates successful integration into the Canada healthcare system" (Canadian Association of Schools of Nursing, 2012, p. 2). In this study, the term bridging program will be used to refer to those programs offered by educational institutions and providers approved or recognized by the provincial regulatory bodies in Ontario and other Canadian provinces. In Ontario, only community colleges and universities are allowed by the regulatory body to offer bridging programs that are deemed to meet the theory and clinical elements identified in an IEN's letter of direction.

does not address the usefulness of bridging programs on the recertification of IENs and how such bridging programs contribute to IENs' role transition in the workplace.

Anecdotal reports from conversations with bridging program providers and from one of the researcher's (EC) own experiences as an IEN and a former coordinator and faculty member of an IEN bridging program indicate that nurses who attended some form of bridging education appear to have a higher success rate in the registration exam. Through a meta-synthesis, Cruz et al. (2017) reported on the effects of bridging programs on IENs in preparing them for licensure and employment in their host country. These effects of bridging programs include acquiring knowledge and skills required to obtain licensure, opening career advancement opportunities, enhancing their English language and professional communication skills, and participating in mentoring opportunities (Cruz et al., 2017). However, the effect of bridging programs on IENs' role transition within Canada's workforce has not been reported. Furthermore, beyond the need to gain a clear understanding of the host country's health care system along with the knowledge and skills to obtain licensure and/or registration, IENs also require support in understanding the new country's educational philosophy to get the most out of their bridging education (Atack et al., 2012).

Without this information, it is therefore unclear how bridging programs address the needs of IENs. Cruz (2011) suggested that "while bridging programs are being designed with the best of intentions to help IENs, their input has not been elicited to find out what they need as persons who are attempting to live their dream of becoming [nurses again in Canada]" (pp. 4–5). We are not aware of any Canadian study that explores the effect of bridging programs on an IEN's role transition within the context of Canada's health care system. Therefore, it is important to know the impact of bridging programs on the ability of IENs to transition to their new role within the receiving country. Understanding IENs' experiences with bridging programs and how these programs affect their role transition within a Canadian health care context has the potential to contribute to the development of programs and practices that are most meaningful to IENs in transitioning to their new roles and responsibilities as nursing professionals in Canada. Therefore, the objective of this study is to explore one practical nursing bridging program's education environment and its effect on the role transition of IENs who were educated as registered nurses in their home countries.

*Literature review*

In Canada, several studies and reports have been published that touched on the registration and transitioning experiences of IENs in the workplace (Bassendowski & Petrucka, 2010; Blythe et al., 2009; Higginbottom, 2011; Jeans et al., 2005; Ogilvie et al., 2007; Sochan & Singh, 2007; Taylor et al., 2012). Generally, the challenges encountered by IENs related to language and communication (verbal and nonverbal), Canadian workplace culture and professional practice standards, meeting registration requirements and non-recognition of previous nursing education and experience, racism/discrimination, and lack of social support. While there was an attempt by some employers in a western Canadian province to provide a six-week orientation/retraining session, IENs who attended it questioned its value and implementation and reported that the sessions did not provide them with relevant information that could have helped them transition to their new roles and responsibilities in the workplace (Higginbottom, 2011). In the absence of supports in the workplace, IENs are stigmatized by their Canadian colleagues as better suited to be RPNs even after they obtain their RN registration from the regulatory body (Jeans et al., 2005), contributing to IENs' feelings of "being suspected to

know less, being perceived as less skilled, and being denied career opportunities" (Neiterman & Bourgeault, 2015b, p. 13). Stigmatization, racism, and discrimination on account of an immigrant professional's country of education and previous work experience can have devastating effects on the person's emotional and physical health (Baptiste, 2015). In addition, having IENs who were educated and worked as RNs assume the role of RPNs or a different category of health care provider may lead to role ambiguity amongst these IENs (Higginbottom, 2011). This can potentially impact the retention of these nurses in the workplace, as well as the safety of the public who will ultimately receive their care.

In recognizing the issues faced by IENs, some employers suggested the importance of having IENs attend a bridging program to better prepare them for practice and improve their language and communication skills (Jeans et al., 2005). While the requirement to do a bridging program was perceived by some IENs as a burden that affected their quality of life (Cruz, 2011), it was also suggested that these programs have the potential to help IENs succeed in the registration exam (Ogilvie et al., 2007; Sochan & Singh, 2007). Some IENs alluded to the importance of having a classroom setting orientation to introduce them to Canadian culture and workplace norms, as well as "a refresher in assessments and pharmaceuticals … [and] some nursing practice of standard of care and policies" (Bassendowski & Petrucka, 2010, p. 60).

For bridging programs to be effective, a welcoming teaching–learning environment is required. Cruz et al. (2017) highlighted the importance of a teaching–learning environment that prepares and supports its faculty members to understand the background and unique needs of IEN learners. Yeh et al. (2021) noted that, in general, non-native English speaker immigrant students at the postsecondary level experience issues related to cultural and communication differences. As a result, their learning experiences in the host country can be negatively impacted by their limited English language proficiency, as well as unfamiliarity with academic and educational norms and practices in Western classrooms (Yeh et al., 2021). This can be further aggravated if bridging program leaders and faculty members view IEN learners from a deficit perspective that "contributes to negative immigrant identities" (Lum et el., 2011, p. 154). If not addressed, these challenges can create barriers that prevent IENs from maximizing the benefits of learning from a bridging program.

Alboim et al. (2005) reported that bridging programs are typically required of immigrant professionals following an evaluation made by regulatory bodies to determine their eligibility for licensure. Apart from helping immigrant professionals achieve licensure, it was suggested that engaging in bridging programs has the added benefit of providing immigrants with an opportunity to experience formal learning within a Canadian context, collaborate with other Canadian learners who are also preparing for entry into the labour market, and establish a network through the work placement component of the program (Alboim et al., 2005). This was further confirmed in a recent study by Neiterman et al. (2018), who reported that an effective bridging program should not only help IEHPs to achieve registration and/or licensure but also create opportunities for them to expand their "social and cultural capital and improve employment outcomes" (p. e27). However, Mickleborough and Martimianakis (2021) cautioned that bridging programs may be perceived as instruments to Canadianize immigrant professionals and make them desirable members of Canada's workforce through reshaping immigrant identities "by subduing differences which … are considered a threat" (p. S34).

Considering the effect and benefits bridging programs have for IENs in understanding their roles and responsibilities in the receiving country's health care system (Atack et al., 2012; Covell et al., 2018), it becomes imperative to gain a better understanding of the education

environment that can help IENs achieve this. Farooq et al. (2018) emphasized the value of the education environment in ensuring the quality of students' learning. They suggested further that the quality of the education environment is one of the most significant determinants of student growth, judgment, motivation, and accomplishments (Farooq et al., 2018); it can be assumed that this potentially contributes to their ability to transition in the workplace. This was reinforced by Chan et al. (2018), who further emphasized the value of the educational environment in a student's learning. An understanding of a program's education environment offers opportunities to effectively manage learning development and change, notably within health professional programs (Roff, 2005b), and potentially contribute to workplace transition outcomes.

### *Theoretical framework*

This research was guided by Transitions Theory (Meleis et al., 2010), which has been used in nursing to investigate situational transitions in education and practice (Meleis, 2010).  Meleis et al.'s (2010) theory suggests that when an individual transitions to a new role, that person experiences a change "in role relationships, expectations, or abilities" (Meleis, 2010, p. 15). The mere act of changing employment is sufficient to cause such changes in the way an individual behaves within a new organization. With respect to IENs who were educated and trained in a different country or jurisdiction where social and cultural norms, as well as practice expectations, differ from those of receiving country, it may be anticipated that they will experience changes in the way they will perform their new role. This is regarded as a situational role transition that arises from the "definition and redefinition of the roles involved in the constellation of interactions" within the new environment (Meleis, 2010, p. 15). How an individual transitions to this new role will depend on their ability to acquire new knowledge, change their behaviour, and subsequently define or redefine themselves in their new social context (Meleis, 2010).

Transitions Theory recognizes that human beings have perceptions of and attach meanings to different circumstances that they encounter in their lives (Meleis et al., 2010). These perceptions and meanings are subsequently influenced by and in turn influence the conditions under which a transition occurs. To understand the experiences of individuals during transitions, in general, it is necessary to uncover the personal, community and, societal conditions that facilitate or hinder transition outcomes (Meleis et al., 2010). Brennan and McSherry (2010) suggested that during a transition event, an individual's behavior changes "in relation to abilities, identity, role, and relationships; and that the concept of transition demonstrates an acceptance of change" (p. 284). Chick and Meleis (2010) suggest that this behavioural change is likely related to a sense of *disconnectedness*, regarded as the "most pervasive characteristic of transition … associated with disruption of the linkages on which the person's feelings of security depend" (p. 26) as well as *awareness* of the transition event giving rise to "definitions and redefinitions of self and situation" (p. 27). This may imply that, from the perspective of this study, an IEN puts aside the previous self, akin to unlearning their previous education and work experience, and learns to embrace a new way of knowing and being as a nurse in a foreign country. This change is anticipated to be introduced through, and facilitated by, their attendance of a bridging program for IENs where they are orientated to the professional and cultural nuances of nursing practice in Canada (Brennan & McSherry, 2010). Such changes may likely take place while an IEN is attending a bridging program owing to their previous education and work experience, which enables them to identify changes and/or differences in the way nursing knowledge is used and practised in the host country.

Ultimately, and hopefully, the IEN will acquire the necessary knowledge and skills to reintegrate into the nursing profession in their host country (Brennan & McSherry, 2010).

According to Brennan and McSherry (2010), from the perspective of nurse training, socialization "occurs in both the practice and educational setting, with both settings regarded as interconnecting environments that the student becomes a part of in the socialization process" (p. 285). This suggests that bridging education may have the potential to facilitate the socialization that IENs require that may contribute to their ability to transition to their new roles as nurses in Canada.  Additionally, it may also help minimize what Brennan and McSherry (2010) refer to as *reality shock,* "a situation where nurses often found themselves unprepared for situations that they believed they were prepared to handle" (p. 285).

Guided by Meleis et al.'s (2010) Transitions Theory, this study was conceptualized around the two conditions cited in the Transitions Theory framework. Specifically, the study looked at the *personal conditions* by way of exploring the IEN respondents' socio-demographic factors. Additionally, this study also looked at the IEN bridging program's education environment, that is, students' perceptions of learning, teachers, academic self-perception, atmosphere, and social self-perceptions (Roff, 2005b). These personal and community conditions were correlated with role transition in terms of role preparation, role competence, and organization and support (Doody et al., 2012). The conceptual framework of this study is shown in Figure 1.
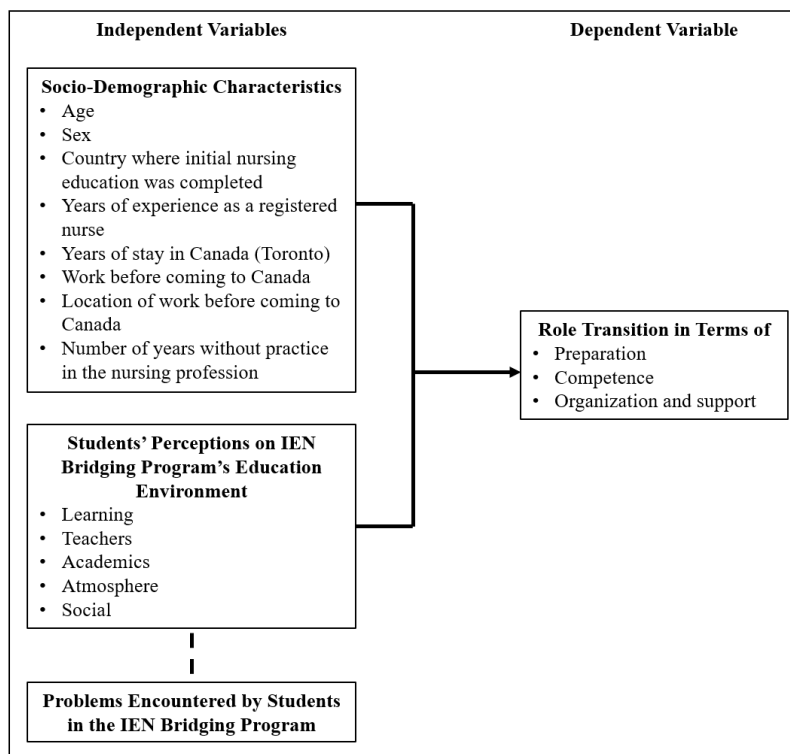


Figure 1: Conceptual framework.

## Research Design

The study used a descriptive correlational research design. A correlational design aims to examine the relationship that exists between variables (Grove et al., 2013). By utilizing this approach, the researchers were able to describe the relationship that exists between and among variables which, in the case of this study, involved the IENs' socio-demographic characteristics, the bridging program's education environment components, and their role transition.

The instrument used in the study was a questionnaire consisting of three parts. The first part pertained to IEN students' socio-demographic characteristics and gathered information regarding their age, sex, country where initial nursing education was completed, years of stay in Canada, work before coming to Canada, location of work before coming to Canada, and number of years without practice in the nursing profession. The second part pertained to the instrument covering IEN students' perceptions of the bridging program education environment and is called the Dundee Ready Education Environment Measure (DREEM) (Roff, 2005a, 2005b). The DREEM contains 50 statements relating to a range of topics directly relevant to the educational climate (Roff, 2005a). Respondents were asked to provide their response using a five-point Likert-type scale, where 1 = strongly disagree, 2 = disagree, 3 = unsure, 4 = agree, and 5 = strongly agree. The internal reliability (Cronbach's alpha) of the DREEM instrument ranged from 0.92 to 0.93 on all domains/parameters (Stormon et al., 2019). The third part of the questionnaire is the Role Transitions Survey Instrument adapted from the work of Doody et al. (2012) to collect IEN students' perception of role transition in the areas of role preparation, role competence, and organization and support issues (Doody et al., 2012). Respondents were asked to provide their response using a five-point Likert-type scale, where 1 = strongly disagree, 2 = disagree, 3 = unsure, 4 = agree, and 5 = strongly agree. The internal reliability (Cronbach's alpha) of the Role Transition Instrument was 0.972 (Doody et al., 2012). Permissions from the copyright holders to use the DREEM and Role Transitions Survey instruments were obtained.

Data were collected in April 2019. Descriptive statistics were used to analyze data that described IEN students' socio-demographic characteristics, IEN bridging program education environment, and role transition. Additionally, multiple regression analysis was used to explain the relationship between the dependent and independent variables of the study. Research ethics clearances were obtained from the University of Windsor (#35714) and a community college's (#2018/19-23) Research Ethics Boards prior to commencement of the study.

## Results and Discussion

### *Socio-demographic profile*

The mean age of respondents was 34.42 years (SD = 4.90). Most of the respondents (n = 42 or 61.76%) who participated in the study were between 31 to 40 years old. Of the 68 respondents, 59 (86.76%) identified as females, and only nine (13.24%) identified as males. This is also consistent with the report from the College of Nurses of Ontario (2017), which indicates that more than 90% of nursing professionals in the province were female and less than 10% were male. Sixty-one (89.71%) of the respondents were from Asia, while the remaining participants reported completing their undergraduate nursing education in other parts of the globe. Many of the respondents in the study come from Asian countries such as the Philippines, where nursing professionals have long struggled from low remuneration in the workplace (Hapal, 2017)

compared to other professions; this may have discouraged these professionals from seeking and or maintaining employment in the country. Almost half of the respondents (44.12%) worked as Registered Nurses (RNs) from zero to four years, and nearly a third (30.88%) reported working as RNs for five to nine years.

More than half (n=35; 51.47%) of the respondents had lived in Canada from four to six years. The finding that more than half of respondents had lived in Canada from four to six years may be explained by the fact that many IEN respondents come from the Philippines and, within the last two decades, many Philippine-trained nurses have come to Canada as members of the live-in caregiver program. More than three-quarters (77.94%) of all respondents worked as nurses prior to arriving in Canada. More than half of the respondents worked in Asia (n = 57; 83.82%) before coming to Canada. The respondents' place of work closely matched the geographic sub-region where they completed their initial nursing education. However, a closer comparison of respondents' self-reported country where they completed their initial nursing education and the place where they worked before coming to Canada indicates that some of them worked in another country within the same geographic region. For example, nurses from the Philippines (Southeast Asia) and India (South Asia) typically found employment in Saudi Arabia and other Middle Eastern countries (Western Asia). Approximately one-third (32.35%) of respondents had not worked as nurses for one to three years since arriving in Canada. A similar number of respondents reported not working as nurses for four to six years. A summary of respondents' socio-demographic profile is presented in Table 1.

Table 1: Respondents' socio-demographic profile.

| RESPONDENTS' SOCIO-DEMOGRAPHIC PROFILE[3] | FREQUENCY n = 68 | PERCENTAGE |
|---|---|---|
| **Age** | | |
| 21–30 | 19 | 27.94 |
| 31–40 | 42 | 61.76 |
| 41–50 | 7 | 10.29 |
| **Mean = 34.41** | | |
| **SD = 4.90** | | |
| **Sex** | | |
| Male | 9 | 13.242 |
| Female | 59 | 86.76 |
| **Geographic Region in Which Nursing Education Was Completed** | | |
| Asia | 61 | 89.71 |
| Others | 7 | 10.29 |
| **Number of Years Working as Registered Nurse** | | |
| 0–4 | 30 | 44.12 |
| 5–9 | 21 | 30.88 |
| 10–14 | 14 | 20.59 |

[3] To protect the respondents' privacy, the United Nations (2019) Geographic Region classification was used to determine the location where the respondents in this study completed their initial nursing education and last worked before coming to Canada. In compliance with the recommendations of the Information and Privacy Commissioner of Ontario (2015) respecting the protection of respondents' privacy, regions with five or less respondents have been grouped and reported as "Others."

| | | |
|---|---|---|
| 15–19 | 3 | 4.41 |
| **Number of Years Living in Canada** | | |
| 1–3 | 26 | 38.24 |
| 4–6 | 35 | 51.47 |
| 7–9 | 6 | 8.82 |
| 10 and above | 1 | 1.47 |
| **Work Before Arriving in Canada** | | |
| Nursing Related | 53 | 77.94 |
| Not Nursing Related | 15 | 22.06 |
| **Working Place (Geographic Sub-Region)** | | |
| **Before Coming to Canada** | | |
| Africa | 6 | 8.82 |
| America | 1 | 1.47 |
| Asia | 57 | 83.82 |
| Europe | 2 | 2.94 |
| Did not Work | 2 | 2.94 |
| **Number of Years Not Working as Nurse** | | |
| 1–3 | 22 | 32.35 |
| 4–6 | 22 | 32.35 |
| 7–9 | 18 | 26.47 |
| 10 and above | 6 | 8.82 |

### Students' perception of the bridging program's education environment

The respondents' perception of the bridging program's education environment was determined using the DREEM questionnaire, which was developed to help institutions generate a "profile" of their strengths and weaknesses using their students' perceptions of the education environment (Roff, 2005b). This instrument consists of five components: the students' perceptions of the teaching process, teachers, and atmosphere and students' academic and social self-perceptions. The results are presented in Table 2. All negative statements were reverse-coded. It can be gleaned in the table that the overall computed mean was 3.82, described as "Agree," with a standard deviation of 0.95, which explains that the respondents' perceptions regarding the bridging program's educational environment were not widely dispersed. Within the context of this study, the overall mean obtained seems to indicate that the respondents' overall perception of the program was more positive than negative (Roff, 2005a), which is comparable with the findings of O'Brien et al. (2008), who also used the DREEM questionnaire in evaluating nursing students' perception in a baccalaureate nursing program in Singapore. A difference between the present study and that of O'Brien, et al. (2008) is their use of the questionnaire in individual modules (or subjects), whereas the present study was used to determine the combined overall perception of students enrolled in Semesters 1 and 2 of a three-semester bridging program. Regardless of the differences in the use of the DREEM questionnaire, the results achieved made possible the identification of areas for development and further investigation to enhance curriculum and improve overall student experience within the program. Students' perceptions of specific components of the DREEM questionnaire will be discussed below.

Table 2: Students' perception of the bridging program's education environment.

| PARAMETERS | MEAN | SD | DESCRIPTION |
|---|---|---|---|
| **A. Students' Perception of Learning** | **3.86** | **0.93** | **Agree** |
| 1. I am encouraged to participate in class | 4.37 | 0.81 | |
| 2. The teaching is often stimulating | 3.99 | 0.94 | |
| 3. The teaching is student centered | 3.94 | 0.98 | |
| 4. The teaching is sufficiently concerned to develop my competence | 4.18 | 0.90 | |
| 5. The teaching is well focused | 4.06 | 0.96 | |
| 6. The teaching is sufficiently concerned to develop my confidence | 4.07 | 0.92 | |
| 7. The teaching time is put to good use | 3.97 | 0.95 | |
| *8. The teaching over-emphasizes factual learning | 2.32 | 1.04 | |
| 9. I am clear about the learning objectives of the course | 4.21 | 0.78 | |
| 10. The teaching encourages me to be an active learner | 4.04 | 0.88 | |
| 11. Long term learning is emphasised over short term | 3.93 | 0.82 | |
| *12. The teaching is too teacher-centered | 3.29 | 1.17 | |
| | | | |
| **B. Students' Perception of Teachers** | **3.84** | **0.96** | **Agree** |
| 1. The teachers are knowledgeable | 4.03 | 0.88 | |
| 2. The teachers are patient with patients | 4.03 | 0.77 | |
| *3. The teachers ridicule the students | 3.69 | 1.19 | |
| *4. The teachers are authoritarian | 3.51 | 1.23 | |
| 5. The teachers have good communication skills with patients | 4.09 | 0.77 | |
| 6. The teachers are good at providing feedback to students | 3.88 | 0.82 | |
| 7. The teachers provide constructive criticism here | 3.75 | 0.94 | |
| 8. The teachers give clear examples | 4.00 | 0.71 | |
| *9. The teachers get angry in class | 3.81 | 1.19 | |
| 10. The teachers are well prepared for their classes | 3.96 | 1.03 | |
| *11. The students irritate the teachers | 3.54 | 1.08 | |
| | | | |
| **C. Students' Academic Self-Perception** | **3.84** | **0.87** | |
| 1. Learning strategies which worked for me before continue to work for me now | 3.49 | 1.03 | |
| 2. I am confident about my passing this year | 4.15 | 0.78 | |
| 3. I feel I am being well prepared for my profession | 3.97 | 0.81 | |
| 4. Last semester's work has been a good preparation for this semester's work | 3.78 | 0.86 | |
| 5. I am able to memorize all I need | 3.15 | 1.12 | |
| 6. I have learned a lot about empathy in my profession | 4.01 | 0.80 | |
| 7. My problem-solving skills are being well developed here | 3.94 | 0.83 | |
| 8. Much of what I have to learn seems relevant to a career in nursing | 4.26 | 0.75 | |
| | | | |
| **D. Students' Perception of Atmosphere** | **3.82** | **0.98** | **Agree** |
| 1. The atmosphere is relaxed during the ward teaching | 3.84 | 1.05 | |
| 2. The school is well timetabled | 3.76 | 1.11 | |
| *3. Cheating is a problem in this school | 3.63 | 1.43 | |
| 4. The atmosphere is relaxed during lectures | 4.04 | 0.87 | |
| 5. There are opportunities for me to develop interpersonal skills | 4.18 | 0.73 | |
| 6. I feel comfortly in class socially | 4.19 | 0.82 | |
| 7. The atmosphere is relaxed during seminars/tutorials | 4.10 | 0.79 | |
| *8. I find the experience disappointing | 3.94 | 1.12 | |
| 9. I am able to concentrate well | 3.60 | 0.99 | |
| 10. The enjoyment outweighs the stress of studying nursing | 2.75 | 1.11 | |
| 11. The atmosphere motivates me as a learner | 3.69 | 0.93 | |
| 12. I feel able to ask the questions I want | 4.06 | 0.75 | |

| | | | |
|---|---|---|---|
| **E. Students' Social Self-Perception** | **3.68** | **1.02** | **Agree** |
| 1. There is a good support system for students who get stressed | 3.69 | 0.92 | |
| *2. I am too tired to enjoy this course | 3.12 | 1.33 | |
| 3. I am rarely bored on this course | 3.37 | 0.99 | |
| 4. I have good friends in this school | 4.29 | 0.79 | |
| 5. My social life is good | 3.85 | 1.07 | |
| 6. I seldom feel lonely | 3.49 | 1.18 | |
| 7. My accommodation is pleasant | 3.96 | 0.89 | |
| | | | |
| **Grand Mean** | **3.82** | **0.95** | **Agree** |

Legend  1.00 – 1.80      Strongly Disagree
           1.81 – 2.60      Disagree
           2.61 – 3.40      Unsure
           3.41 – 4.20      Agree
           4.21 – 5.00      Strongly Agree
           Items with an asterisk (*) before the number are negative statements.

## *Role transition of respondents*

The role transition of respondents in terms of role preparation, role competence, and organization and support are shown in Table 3. The overall computed mean was 4.08, which suggests that the respondents agree with the statements that comprise the role transition survey instrument. The computed standard deviation was 0.79, showing that respondents were almost unanimous in their responses regarding role transition.

Table 3: Role transition.

| PARAMETERS | MEAN | SD | DESCRIPTION |
|---|---|---|---|
| **A. Role Preparation** | **4.09** | **0.90** | **Agree** |
| 1. I am adequately prepared for taking up a post as a registered nurse / registered practical nurse. | 4.09 | 0.81 | |
| 2. The course content is relevant to my future role as a registered nurse / registered practical nurse. | 4.41 | 0.80 | |
| 3. I am afforded / given the opportunity to develop the skills required of a registered nurse / registered practical nurse. | 4.31 | 0.78 | |
| 4. I have had sufficient opportunities to develop management skills. | 4.03 | 0.91 | |
| 5. I am afforded / given the opportunity to discuss the transition from a student IEN to a registered nurse / registered practical nurse. | 3.97 | 0.91 | |
| 6. I expect that the transition from IEN student to registered nurse / registered practical nurse will be unproblematic. | 3.71 | 1.20 | |
| | | | |
| **B. Role Competence** | **4.13** | **0.75** | **Agree** |
| 1. I work effectively within an interprofessional / multi/interdisciplinary team. | 4.09 | 0.79 | |
| 2. I have good time management skills. | 4.01 | 0.84 | |
| 3. I am confident that I can successfully manage my workload. | 4.09 | 0.84 | |
| 4. I am proficient in prioritizing care delivery. | 4.13 | 0.73 | |
| 5. I will feel confident delegating aspects of patient care to colleagues by the time I obtain my registration. | 4.09 | 0.77 | |
| 6. I have effective interpersonal skills. | 4.10 | 0.74 | |
| 7. I feel competent in my ability to make ethical nursing decisions. | 4.21 | 0.70 | |

| | | | |
|---|---|---|---|
| 8. I am competent in providing relevant health information to clients/patients and families. | 4.25 | 0.63 | |
| 9. I am competent in educating clients/patients and families regarding health issues. | 4.24 | 0.71 | |
| | | | |
| **C. Organization and Support** | **4.04** | **0.77** | **Agree** |
| 1. I will be supported by the registered nurses / registered practical nurses in the ward / unit. | 4.00 | 0.75 | |
| 2. I will be supported by the nurse manager(s) in the ward/unit. | 3.94 | 0.75 | |
| 3. I will be supported by the interprofessional / multidisciplinary team. | 4.01 | 0.72 | |
| 4. I will receive constructive feedback from registered nurses / registered practical nurses on the ward/unit. | 4.09 | 0.69 | |
| 5. I will receive constructive feedback from the nurse manager(s). | 4.01 | 0.74 | |
| 6. My contribution to the nursing team will be valued. | 4.19 | 0.72 | |
| 7. My contribution to the interprofessional / multidisciplinary team will be valued. | 4.18 | 0.71 | |
| 8. I will be facilitated to introduce new evidence-based initiatives. | 4.01 | 0.78 | |
| 9. I will feel respected. | 4.09 | 0.84 | |
| 10. There will be open and supportive communication channels in the ward/unit where I work. | 4.12 | 0.72 | |
| 11. There will be open and supportive communication channels in the hospital / organization where I work. | 4.07 | 0.74 | |
| 12. Working hours will be flexible. | 3.65 | 1.05 | |
| 13. I will be orientated to the ward/unit. | 4.21 | 0.78 | |
| | | | |
| **Grand Mean** | **4.08** | **0.79** | **Agree** |

Legend: 1.00 – 1.80     Strongly Disagree
          1.81 – 2.60     Disagree
          2.61 – 3.40     Neutral
          3.41 – 4.20     Agree
          4.21 – 5.00     Strongly Agree

### *Relationship between respondents' socio-demographic characteristics and their perception on role transition*

Table 4 presents the results of the multiple linear regression analysis conducted to determine the predictors of role transition in terms of preparation, competence, and organization and support. The regression computation result was found not significant, $F_{(8,59)} = .720$, $p > .05$. Age, sex, place where nursing course was completed, number of years working as registered nurse, work before living in Canada, working place before coming to Canada, and number of years not working as nurse seem not to be predictors of the respondent's perception on role transition. Understanding a transition event goes beyond an individual's socio-demographic characteristics. Instead, Meleis (2010) suggests that a key to understanding a transition event is by uncovering the conditions, both personal and environmental, that facilitate or hinder an individual's progress toward achieving a healthy transition. Personal, community, or societal conditions may facilitate or constrain the processes of healthy transitions and the outcomes of transitions. Within the context of this study, the personal conditions that may have accounted for the responses provided by IEN students in the study can be related more to the quality and richness of their prior education and work experience that were not measured by the instruments used in the present study. The

environmental conditions that played a role in the IEN respondents' IEN transitions may be attributed, in part, to their enrollment in the bridging program.

Table 4: Multiple linear regression analysis for socio-demographic characteristics of the respondents and their perception on role transition.

| PREDICTORS | Unstandardized Coefficients | | Standardized Coefficients | t-value | p-value |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Age | .003 | .025 | .027 | .128[ns] | .899 |
| Sex | -.184 | .218 | -.111 | -.844[ns] | .403 |
| Place Where Nursing Program Was Completed | .138 | .313 | .136 | .442[ns] | .660 |
| No. of Yrs. Working as R.N. | -.018 | .031 | -.133 | -.563[ns] | .576 |
| No. of Yrs. Living in Canada | -.078 | .064 | -.265 | -1.231[ns] | .224 |
| Work Before Arriving in Canada | .113 | .216 | .088 | .525[ns] | .601 |
| Working Place Before Coming to Canada | -.135 | .278 | -.147 | -.487[ns] | .628 |
| No. of Yrs. Not Working as Nurse | -.043 | .052 | .052 | -.837[ns] | .406 |

Note:   Multiple R = .305      $R^2$ = .093      $F_{(8,59)}$ = .720      p = .673
Legend: ns = not significant (p>.05)

### *Relationship between respondents' perception of IEN bridging program education environment and their role transition*

Table 5 shows the result of the multiple linear regression analysis to determine the predictors of role transition in terms of role preparation, role competence, and organization and support with regard to students' perception of learning, perception of teacher, academic self-perception, perception of atmosphere, and social self-perception. The regression computation result was found significant in IEN students' perception of learning, $F_{(5,62)}$ = 11.76, p < .05. Perception of learning has been found to be a positive predictor, β = .277, t = 1.800, p < .05, indicating that the higher respondents' understanding of learning was, the higher the rate of role transition tended to be. However, views on teachers, academic self-perception, views on atmosphere, and social self-perception seemed insignificant predictors of role transition.

With respect to the relationship between the higher respondents' perception of learning and the higher rate of role transition, it can be inferred from Meleis' (2010) Transitions Theory that the IENs' previous nursing education and/or work experience provided them with the preliminary background knowledge and skills to help facilitate role transition. In other words, their prior nursing knowledge and skills played a role in their anticipatory preparation for practice within a Canadian health care context. They have some background knowledge about what to expect when they begin to assume their role as practical nursing students and later as RPNs; in addition, they may have certain skills sets and strategies that they may have derived from their prior education and/or work experience that were transferable to their role to use as practical nursing students and later as RPNs. As suggested by Meleis (2010), an individual's preparation and knowledge are key

factors in facilitating a transition event. More specifically, "anticipatory preparation facilitates the transition experience, whereas lack of preparation is an inhibitor. Inherently related to preparation is knowledge about what to expect during a transition and what strategies may be helpful in managing it" (Meleis et al., 2010, p. 60).

Table 5: Multiple linear regression analysis for respondents' IEN bridging program education environment components and their perception on role transition.

| PREDICTORS | Unstandardized Coefficients | | Standardized Coefficients | t-value | p-value |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Perception of Learning | .277 | .154 | .308 | 1.800* | .049 |
| Perception of Teacher | -.074 | .129 | -.080 | -.575 | .567 |
| Academic Self-Perception | .193 | .125 | .207 | 1.544 | .128 |
| Perception of Atmosphere | .170 | .169 | -.193 | 1.007 | .318 |
| Social Self-Perception | .122 | .131 | -.138 | .933 | .354 |

Note:  Multiple R = .698  $R^2$ = .487  $F_{(5,62)}$ = 11.76  p = .000
Legend: * = significant (p<.05)

## *Problems encountered by students in the IEN bridging program*

Table 6 shows the four groups of problems/issues encountered by IEN respondents based on their responses to the question, "Could you please list any problems/issues you have encountered in the bridging program?" Of the 68 respondents, only 25 (63.24%) IEN students provided a response to the question. Participant responses to the question were analyzed using Braun & Clarke's (2006) framework for thematic analysis. The problems/issues encountered by IENs in this study were thematically grouped into four areas: concern with teachers, program content issues, program pace, and financial issues.

Table 6: Problems encountered by IEN students in the practical nursing bridging program.

**ENCOUNTERED PROBLEMS**

- Concern with Teachers (n=30)
- Program Content Issues (n=22)
- Program Pace (n=8)
- Financial Issues (n=6)

With regard to the Theme 1 "Concern with Teachers," many respondents raised their concerns over the way they were being treated by their instructors. One IEN respondent stated, "They are dictator (some of them). One of them who is white remind me [of] Hitler." Another IEN respondent reported, "Some of them are rude and look us down." This kind of behaviour of faculty

members toward their students is referred to as incivility. Incivility has been defined as "as a rude and deviant act characterised by low-intensity discourteous behaviour with or without intent to harm, offend and humiliate the target" (Zhu et al., 2019, p. 1). Del Prato (2013) noted that faculty incivility in nursing may come in different forms, such as "demeaning experiences, subjective evaluation, rigid expectations, and targeting and weeding out practices." Regrettably, these kinds of behaviours towards students, especially amongst IENs who have experienced various forms of challenges even before they started their bridging education, may impact their success and subsequent ability to transition to their role, initially as a nursing student and subsequently as a registered practical nurse within a Canadian health care context. Faculty incivility hinders professional formation by interfering with learning, self-esteem, self-efficacy, and confidence (Del Prato, 2013). In the long-term, this may create feelings amongst IENs that they will always be constructed as professional outsiders (Mickleborough & Martimianakis, 2021). The respondents in this study expected their professors to motivate them to study and succeed, as opposed to being provided sarcastic and negative comments. Some respondents also expressed concerns with regard to the timeliness of the feedback they received from their professors. The respondents were concerned that their marks were not posted on the learning management system in a timely manner and, as a result, they missed the deadline to drop the subject without academic penalty.

For Theme 2, "Program Content Issues," several respondents voiced concerns over the requirement that they achieve a 100% grade in their basic math and medication calculation tests. Respondents argued that this expectation is unnecessary. However, in conversation with some of the teachers, they suggested that mastery of basic math and medication calculations is very important for safe administration of medications. They suggested further that making a mistake by adding even just one zero to the amount of medication being administered to a patient can result in death. The program coordinator sought advice from coordinators from other nursing programs in the Province of Ontario, and they subsequently made a decision to lower the pass mark to 90%. Respondents of the study also voiced concerns over the amount of material that needed to be covered in the program, as well as the number of assignments they needed to submit each semester. These findings are similar to those reported by Atack et al. (2012), who noted that most IEN respondents in their study reported that the program workload and schedule were overwhelming. They reported, further, that "time management was a challenge, and nurses reported being pulled in different directions by school, family, and work responsibilities" (Atack et al., 2012, p. 372). One of the challenges noted in this situation is that the students are enrolled in a full-time program, and they were advised at the time of their application for admission of this situation. They were also advised not to work, if at all possible, for one year while they were enrolled in the program. Unfortunately, this is not an option for many of students, especially those who need to provide for their families either in Canada or their home country.

In terms of Theme 3, "Program Pace," some students noted that the pace of program delivery was too fast for them. However, they were also mindful that the program is fast-tracked. One IEN respondent stated, "It is good to have the fast-track IEPN program in order to continue [my] … career [in Canada]. It is just too tight with the schedule because it was so compressed with the given amount of time." While there are part-time programs available in other institutions, students were drawn to this bridging program because of the ability to earn their credential within one year and subsequently find employment faster after they obtained their registration.

Theme 4 relates to "Financial Issues." IEN students' concerns related to financial issues were captured in the statement of one IEN who said, "Financial problems - because of the amount of assignment, requirements and studying demanded by the program I had to give up my

work hours, making paying for my daily need a very stressful problem." Another student raised concerns over the required incidental expenses that were incurred as part of the program by stating, "Financial issues especially with my nursing lab cost then paramed/requisite fees are expensive as well." A similar finding was reported by IENs in the study of Atack et al. (2012), who noted that financial concerns related to program costs and lost income due to the demands of the program were huge stressors for this group of students. The Province of Ontario, like other provinces within Canada, has a student loan program that will extend some financial assistance in the form of loans to eligible students. However, this program has certain eligibility requirements, and not everyone may be eligible. Even amongst those who are eligible, the amount of student loan they receive may not be sufficient to meet their financial obligations to their families, notably those who are based overseas, as these are not considered in determining the loan eligibility of individuals.

These themes, especially Themes 1 to 3, highlight the potential impact the teaching–learning environment had on this group of learners. Without discounting IEN learners' perception of their bridging program, their strong feelings that manifested as issues they encountered in their bridging program may also be related to unfamiliarity with cultural, communication, educational, and professional nuances and practices. Yeh et al. (2021) reported that immigrant learners may struggle adjusting "to [the Western] academic system that values social skills and creativity in learning rather than memorization" (p. 102). This will require orientating not only the IEN learners but their faculty members as well in promoting an IEN learner-supportive teaching-learning environment. Lum et al. (2011) also emphasized the importance of developing a culturally sensitive teaching and learning environment in bridging programs that celebrates the potential of internationally educated professionals to enrich Canadian workplaces through the unique and relevant knowledge, skills, and experience that they bring.

## Conclusion

Based on a small sample size of IENs enrolled in one community college in Ontario, Canada, Asia continues to be a main source of IENs attending bridging programs in Canada. As a traditionally female-dominated profession, most of the respondents in this study were females. IENs who participated in this study demonstrated a wide diversity in terms of their work experience or the absence of it, in the case of those IENs who had no previous nursing work experience.

IEN respondents reported a generally positive experience of their education environment within the bridging program they were attending. However, there were certain aspects of the education environment that may require further exploration to obtain a clearer understanding of the issues identified by the respondents. These issues related to over-emphasis on factual learning, the teacher–student relationship, program demands, and school–life balance. IEN respondents generally agreed, nearly unanimously, with all statements that make up the questionnaire. Respondents reported that the bridging program was adequately preparing them for their future role as and developing their competencies as RPNs in Ontario. In addition, they felt that the bridging program provided them with an understanding on how to navigate the health care organization and the supports that are available to them within a Canadian health care context. The regression computation result was found significant in students' perception of learning. Perception

of learning was found to be a positive predictor, indicating that the higher respondents' understanding of learning, the higher the rate on role transition tended to be.

The problems and issues encountered by IENs in their bridging program mentioned in response to the open-ended question "Could you please list any problems/issues you have encountered in the bridging program?" highlighted some significant issues that require immediate attention. Of these four themes, two seem to warrant further investigation, i.e., IEN students' concern with teachers and program content issues. Descriptions of incivility in the learning environment can have negative effects amongst students, which can be more impactful for IENs if one considers the intersecting social, cultural, and economic issues they have faced through the journey of returning to their pre-migration career. Most importantly, program administration should look into reports of incivility raised by students and find ways to understand and address this concern that may have legal and human rights ramifications. This also highlights the need for Canada's educational institutions to better prepare their faculty in welcoming internationally educated professionals into their classrooms.

## Acknowledgments

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