

Psychological Acculturation, Workplace Support and Perceived Work Satisfaction among
Filipino Educated Registered Nurses in Manitoba

by

Susan Dennehy

A Thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfillment of the requirements of the degree of

MASTER OF NURSING

Faculty of Nursing
University of Manitoba
Winnipeg

Copyright © 2013 by Susan Dennehy

Abstract

Filipino internationally educated nurses (IENs) constitute a major portion of the IENs in Manitoba and Canada. Acculturating to Canada can be difficult and can affect job satisfaction and retention. The focus of this research is on Filipino IENs' acculturation to Canada, sources of workplace support and perceived job satisfaction. Berry's (1997) acculturation framework guided the study. A cross-sectional descriptive-correlational method was used. An on-line survey resulted in a study sample of 124 participants. Quantitative and qualitative analysis techniques were used to determine relationships among the variables and to identify recommendations to assist other IENs. Job satisfaction was positively associated with one dimension of acculturation and informal sources of workplace support by immigrants and Canadian co-workers, administration, and the union. When these independent variables were entered into a multiple regression model, only administration support significantly predicted job satisfaction. Implications for nursing practice, leadership and research are discussed.

Acknowledgements

I would like to extend my sincere gratitude to my Program Advisor, Dr. Christine Ateah for her knowledge, thoughtful feedback, and continuous support. Her enthusiasm and optimism were encouraging and invaluable throughout my program. Without her guidance this thesis would not have been possible. I would also like to thank my committee members Dr. Diana Clarke and Dr. Lori Wilkinson for their expertise and insights that expanded my knowledge and enhanced my learning.

A special thank you to the Filipino Internationally Educated Nurses who participated in the study. Without their interest and participation this project would not have been possible.

Thank you to the staff at the Manitoba Centre for Nursing and Health Research for their support and expertise. In particular I would like to acknowledge James Plohman for sharing his knowledge and experience with on-line surveys and data collection.

Thank you to my friends and family for their understanding of my need for “study time.” Their assistance, support and encouragement throughout my graduate program was appreciated and valued.

A special thank you to my husband for his understanding and willingness to compromise. His love and support provided me with strength throughout my program.

Dedication

I dedicate this thesis to my husband Mike and our three beautiful children, Brendan, Sarah and Hannah who believed in me and encouraged my quest for learning and my desire for personal and professional growth. I share this accomplishment with them.

Table of Contents

Abstract.....	i
Acknowledgments.....	ii
Dedication.....	iii
Table of contents.....	iv
Tables.....	viii
Figures.....	ix
Chapter I: Introduction.....	1
Background.....	1
Filipino IENs.....	2
IENs in Canada.....	4
IENs in Manitoba.....	8
Filipino Migration to Manitoba.....	9
Nursing Job Satisfaction.....	10
Acculturation and Job Satisfaction.....	11
Workplace Support and Job Satisfaction.....	12
Research Problem.....	15
Purpose of the Study.....	16
Terms and Operational Definitions.....	16
Summary.....	17
Chapter II: Theoretical Framework.....	19
Acculturation.....	19
Acculturation Framework.....	22

Berry's Framework for Acculturation Research.....	23
Language.....	25
Social Supports.....	25
Acculturation Strategies.....	26
Limitations.....	30
Summary.....	31
Chapter III: Review of the Literature.....	32
Berry's Strategies of Acculturation.....	33
Integration.....	33
Communication.....	35
Cultural Difference.....	37
Differences in Nursing Practice.....	41
Inequality and Discrimination.....	43
Marginalization.....	45
Separation.....	46
Assimilation.....	47
Workplace Support.....	48
Informal Workplace Support.....	49
Formal Workplace Support.....	52
Job Satisfaction.....	55
Factors Affecting Job Satisfaction in Nursing.....	56
Job Satisfaction Among Internationally Educated Nurses.....	58
Research Questions.....	65
Summary.....	65

Chapter IV: Methodology	67
Introduction.....	67
Design.....	67
Setting and Sample.....	67
Inclusion/Exclusion Criteria.....	68
Study Sample	68
Instrumentation.....	71
Psychological Acculturation.....	71
Workplace Support.....	72
Job Satisfaction.....	73
Demographics and Background Information.....	76
Data Collection.....	76
Data Analysis.....	77
Ethical Considerations.....	79
Summary.....	79
Chapter V: Results	80
Job Satisfaction.....	80
Acculturation and Job Satisfaction.....	81
Workplace Support and Job Satisfaction.....	83
Informal Sources of Support.....	83
Formal Sources of Support.....	85
Multiple Regression Model of Job Satisfaction.....	85
Content Analysis.....	87
English Language Communication.....	88

Canadian Nursing and Culture.....	89
Network of Support and Resources.....	90
Willingness to Succeed from Within.....	91
Never Stop Learning.....	91
Summary.....	92
Chapter VI: Discussion.....	94
Findings.....	94
Job Satisfaction.....	95
Psychological Acculturation.....	96
Psychological Acculturation and Job Satisfaction.....	99
Workplace Support and Job Satisfaction.....	99
Limitations.....	102
Recommendations for Practice.....	103
Recommendations for Future Research.....	104
Conclusion.....	105
References.....	106
Appendix A – Letter to the College of Registered Nurses of Manitoba.....	127
Appendix B – The East Asian Acculturation Measure.....	129
Appendix C – Workplace Support Scale.....	130
Appendix D – Mueller/McCloskey Satisfaction Scale.....	131
Appendix E –Demographic Questionnaire.....	135
Appendix F –Invitation & Informed Consent Letter.....	138
Appendix G – Acronyms.....	141

List of Tables

Table 4.1 Demographic Summaries of Participants.....	69
Table 4.2 Frequency Summary of Nursing Education and Practice.....	70
Table 5.1 Descriptive Statistics of Job Satisfaction.....	81
Table 5.2 Descriptive Statistics of Acculturation.....	82
Table 5.3 Correlations Between Dimensions of Acculturation and Job Satisfaction.....	83
Table 5.4 Descriptive Statistics Frequency of Informal Workplace Support.....	84
Table 5.5 Correlations Between Sources of Informal Workplace Support and Job Satisfaction.....	85
Table 5.6 Independent t-test of Job Satisfaction and Completion of a Formal Transitioning Program.....	85
Table 5.7 Pearson's Correlations Between Predictors and Job Satisfaction (Global JS).....	86
Table 5.8 Coefficients for the Multiple Regression Model of Job Satisfaction.....	87

List of Figures

Figure 1: Framework for Acculturation Research.....24

Figure 2: Acculturation Strategies.....28

CHAPTER 1 – INTRODUCTION

Background

The demand for nurses along with increasing globalization fuels nurse migration and mobility. The shortage of nurses threatens the sustainability of health care systems to provide safe, quality care around the world (Diallo, 2004; International Council of Nurses (ICN), 2007). Adding to the issue is that scarce nursing resources in developing countries are further depleted as nurses relocate to wealthier, developed nations; raising ethical concerns about the migration and recruitment of nurses (Khaliq, Broyles & Mwachofi, 2008). Although limited data exist to accurately determine the extent of nurse migration (Blythe, Baumann, Rheame, & McIntosh, 2009; Diallo, 2004), there is a consensus that nurses are relocating to new countries at unprecedented rates, with no foreseeable change in the near future (Kingma, 2007). Driven by personal and social needs, nurses migrate for a variety of push and pull factors (ICN, 2007; Kingma, 2007; Omeri, 2006). The ethical, social, and economic concerns generated from nursing shortages and migration have become priority political agendas for many stakeholders at the international level (Kingma, 2007). The World Health Organization (WHO) (2010) and the ICN (2007) highlight the need for countries to develop long-term solutions to address workforce imbalances and the impact of migration on their health care systems.

Registered Nurses (RN) who travel to practice in countries different from where they receive their nursing education are considered Internationally Educated Nurses (IENs) (Xu & Kwak, 2005). IENs are an integral part of these health systems to sustain and provide safe and quality care. Several studies (McGuire, 2004; Sherman & Eggenberger, 2008; Xu, 2007a; Yi & Jezewski, 2000) identify the many challenges IENs face as they transition into their host country. Common themes and difficulties include:

challenges and barriers to licensure and registration (Blythe et al., 2009; Kolawole, 2009), the adjustment to language and culture (Bola, Driggers, Dunlap & Ebersole, 2003), differences in the scope of professional roles and responsibilities (Kawi & Xu, 2009), lack of knowledge of the current health care system, (Blythe et al., 2009), and discrimination (Kingma, 2008a). Nursing leaders identify many of these areas affect the acculturation of IENs into practice settings and subsequently patient outcomes (Sherman and Eggenberger, 2008).

IENs originate from key source countries including India and South Asian countries (Blythe & Baumann, 2009); with the largest exporter being the Philippines (Khaliq et al., 2008; Lorenzo, Galvez-Tan, Icamina & Javier, 2007). Filipino IENs in Manitoba are the population of interest for this study.

Filipino IENs

Filipino nurses represent the majority of IENs in destination countries around the world (Brush & Sochalski, 2007). Filipino nurses seek opportunities away from the Philippines due to that country's low salaries, poor working conditions, limited opportunities for advancement (Aiken, Buchan, Sochalski, Nichols & Powell, 2004; Brush & Sochalski, 2007; Lorenzo et al., 2007), and unstable economic and socio-political environment (Lorenzo et al., 2007). The Philippine workforce faces challenges with too few jobs for its population and poor working conditions and pay for those who can find work resulting in an increase in the numbers of Filipinos working abroad (Lorenzo et al., 2007). These nurses are pulled to countries like Canada because of opportunities for higher income, lower nurse-patient ratios, family migration, and economic and political stability (Aiken et al., 2004; Lorenzo et al., 2007).

Filipino nurses are trained for export to other countries as part of the Philippines

economy. The Philippines is considered a leader and a model among nations in this regard (Aikens et al., 2004). This export-oriented economy of nursing began in the early 1950s and intensified between 1975 and 2000 (Brush & Sochalski, 2007). Many schools of nursing were opened during this time to promote and sustain the export agenda. Since 2005, twenty-three of these schools closed because the quality of nursing graduates came under question (Overland, 2004). Inadequate curriculum, limited opportunities for clinical placement, poor quality of clinical settings to practice, and limited qualified instructors were cited as the major concerns (Overland, 2004).

Despite these concerns, nursing continues to comprise the country's largest professional group abroad (Lorenzo et al., 2007). Filipino RNs are sought after internationally because they are trained at a baccalaureate level and receive their education in English (Aiken et al., 2004). The total amount of remittances Filipino IENs send to their home country is estimated to be U.S.\$8 billion annually (Ball, 2004 cited in Brush and Sochalski, 2007). Unfortunately, the financial reliance on migration has come at a cost domestically. Domestic employment issues remain unsolved and skilled nurses with experience and education leave the country without the needed replacements (Lorenzo et al., 2007; Perrin, Hagopian, Sales & Huang, 2007). Filipino governments and private hospitals are successful at hiring Filipino RNs with less than 12 months experience, but are challenged to hire more experienced nurses (Perrin et al., 2007). Even Filipino physicians are re-training as "nurse-medics" in order to have the same overseas opportunities (Brush & Sochanliski, 2007; Lorenzo et al., 2007), further contributing to a lack of resources. As a result of this migration, understandably, the Philippines face challenges to safely and effectively meet the health care needs of its population.

IENs in Canada

Canada faces a shortage of health care professionals, which weakens its health care system and challenges the ability to provide timely, safe care (Baumann, Blythe & Ross, 2010; Romanow, 2002). Although the shortage of health care professionals in Canada is not as desperate as some developing nations, it is still close to critical. Inadequate staffing is common in rural and remote areas across the country and the forecast for the ability to fill these vacancies does not look promising (Canadian Nurses Association (CNA), 2006). Health care professions such as nursing and medicine are the focus of numerous federal (including Pan-Canadian) and provincial initiatives since the early 2000s. Coinciding with these initiatives are changes to federal immigration legislation and an increased labour market demand for professionals in Canada's knowledge economy (Reitz, 2005). As a result immigrant professionals now represent the largest immigrant group coming to Canada (von Zweck & Burnett, 2006). Most immigrant professionals come to Canada with the plan of practicing in their profession; however, Canada is not always "immigrant friendly" (Reitz, 2005, p. 2.). Current immigrant-settlement policies pose barriers to practice and limit employment opportunities for many immigrant professionals. Teachers, engineers and those in the health care field confront underutilization of their skills and expertise (Reitz, 2005). Healthcare professionals in particular face significant challenges to enter the workforce within their profession due to the complexity of the registration process and unsuccessful recognition of professional credentials and the requirements for educational equivalency (Baumann et al., 2010, Reitz, 2005). Significant delays to practice can occur and immigrant professionals are often forced into low paying jobs where their education, experience, and expertise are underutilized. Many professionals are required to complete competence assessment

testing and/or educational upgrading to meet Canadian standards. The delays in meeting practice requirements comes at financial, professional, personal and social costs to these individuals and their families, impacting their acculturation process into the workforce and society as a whole (von Zweck and Burnett, 2006).

Reitz (2005) comments that Canadians overall have a positive view of immigration in the country. Labour shortages are diminished by vacancies filled and skilled immigrants contribute to economic and social development (MacDonald-Rencz & Davis, 2010). Additionally, immigrants are linguistic brokers and bring cultural diversity to the workforce representing Canada's growing diverse, ethnic population. However, the benefits of diversity are not always recognized (Wang & Sangalang, 2005). Many immigrant professionals are often marginalized in their effort to practice in the knowledge professions (Koert, Borgen & Amundson, 2011; Reitz, 2005). Visible minority groups encounter discriminatory practices in the work setting and face greater disadvantages in earning potential and employment success than those of European origin (Reitz, 2005). Opportunities for advancement are often not available due to glass-ceiling barriers (Reitz, 2005). There are appeals for policy makers and stakeholders representing immigrants to come together to address the issues of underutilization, recognition of credentials and discriminatory practices in Canada (Reitz, 2005). Recent changes to the Federal Foreign Credential Recognition Program show small advancements. The length of time immigrant healthcare professions are now required to wait for evaluation of qualifications has been reduced to one year (Baumann et al., 2010).

Amidst controversy, industrialized countries like Canada rely on the recruitment and migration of IENs as one of their on-going strategies to address their countries' shortages of nurses (CNA, 2006; Kingma, 2007; von Zweck & Burnett, 2006). Canada

experienced a significant increase in the number of IENs seeking employment and registration in the last decade (CNA, 2005). Nurses come primarily from the Philippines (31.6 %), the United Kingdom (17.6%), the U.S. (7.4 %) and India (6.4%) (Canadian Institute of Health Information (CIHI), 2010). Trends indicate an increase in the total number of IENs registered in the workforce over the past 5 years, varying provincially from 1.5 percent in New Brunswick to 16.4 percent in British Columbia (CIHI, 2010). According to the CIHI (2010) between 2005 and 2009, IENs represented between 7 - 8.4% of the total RN workforce in Canada. It is important to note that these percentages are based on the numbers of IENs registered and working; not on the total number of IENs available to practice in Canada (Blythe & Baumann, 2009). Many IENs living in Canada are either unable to obtain registration and practice as a RN or they enter the country under one of the many pathways in the immigration system, but not as a nurse (Blythe and Baumann, 2009; Jeans, Hadley, Green, & Da Prat, 2005; Kolawole, 2010). Just over 30 percent of IENs who come to Canada to practice as an RN are able to obtain registration/licensure (Jeans et al., 2005). Kolawole (2010) argues that the inability to obtain registration is a major barrier for IENs in Canada resulting in “brain waste” of education and experience. Barriers to registration include: lack of understanding of requirements of the registration process, language fluency, the cost of the Canadian Registration Nurse Exam (CRNE), and credential recognition (Kolawole, 2009).

Immigration and registration to practice are two distinct processes an IEN must successfully complete to practice in Canada (Little, 2007). Generally, IENs are required to graduate from an approved school of nursing, satisfactorily meet Canadian entry-level competencies, pass language requirements and be in good standing with another regulatory body if licensed elsewhere (Baumann et al., 2010; Little, 2007). Most nurses

who come to Canada are not actively recruited but are landed immigrants, usually without sponsored employment or temporary registration (Blythe & Baumann, 2009). Nurses who have the required qualifications can obtain a temporary registration for six months (Singh & Sochan, 2010). After the six months, IENs must meet the registration requirements of their provincial regulatory body and pass the CRNE to continue practicing (Singh & Sochan, 2010). Others choose to come to Canada via the federally-sponsored Live-In Caregiver Program. This program allows immigrants to come to Canada and provide domestic care to children, the disabled and elderly (Blythe & Baumann, 2009). Pratt (1999) estimates in the mid-nineties, 87 percent of participants of the Live-In Caregiver Program were Filipina women. It is often the most accessible way for Filipina women to enter in to Canada (Pratt, 1999). Critics of the program (Pratt, 1999; Sochan & Singh, 2007) highlight that deskilling occurs when participants are involved in this program. RNs who are live-in caregivers are away from the practice setting for a minimum of two years and cannot participate in educational courses while in the program. Often the Filipina caregivers lose confidence in their professional skills and practice and are marginalized by the host country and their own community (Pratt, 1999). An advantage of the program is the reduction in the financial burden of relocating to Canada by sharing accommodations with the sponsor family (Sochan & Sing, 2007).

The majority of IENs in Canada are employed as staff nurses and experience similar glass ceiling barriers as other immigrants. They have limited opportunities for advancement to leadership and administrative positions within the health care system (Kolawole, 2010; Little, 2007). IENs in Canada have been referred to as the “forgotten nurse” (McGuire & Murphy, 2005) because so little is known about them. Much of the knowledge generated has been in the form of grey literature, such as government and

organizational reports, summaries, and position statements (Sochan & Singh, 2007). Currently, there are a small number of published research studies that explored migration challenges of IENs to Canada (Beaton & Walsh, 2010; Jeans, 2006; Little, 2007; Turritin, Hagey, Gurvge, Collins & Mitchell, 2002), experiences of IENs in the workforce (Tregunno, Peters, Campbell, & Gordon, 2009), the challenges with registration and entry to practice (Blythe et al., 2009; McGuire & Murphy, 2005; Sochan & Singh, 2007), and profiles of IEN diversity (Blythe & Baumann, 2009). Many of the studies are specific to the experiences of IENs in the province of Ontario. Although these studies lay a foundation and provide a basis for further research, a significant gap remains regarding IENs experiences in Canadian practice (Higginbottom, 2011; Singh & Sochan, 2007). Surprisingly, no studies examine the population of Filipino IENs despite their majority representation in Canada and the growth of large Filipino communities across the country, particularly in provinces like Manitoba.

IENs in Manitoba

The number of IENs who apply to practice in Manitoba follows the upward national trend. In 2009, the total number of applicants was 532 compared to 114 in 2006 (College of Registered Nurses of Manitoba (CRNM), 2009). The number of newly registered IENs in 2009 (excluding those from the U.S.) was 171 or 21 percent (CRNM, 2009). IENs represent 6.6 percent of the RN workforce in Manitoba (CIHI, 2010). Within the last decade, the Department of Labour and Immigration and Manitoba Health have collaborated with numerous stakeholders to increase the supply of nurses in Manitoba. Immigration is seen as a part of the solution to address the province's labour and demographic challenges and is considered a strategy for growth (Government of Manitoba, 2010a). Registered Nurse has been one of several occupations identified by

provincial initiatives to receive attention through program development and funding (Government of Manitoba, 2010b). Many of the initiatives stem from Pan-Canadian strategies (e.g., Internationally Educated Health Professionals Initiative) to successfully integrate skilled professionals into the workforce based on the principles of fairness, transparency, timeliness and consistency (Government of Manitoba, 2010c). The Manitoba Nursing Strategy was a program, which has boosted migration and recruitment of IENs in the province through the Nurse Recruitment and Retention Fund. The fund offered relocation assistance to over 1200 nurses from out of the province in the last decade with 322 originating from the Philippines (Government of Manitoba, 2010c). In 2008, the fund also assisted in the active recruitment of 121 nurses from the Philippines to rural Manitoba.

Filipino Migration to Manitoba

Filipino migration is not new to the province of Manitoba. The province established a strong Filipino community that began in the late 1950s with the arrival of four Filipina nurses, followed by Filipino medical professionals from the U.S. and then teachers in the 1960s (Philippine Heritage Council of Manitoba, 2013). During the 1960s the Manitoba labour market dictated the need for garment workers in the manufacturing industry leading to the way for more Filipino newcomers to come to live and work in Manitoba (Philippine Heritage Council of Manitoba, 2013). Over the past 30 years, government sponsorship programs such as the Family Reunification Program and the introduction of the Provincial Nominee Program and Federal Live-In Caregiver Program promoted and encouraged further migration of Filipinos to Manitoba (Philippine Heritage Council of Manitoba, 2013). Winnipeg is now the third largest Filipino community in Canada, representing one of the largest ethnic groups in Winnipeg (Government of

Manitoba, 2013) with just over 60,000 Filipinos living in the city (Philippine Heritage Council of Manitoba, 2013). It is not surprising that due to recent active recruitment and the historical migration patterns that approximately 600 IENs are from the Philippines and are currently practicing as RNs in Manitoba (CRNM 2013, personal communication). Due to the lack of empirical research, it is unknown how these RNs experience adaptation to Manitoba and how satisfied they are in their work.

It is certain however, that upon relocation to Manitoba, Filipino RNs and other IENs encounter numerous pathways to licensure and receive variable amounts of transitioning support and resources. The provincial regulatory body, the CRNM determines which pathway an IEN is required to take based on several factors including evaluation of educational equivalency, practice experience, hours worked, and language requirements among others.

In summary, the number of IENs in Manitoba is growing due to the immigration policy and the goal to increase the supply of nurses. Filipino nurses represent a large number of the IEN population in Manitoba. A number of strategies are available through different pathways for IENs to integrate in to the workforce, but not all IENs necessarily experience the same supports and resources in their adjustment to Canadian culture in their work or personal life.

Nursing Job Satisfaction

Nursing job satisfaction is influenced by demographic, organizational and professional factors (Hayes, Bonner, & Pryor, 2010) and is defined as, “a global feeling about the job or as a related constellation of various aspects or facets of the job” (Lu, While, & Barriball, 2005, p. 212). Job satisfaction is important in health services because nurses who are more satisfied with their jobs tend to stay in their positions longer

(Hayes et al., 2010) and contribute to better patient outcomes (Ea, 2007). Unfortunately the numerous barriers IENs face as they transition to their host country may negatively impact their levels of job satisfaction and retention (Kawi & Xu, 2009). Recent reports from the U.K. suggest that newly recruited IENs do not plan on staying in their positions for long periods of time within that region (Bucan, Jobanputra & Gough, 2005; Humphries, Brugha & McGee, 2009). Some argue that retention (as well as recruitment) needs to become a focus of attention for policy developers in order for long-term solutions to address the nursing shortages (Humphries et al., 2009). It would appear from the Canadian IEN literature, that retention is not yet an area of focus in Canada. Much of the attention remains on barriers to practice.

Acculturation and Job Satisfaction

Knowledge is growing regarding the challenges IENs encounter as they enter into practice and adjust to their host countries. There is still more to discover about the experiences of IENs post registration (Tregunno et al., 2009) and factors that impact patient outcomes such as their levels of job satisfaction. For many IENs in Canada, the first two years adapting to a new host country can be challenging due to language and socialization issues (Tregunno, Campbell, Allen & de Sousa, 2007). Acculturation, is broadly defined as, “the changes that arise following contact between individuals and groups of different cultural backgrounds” (Sam, 2006, p. 11). In order for IENs to successfully integrate in both their work and personal lives, effective acculturation should occur. Successful acculturation has been linked to increased job satisfaction (Ea, Griffin, L’Eplattnier and Fitzpatrick, 2008; Hayne, Gerhardt & Davis, 2009) and quality of life (Ea, 2007). IENs are not a homogenous group and have unique needs to effectively integrate into the workforce (McGuire & Murphy, 2005). Acculturation challenges can

perpetuate disharmony among a diversified workforce and result in interpersonal conflict, decreased commitment to an organization, job dissatisfaction, and higher turnover rate (Wang & Sangalang, 2005).

Workplace Support and Job Satisfaction

The significance of support for IENs pre and post migration and post registration is a well documented in the IEN literature (Xu, 2010). Ensuring IENs are satisfied in their positions and having the supports available aids in retention of staff and contributes to better nursing care and patient outcomes (Ea, 2007).

Sources of support can be derived from various aspects of an individual's life including their personal, spiritual and professional environments. Of particular interest for this study is support in the workplace and its relationship with job satisfaction. Workplace support is defined as sources of informal and formal assistance in the work setting. Informal workplace support is defined as "positive social interaction available from managers and co-workers in the workplace" (Hall, 2007, p. 69). The concept is common in studies examining organizational behaviour (Nelson & Campbell-Quick, 1991) and socialization of new employees (Wolfe-Morrison, 2002) into work settings. Formal workplace support is the participation and completion of a transitioning program provided by organizations. Both informal and formal sources of workplace support are available to IENs once in the workforce in Manitoba and therefore considered important to study.

Pasca and Wagner (2011) suggest that research that informs work environments and examines factors that contribute to levels of job satisfaction for immigrants in Canada is essential. It is necessary to promote healthy work environments and to understand the different needs between Canadian-born workers and immigrants in the workplace. When

immigrants enter a new work setting in Canada not only are they faced with the common stressors of job demands like their Canadian-born colleagues, but they may also experience the many stressors associated with the acculturation process (Pasca & Wagner, 2011). Immigrants form supportive networks to cope with these stressors associated with acculturation because their pre-existing support systems are diminished upon relocation to a new country (Wang & Sangalang, 2005). Their informal social support system within the workplace is somewhat involuntary and involves the interaction among Canadian-born workers and immigrant workers and other members of a diverse workforce. This interaction is part of the socialization process and is required to learn the job role and culture of the organization.

A significant challenge for Filipino IENs coming to Manitoba is the differences in the cultural values from East to West and the impact this can have on work adjustment and levels of job satisfaction. There is evidence that the stresses of acculturation can be buffered by the availability of adequate support from peers and supervisors (Bae, 2011). Social support in nursing is associated with increased job satisfaction, retention, and reduced stress among workers; and a supportive environment is a significant predictor of job satisfaction among nurses (Hall, 2007). Several studies (e.g., Baumann et al., 2010; Kolowale, 2010) identify that IENs feel a lack of support after migrating and have negative experiences related to the absence of sufficient supports upon arrival (Higginbottom, 2011). Once in the work environment IENs may experience limited opportunities to establish effective supports and interactions with other RNs (McGuire & Murphy, 2005). Additionally, IENs describe feelings of being an outsider in the work setting (Konno, 2006; Tregunno et al., 2009). These feelings of marginalization and lack of support may contribute to psychological discomfort and add to the challenges

encountered in the acculturation process (Lorenzo et al., 2007). However, the establishment of supportive networks may assist IENs in the acculturation process and to become successful practitioners in their new settings (Konno, 2006).

Access to transitional programs is also cited as an important resource and support for IENs, although the effectiveness is not well established (Xu, 2007). The focus of many of the transitional programs includes increasing the cultural awareness of the IEN coming to the host country, assisting with language and developing awareness of professional roles. Transitional programs are not unique to immigrant nurses, but are also available to internal medical graduates, teachers and engineers. Ideally, transitional programming should provide cultural content for both host country workers and immigrant workers.

Some IENs in Manitoba receive access to workplace resources and transitioning programs through a government funded bridging program after completing a competence assessment. IENs who participate in a bridging program receive educational support to enhance existing skills and knowledge to meet Canadian nursing standards. These IENs are introduced to cultural and workplace orientation and they have the opportunity to access resources offered at the educational institution and participate in peer learning opportunities and workshops. IENs who complete the bridging program may have the opportunity to participate in a formal mentoring program titled the Internationally Educated Nurses Workplace Partnership Program (Wood, 2010). The program matches IENs with Canadian RNs for volunteer support and mentorship.

The Internationally Educated Nurses Workplace Partnership mentoring program offers support to connect IENs with Canadian RNs to help bridge the IENs into Canadian practice while providing both the IENs and the Canadian RNs with intercultural

knowledge and awareness (Wood, 2010). The Canadian Culture and Communication for Nurses offered through the Manitoba Nurses Union is available to IENs who are interested in improving their language skills and learning about Canadian culture related to Canadian nursing practice. There are certain requirements to be eligible for the program, but the program is free for eligible students.

Kawi and Xu (2009) suggest transitional programs such as bridging and/or mentoring programs may help IENs adapt to the workplace and address the barriers to adjustment or acculturation. The authors further suggest multiple adaptation strategies may need to be implemented to promote successful adjustment and may increase job satisfaction and ultimately improve retention of IENs and promote better patient outcomes.

It would be beneficial for stakeholders (including IENs, employers, policy makers and the public) to further understand the psychological acculturation and perceptions of workplace social support and job satisfaction when developing labour integration programs and retention strategies. Gaining further knowledge of work related factors specifically for IENs may help inform stakeholders on directions needed to increase effective adaptation ultimately improving job satisfaction for nurses and promoting positive patient outcomes.

Research Problem

Due to the shortage of health care professionals in Canada, professions such as nursing have been the focus of numerous federal and provincial initiatives. The active recruitment and increased migration of Filipino nurses has been occurring in Manitoba to address nursing workforce insufficiencies as early as 1959 with the main entry occurring from 1999 to present (Philippine Canadian Centre of Manitoba, 2006). It is evident from

the literature that IENs experience numerous barriers in their transition to their host country and there are varying levels of support and resources for integration into the workforce.

Although Filipino nurses constitute the major portion of the internationally educated nurses in Manitoba and the Philippines are the major source of nurses globally, few researchers have studied this specific population. There is a gap in knowledge regarding Filipino educated nurses' experiences of acculturation to Canada, levels of workplace support, and their perceived work satisfaction. Such findings would be valuable to understand and address issues related to adaptation and retention of IENs in Manitoba. The focus of this thesis is on understanding factors that impact job satisfaction of Filipino IENs practicing in Manitoba.

Purpose of the Study

The purpose of this study is to determine the levels of and relationships between acculturation, workplace support, and job satisfaction of Filipino IENs practicing in Manitoba. Findings from this study can be used develop recommendations for supportive transition and workplace programming for Filipino IENs to improve levels of job satisfaction and promote retention and positive patient care outcomes.

Terms and Operational Definitions

Acculturation: An on-going, dynamic, interactive process of cultural learning and change between a hegemonic host culture and a cultural group that results in greater shifts in the beliefs, attitudes, values and life ways of the non-dominant group and its members over time. (Berry, 1997; McDermott-Levy, 2009)

Filipino Internationally Educated Nurse (Filipino IEN): Registered Nurses who are of Filipino ethnicity and received their nursing education in the Philippines and are practicing nursing a country outside of the Philippines.

Internationally Educated Nurse (IEN): Registered Nurses (RN) who travel to practice in countries different from where they were educated are considered Internationally Educated Nurses (IENs) (Xu & Kwak, 2005).

Job Satisfaction: A global feeling about the job or as a related constellation of various aspects or facets of the job (Lu, While, & Barriball, 2005, p. 212).

Workplace Support: Sources of informal and formal assistance in the work setting provided by organizations.

Informal Workplace Support: “positive social interaction available from managers and coworkers in the workplace” (Hall, 2007, p. 69).

Formal Workplace Support: Participation or completion of a transitioning program provided by an organization.

Transitioning Program: A formal program IENs participate in prior to or once working as a RN in Canada. This includes: a bridging program, communication/cultural course, and/or mentoring course.

Summary

Nursing shortages are a global concern and reality for many nations. As a result of numerous push and pull factors, nurses are migrating to new countries around the world. Canada, a destination country for many IENs, relies on the recruitment and migration of IENs to primarily address the nursing shortage among other economic and social needs. The literature suggests positive acculturation and workplace support increases job satisfaction among IENs; therefore contributing to effective retention in the workforce.

Ensuring successful strategies to retain IENs is key to address the supply and demand challenges of the nursing profession and promote positive patient outcomes. The Philippines is a major source country of IENs and represent the largest portion of the IEN population in Canada and the province of Manitoba. The acculturation experiences, sources of workplace social support of Filipino IENs in Manitoba and their perceptions of job satisfaction impacting retention are unknown.

CHAPTER 2 – THEORETICAL FRAMEWORK

Berry's (1997) comprehensive approach to acculturation is used to guide this study. The chapter begins by exploring the concept of acculturation and how it will be utilized in this study. An overview of Berry's acculturation framework is described.

Acculturation

Originating in the early 20th century, the concept of acculturation has been studied mainly in the social sciences in the areas of anthropology, sociology, but mostly in psychology (Berry, 2001; Padilla & Perez, 2003; Sam, 2006). Acculturation research seeks to understand the relationship between individual human behaviour and the cultural environment (Berry, 1997, 2001). Acculturation is not limited to immigrants migrating but also includes refugees and sojourners temporarily or permanently relocating to a new country (Berry, 2005). For the purposes of this study the focus of acculturation is among immigrants.

Historically, acculturation research has been conducted in traditional destination countries such as Canada, the United States, and Australia (Berry, 2005). Acculturation research evolved from exploring the effects of European settlement on native inhabitants, to studying the changes immigrants experience while adapting to their host country, and currently focuses on intercultural relationships in multicultural societies (Berry, 2005). Traditionally in nursing, interest in acculturation focused on the impact of migration on immigrant health rather than the experiences of IENs immigrating to new countries. However, with globalization and the increasing numbers of IENs migrating, international interest with this population of nurses is gaining momentum. This is evident in Canada within in the last ten years with the establishment of various federal and provincial

initiatives, bridging programs, assessment centres, and annual conferences for stakeholders to help support and successfully transition IENs into the workforce.

Depending on the perspective taken, the concept of acculturation can have different connotations, resulting in controversy and challenges among those examining the concept and process (Berry, 2003; Boski, 2008). Rudmin (2009) completed an annotated bibliography of acculturation literature published between 1918 and 2003 and discovered over one hundred different acculturation taxonomies in his review.

Acculturation is viewed as social or psychological. Social acculturation represents broader changes, such as political, economic and cultural at group levels in society (Al-Omari & Pallikkathayil, 2008). In contrast, psychological acculturation focuses on the individual and the specific changes to a person's values, identity, language, attitudes and behaviour when influenced by an external culture, while still retaining the values of their country of origin (Sam, 2006). Berry (1997) indicates that this is an important distinction, because it recognizes that individuals respond and participate differently to the changes occurring at a group level. This is a relevant consideration for the IEN population. IENs are not a homogenous group. They may experience some common challenges and barriers to their acculturation process, but they are individuals first. Caution should be taken to avoid generalizations about their needs, strengths, gaps and approaches to integration. The focus of adaptation programs should be on a harmonization of services and supports, not a "one size fits all" approach. The context for this study is on psychological acculturation.

Adapting and combining the perspectives of McDermott-Levy (2009) and Berry (2001), acculturation is defined as an on-going, dynamic, interactive process of cultural learning and change between a hegemonic host culture and a cultural group that results in

greater shifts in the beliefs, attitudes, values and life ways of the non-dominant group and its members over time. This definition provides a comprehensive description of acculturation including the many changes IENs experience when adapting to a host country. The issue of power and the potential for inequality that is frequently experienced for many immigrants is captured in the above definition. Berry (1997) acknowledges that acculturation is a two-way process of cultural change that may not be equal among the cultural groups and, “a process involving two or more groups, with consequences for both; in effect, however, the contact experiences have much greater impact on the non-dominant group and its members” (p. 616). To achieve positive results during the acculturation process, *mutual accommodation* between the non-dominant and dominant groups must occur (Berry, 1997). The concept of mutual accommodation suggests that the non-dominant group accepts the basic ideals of the dominant society and the dominant society promotes programs and policies to meet the needs of the non-dominant group (Berry, 2005). Unfortunately, the notion of both groups respecting and accepting the right for cultural diversity may not be realized for many IENs. Strong evidence exists in the literature describing IENs experiences of culture shock (Pilette, 1989), inequality, and marginalization (Das Gupta, 2009; Kingma, 2008b) particularly in Western societies. These are similar descriptions experienced by other immigrant professional groups in Canada (Reitz, 2005).

When combined, the perspectives of Berry (2001) and McDermott-Levy (2009) capture the essence of the acculturation process for this study. Berry’s recognition of power and mutual accommodation combined with McDermott-Levy’s comprehensiveness of acculturation make them well suited to address the adaptation

issues specific to IENs in Canada; specifically, as immigrants in a pre-dominantly Anglo-Saxon environment.

Acculturation Framework

Frameworks are useful to understand concepts and their relationships to one another. They help explain different perspectives and guide research practice. In acculturation research, a fundamental difference in conceptualizing acculturation is in the directionality and dimensionality (Berry, 2006; Dion, 2007; Sam, 2006). The two approaches often used in acculturation research and discussed in the literature are one-dimensional and bi-dimensional frameworks (Al-Omari & Pallikkathayil, 2008; Berry, 1997; Cabassa, 2003; Dion, 2007, McDermott-Levy, 2009; Ryder, Alden, & Paulhus, 2000).

Gordon's (1964) assimilation model represents a one-dimensional or linear model of acculturation (Miller & Kerlow-Myers, 2009; Ryder et al., 2000; Sam, 2006). Within this framework individuals are placed on a continuum and as time progresses either remain connected to their culture of origin or transition to full assimilation into the culture of the host society (Cabassa, 2003; Ryder et al., 2000). For IENs in Canada, the one-dimensional or assimilation perspective is contrary to the ideology of a "cultural mosaic" which guides Canadian policies and practice concerning immigrants and migration. The Multicultural Acts of 1971 and 1988 lay the foundation to promote tolerance and diversity of cultural groups across the country (Berry, 2006). There is an underlying expectation of Canadians and newcomers to live and work together to support a multicultural society (von Zweck & Burnett, 2006). Although the multicultural perspective serves as a framework for federal and provincial initiatives, many challenges and barriers continue to exist for immigrants in health care professional roles (Baumann

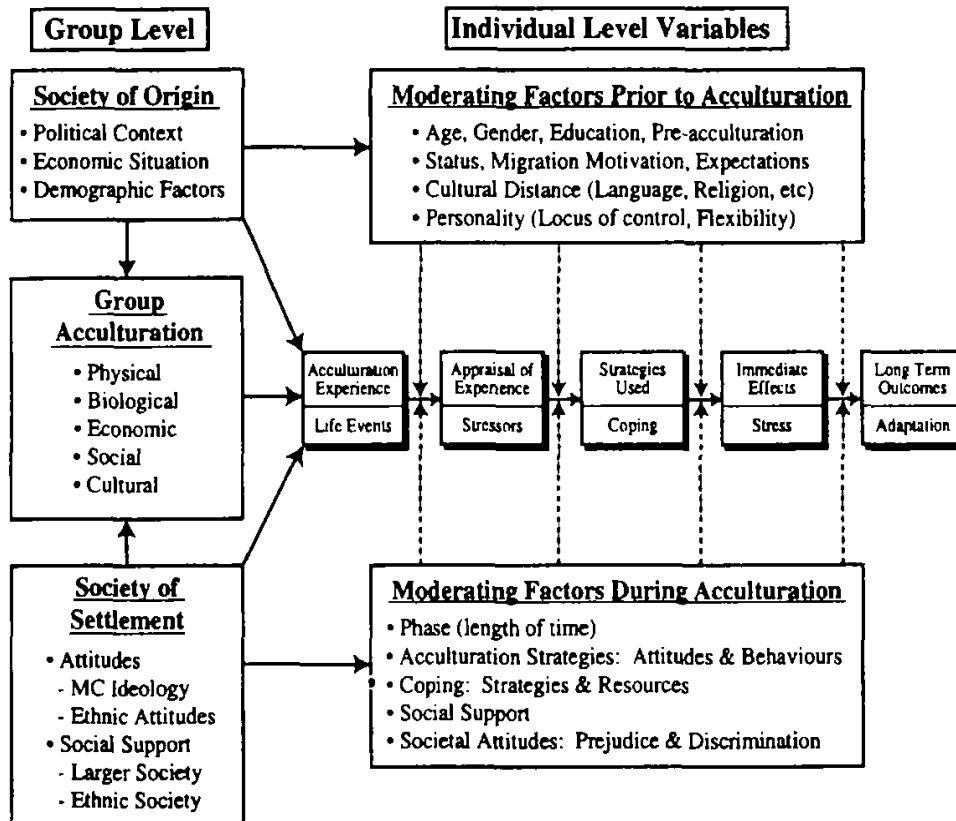
et al., 2010) and workforce integration is not always achievable (von Zweck & Burnett, 2006). Many IENs describe feeling undervalued and a sense of being viewed as outsiders (McGuire & Murphy, 2005).

As a result of the limitations seen in the unilateral perspective, multidimensional frameworks have emerged within acculturation research (Cabassa, 2003, Trimble, 2003). One of the most extensively researched multidimensional approaches is Berry's (1997) bidirectional framework of acculturation (Miller & Kerlow-Myers; Ryder et al., 2000). The foundation of Berry's work, which in the 1980s set him apart from other theorists, is his perspective that individuals may choose to maintain portions of their original culture while simultaneously participating in the new culture. Additionally, Berry recognizes the significance of multiculturalism and the existence of mutual accommodation that occurs between dominant and non-dominant groups in plural societies (Padilla & Perez, 2003). Berry's framework for acculturation research (1997) is used to guide this study.

Berry's Framework for Acculturation Research

Berry (2005) proposes that not all individuals experience acculturation similarly and the degree of participation in the acculturation process is variable. From Berry's perspective (2005), acculturation has both positive and negative aspects. Berry's (1997) framework for acculturation research (Figure 1) was developed to describe the process and common factors that impact on an immigrant's adaptation to a host culture.

Figure 1: Framework for Acculturation Research.



Note: Reprinted from “Immigration, Acculturation and Adaptation,” by J. Berry, 1997, *Applied Psychology: An International Review*, 46, p.15. Copyright 2008 by John Wiley and Sons.

Reprinted with permission.

Within this framework Berry (1997) draws attention to the influence of the *cultural context* of both the host culture and culture of origin on an immigrant’s adaptation. Group level factors are thought to shape and affect an individual’s psychological acculturation. Understanding the cultural context of both cultures provides a backdrop for all stakeholders to anticipate the acculturation needs of immigrants upon arrival to a host country. At the individual level, Berry (1997, 2006) identifies key moderating factors that affect an immigrant’s acculturation experience and eventual adaptation. These moderating factors can occur *prior to* acculturation or *during*

acculturation, and the degree to which they impact the individual is variable. Berry (1997) suggests that these moderating variables should be investigated simultaneously with group level factors to obtain a complete understanding of an individual's acculturation experience. Berry (1997) notes that there are no studies completed which have incorporated all of those variables at once. The scope of the current study was on three key dimensions of acculturation identified in Berry's framework including: language use, social supports, and acculturation strategies.

Language

Berry (1997) considers language an individual moderating factor that exists prior to acculturation. Language can greatly impact an individual's acculturation experience depending on the *cultural distance*. The cultural distance is how dissimilar the two cultures are in areas such as language and religion (Berry, 1997). Language use is one of the key defining attributes of psychological acculturation and a key dimension used by researchers to measure the concept (Al-Omari & Pallikkathayil, 2008). Language is cited as the key challenge for IENs migrating to a host country (Xu, 2010). Even for Filipino IENs who receive their nursing education in English, cultural distance exists upon migration. Filipino IENs who participated in a study in the U.K. expressed difficulties with medical terminology and drug names (Daniel, Chamberlain & Gordon, 2001). This is thought to have occurred because their education is based on a U.S. model not a U.K. model. Filipino IENs also reported challenges with understanding the accents of staff and patients (Daniel et al., 2001) and medical jargon (Withers & Snowball, 2003).

Social Supports

Berry (1997) identifies social support as an individual moderating factor occurring during acculturation. Supportive relationships and interactions with both the

heritage culture and host culture are predictive of effective adjustment and adaptation (Berry, 1997). Findings differ among studies exploring the impact of these social supports. Studies find that individuals experience less stress when they maintain connections within their heritage culture, whereas other individuals find establishing relationships and connections with the host society extremely effective in promoting successful adaptation (Berry, 1997). A balance of support between both the heritage and host society may be the most effective.

Acculturation Strategies

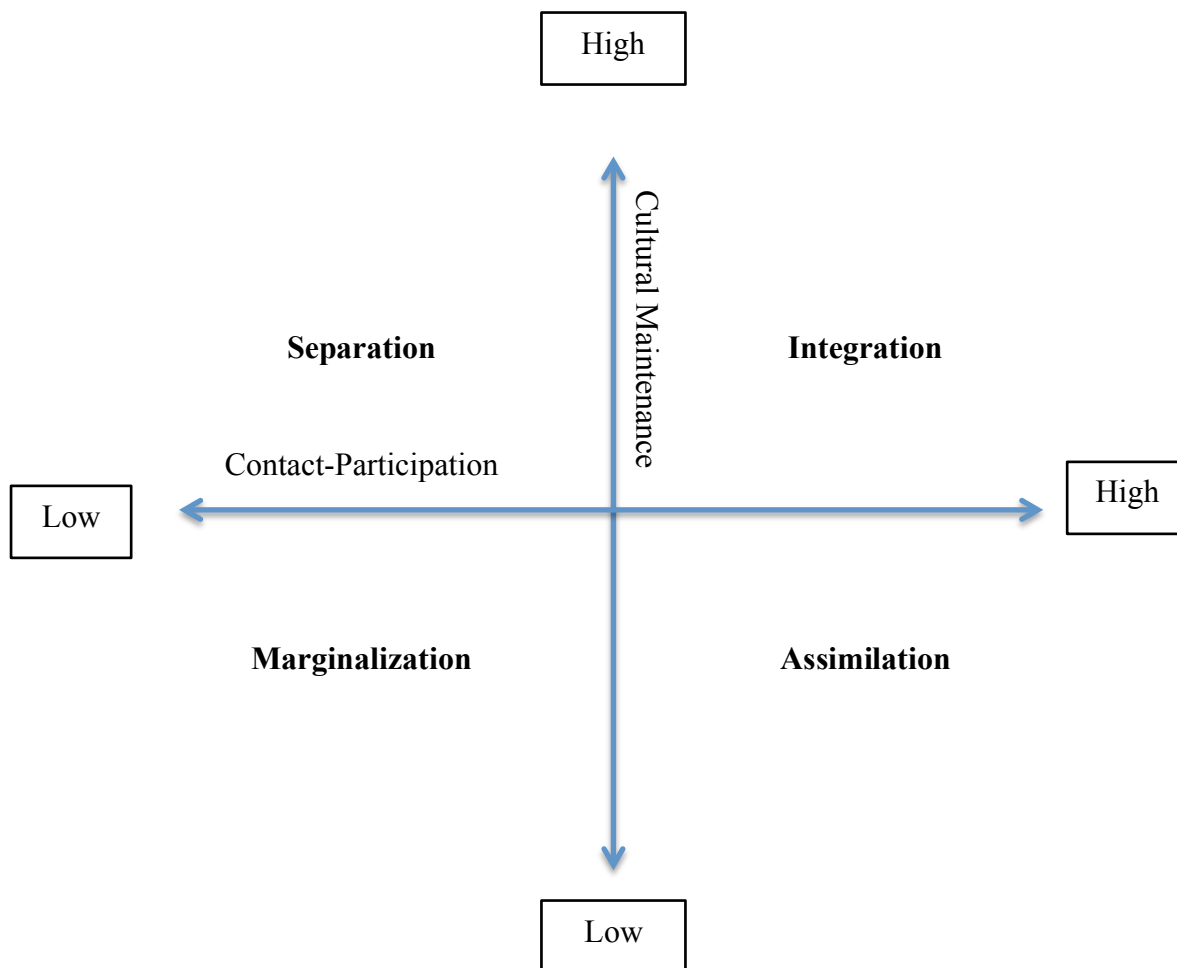
Adaptation is the final stage phase of the acculturation experience for immigrants. The greater the cultural distance, the more difficult the adaptation experience can be (Berry, 1997). Over time with variability and the influence of the numerous factors within the framework, immigrants may achieve adaptation through processes of *cultural shedding* and *cultural learning* (Berry, 2003). Immigrants lose portions of their cultural make up and replace it with practices and behaviours that promote unity with the host society; this process is done selectively, accidentally, or deliberately (Berry, 2003). Throughout this process there is potential for, and an expectation that, *cultural conflict* will develop for an individual where cultural values and practices clash (Berry, 2003). Cultural shedding and cultural learning occur to bridge the gap between the two cultures and “fit in” to the country of settlement (Berry, 1997).

These adjustment processes parallel some of the phases of adjustment for IENs described by Pilette (1989). The concept of “culture shock” (Pilette, 1989) or as Berry (2003) describes “acculturative stress” can be a common adjustment outcome for some IENs. Culture shock is frequently cited in the IEN literature (Chege, 2010; Jose, 2011; Magnusdottir, 2005; McGuire & Murphy, 2005; Okougha & Tilki, 2010; Smith, 2004; Yi

& Jezewski, 2000) and the cause of severe emotional, physical, and social stresses. Berry (2003) defines *acculturative stress* as the “reaction to the challenging life events that are rooted in the experience of acculturation” (p. 31). During acculturative stress the regular adaptation strategies of cultural learning and cultural shedding previously utilized are not effective and individuals may experience heightened anxiety and depression.

As immigrants navigate through the acculturation process; they select different strategies to manage the *cultural conflict* they find challenging and causing stress; acculturation strategies help determine where individuals are located in their *acculturation space* (Berry, 2006). Berry’s (1997) acculturation strategies are based on two fundamental dimensions: *cultural maintenance* - the degree immigrants wish to maintain their traditional cultural and identity and *contact and participation* - the degree to which immigrants wish to participate or become involved with other cultural groups. When the attitudes and behaviours regarding these two dimensions are examined simultaneously, four basic acculturation strategies emerge: *separation, integration, assimilation and marginalization* (Berry, 1997) (Figure 2). Classification into one of these four strategies is based on daily behaviours, attitudes, interaction and language use influenced by the dominant and non-dominant cultures (Al-Omari & Palikkathayil, 2008; Hernandez, 2009). Cabassa (2003) suggests that the strategies allow “individuals to carry two pieces of cultural luggage at the same time” (p. 134). This is in contrast to the one-dimensional approach where only one culture is promoted and preserved over time. Selection of an acculturation strategy is variable and influenced by context and time period (Berry, 1997). Individuals may adopt different strategies at different points in time depending on their life circumstances (Sam, 2006) and may choose to separate strategies for their personal, professional, and public lives (McDermott-Levy, 2009).

Figure 2. Berry's (1997) Acculturation Strategies



Separation is described by Berry as the non-dominant individual choosing to maintain connections and affiliations with their traditional culture and having minimal to no involvement with the dominant culture (contact and participation is low and cultural maintenance is high). Integration involves maintenance and integrity of the traditional culture and regular participation in relationships with the dominant culture (contact and participation is high and cultural maintenance is high). Assimilation occurs when the maintenance of cultural beliefs, practices, and identity is not valued by the non-dominant group and involvement and absorption in the dominant culture occurs (contact and

participation is high and cultural maintenance is low). Finally, marginalization involves placing little value on maintaining one's traditional cultural identity and there is little desire to forge relationships or involvement with the dominant culture (contact and participation is low and cultural maintenance is low) (Berry, 1997; 2001; 2005).

Marginalization is the most infrequently observed acculturation strategy (Berry, 1997; Van De Vijver & Phalet, 2004). Studies reveal that the integration strategy is the most preferred (Boski, 2008; Ryder et al. 2000; Van De Vijver & Phalet, 2004; Ward, 2008), the least stressful (Berry, 1997), and associated with the most successful adaptive outcomes (Ward, 2008). When individuals choose strategies other than integration, they can experience difficulties in their life and work, which can lead to low levels of job satisfaction and career stress (Lu, Samaratunge & Hartel, 2011). Integration is only possible if the society promotes a diverse, pluralistic environment and mutual accommodation (Berry, 2001; 2005). The strategies are based on the assumption that non-dominant individuals have a choice in the direction of their acculturation experience (Berry, 1997; 2003; 2005).

Numerous studies have been conducted based on Berry's bi-dimensional framework such as the adaptation of Chinese immigrants in the Australian workplace (Lu et al., 2011), exploring how ethnic workers in the Netherlands define their work identities (Luijters, van der Zee & Otten, 2006), examining acculturative stress in Chinese sojourner students attending Canadian universities (Dion, 2007), the cultural transition of immigrant youth (Berry, Phinney, Sam & Vedder, 2006) and among East Asians in the U.S. (Berry, 2001). No specific studies were found that used Berry's acculturation strategies and specifically measured acculturation and job satisfaction.

Limitations. Despite Berry's significant contribution to acculturation research, debate exists surrounding the framework (Berry, 2005) and the empirical basis of the framework (Ryder et al., 2000). Ward (2008) expresses concern that the approach has become so central to guiding acculturation research that it may have restricted development of the field. Ward (2008) also suggests that there are many unanswered questions in acculturation research that cannot be answered within Berry's framework. Padilla and Perez (2003) comment that Berry's framework lacks consideration of personality traits (e.g., assertiveness and likeability) and fails to explain the influence of those factors on acculturation. Cabassa (2003) points out that individuals do not always have the freedom to choose the level of their intercultural relationships such as when the dominant culture may not promote an ideology around integration (e.g., racial segregation), which is a pivotal point within Berry's framework for integration to occur. Cabassa (2003) also highlights the challenge with accurately measuring levels of acculturation within a bi-dimensional framework. In their analysis of acculturation in career development research, Miller and Kerlow-Myers (2009) discovered that one-dimensional tools are often used to operationalize acculturation in studies where bi-dimensional frameworks guide the study, hereby, undermining the validity and progress of acculturation research.

Berry's (1997) Framework of Acculturation Research was used to guide this study for the following reasons: 1) Berry is viewed as one of the most influential theorists in defining modern approaches to acculturation research (Dion, 2007; Ward, 2008); 2) the framework is built on the assumption that society supports diversity and multiculturalism (Berry, 1997) making it well suited as a backdrop for the population of interest in Manitoba, Canada; 3) the bi-dimensional approach has been empirically tested numerous

times generating substantial literature on the acculturation of immigrants particularly in multicultural societies (Lu et al., 2011); and 4) the framework is understandable with specific acculturation strategies reflecting many of the acculturation outcomes of IENs.

Summary

The theoretical framework utilized in this study indicates that the process of acculturation for immigrants is dynamic, complex and multifaceted. A combination of historical, social, political, economic, personal and demographic variables shape how individuals adjust moving to a new country and challenge how they respond to their environments. The 'prior to' factors affecting the cultural distance like language is a significant issue for IENs coming to Western countries like Canada. Other factors occurring during the acculturation process like social support, resources and acculturation strategies chosen also impact an individual's adaptation.

CHAPTER 3 – REVIEW OF THE LITERATURE

A review of the literature reveals more on the acculturation challenges of IENs globally. Much of the IEN literature focuses on the challenges and barriers towards integration. The studies reviewed originated in developed regions of the world, namely the U.K., Australia/New Zealand, U.S., Canada and Iceland. Common themes emerged from the literature despite the different geographical locations and ethnicities that the IENs represented. Much of the literature focused on IENs collectively without differentiating between ethnic groups (Bae, 2011). Only a few studies explored the adjustment of immigrants and IENs in the Canadian work place. Limited studies exist that examined Filipino IENs in Western countries and factors that impact retention and patient outcomes such as job satisfaction. The focus of this literature review is on the strategies of acculturation used by IENs, the influence of workplace support including transitional programs and job satisfaction. Research questions are identified and the chapter concludes with a summary of the reviewed literature.

A systematic search was utilized to explore relevant journals and grey literature regarding internationally educated nurses and their acculturation experiences, workplace support and job satisfaction. Vivar (2007) suggests the inclusion of grey literature is valuable to tap into all information that has been written about a topic. Nursing, psychology, sociology and business databases were searched and included: CINHALL, Ebsco Host, PubMed, Proquest, Scopus, PsycINFO, Academic Search Elite, Web of Science, Summon, Bison, Business Source Premier and CBCA. Primary sources such as governmental, institutional and organizational web sites were used when possible. A manual search was conducted to find key studies and articles.

The following key terms were utilized: acculturation, adjustment, integration, adaptation; internationally educated nurses, international nurses, foreign educated nurses, foreign nurses, immigrant nurses, international healthcare professionals, Filipino nurses; support, social support, workplace support and nurse work satisfaction and nurse job satisfaction. The terms that provided the most results included foreign nurses and acculturation and adjustment. Although similar, the definition of adjustment does not parallel the scope of acculturation. However, the terms are used interchangeably in the literature and provided a basis to discuss the experiences of IENs once they have migrated to a host country. The term “foreign nurse” is considered by some authors like Xu and Kwak (2005) to describe IENs as “outsiders” perpetuating negative stereotypes of IENs in the workforce. Therefore, since the term IEN is considered more progressive and reflective, it was chosen for this study.

Berry’s Strategies of Acculturation

Integration

Berry (1997) describes integration as holding on to one’s original culture, while interacting and participating in the host culture. Many IENs are “puzzled as to what part of themselves to give up and what part of themselves to retain during the adaptation process” (Xu, 2007a, p. 261). The cultural distance IENs experience as they migrate from the Philippines to countries like Canada can be significant. Xu (2007b) suggests that adaptation to Western countries may be more difficult for Asian nurses (including those from the Philippines) due to the differences in the cultural beliefs, practices and values from the East to the West. He explains that the challenges encountered by IENs are touched by gender, race and culture and affect interactions with family, friends and colleagues influencing life and work experiences. This is evident in studies of Chinese

RNs (Xu, Gutierrez, & Kim, 2008) and Indian RNs (DiCicco-Bloom, 2004) immigrating to the U.S. These studies describe major clashes within their cultural environments that impact their cultural identity, specifically who they are and how they can relate. The literature reveals that the challenges IENs encounter as they adjust to Western societies can negatively impact their health and mental well-being and may be a factor in their desire to return to their home country (Jose, 2011). Unfortunately, IENs returning home suggests a breakdown in the acculturation process and undermines the ability to address the nursing shortage and provide quality patient care. Ea (2007) and Raghuram (2007) both argue that the successful transition and integration of IENs goes beyond the work setting and into mainstream society. Therefore, it is important to understand the successes and challenges IENs encounter as they adjust to their new communities. Measuring their acculturation experiences may provide an opportunity to facilitate effective adaptation supports in order to retain them in practice and ultimately positively affect patient care.

It is unclear from the literature as to how long the acculturation process takes for IENs to adapt to their host culture and work environments. Tregunno and colleagues (2007) conclude from findings in the literature that the first two years might be the most difficult. Some IENs in the U.S. expressed feeling comfortable in their jobs within one year (Xu et al., 2008; Pilette, 1989). Others, like Korean RNs also in the U.S., described how the initial stage of adjustment can take up to three years and the later stage of adjustment is closer to five to ten years (Yi & Jezewski, 2000). All of the participants in that study identified they had successfully adjusted after ten years. Interestingly, Xu et al. (2008) describe the experience of one Asian IEN still feeling challenged with integration

after 17 years in the U.S. workforce, suggesting the process is on-going. Al-Omari and Pallikkathay (2008) agree that for some immigrants acculturation is never complete.

Through a metasynthesis of the lived experiences of immigrant Asian nurses in Western countries (including the U.S., U.K. and Ireland), Xu (2007a) discovers four key challenges to integration. These include: communication; cultural differences; nursing practice differences, and inequality/discrimination. Studies following that metasynthesis continue to reflect these themes in IEN studies internationally. The first challenge to discuss is communication.

Communication. Communication and language remain one of the most frequently cited difficulties experienced with integration and during acculturation (Higginbottom, 2011; Jose, 2011; Kawi & Xu, 2009; McGuire & Murphy, 2005; Tregunno et al., 2009; Troy, Wyness, & McAuliffe, 2007; Xu et al., 2008). Studies show immigrants who have language proficiency are more likely to interact with the host society and experience fewer challenges and issues with adaptation (Masgoret & Ward, 2006). For many IENs difficulties with communication can occur in all aspects of their life. In the work setting, language issues can negatively impact both formal and informal conversations and patient care, raising concerns for patient safety. Challenges with language contribute to cognitive fatigue and stress for IENs in Canada (Tregunno et al., 2009). Many IENs describe speaking on the phone to other healthcare professionals as extremely challenging because there are no visual cues to aid in the translation or reception of the information communicated (Jose, 2011; Magunsdottir, 2005; Takeno, 2010; Yi & Jezewski, 2000). Additionally, communication challenges bring to the surface discriminatory issues related to accents and the difficulties being understood by colleagues and patients (Xu, 2007a). Many IENs report struggles with accents,

colloquialisms and the speed of speech in the workplace (Smith, 2004). A sample of Asian nurses in the U.S. perceived colleagues did not want to work with them and patients do not want to be cared for because of challenges with language (Xu et al., 2008).

In Canada due to the challenges and delays in entering the practice system, professional immigrants including IENs may be isolated from environments where their English use of medical terminology and conversation is used frequently. As a result, their skill and confidence with speaking the English language can be diminished. This is a concern cited by Filipina IENs working in the Canadian Live-In Caregiver program (Pratt, 1999). Findings in U.S. studies suggest despite IENs receiving their nursing education in English, they primarily communicate in their native language and do not identify English as their first language (Thekdi, Wilson, & Xu, 2011). A study comparing the demands of immigration for Filipino IENs and Canadian IENs in Hawaii found Filipino IENs experienced the highest levels of distress with language (Beechinor & Fitzpatrick, 2008).

Caring for diverse ethnic groups can be challenging and daunting for IENs due to incongruities in language and culture (Xu et al., 2008). This cultural diversity among patients is a reality IENs experience migrating to Canada. IENs in Canada are often compelled to develop different ways to communicate with patients when English is not the patient's first language (Duff, Wong, & Early, 2002). In contrast, IENs can also be linguistic brokers and assist in meeting the needs of the diverse population. As an example, a Pakistani IEN in the U.K. described with pride how he was able to assist the health care team to meet the needs of the patient through his ability to translate (Winkelmann-Gleed & Seeley, 2005).

Ea, Itzhaki, Ehrenfeld and Fitzpatrick (2010) identify that successful integration has been attributed to increased proficiency with language and overcoming feelings of isolation. The more confident immigrants feel in their language skills the more likely they are to engage in interactions with the host society. In Magnusdottir's (2005) study, IENs in Iceland shared how over time as they became more comfortable with language, they became more confident and experienced a sense of independence and an increased knowledge base of the culture and nursing practice. One IEN explained, "I was so happy. It was a day for me. It means that I have more confidence, that I belong, that now I can understand the language. Oh! I did it! I became big!" (Magnusdottir, 2005, p. 267). Xu et al. (2008) recount similar experiences with Chinese educated RNs in the U.S. For these IENs in this stage of their acculturation process, they believed other members of the healthcare team reciprocated with positive changes to previous stereotypes and biases due to the growth in the IENs' confidence and practice.

Cultural Differences. Another key challenge IENs experience is cultural differences. Findings in the literature indicate that the foundation for many of the cultural differences for IENs in the Western world lies in the cultural context of these two settings and the extent of the cultural distance as described by Berry (1997). One sample of Asian nurses in the U.S. described the process of having to "unlearn" and change the cultural practices and values learned from childhood to varying degrees in order to adapt successfully to the new culture (Xu et al., 2008). This process of "unlearning" parallels Berry's processes of cultural shedding and cultural learning. For many Asian nurses the perspectives on collectivism versus individualism (Xu, 2007a), conflict avoidance (Chege, 2010, Xu, 2007a), saving face (Takeno, 2010), hierarchical versus egalitarian structures (Yi & Jeweski, 2000), the role of the family/extended family (Okougha &

Tilki, 2010), gender differences, and race (Diccico-Bloom, 2004; Xu, 2007a) thread through the layers of culture. Smith (2004) suggests culture for IENs refers to three interrelated environments: professional, organizational and national and should be viewed collectively. The literature suggests that many IENs are somewhat misinformed by recruiters and the media about life in Western countries and lack adequate knowledge of their host country prior to arrival. Many IENs are challenged to understand the host culture and new ways of life (Xu, 2007a), causing unsettling and uncomfortable cultural compromises, which can result in acculturation stress or culture shock. Many authors (Jose, 2011; Kawi & Xu, 2009; Xu, 2007a) suggest the need to have an orientation to the cultural context of the host society prior to arrival, in order to develop an awareness of the social systems, values and practices of the host country.

Zhou, Windsor, Coyer, and Theobald (2010) describe the experiences of Chinese RNs who relocated to Australia searching for a better life. The findings suggest the nurses were unprepared for the reality of the difficulty of the first couple of years of migration and the connection to their heritage culture was strong. Concerns arose because they felt if they did not adapt to the new culture they may not move very far within their adjustment.

Withers and Snowball (2003) explain the experiences of Filipino IENs in the U.K. using qualitative methods through questionnaires and interviews. In contrast to other studies, this group of Filipino IENs was prepared for differences in culture and shared feelings of anxiousness, but they did not discuss feelings of “culture shock” as did IENs in other studies. The Filipino IENs came to the U.K. with high expectations and 67% of respondents indicated that their expectations were unmet, particularly their financial expectations (Withers & Snowball, 2003). Withers and Snowball (2003) note that unmet

expectations, “could lead to lower levels of job satisfaction, affect attitudes and behaviours and promote eventual resignation from the organization” (p. 288).

IENs from the Philippines, Nigeria and India working in the U.S. described everyday living such as buying groceries and finding transportation were new, challenging and overwhelming (Jose, 2011). Ea (2007) suggests adjustments to the social activities and ways of life outside of work are considered one of the major obstacles for many IENs. Unfortunately, discovering expectations do not meet actual experiences is a common theme in the literature and can negatively impact job satisfaction and retention (Kawi & Xu, 2009; Nichols & Campbell, 2010).

Two studies by Ea and colleagues (2008; 2010) measure levels of acculturation among Filipino IENs. Ea et al., (2008) examined the relationship between acculturation and job satisfaction among Filipino IENs in the U.S. Results of the study indicate that this group of IENs had an acculturation level closer to that of American culture than to Filipino culture (Ea et al., 2008). Based on these findings, the authors conclude that, “a group known to value group cohesiveness and group identity, have embraced American ways by becoming proficient in the use of language and have adopted and accepted some of the dominant culture’s social norms and attitudes” (Ea et al., 2008, p. 50). Factors attributed to the groups’ thoughts on acculturation are, length of time living in the U.S. and length of time practicing nursing in the U.S. (This study is further reviewed in the section titled Job Satisfaction.)

The second study by Ea and colleagues (2010) examined the levels and the differences in acculturation between Former Soviet Union IENs practicing in Israel and Filipino IENs in the U.S. Utilizing data from Ea and colleagues’ (2008) original study discussed above, a significant difference was found in the level of acculturation between

these two groups of nurses. While the Filipino IENs acculturated closer to American culture, the Former Soviet Union IENs were more acculturated to their country of origin (Ea et al., 2010). The researchers postulate that this is attributed to the strong Russian cultural community that exists in Israel, limiting opportunities for interactions with the Israeli host community. Socializing and close proximity to ethnic and cultural communities have a great impact on the process of integration (Bourgeault, Neiterman, LeBrun, Viers & Winkup, 2010). This argument is strengthened by the findings of Beechinor and Fitzpatrick (2008) who hypothesized that the Filipino IENs would experience greater demands and stresses with immigration than the Canadian IENs in Hawaii due to the cultural distances between the Philippines and U.S. versus Canada and the U.S. However, surprisingly, Canadian IENs experienced more stress and feelings of loss, novelty, discrimination and not feeling at home than the Filipino IENs. These findings are linked to the strong personal and professional Philippine immigrant community accessible to the Filipino IENs in Hawaii (Beechinor & Fitzpatrick, 2008). Social gatherings with fellow IENs provide comfort and a “shield to the outside world” (Xu, 2007b, p. 146). Outside of ties to their ethnic culture, personal characteristics also help IENs integrate and adapt to their host society. Yi and Jezewski (2000) suggest that the key for Indian nurses to adjust in the U.S. was the ability to develop assertiveness in the work setting. Other authors describe characteristics of a strong work ethic (Withers & Snowball, 2003), persistence (Jose, 2011; Kawi & Xu, 2009), resilience (DiCicco-Bloom, 2004; Lopez, 1990; Xu et al., 2008) and religion (Xu, 2007b) as aiding integration. Connections with family from back home (via phone-calls) or in the host country are other sources of strength (Higginbottom, 2011; Magnusdottir, 2005).

Differences in Nursing Practice. The third key challenge of integration faced by IENs is differences in nursing practice. Upon migration, IENs working in Canada, the U.S., the U.K. and Australia often describe significant differences in nursing roles and practices as compared to nursing practice in their home country (Blythe et al., 2009; Jose, 2011; Smith, Fisher & Mercer, 2011; Tregunno et al., 2009; Xu, 2007a; Yi & Jezewski, 2000). The reality of the differences is often unexpected and difficult (Kawi & Xu, 2009). Many IENs are uncomfortable with the informal, collaborative and egalitarian health care culture which often dominates in Western countries (Magnusdottir, 2005; Okougha & Tilki, 2010). Additionally, IENs from countries like India, the Philippines and China describe unfamiliarity with the legal environment, technology, the level of responsibility, critical thinking, and problem-solving skills required. In an integrative review of 30 studies exploring the experiences of IENs in the U.K., Nichols and Campbell (2010) surmise that IENs are educated under different nursing models. As a result, differences in the understanding of nursing roles and purpose are paramount for IENs relocating to different countries.

In the early 1990s, Lopez conducted one of the first studies investigating acculturation among Filipino IENs migrating to the U.S. The integration challenges Filipino IENs encounter are attributed to the cultural differences between the Filipino and U.S. nursing practices. Filipino IENs experience challenges with technical skills and technology, language, assertiveness, delegation among other healthcare providers and passing the licensing exam. The findings suggest demographic variables such as age, educational level, and length of stay in the U.S. decrease the impact of the challenges these Filipino IENs experienced.

Daniel and colleagues (2001) investigated the expectations and experiences of Filipino IENs newly migrated to London. Findings of the study highlight the discrepancy for many Filipino IENs in what was expected during the relocation to London and what was to be experienced. Using qualitative methods and focus groups, the authors discovered that the Filipino IENs experienced differences in the nursing practice and roles, the degree of specialization in U.K. nursing, and shift nursing. However, these differences were not viewed as insurmountable to the Filipino IENs.

Smith et al. (2011) conducted a qualitative study in which they interviewed 13 IENs from nine different countries, representing a culturally diverse group working in Australia. The IENs discussed similarities between the fundamental values that guide nursing practice, with the goal to care for the sick. Yet, Australian practice was still perceived as being very foreign to them due to the holistic and patient centered perspective. Takeno (2010) finds a similar theme with a sample of five RNs educated in Japan and Korea working in Australia.

IENs report a lack of acknowledgement from organizations and the health care team concerning their past experiences, skills and knowledge base. Many IENs express frustration with being perceived as unqualified or a novice and requiring supervision, when in reality they are competent in their home country (Blythe et al., 2009; DiCicco – Bloom, 2004; Jose, 2011; Nichols & Campbell, 2010; Smith, 2004; Tregunno et al., 2009). As IENs feel deskilled, devalued and receive the message they are not good enough, a lack of confidence can develop, impacting their work performance (Das Gupta, 2009; Xu, 2007a).

Lastly, the detached role of the extended family and lack of family involvement in patient care is challenging for many IENs (Jose, 2011; Tregunno et al., 2009; Xu et al.,

2008; Yi & Jezewski, 2000). This aspect of family care impacts the IENs' workloads and focus of care as it differed from nursing practices in their home country and contradicts core values and beliefs concerning the significance and role of the family for many IENs.

Inequality and Discrimination. As discussed in Chapter 1, IENs globally and IENs and immigrants within Canada may experience inequality, discrimination and racism. Although these experiences are not the focus of this study, they are necessary to discuss to understand IENs acculturation processes and significance to effective adaptation.

Societal attitudes (specifically prejudice and discrimination) are key moderating individual level factors impacting adaptation during acculturation within Berry's (1997) framework. Berry (1997) concludes that prejudicial and discriminatory practices negatively influence an immigrant's well-being. Berry (2001) believes that ethnic prejudice is universal and the level to which immigrants experience prejudice is variable depending on the cultural groups interacting. Fernando (1993) suggests that discrimination and prejudice may be the most difficult problem for immigrants and their mental health (cited in Berry, 1997).

For many IENs, issues of inequality and discrimination are often cited as a major source of stress during the acculturation process (Das Gupta, 2009; Omeri & Atkins, 2002; Turriffin et al., 2002; Xu, 2007a). Nichols and Campbell (2010) describe marginalization and inequality as a recurrent and underlining issue for IENs in the U.K. Filipino IENs in the U.K. report forms of racism and discrimination during their acculturation process (Withers and Snowball, 2003). Forms of discriminatory practices involve lower levels of pay, grading, work conditions, exploitation and unequal opportunities. Using secondary analysis from a review of the literature, Woodbridge and

Bland (2010) highlight the alarming practices of IENs' colleagues and peers who "purposefully misunderstand, undermine professional skills, refuse to help and sometimes bully (IENs)" p. 45. Some of these discriminatory and unfair practices parallel events IENs experience in Canada (Higginbottom, 2011; O'Brien-Pallas & Wang, 2006; Tregunno et al., 2009; Turritin et al., 2002) and the U.S. (Kawi & Xu, 2009; Xu, 2007a). IENs described situations where patients refuse their care (Tregunno et al., 2009). Other IENs discussed being treated as an "outsider" and of having the perception that their co-workers do not trust them and resent them (Xu et al., 2008). Indian IENs in the U.S. shared views of racism and sexism on the job with no opportunity for career advancement (DiCicco-Bloom, 2004). Similarly Kawi and Xu (2009), in their integrative review, discuss the concern among IENs over inequality for career advancement. Conversely, a group of Directors of Nursing in Ireland expressed frustration with some IENs from developing countries who were well qualified for senior and leadership positions, but were reluctant to apply and needed to be coaxed (Troy et al., 2007).

A group of IENs in Iceland do not share similar experiences of discrimination and alienation. They described similarities in feeling like an "outsider" but not a "sense of rejection, alienation or discrimination" (Magnusdottir, 2005, p. 268). Magnusdottir hypothesizes that the difference may lay in the composition of the sample of 11 IENs. The group had a lower representation of non-Caucasians ethnicities than in other studies and half of the sample was married to Icelandic spouses.

The experiences of inequality and discrimination for IENs appear to be global. The challenge for all stakeholders is how to manage the experiences of discrimination and racism and decrease the occurrences.

It is apparent that IENs face many challenges and barriers to integration and the ability to select the integration strategy to adapt to a host country can be more difficult as a result of these challenges. Consequently, IENs may choose alternate strategies to acculturate.

Marginalization

The second acculturation strategy to discuss is marginalization. Berry (1997, 2005) suggests that marginalization is an infrequent acculturation strategy and is often a result of exclusion or discrimination. Second and third generation youth in some countries may experience the marginalization strategy as a result of little association with their parents' culture and may not desire or be permitted to establish connections to the host society (van de Vijver & Phalet, 2004).

The marginalization strategy is the most stressful because individuals are floating within two cultures with little association with either (Berry, 2003). DiCicco-Bloom (2004) depicts this phenomenon clearly when she summarized the experiences of Indian RNs working in the U.S. The Indian IENs' shared feelings of cultural displacement as having a "foot here (U.S.), a foot there (India) and a foot nowhere." IENs described feelings of ambivalence towards the norms and values of home and host country and what that means to their sense of self.

Zhou and colleagues (2010), using a grounded theory approach, describe a similar theme with Chinese IENs in Australia. The IENs share the feeling of being caught between two worlds and are unsure of how to act resulting in "ambivalence" between their own Chinese culture and the Australian culture. One IEN explained, "On one hand I want to fit into society here (Australia); on the other hand, I don't want to lose my true self...and try to change myself to be a westerner" (Zhou et al., 2010, p. 190).

Chege (2010) describes the experience of being lost between two worlds is a result of culture shock and concludes that floating between the two societies undermines IENs' confidence and abilities, which can lead to underachievement. It could be argued that it is not the IEN who is underachieving but it is social systems and organizational cultures that prevent IENs from reaching their full potential.

Separation

The third strategy to review is the separation strategy. It causes the least behavioural changes for immigrants and can cause intermediate stress (Berry, 2005). The separation perspective suggests IENs hold onto to their culture of origin and limit socialization and communication with the host country. Hutterite colonies and Amish communities are examples of the separation strategy.

Troy et al. (2007) explain this phenomenon. Using a phenomenological approach with IENs in Ireland, the authors share the experiences of one IEN who wanted to retain her own culture because she found it too difficult to adjust to Irish culture. The Indian IEN explained, "We cook our own food, live in our own way...when I go outside I don't mingle much with Irish friends" (p.4).

As discussed previously, several studies describe IENs sharing feelings of "otherness" or being an "outsider" (Chege, 2010; Magnusdottir, 2005; Tregunno et al., 2009; Xu, 2007a; Xu et al., 2008). In the study by Xu et al. (2008), one IEN explained, "you feel different from your co-workers because you don't really understand their daily life" (p. E39). This disconnect from the host society makes socialization difficult. As a result, IENs may express feelings of alienation (Jose, 2011) and isolation (Troy et al., 2007).

Assimilation

The last acculturation strategy to discuss is assimilation. The assimilation strategy contrasts the separation strategy. IENs may choose the assimilation strategy and prefer their daily interactions with the host culture and not their culture of origin. Berry (1997) suggests this strategy is used when individuals do not wish to maintain their ethnic identity. Tregunno et al. (2009) argue the undertone of much of the IEN literature suggests effective and successful workforce integration is derived from an assimilation perspective. Raghuram (2007) agrees and suggests that the U.K. has an awareness of the concept of integration but they are not actualized. Further, Raghuram suggests that policies are guided more towards an assimilation framework, with IENs “fitting” into the host environment.

In a pioneering article on the phases of adjustment for IENs in the U.S., Pilette (1989) highlights the turmoil many IENs face as a result of changes they experience after migrating. During the second phase of adjustment the migration changes significantly impact their emotional, physical and social well-being. Pilette (1989, p., 9) describes how many IENs “wrestle with sorting, evaluating, retaining and letting go of values, beliefs and behaviours that compromise their self-concept.” One of several recommendations includes an “assimilation” program, suggesting conversion to American RN practices in their values and beliefs. Currently, common terminology associated with support for IENs includes “bridging,” “transitioning” and “adaptation” programs versus assimilation.

To summarize IENs employ different strategies as identified by Berry namely: integration, separation, marginalization and assimilation to adjust throughout the process. The acculturation experiences of the Filipino IENs parallel many of the experiences of

other IENs; either in studies where ethnic diversity is represented or within specific ethnic groups like Indian RNs (DiCicco-Bloom, 2004). The above discussion may appear to depict insurmountable challenges for IENs to overcome. However, the literature suggests that many of the challenges are diminished over time and the degree to which IENs face these challenges varies. Berry (2005) identifies several factors that predict positive adaptations outcomes including social support. Of particular interest and focus of this study is workplace support including transitional programs.

Workplace Support

It is evident from the literature that workplace social support plays an important role in the adaptation and perceptions of job satisfaction for IENs in the workplace. As a result of migration, IENs are required to learn new workplace cultures and adjust to differences in nursing practice impacting their socialization and adaptation to their work environments. Social support from co-workers and immediate supervisors is positively related to job satisfaction and organizational commitment in nursing (Fisher, 1985; Hall, 2007). A longitudinal study in the U.S. among new nurses on three units in one organizational setting found access to social supports was predictive of adjustment outcomes (Fisher, 1985). Informal sources of workplace support (colleagues and fellow IENs), diminishes feelings of otherness and loneliness often associated with migration (Konno, 2006). Peer and supervisor workplace support is an important factor on IENs' intent to leave an organization (Bae, 2011). What is unclear from the literature review is the effectiveness of transitional programs on adaptation and job satisfaction. Transitional programming is promoted as an important component of IENs' acculturation process, yet there is not the empirical evidence to support it.

Empirical evidence indicates frequent and supportive contact with senior peers; “buddies,” managers and the formation of mentoring relationships are helpful in facilitating adjustment to the workplace for new employees (Wolfe-Morrison, 2002). A new job poses multiple challenges for individuals in terms of tasks to master, roles to perform and relationships to explore (Nelson & Campbell-Quick, 1991). For new immigrants the process of acculturation further complicates workplace socialization. The availability of informal and formal supports can assist with socialization into the workplace and provides a network of support. Informal supports can be comprised of colleagues, peers and management whereas formal supports are provided by the organization and may include orientation programming or for new immigrants access to transitioning programs (Wolfe-Morrison, 2002).

Informal Workplace Support. Organizational members like colleagues and management are known as “insiders” and play a significant role in the socialization of new employees (Fisher, 1985; Wolfe-Morrison, 2002). Friendship networks that provide support and a sense of belonging and identity are important to socialization (Wolfe-Morrison, 2002). Immigrants may not feel as confident to seek out informal relationships with colleagues if they are not confident with their language skills or if they experience discrimination. Support from co-workers is vital for many IENs (Jose, 2011) and their empathy (Yi & Jezewski, 2000) offers stress relief and builds confidence. A lack of social supports may solicit feelings of loneliness and isolation for some IENs (Jose, 2011).

IENs migrating to Canada report negative experiences related to the absence of sufficient supports upon arrival to Canada (Higginbottom, 2011). Participants report Canadian co-workers were inconsistently friendly and offered variable support upon

arrival. IENs in the U.S. also describe difficulties with developing collegial relationships. Unfavorable behaviours and attitudes of colleagues in the workplace are cited as the challenges.

In contrast, there is evidence that many IENs find sources of strength and comfort in forming working relationships with members of their own cultural group. For example, Asian IENs in Western countries identify the importance of a support network with members of their own ethnic group (Xu, 2007b). These IENs were comforted by IENs in similar situations and that network provided unsolicited support. For some that perceived connection is so important it was a part of their decision to stay in their position (Xu, 2007b). Similar findings are evident in a systematic review of supports for IENs in Australia (Konno, 2006). Informal networks with other IENs who can in share their experiences and provide comfort and restore the feelings of belonging are valuable. Beechinor and Fitzpatrick (2008) discovered Filipino IENs in Hawaii experience less distress associated with migration than Canadian IENs in Hawaii. Part of this was attributed to the collegial connections with other Filipinos and the large Filipino community available in Hawaii. These findings should not undermine the importance of connections with co-workers from the host country. Xu (2007b) suggests the inclusion of Western peers into this supportive network of IENs also assists with adaptation. The inclusion of both cultures represents the integration strategy and mutual accommodation identified in Berry's (1997) model. Hayne et al. (2009) alludes to the concept of mutual accommodation required by IENs and members of the host country to facilitate the highest levels of job satisfaction and performance. Hayne et al. (2009) explored methods to help with cultural adjustment, work satisfaction and perception of role and social support of a group of Filipino IENs recruited to the U.S. Findings from the study suggest

social supports for Filipino IENs in both social and work environments positively affect job satisfaction and effective adaptation (Hayne et al., 2009).

Wang and Sangalang (2005) investigated workplace adjustment and job satisfaction among Filipino immigrant employees working in Manitoba, Canada. Findings from this study indicate work adjustment was positively related to support from immigrant co-workers and Canadian co-workers rather than from management support. Additionally, support from Canadian-born workers and management is associated with job satisfaction. Similar to the above studies these Filipino workers find greater sources of support from other immigrant co-workers than from Canadian-born workers and management.

The literature does not inform what role the union plays as a source of support for nurses or specifically IENs. The literature identified explores the partnerships between management and unions in magnet hospitals (Mayes, Janzen, & Quigley, 2009) and the effect of a nurse labour management partnership on nurse turnover and satisfaction (Porter & Kolcaba, 2010). Manitoba may be unique in that The Manitoba Nurses Union (MNU) plays a supportive role as it offers a formal transitioning program to assist IENs acculturate to Canada. Wang and Sangalang (2005) did not include “union” as a source of support in their study, however, it was included as a source of support on Wang’s (2001) scale provided to the researcher. Due to the connection with IENs and acculturation, the union is considered as a source of informal workplace support in the current study.

Previous studies finding union membership decreases job satisfaction are being debated. Several authors (Bryson, Cappellari & Lucifora, 2004; Gordon & Denisi, 1995; Renaud, 2002) identify flaws in the methodology and concepts that were investigated.

The role of unions is to promote job satisfaction by negotiating conditions of work (Gordon & Denisi, 1995) and not to create dissatisfaction among its members. It is unknown what the relationship is between nursing unions and IENs' job satisfaction.

Management or supervisor support is an important predictor of nursing satisfaction (Hall, 2007). Administrators who are aware of the transitional needs of IENs can help facilitate and formulate the programming to promote effective adaptation. The literature suggests that the informal workplace support immigrants (including IENs) receive from other immigrant workers; Canadian born workers and management may not be enough support to facilitate the transition of IENs into the workforce. Additional supports to assist adaptation and adjustment after migrating include transitioning programs. Transitioning programs are viewed as an additional strategy for all stakeholders to consider in order to address the many challenges IENs face in integration.

Formal Workplace Support. Ryan (2003) and Zizzo and Xu (2009) describe the development of programs to assist IENs to adapt to their host country and work environments. Transitioning programs go beyond a basic orientation program of a work environment. It is a formal program of teaching and learning designed to facilitate and support their transition into the work environment (Xu, 2010). The program should be longer than an orientation program and include differences in nursing practice, the role of the nurse, legalities, documentation, cultural differences and supervised internship (Xu, 2007c). These types of transitioning programs have been implemented with international medical graduates in the U.S. to assist with acculturation during residency placements overseas (Atri, Matorin, & Ruiz, 2011; Guey-Chi Chen, Curry, Bernheim, Berg et al., 2011). Anecdotal reports suggest participation in these programs are beneficial and helpful.

In a review of the related literature, Zizzo and Xu (2009) found the average length of time for transitioning programs is 12 to 16 weeks. As discussed in Chapter 1, IENs in Manitoba may or may not receive access to a transitioning program. For those that participate in a formal bridging program, the length is approximately 16 weeks. A group of IENs recruited from the Philippines and settled in rural Manitoba, experienced a unique transition program coordinated by Manitoba Health and Immigration that involved community partnerships. Other IENs in Canada may receive a six –week orientation/retraining session, but as Higginbottom (2011) reports were generally dissatisfied with the program.

A longitudinal study in the U.S. among new nurses on three units in one organizational setting found access to social supports was predictive of adjustment outcomes (Fisher, 1985). Zizzo and Xu (2009) conducted a systematic review of 20 post-hire programs for IENs. The transitioning programs originate in the U.S., the United Kingdom and Australia. Three key findings from the review include: 1) limited research exists regarding the programs to ensure they are evidenced based, 2) it is unclear how successful these programs are in helping IENs transition as the programs were not evaluated and 3) programs contained different content, with nothing standardized, despite the significance of certain needs specific to IENs such as language. The review identifies that content addressing issues of prejudices and discrimination was missing from these programs (Zizzo & Xu, 2009).

Based on a synthesis of the literature, Xu (2010) developed an outline for an evidence-based transitional program for IENs in acute healthcare settings. Xu (2010) stresses the need for more than just orientation programming for IENs. Xu’s proposed program includes preparation, transition and integration phases. The preparation

(survival) phase has components related to pre-arrival and immediately after arrival, including logistical support that provides an introduction to the cultural context and ensuring basic needs are met like housing etc. Pre-arrival preparation is not a new concept. Jose (2011), Kawi and Xu (2009) and Xu (2007a) discuss the need to have an orientation to the cultural context of the host society prior to arrival to develop an awareness of the social systems, values and practices. The transition (safe and effective care) phase includes an educational program where language needs, communication skills, clinical knowledge and practice, nursing roles and responsibilities and cultural awareness are addressed. The last phase, the integration (achieving personal and professional goals) phase provides on-going clinical and psychosocial support and ongoing professional development to ensure linkage between transition and regulation to protect the public (Xu, 2010). From Xu's (2010) perspective, the transitioning of IENs is a regulation issue.

Formal peer support through mentoring or a peer support program is another form of formal support available to IENs. Mentoring in nursing is an important part of the socialization process and has been promoted since the early 1990s (Latham, Hogan & Ringl, 2008). Mentoring programs help build trusting relationships, as found with international medical graduates (Guey-Chi Chen et al., 2011). Several authors (Bae, 2011; Fisher, 1985; Xu, 2007c) encourage and endorse a peer support program for IENs. Ryan (2003) describes a "Buddy Program" designed for IENs relocating to a community based hospital in the eastern U.S. The program was established to help IENs learn the organizational culture and ensure they became familiar with basic and support services (Ryan, 2003). Although formal evaluations of these types of programs were not found in

the literature, anecdotal evidence indicates the benefits of mentoring and peer type programs.

From the literature reviewed there appears to be a connection between effective acculturation, access to informal support in the workplace and job satisfaction. The relationship between successful transition programs and adaptation was not found in the literature. Based on anecdotal data, the literature suggests transition programming is helpful, but supportive social relationships with co-workers and managers are more important for IENs. Supportive work environments promote job satisfaction and retention.

Job Satisfaction

The concept of job satisfaction is well documented in the nursing literature. Recent interest in the concept stems from the influence of job satisfaction on both retention issues and patient outcomes in the midst of nursing shortages. Administrators and organizations aim to create positive, healthy work environments to ensure nurses are satisfied in their jobs thereby decreasing rates of turnover (Hayes et al., 2010). Higher levels of turnover in nursing are related to lower levels of job satisfaction (CNA, 2009). Conversely, higher levels of organizational commitment are related to increased levels of job satisfaction (Kuokkanen, Leino- Kilpi & Katajosto, 2003). In Canada, the annual rate of nurse turnover is approximately 20% and the average cost for one nurse to leave his or her job is reported at \$25,000 to the institution (CNA, 2009). The costs associated with an IEN leaving their position may be even greater due to potential increased length of orientation and costs associated with recruitment. Additionally, the financial cost does not account for indirect costs to an organization and its human resources. Turnover negatively impacts work productivity and the ability to correct the nursing shortage.

Additionally, a depleted nursing workforce weakens health care teams to provide quality and safe patient care (O'Brien-Pallas, Tomblin-Murphy, Shamian, Li, & Hayes, 2010).

Overall, little research exists measuring the influence of ethnicity or cultural demographics on job satisfaction (Hansen, 2007; McNeese-Smith, 1999). The majority of studies that discuss or examine job satisfaction of IENs originate in the U.S. and U.K. It appears from the literature that IENs located in these regions generally describe moderate levels of satisfaction for their jobs based on a variety of factors despite challenges with integration. Factors influencing retention like job satisfaction are important to stakeholders because of the positive association between retention and adaptation. Successful adaptation has been linked to improved job satisfaction and increased retention (ICN, 2007). To provide context to the discussion on job satisfaction, the next section provides an overview of factors influencing job satisfaction among RNs.

Factors Affecting Job Satisfaction in Nursing

Job satisfaction in nursing can be measured using an overall global score that “refers to an individual’s overall feeling about the job and derives from the job in its entirety” (Wilson, Squires, Widger, Cranley, & Tourangeau, 2008, p. 717). Conversely, job satisfaction can be broken down into facets that influence levels of satisfaction with specific components of the job like salary, nursing peers, leadership and autonomy (Wilson et al., 2008). There is some controversy in the literature as to whether the overall global score is reliable and equivalent to the sum of the factors that comprise job satisfaction (Wilson et al., 2008).

The nursing literature is filled with studies exploring job satisfaction, which has been determined to be complex, multifaceted and subjective. Some of the complexity stems from the range of factors that can influence levels of job satisfaction. In Canada,

the concept has been investigated with acute care nurses in urban (Hansen, 2007), and rural (Penz, Stewart, D'arcy & Morgan, 2008) settings, well as long term (Tourangeau, Cranley, Laschinger & Pachis, 2010) and specialty areas (Bakker, Conlon, Fitch, Green, Butler et al., 2012). Studies outside of Canada have investigated a spectrum of factors associated with levels of job satisfaction such as teamwork (Kalisch, Lee, & Rochman, 2010), age and a multi-generational workforce (Wilson et al., 2008) and other characteristics of the work environment (Flynn, 2005; Purdy, Laschinger, Finegan, Kerr & Olivera, 2010).

Hansen (2007) examined the levels of job satisfaction and demographic variables among RNs in one urban hospital in Ontario, Canada. Hansen (2007) determines that age is positively related to job satisfaction. He speculates that this relationship may be associated with more experience and as a result, this group of nurses feels more confident within their environment. However, the longer the nurses were in the same position the more dissatisfied they were, suggesting changes in the work environment and opportunities for skill and career development may be important. Hansen identifies it would be beneficial to have a deeper understanding of the sample by exploring demographic variables like gender and culture.

Other Canadian studies measuring job satisfaction illustrate the variability of factors that predict and influence perspectives of nurse job satisfaction in various work settings, such as acute, long-term care, community and rural settings. For example, Penz and colleagues (2008), as part of a larger study, investigated the predictors of job satisfaction among rural RNs across Canada. The researchers discovered that individual, workplace and community factors are strongly interrelated and predictors of job satisfaction. In contrast, Graham, Davies, Woodend Simpson and Mantha (2011),

investigated job satisfaction among Canadian public health nurses. Findings suggest workload is a significant predictor of job satisfaction within that population. Lastly, O'Brien and Page (1994) examined levels of stress among a sample of 196 Canadian nurses in Ontario and its relationship with job and life satisfaction. The results reveal similar findings to other studies examining work related stress; nurses who experience higher levels of work-related stress rate lower levels of job satisfaction, but not with their life situation.

Job Satisfaction among IENs

Very few studies have specifically measured levels of job satisfaction among IENs. Acculturation is found to influence the work environment and perceptions of global job satisfaction among Korean RNs (Yi & Jezewski, 2000), Indian RNs (DiCiccio-Bloom, 2004) and Filipino RNs (Ea et al., 2008; Hayne et al., 2009) in the U.S. Factors such as: acculturation, age, length of residency in the host country, and number of years of experience influence perceptions of job satisfaction among IENs (Ea et al., 2008). Additional studies identify other factors such as: pay, working hours, being treated as a professional (Smith et al., 2011) annual leave, and weekend premiums (Withers & Snowball, 2003). An increased length of time working is another factor impacting job satisfaction among a group of IENs in the U.S. (Yi & Jezewski, 2000). Only one published study addresses job satisfaction among IENs in Canada.

Using data from a large survey of Canadian nurses, O'Brien-Pallas and Wang (2006) explored IENs' experiences of their work environment and then compared these to Canadian born nurses. The participants of the study totaled 13,620 with three categories of nurses: Licensed Practical Nurses, Registered Psychiatric Nurses and Registered Nurses. RNs represented almost half of the sample (n=6477). Findings show significant

differences between the IENs and Canadian born nurses in demographics, work status and practice environment (O'Brien-Pallas & Wang, 2006). The study also highlights the discrimination practices and inequality perceived by the IENs received as compared to Canadian born nurses. In terms of job satisfaction with their current position, lower levels of job satisfaction are evident between both groups of nurses.

The IEN literature from the U.K. raises concern for the retention of IENs in their workforce. From an integrative review, Nichols and Campbell (2010) discovered that some IENs choose not to renew their registration and identify intentions to leave after working for a period of time. Within that review, IENs reportedly experience a lack of feeling professionally valued. They share common emotions of disappointment and unmet expectations once they arrived in the U.K. Nichols and Campbell (2010) suggest these findings have significant consequences for job satisfaction and retention. Kingma (2005; cited in Troy et al., 2007) states the notion of nurses returning to their homeland is a "myth of return" and most IENs settle into their host countries after time. Much of the literature supports this perspective. Filipino IENs, who do return to the Philippines, do so for personal, professional or contract reasons (Lorenzo et al., 2007). Homesickness and depression are cited as two of the common personal reasons and expired contracts and plans to retire were professional reasons to return to their homeland (Lorenzo et al., 2007). For some IENs returning home is too hard because they may 'lose face' with their friends and family back home (Zhou et al., 2010).

Winkelmann and colleagues (2005) discovered IENs in their U.K. study expressed satisfaction with their work environment and treatment. Similar findings are evident with groups of IENs in Australia. A small sample (N=5) of Japanese and Korean nurses report feeling mostly satisfied with their working conditions, support and

opportunities for continuing education (Takeno, 2010). Satisfaction with their working conditions is attributable to the work hours, pay, and assigned leave and the ability to work part-time, unlike working conditions in their countries of origin (Takeno, 2010). Adding to this group's level of satisfaction is the availability of additional educational supports in their first year of practice widely available to new graduates in Australia called the Graduate Nurse Programme. This type of programming is not available in Korea or Japan (Takeno, 2010). U.S. researchers, Kawi and Xu, (2009) strongly advocate for the development of evidence-based transitioning and adaptation programs to decrease barriers to integration and that offer clinical support. They believe if IENs have proper supports through mentoring, assertiveness training, and peer support they are better equipped to adapt to their host society. In turn, these programs will promote effective integration and will likely enhance job satisfaction and retention among IENs.

As one of the first studies investigating factors influencing retention among IENs, the study compared levels of job satisfaction among IENs and U.S. educated RNs in six acute New York City Health and Hospital Corporations (Pizer, Collard, James & Bonaparte, 1992). The sample for the study was 857 and comprised of IENs (n=322) and U.S. RNs (n=535). Approximately 97 % of the IEN sample originated from the Philippines. Findings from the study indicate higher retention rates among IENs than U.S. RNs and no significant difference in job satisfaction between the two groups. However, key differences in demographics are apparent between the two groups including: age, parenting status, educational preparation, the number of years working as an RN, job title and length of employment (Pizer et al., 1992). Additionally, work related variables such as shifts, unit assignment, and work patterns differed between the two groups. The IENs in the study worked more overtime resulting in higher income earnings

then the U.S. RNs. The differences in demographics suggest the groups were more dissimilar than similar which challenges the comparison between the two groups.

Zizzo (2003) revisits the work of Pizer and colleagues (1992) and conducts a similar study comparing IENs to U.S. educated nurses in one urban hospital in Las Vegas, Nevada. The sample size was 76, with 56 U.S. educated RNs and 20 IENs (ethnicity of this group of nurses was unknown). Similar to Pizer et al. (1992), Zizzo's findings suggest no significant difference between U.S. educated RNs and IENs regarding total job satisfaction score. Both groups were moderately dissatisfied with their jobs. It is important to note that Zizzo utilized a different scale to measure job satisfaction than Pizer et al. As a result, different factors measuring job satisfaction occurred (Zizzo, 2003). U.S. educated RNs reported higher satisfaction regarding benefits and vacation packages, paid time-off, health care insurance and retirement options than the sample of IENs. This is a new finding from Pizer et al.'s (1992) study, because the tool used by Pizer et al. did not measure those factors. The number of years practicing as a RN, the number of years practicing in the U.S. and number of years living in the U.S. are moderately related to job satisfaction (Zizzo, 2003). Limitations to the study are the small sample size and the higher ratio of U.S. educated RNs compared to IENs.

Chinese RNs in the U.S. express high levels of satisfaction despite the many challenges and barriers to integration. Xu et al. (2008) explain that the Chinese RNs feel they are making a difference with their patients and are pleased with the care they provided; their work is considered meaningful and this sustains them to remain in nursing practice. Once IENs are "feeling and doing better" they report feeling generally satisfied with their job (Jose, 2011).

Xu and Kwak (2005), using secondary analysis of the 2000 National Sample Survey of RNs (NSSRN) in the U.S., do not identify differences between levels of job satisfaction of American RNs and IENs. This is consistent with Pizer et al.'s (1992) study. Overall, the rate of IENs who left nursing was only half of the American RNs (Xu & Kwak, 2005). The top three reasons IENs left the profession are better salaries, concerns for safety within the healthcare system, and out of date nursing skills. In 2004, Xu, Zaikana- Montgomery and Shen (2010) returned to the NSSRN to reexamine and compare the statistics among IENs and U.S. RNs. Again using secondary analysis, the authors discover that the majority of IENs report feeling moderately satisfied with their job, which was comparable to the American RNs. A significant difference was the proportion of IENs who were extremely satisfied with their job (18.8 %) as compared to American RNs (28.8 %). Xu et al., (2010) explain differences in job satisfaction may be related to culturally – based work behaviours and potentially underdeveloped skills. Overall, IENs in 2000 expressed more satisfaction with their current position than IENs in 2004.

Similar to studies investigating factors predicting and influencing levels of job satisfaction among other IENs, the factors that influence job satisfaction among Filipino IENs appear to be variable. Some factors are found to be more important than others such as pay. The reasons for this are uncertain. Perhaps this could be because of the influence of the social and economic state of the countries at the time the studies were conducted.

Interest in Filipino IEN job satisfaction dates back to the mid 1970s beginning with a U.S. study conducted by Asperilla (1976) that assesses job satisfaction with facilities, position and work assignment, salaries and benefits, human relations and

relationship with the health team (Estrada, 1996; Pizer, 1992; Zizzo, 2003).

Approximately half of the respondents reported global satisfaction with their job.

Asperilla (1976) discovers that patient care is the biggest influence in the Filipino IENs' level of job satisfaction. This is a similar finding to Xu et al.'s (2008) study with Chinese IENs. According to Estrada (1996), Asperilla summarizes that additional factors significantly influencing levels of job satisfaction are the establishment of effective relationships with colleagues and supervisors. Pay and benefits contribute to a sense of dissatisfaction for the Filipino IENs in Asperilla's study (Pizer et al., 1992).

Cowart (1983) studied Filipino IENs with other IENs and American RNs working in Florida (Estrada, 1996; Pizer et al., 1992). The study included an exploration of status, attitudes, and practice patterns among the group of nurses (Pizer, 1992). Among Filipino IENs in the study, higher levels of job satisfaction are linked to opportunities for continuing education (Estrada, 1996). Estrada (1996) was interested in the factors that influenced Filipino IENs' job satisfaction during the nursing shortage from 1980-1990 in the U.S. Unlike Asperilla's (1976) findings, pay is a factor that is related to high levels of job satisfaction. Autonomy, status and age are also related to high levels of job satisfaction (Estrada, 1996).

Berg, Rodriguez and De Guzman (2004) conducted a non-experimental descriptive study of Filipino American nurses (N=327). Of that sample, approximately 82% were internationally educated in the Philippines. The authors explored the groups' level of job satisfaction among specific work and demographic variables (Berg et al., 2004). The results of short answer questions indicate three factors relate to increased levels of job satisfaction: higher pay, adequate staffing and support from management through recognition of good work. Job satisfaction is positively associated with age and

years of practice and inversely related to years of retirement (Berg et al., 2004).

Interestingly, the country where the nurses attended school (e.g., the U.S. or the Philippines) is not significantly associated with job satisfaction. This group of Filipino American nurses reported an overall high global level of job satisfaction compared to nurses overall and noted opportunities for advancement in their current practice.

In an effort to further understand the needs of newly recruited Filipino IENs and further develop adaptation programs already running, Vestal and Kautz (2009) conducted focus groups with the new recruits. Overall, the Filipino IENs reported being very satisfied with their job. Particular positive factors were benefits, and their relationships with their colleagues and supervisors. These findings are similar to other studies.

Ea and colleagues (2008) measured levels of acculturation and job satisfaction among a group of Filipino IENs in the U.S. The findings of the study suggest that acculturation and certain demographic variables (length of residency and age) are significantly related to job satisfaction and retention rates (Ea et al., 2008). A moderate correlation between acculturation and job satisfaction indicates that as the level of acculturation increases the Filipino IENs' level of job satisfaction also increases (Ea et al., 2008). The researchers utilized Part B of the Index of Work Scale to measure job satisfaction.

Unlike most studies measuring job satisfaction, McNeese-Smith (1999) utilized qualitative methods to explore RNs' perspectives of job satisfaction and dissatisfaction. The sample of 30 acute care RNs was located in California, U.S. and was comprised of 20 IENs, with 18 (60 %) being from the Philippines. The categories that influenced job satisfaction and dissatisfaction were similar, but the underlying themes were different between the two concepts. Three of the Filipino IENs described that their cultural

background influenced their job satisfaction. Three themes emerged and include: value of hard work, serving God and a means to improve living conditions.

To summarize, a review of the literature suggests IENs and Filipino IENs are generally satisfied with their job despite challenges and barriers to integration. Certain factors such as perceptions of acculturation, pay, opportunities for higher levels of education and providing patient care and demographic factors like age, influence perceptions of job satisfaction among Filipino IENs specifically. Consideration to workplace support including sources of informal support and formal support (participation in transitioning programs) to decrease the cultural distance may lead to increased levels of job satisfaction. Increased job satisfaction is associated with increased retention; thereby promoting effective patient outcomes is an important issue for policy makers, organizations and managers to be cognizant of with IENs.

Research Questions

Based on the review of the literature related to acculturation, workplace support, transitioning programs and job satisfaction, and guided by Berry's theoretical framework, a research question and a hypothesis are proposed:

Research Question: What are the relationships between the dimensions of psychological acculturation, workplace support, and job satisfaction for Filipino IENs in Manitoba?

Hypothesis: Dimensions of psychological acculturation (integration and assimilation) and workplace support will be positively associated with job satisfaction for Filipino IENs practicing in Manitoba.

Summary

The literature review provides insight into acculturation experiences and job satisfaction of IENs globally and in Canada. It is evident from the literature that

acculturation can be a stressful process for immigrants settling in Western Countries. IENs encounter many challenges as a result of adjustment to language, differences in culture and nursing practice and experiences of discrimination. Personal characteristics, spiritual influence, and access and connections to social supports like co-workers and managers in the workplace buffer these challenges and promote adaptation to a work environment and the host society. Despite these integration challenges IENs reportedly experience overall job satisfaction. Much of the research originated in the U.S. and U.K., leaving paucity in the literature related to IENs in Canada and factors that influence adaptation and retention.

The findings in the literature suggest a need to investigate acculturation, support in the workplace and job satisfaction for Filipino IENs in Canada through an examination of the relationships between the concepts and their influencing factors. Expanding knowledge in this area of nursing practice will be beneficial to IENs, health care organizations, and policy makers to help understand variables influencing adaptation and retention.

CHAPTER 4 –METHODOLOGY

Introduction

This chapter includes a description of the study design, the setting, sampling procedure, and sample. The measures, data collection procedures, and data analysis are outlined. Lastly, ethical considerations and limitations are discussed.

Design

A cross-sectional descriptive-correlational survey method of inquiry was chosen. Wood and Ross-Kerr (2006) explain that this is an appropriate method of design if the variables have been studied before and there is sufficient information to examine the relationship between them. An added advantage of this type of design is the ability to examine specific variables independent of others to further understand their significance to each concept.

Setting and Sample

A nonprobability convenience sampling strategy was used to access 590 Filipino IENs working in rural and urban Manitoba. The population of interest was identified and accessed through the College of Registered Nurses of Manitoba (CRNM). The CRNM is the gatekeeper to the population of interest and this organization identified and contacted the potential participants on the researcher's behalf maintaining confidentiality and anonymity. A letter to the Communications Manager of the CRNM was sent to request access to the population, outlining the aim of the study, data collection procedures, copies of the surveys and questionnaire used (See Appendix A). A copy of the ethics approval certificate was also submitted as requested by the CRNM.

Inclusion/Exclusion Criteria

To be eligible to participate in the study, the nurses must have received their nursing education in the Philippines, be currently employed and practicing as a RN in Manitoba, and therefore licensed with the College of Registered Nurses of Manitoba (CRNM). A specific length of time of employment in Canada was not stipulated as it is unclear from the literature as to how long the acculturation process takes for IENs to adapt to their host culture and work environments.

Study Sample

Wood and Ross-Kerr (2006) encourage obtaining as large of a sample as possible to increase the possibility that statistics generated are true estimates of the population. The number of possible participants was 590. A power analysis was conducted to reduce the risk of completing a Type I and Type II errors. In previous research moderate effect sizes were found in correlations between acculturation and job satisfaction (Ea et al., 2008). This study included an examination of nine independent variables (four dimensions of acculturation, four sources of workplace support and work-related support program completion). It was hypothesized that only two dimensions of acculturation will be significantly correlated with job satisfaction. Using the established significance level of 0.05, power level of .80 and a moderate effect size, a minimum sample size of 107 participants was determined to be sufficient (Cohen, 1992).

The estimated response rate for on-line surveys according to Sheehan (2001) is approximately 30 percent. The total sample obtained for this study was 124 yielding a response rate of 21%. The demographic summary for the sample is presented in Table 4.1. The percentage of missing data ranged from 16-20% for the demographic data; actual percentages have been reported. The majority of the respondents (70 %) were

female and largely composed of nurses over the age of 35 years. Just under half of the sample (46.0 %) had lived in Canada for less than five years. Approximately 22% of the sample was single and 60.5% was married or in a common-law relationship. The majority of the participants (58.9 %) were employed by the Winnipeg Regional Health Authority versus rural health authorities.

Table 4.1
Demographic Summaries of Participants (N=124)

Characteristics	Frequency (percent)
Gender	
Female	87 (70.2 %)
Male	21 (16.9 %)
Missing	16 (12.9%)
Age	
<=35 years old	46 (37.1%)
36-45 years old	42 (33.9 %)
>=46 years old	20 (16.1%)
Missing	16 (12.9%)
Marital Status	
Never legally married	28 (22.6%)
Common-law/ Legally married	75 (60.5%)
Separated/Widowed	5 (4.0%)
Missing	16 (12.9%)
Number of Years in Canada	
<= 5 years	57 (46.0%)
6-10 years	17 (13.7%)
11-15 years	16 (12.9%)
16-20 years	3 (2.4%)
>=21 years	11 (8.9%)
Missing	20 (16.1%)
Regional Health Authority Currently Employed	
Northern/Interlake	3 (2.4%)
Prairie Mountain	21(16.9%)
Southern	11 (8.9%)
Winnipeg	73 (58.9%)
Missing	16 (12.9%)

Table 4.2 summarizes the participants' nursing practice. Almost all of the respondents (82.2%) reported having a bachelor degree with the remainder of the group having a master's degree or a diploma in nursing. All of the respondents identified that they had completed their nursing education in the English language. More than half of the respondents (55.6%) reported having practiced as an RN for less than 5 years in Canada.

Table 4.2
Frequency Summary of Nursing Education and Practice (N=124)

Characteristics	Frequency (Percentage)
Highest Level of Education Received	
Diploma	5 (4.0%)
Bachelor Degree	102 (82.3%)
Master's Degree	1 (0.8%)
Missing	16 (12.9%)
Years of Nursing Practice Outside of Canada	
<= 5 years	69 (55.6%)
6-10 years	22 (17.7 %)
11-15 years	9 (7.3%)
16-20 years	5 (4.0%)
>= 21 years	2 (1.6%)
Missing	17 (13.7%)
Years of Nursing Practice Inside of Canada	
<= 5 years	64 (51.6%)
6-10 years	18 (14.5%)
11-15 years	13 (10.5%)
16-20 years	1 (0.8%)
>= 21 years	12 (9.7%)
Missing	16 (12.9%)
Completion of a Formal Transitioning Program	
Yes	25 (20.2%)
No	83 (66.9%)
Missing	16 (12.9%)
Current Area of Practice	
Acute Care	41 (33.1%)
Long Term Care	40 (32.3 %)
Community Health	8 (6.5%)
Specialty Area	15 (12.1%)
Multiple Areas	3 (2.4%)
Missing	17 (13.7%)

Upon arrival to Canada, 20.2% of the respondents identified that they completed some type of formal transitioning program; bridging, mentoring, or a communications course. The sample is fairly evenly divided in the number of Filipino IENs working in either acute (33.1%) or long-term (32.3%) settings, with the remainder (21.0%) working in community, specialty or multiple areas.

Instrumentation

Psychological Acculturation

Psychological acculturation was measured using the East Asian Acculturation Measure (EAAM) (Appendix B). The EAAM is a 29-item self-report inventory, which measures four dimensions of acculturation as outlined by Berry (1997) (integration, separation, assimilation, marginalization). The tool assesses social interaction and communication styles for individuals interacting with other individuals or groups from a different culture in various settings (Barry, 2001). Previous studies by Barry and colleagues explored acculturation (in addition to other variables) and utilized the EAAM to measure acculturation and eating concerns (2001), use of psychological services (2002) and perceptions of personal and group discrimination (2003) among East Asian immigrants in the U.S. Using a 7 point Likert-scale, respondents are asked to rate eight items related to assimilation, seven items related to separation, five items related to integration and nine items related to marginalization. The possible response range is from one to seven, with one indicating strong disagreement to seven indicating strong agreement to the statement. There is no overall total acculturation score and each item scale is scored separately (D. Barry personal communication, May 24, 2013). The measure is designed so that each respondent indicates the extent to which he/she reports assimilation, separation, integration and marginalization (D. Barry personal

communication, May 24, 2013). Assimilation scores range from 7 - 56 with higher scores indicating higher assimilation strategy, separation scores range from 7 - 49 with higher scores indicating higher separation strategy, integration scores range from 7 - 35 with higher scores indicating higher integration strategy and marginalization scores range from 7 - 63 with higher scores indicating higher marginalization strategy.

Permission to use the tool was granted by Dr. Barry. Adaptations to the tool were made to the tool replacing “American” with “Canadian” to reflect residing in Canada. Additionally, Filipino culture was substituted for questions referring to East Asian cultures (Chinese, Japanese and Korean). The tool was selected for this study because it captures the multidimensional perspective of Berry’s (1997) psychological acculturation framework. Adequate internal consistency was established with Cronbach’s alphas for the EAAM 29 items as follows: assimilation ($\alpha = .77$), separation ($\alpha = .76$), integration ($\alpha = .74$) and marginalization ($\alpha = .85$). The results of the correlation analysis between each of the subscales of the EAAM corresponded with the concepts identified by Berry’s acculturation framework and provided construct validity of the tool (Barry, 2001). In particular, negative associations were found between assimilation and separation and negative associations between integration and separation and integration and marginalization.

Workplace Support

Workplace support was measured using Wang’s (2001) scale on expatriate social support in the workplace (Appendix C). The scale assesses frequency of support from 1) immigrant co-workers 2) Canadian-born co-workers 3) supervisors/managers and 4) unions. Wang and Sangalang (2005) utilized the scale to assess levels of work adjustment and job satisfaction among Filipino immigrant employees in Winnipeg,

Canada. In that particular study, the authors investigated levels of support from three specific sources: immigrant co-workers, Canadian-born co-workers and supervisors/managers. Unions were included for this study due to the workplace programming available to IENs in Manitoba through the Manitoba's Nurses Union. Permission to use the tool was granted from Dr. Wang.

Using a 7 point Likert-scale respondents rate twelve items assessing the frequency of support from 1) immigrant co-workers 2) Canadian-born co-workers 3) supervisor/management and 4) unions; with one indicating "never" to seven indicating "always." Adequate internal consistency was established with reliability alphas of immigrant coworkers ($\alpha = .88$), Canadian-born workers ($\alpha = .93$) and administration representing supervisor/management ($\alpha = .93$). The possible scores range from 7 to 84 with higher scores indicating higher levels of support.¹ As internal consistency had not previously been established for union source of report questions, Cronbach's alpha was assessed for those 12 items using SPSS and was determined to be highly reliable ($\alpha = .95$).

To determine participation in a transition program, respondents were asked whether they participated in one of three formal work related programs available in Manitoba: bridging, mentoring and/or a communications course. Participants were asked to indicate whether they participated in such a program and, if responding in the affirmative, when and where they received this type of support.

Job Satisfaction

Job Satisfaction was measured using the McCloskey/Mueller Satisfaction Scale (MMSS) (Appendix D). The MMSS was originally developed by McCloskey (1974) to

¹ Directions for scoring of the tool were not obtained due to challenges with locating the originators of the scale. Each item was weighted the same.

identify the rewards that keep nurses on the job (Mueller & McCloskey, 1990). Originally, the scale was designed to measure three domains of rewards: safety (e.g., salary, benefits), social (e.g., immediate supervisor, nursing peers) and psychological (e.g., autonomy, responsibility, recognition and apperception) (Mueller & McCloskey, 1990). In 1990, the instrument was revised to facilitate a clearer, more user-friendly, reliable and valid tool (Tourangeau, McGillis-Hall, Doran & Petch, 2006). Eight subscales arose through factor analysis and supported the original three theoretical dimensions (Mueller & McCloskey, 1990). The scale provides an overall global score of job satisfaction and 31 items are divided into eight sub-scales of satisfaction: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise and recognition and control/responsibility (Mueller & McCloskey, 1990). Using a Likert-scale, respondents are asked to rate the 31 items from one to five, with one indicating “very dissatisfied” to five indicating “very satisfied.” For each subscale, scores are summed and divided by the number of items to obtain the mean. An overall mean can be obtained as a general measure of nursing satisfaction. Item responses are summed to create a total score and the possible score range is 31 to 155 with higher scores indicating higher levels of job satisfaction. Permission to use the tool was granted by The University of Iowa, College of Nursing.

The MMSS was found to be a valid and reliable measure of nurses’ job satisfaction by Mueller and McCloskey (1990). Cronbach’s alpha ranged from .52 to .84 among the eight subscales. The global scale had an alpha value of .89. Mueller and McCloskey (1990) explain the test-retest correlations at 6 and 12-month intervals were consistently at the same level or lower than the alpha scores and were within acceptable ranges. Mueller and McCloskey (1990) established the criterion-related validity of the

MMSS by comparing the tool to other recognized scales measuring job satisfaction.

Positive correlations were found between the Job Characteristics Inventory (JCI) and the MMSS using factor analysis to test and demonstrate construct validity of the MMSS.

Tourangeau et al. (2006) tested the psychometrics of the MMSS (1990) and found low reliabilities coefficients on three sub-scales (extrinsic rewards, balance of work, and family and co-workers) challenging the internal consistency of the tool. Mueller and McCloskey (1990) previously identified the lower Cronbach's alpha scores and attributed the lower scores to there being fewer than four items on each of the sub-scales identified. The reliabilities established were said to be typical when scales contain small numbers of items (Mueller & McCloskey, 1990). To test the reliability of the sub-scales of extrinsic rewards, balance of work and family and co-workers in this study, Cronbach's alphas were established through reliability analysis using SPSS. The extrinsic rewards subscale consisted of three items ($\alpha = .77$), the balance of family and work subscale consisted of three items ($\alpha = .56$) and co-workers subscale consisted of two items ($\alpha = .71$) confirming the reliability of the tool.

The tool was chosen for this study because it has been widely used to research and measure nursing job satisfaction (Tourangeau et al., 2006). Researchers have also commented on the ease of administration (Ellenbecker & Byleckie, 2004). The tool is well suited for this research project as it has been studied in a variety of nurse work settings (Tourangeau et al., 2006) and has been tested cross-culturally supporting that the tool is reliable among different cultures (Misner, Haddock, Gleaton, & Abu Ajamieh, 1996).

Demographic and Background Information

A background questionnaire (Appendix E) was developed and included demographics such as age, gender, length of residency in Canada and educational preparation. Relevant demographic information identified in the literature was added to the tool including: number of years of practice, completion of a formal transitional program, area of employment and geographical location in Manitoba.

One open-ended question was asked at the end of the demographic questionnaire to provide the respondents the opportunity to offer their perceptions on their acculturation experience and what they perceived would help other IENs to successfully adjust to practicing nursing in Manitoba.

Data Collection

Prior to potential respondents completing the survey, a link to the entire questionnaire via FluidSurvey.com was shared with five colleagues to review for a final edit and identification with challenges or difficulties with the formatting, organization and instructions. Based on the overall positive feedback, no changes were made and it was decided to proceed with data collection.

Potential participants were invited to participate in the study on-line via a cover letter (Appendix F). The letter included an invitation to participate in the study as well as the informed consent information explaining the nature, duration and purpose of the research project. Within the cover letter, a link to the on-line study, the researcher's phone number and email was provided in the event respondents had any questions regarding the study.

Once ENREB approval and CRNM permission were obtained, the CRNM emailed the cover letter to potential participants inviting them to participate in the study.

Confidentiality and anonymity were maintained throughout the data collection process via Fluid Surveys.com, which has secure on-line features. Results of the survey were stored and categorized by FluidSurvey.com and then downloaded by the researcher into SPSS Statistics 21 (IBM Corp., 2012) for data analysis.

The length of time to complete the total survey was estimated to be approximately 20 minutes. The period of data collection was four weeks. To achieve a maximum response rate, two follow-up emails were emailed out to the group to thank those who have responded to the survey and remind those who have not. There were no contacts made by respondents or potential respondents to the researcher to ask questions or clarify any aspect of the study. To demonstrate appreciation for their time and encourage participation, participants were informed that if they wished they may enter a draw for one of two \$50 VISA gift cards. There was an early bird draw for those who completed the surveys within the first week and a final draw was done at the end of week 3. A separate link to enter the draw was provided, so the participants could not be connected to their survey responses.

Data Analysis

The total survey completion varied among the 124 participants. Missing data ranged from low (2-4%) for the EAAM to a high of (24.2 – 34.7 %) for the scales of workplace support and 34.7 % for overall job satisfaction on the MMSS. It was determined these data were missing at random, as no pattern emerged to indicate that there was any other reason for these missing data other than likely survey fatigue. To manage the missing data, utilizing SPSS Statistics 21 (IBM Corp., 2012) a list wise deletion technique was selected resulting in complete case analysis, meaning that only cases with complete data for specific analyses were included (N=124).

Descriptive statistics were used to determine frequencies, percentages, means, standard deviations and ranges, (as appropriate), for the demographic variables and the measures. Pearson product moment correlations were used to examine the relationships among psychological acculturation, workplace support, and job satisfaction and correlation matrixes were computed. Independent sample t-test was used to examine the relationship between completion of a workplace support program and job satisfaction. Multiple regression analysis was conducted to determine the variance explained in the total score of the job satisfaction as measured by the MMSS by the independent variables that were significantly correlated with the MMSS at the bivariate level.

Content analysis was used to identify categories to describe the participants' responses and thoughts to the open-ended question, "Based on your experiences as a nurse in Canada what would you recommend to help other nurses educated outside of Canada successfully adapt to working and living in Manitoba?" This method of analysis was selected as it is frequently used in nursing research and is considered an appropriate approach when analyzing written communication messages (Elo & Kyngas, 2007). The method provides a "systematic and objective means of describing and quantifying phenomena" (Elo & Kyngas, 2007, p. 108). The main categories were derived from inductive analysis and followed the three steps of analysis as outlined by Elo and Kyngas (2007): preparing, organizing and reporting. Preparing involved choosing a word or theme as a unit of analysis. As recommended by Elo and Kynagas (2007) the participants' responses were reviewed several times to attain a deeper understanding of the meaning of the data. Organization of the data was completed with inductive content analysis. Open coding was used to help group and categorize the responses. The data

were compared and contrasted to determine the appropriate category. Lastly, abstraction completed the content analysis process and five themes emerged.

Ethical Considerations

Ethical approval to conduct the study was received by the University of Manitoba Education/Nursing Research Ethics Board (ENREB). Filipino IENs were invited to participate in the study and were informed of the purpose and processes of the study and their role as a participant. Wood and Ross-Kerr (2006) stress the need for participants to know that they can withdraw from the study at any time without prejudice. Additionally, the participants were informed of the intent of the researcher to share and publish the findings in a manner to ensure confidentiality and anonymity. Throughout the course of the study, care was taken to ensure safe storage of data and maintenance of confidentiality and anonymity. Attention was taken to remove any identifiable data that could risk the anonymity of the participants.

Electronic data are stored on a USB storage device and will be kept in a locked filing cabinet in the researcher's home for up to five years. Electronic data can only be accessed through a password known to the researcher, statistician, and thesis advisor. Raw data will not be shared; summarized results will only be disseminated. Disposal of the data will involve shredding of the material at the completion of the study.

Summary

The chapter outlined the cross-sectional descriptive correlational survey research design and sampling techniques for the research study. The setting, sample characteristics, data collection and analysis were described to provide an understanding of the approaches implemented in the study. Ethical considerations regarding the study were addressed.

CHAPTER 5 –RESULTS

This chapter presents the study findings from the statistical analyses as previously described in order to answer the research question and hypothesis. A summary of the recommendations by the participants to other IENs for effective adaptation is presented through content analysis of the qualitative data.

Research Question

The research question asked in this study is: What are the relationships between dimensions of psychological acculturation, workplace support, and job satisfaction for Filipino IENs in Manitoba?

Job Satisfaction

Job satisfaction scores were calculated using the MMSS for each participant. Thirty-one (31) items were measured using responses from a five-point Likert scale ranging from ‘very satisfied’ (5) to ‘very dissatisfied’ (1). The MMSS does not provide a determination of a “satisfied” score. However, if a score of three is “neutral” and a score of four is “satisfied” on each item, it is estimated that a global score of 94 (3 x 31) would be the lowest combined score indicative of satisfaction (Misner et al., 1996, p. 88). Global job satisfaction scores ranged from 59 to 155 from a possible total score of 155. The mean total global score of job satisfaction for the respondents ($n=81$) was 113.62 with a standard deviation of 19.74 indicating a moderately satisfied level. Table 5.1 summarizes the scores for job satisfaction sub-scales calculated from the MMSS. Satisfaction with extrinsic rewards (salary, vacation, benefits package) scored the highest level of satisfaction ($M = 4.00$, $SD = .81$), followed by satisfaction with co-workers (physicians, nursing peers) ($M = 3.85$, $SD = .78$). The lowest area of satisfaction scored was professional opportunities (interaction with the Faculty of Nursing, departmental

committee work, nursing research, to write and publish), ($M=3.30$, $SD = .64$), however, the score still suggested respondents were satisfied with opportunities for professional development. The subscales scores indicated the sample was satisfied with all aspects of their nursing job.

Table 5.1

Descriptive Statistics of Job Satisfaction N=124

	n =Valid(Missing)	Mean	Standard Deviation	Range
Global Job Satisfaction	81(43)	113.62	19.74	59-155
Overall sum score				
Global Job Satisfaction	81(43)	3.67	.64	1.90-5.00
Overall mean score				
Extrinsic Rewards	107(17)	4.00	.81	1.00-5.00
Scheduling	102(22)	3.79	.90	1.00-5.00
Balance of family and work	92 (32)	3.50	.74	1.00-5.00
Co-workers	107(17)	3.85	.78	1.00-5.00
Interaction Opportunities	105(19)	3.76	.74	1.25-5.00
Professional Opportunities	100(24)	3.30	.64	1.25-5.00
Praise and Recognition	107(17)	3.67	.76	1.25-5.00
Control and Responsibility	103(21)	3.49	.77	1.00-5.00

Acculturation and Job Satisfaction

Table 5.2 provides the descriptive statistics for each dimension of acculturation using the EAAM (assimilation, integration, separation, marginalization) identified by the respondents. The integration scores range from 19 to 35 from a possible total score of 35.

The mean integration score for Filipino IENs is 28.98, suggesting higher levels of perceived integration. Low levels of marginalization were found with a mean score of 20.77 within a range from 9 to 47 out of a possible 63. Mean scores for assimilation (24.96) and separation (31.17) suggest the respondents had neither high nor low preference with those aspects of acculturation.

Table 5.2

Descriptive Statistics of Acculturation N=124

	n= Valid(Missing)	Mean	Standard Deviation	Range	Possible Total Score
Assimilation	121(3)	31.17	6.96	14 -55	56
Integration	121(3)	28.98	3.36	19 – 35	35
Separation	122(2)	24.96	6.76	9 – 40	49
Marginalization	119 (5)	20.77	8.86	9 – 47	63

To investigate the relationship between each dimension of acculturation and global job satisfaction (Global JS), Pearson's correlation coefficients were computed for each dimension. Only the dimension of integration was found to be significantly correlated with job satisfaction ($r = .213$), $p = .032$ (See Table 5.3), suggesting the higher the scores of integration the higher levels of global job satisfaction. No statistically significant correlations were found between global job satisfaction and assimilation, separation and marginalization.

Pearson's correlation coefficients were determined for each dimension of the EAAM to further understand the relationships between the variables (See Table 5.3). Negative associations were found between separation and assimilation ($r = - .441$),

separation and integration ($r = -.261$), $p < .05$. $p < .01$, integration and marginalization ($r = -.419$), $p < .01$. A moderate positive association was found between assimilation and integration ($r = .216$), $p < .05$, and a strong positive association was found between separation and marginalization ($r = .439$), $p < .01$.

Table 5.3

Correlations Between Dimensions of Acculturation (Assimilation, Separation, Integration and Marginalization) and Job Satisfaction

	Global Job Satisfaction	Assimilation	Separation	Integration	Marginal- ization
Global Job Satisfaction					
Assimilation	.005				
Separation	-.073	-.441**			
Integration	.213*	.216*	-.261*		
Marginalization	-.065	-.081	.439**	-.419**	

n=77

* p < 0.05 level

** p < 0.01 level

Workplace Support and Job Satisfaction

Informal Sources of Support. The highest possible total score for each source of support (immigrant co-workers, Canadian co-workers, administration, union) of Wang's (2001) scale is 84. Immigrant co-workers and Canadian co-workers scored the highest sources of support (See Table 5.4). The mean scores are 65.95 and 62.59 respectively. Although immigrant co-workers provided the most support, the score is not at a high level. Support by the union scored the lowest (38.31). Administration support

(50.67) indicating management and supervisors is the second highest level of support determined by participants.

Table 5.4

Descriptive Statistics Frequency of Informal Workplace Support N=124

	<i>n</i> = valid(missing)	Mean	Standard Deviation	Range
Immigrant Co-workers	94(30)	65.95	11.63	27-83
Canadian Co- Workers	92(32)	62.59	11.63	31-84
Administration	84(40)	50.67	14.66	14-80
Union	81(43)	38.31	8.86	12-75

Pearson's correlation coefficients were computed to determine the associations between sources of informal workplace support and global job satisfaction. All four sources of support were significantly correlated with job satisfaction (See Table 5.5) suggesting the more support received from each informal source of support the higher the level of job satisfaction. The strongest correlation was found between administration support and job satisfaction ($r = .532, p = .000$). The correlations are comparable between support from immigrant co-workers and job satisfaction ($r = .463, p = .000$) and support from Canadian co-workers and job satisfaction ($r = .443, p = .000$).

Table 5.5

Correlations Between Sources of Informal Support in the Workplace and Job Satisfaction

	Global Job Satisfaction
Immigrant Co-Workers	.463 ^{**}
Canadian Co-Workers	.443 ^{**}
Administration	.532 ^{**}
Union	.315 ^{**}
n= 64	
** p < 0.01 level (1-tailed)	

Formal Sources of Support. An independent-sample t-test was conducted to compare global job satisfaction scores between respondents who completed a formal transitioning program (Formal TP) (bridging, mentoring or communication) and those respondents who did not complete such a program. Table 5.6 provides a summary of the results. There is no significant difference in the scores for those respondents who completed such a transitioning program ($M=109.00$, $SD= 21.91$) and those respondents who did not complete such a program ($M=114.84$, $SD=19.12$); $t(79) = -1.09$, $p = .281$.

Table 5.6

*Independent t-test of Job Satisfaction and Completion of a Formal Transitioning**Program N=124*

	N	M	SD	T	df	p
Formal TP						
Yes	17	109.00	21.91	-1.09	79	.281
No	64	114.84	19.12			
Missing	43					

Multiple Regression Model of Job Satisfaction. Five independent variables were significantly correlated to job satisfaction: immigrant co-worker support (ICW),

Canadian co-worker support (CCW), administration support (A), union support (U), and integration (I) (as a dimension of acculturation). Table 5.7 summarizes the Pearson Correlation analysis results for these independent variables and the dependent variable of job satisfaction. Previous studies (e.g., Ea et al., 2008) had found that age and years of nursing practice were positively associated with levels of job satisfaction. Correlational analyses were subsequently conducted to determine if there were significant relationships between these demographic variables and the dependent variable for possible inclusion in the regression analysis. Job satisfaction is not significantly correlated to participant age ($r = .11$, $p = .325$) or years of practice as an RN in Canada ($r = .00$, $p = .999$). A multiple regression analysis was conducted to evaluate how well the five variables predicted job satisfaction (JS) among Filipino IENs in this study.

Table 5.7

Pearson's Correlations Between Predictors and Job Satisfaction (Global JS)

	Global JS	<i>p</i>
Immigrant Co-Workers	.463*	.000
Canadian Co-Workers	.443*	.000
Administration	.532*	.000
Union	.315*	.006
Integration	.275*	.014

n= 64

* $p < 0.01$ level

In the multiple regression model, the five predictor model accounted for 26.2% of the variance of job satisfaction, $F(5, 57) = 5.47$, $p = .000$, $R^2 = .320$, Adjusted R square, .262, 95 % CI [-6.44, 88.81]. Only administration support significantly predicted

job satisfaction scores, $B = .559$, $t(57) = 2.19$, $p = .033$, once all other significant variables were included in the model. The variables of social support by immigrant co-workers, Canadian co-workers, and union support and the integration variable did not contribute significantly to the variance accounted for by the dependent variable job satisfaction once all variables were entered into the model (See Table 5.8).

Table 5.8

Coefficients for the Multiple Regression Model of Job Satisfaction

	<i>B</i>	<i>SE B</i>	<i>B</i>	<i>p</i>
Immigrant Co-worker	.526	.360	.287	.150
Canadian Co-worker	-.292	.414	-.165	.483
Administration	.559	.256	.413	.033
Union	.021	.156	.019	.894
Integration	.845	.848	.127	.324

Notes: *Adjusted R square*

= .26, ($p = .000$)

Content Analysis

The goal of the qualitative analysis was to categorize and describe the recommendations made by Filipino IENs in this study, based on their insights and experiences, for other IENs to successfully adapt and live in Canada. Of the ninety-two responses, eighty-nine responses were used in the analysis. The remaining three responses were not used as they consisted of one-word answers that did not answer the question. Using the analysis process outlined by Elo and Kyngas (2007), units of analysis, sub-categories, and generic categories were identified from the data and five key

categories of recommendations emerged: English language communication, Canadian nursing and culture, network of support and resources, willingness to succeed from within and never stop learning.

English Language Communication. Despite receiving nursing education in English in the Philippines, many respondents commented on the importance of establishing strong English speaking skills in order to effectively communicate with patients and co-workers. An emphasis on mastering and fluency of the language was apparent in several responses. As one respondent described “Being able to communicate in English is a “MUST” for all immigrants.” Strategies to practice oral skills were recommended and included: having a language coach, reading written texts and books out loud in order to practice pronunciation and hear oneself speak, and to watch English T.V, and movies to understand the way Canadians speak. Participation in some form of formal communications courses was viewed as beneficial and was therefore recommended. Mastering written English language skills was also discussed, but not with the same emphasis or frequency as with oral skills. For some, the importance of communication was broader than English oral and written skills, it was being able to communicate in a Canadian culture. One participant stated,

“ Communication is not only about how well you speak English and how well you express yourself but it is also about the approach, strategy, and body language you use to convey the message. If an immigrant is well aware and oriented of the Canadian culture, then, the proper approach, proper strategy, and proper body language will be well carried out.”

English language and communication was a prominent theme identified by many participants. Mastery of the language was a recommendation to facilitate successful adaptation.

Canadian Nursing and Culture. This group emphasized the need for IENs to learn and understand the role, standards and practice of the RN in Canada. A few recommended that IENs should come to Canada with previous nursing experience in either acute or specialty areas like emergency and intensive care units to ease acculturation and adaptation. Others suggested that it did not matter how long one practiced as a RN previously, it was how long one had been nursing in Canada that made a difference.

To facilitate understanding of the nursing role in Canada, suggestions for a solid knowledge base in Canadian culture and the Canadian Health Care system were intertwined in the responses. Learning about Canada's diverse culture was an identified area of learning by a few respondents. Canadian culture was perceived as different from the American approach taught in the Philippines. IENs were encouraged to research and gain knowledge of Canadian culture prior to coming to Canada. Others discussed the importance of receiving "training" and "courses" to gain this knowledge around nursing roles, culture and the Canadian health care system. There was evidence of strong support for participation in a type of formal transitioning program to achieve this. Participation in a bridging program was the key program mentioned by most respondents who advocated for a transitional type program. The bridging program was identified to include several components to educate IENs in practice in Canada including culture, communication, and the health care system and provided an introduction to the roles, guidelines and standards that guide Canadian nursing. According to one participant,

“The bridging program is of great help to Internationally Educated Nurses. I totally support the program. This program enables the internationally educated nurses to gain more knowledge, develop and enhance their nursing skills, understand the culture of Canadians, especially the Aboriginals. I believe the program is of big help to all Newcomers to Canada.”

Others discussed the need for longer orientations with longer practicums and the need for orientations that differed from those received by RNs educated in Canada. There were also suggestions for practical experiences in rural settings (“to immerse oneself in Canadian culture”) and in specialty areas like mental health, rehabilitation and community health nursing as those areas are not as established in third world countries.

Network of Support and Resources. Many Filipino IENs advocated for the creation of supportive networks inside and outside the workplace. Within the workplace, some suggested access to preceptors and the establishment of mentors who could provide one to one support. Others emphasized the importance of establishing a supportive relationship with a supervisor who understood the issues and circumstances experienced by many IENs. Others suggested that not only should IENs participate in opportunities to learn about Canada’s culture, but workplaces should encourage Canadians to learn about the cultures of their co-workers to facilitate effective adaptation for all and avoid misunderstandings. Several Filipino IENs recommended the formation of support groups dedicated to connecting new IENs with experienced IENs to help with adaptation. The creation of a “network of nurses” was viewed as effective means to support IENs during the transitioning period. For example,

“It would be great to develop a network of nurses that can assist newly arrived nurses to get familiar with the city, work environment, or provide emotional

support during the initial weeks of transitioning to a new workplace.”

IENs described the establishment of networks in the community and encouraged active participation in community-based activities to gain knowledge of Canadian culture and develop relationships with other Canadians.

Many IENs specified the importance of connecting with resources, although specific resources were not always identified. Many Filipino IENs stressed the need to ask for help and not be afraid to ask for help or support as required. The following quote illustrates this,

“Recognize that we need help when we need help and that help is available once we reach for it.”

A few IENs highlighted the need to access resources like the CRNM and government programs to assist with application process to become a RN in Canada, to ensure IENs are clear about the expectations and requirements of the application process.

Willingness to Succeed from Within. Filipino IENs in this sample encouraged strength of character to assist with acculturation. IENs discussed the need to be hard working, positive, resilient, flexible and adaptable. A few recommended to be prepared for the challenges of acculturation. There was a sentiment of being positive, believing in oneself and persevering despite the challenges because the end result is worth it. The two quotes below support the findings,

“ Flexibility and adaptability play(s) an important role both in adapting to life and work. ...encourage to be hardworking, and fair in all aspects.”

“Believe in yourself that you can be globally competitive and strive for success.”

Never Stop Learning. The concept of continuing education was threaded through many respondents’ recommendations. Participation in training courses,

workshops, and conferences was advocated. Several IENs suggested new IENs needed to assume responsibility to keep their skills and knowledge up to date. IENs were urged to be open-minded to learn and to participate in opportunities for professional and self-development. For example,

“Educate yourself doesn’t matter inside or outside of your profession. Never stop learning.”

“Make efforts to constantly improve your knowledge and skills to provide better and updated care to your clients.”

Summary

Following data analysis, global job satisfaction was scored at a moderately satisfied level. The eight sub-scales scores of job satisfaction indicated that the study sample was generally satisfied with all aspects of their job as measured with the MMSS. Of the four dimensions of acculturation, only integration was significantly correlated to job satisfaction.

Immigrant co-workers and Canadian co-workers provided the most support to Filipino IENs in this study and all four sources of support (immigrant co-workers, Canadian co-workers, administration and union) are significantly correlated with job satisfaction. Independent sample t-tests suggest completion of a transitioning program did not impact levels of job satisfaction. Through a multiple regression analysis which included the five independent variables with significant bivariate correlation with job satisfaction, it was determined that only administration social support remained as a significant predictor, accounting for 27 % of the variance of job satisfaction.

Lastly, through content analysis, English language communication, Canadian nursing roles and culture, establishing networks and resources, willingness to succeed,

and never stop learning emerged as five key categories of recommendations by the study sample for IENs coming to practice in Canada.

Chapter 6 - Discussion

This chapter includes a discussion of the findings from the study relative to the research question and the proposed hypothesis. The findings are compared and contrasted with research studies in similar areas. Qualitative data regarding successful adaptation to Canada are also considered. The use of Berry's (1997) acculturation framework is discussed, limitations of the study are identified and recommendations for practice and future research are made.

Findings

The findings from the study begin to fill the gap in the literature regarding the experiences of IENs post registration in Canada and in response to the research question "What are the relationships between the dimensions of psychological acculturation, workplace support, and job satisfaction for Filipino IENs in Manitoba?" The study included an examination of the levels of global job satisfaction and the relationships with dimensions of psychological acculturation and sources of workplace support, including participation in formal transitioning programs with this unique group of nurses. A multiple regression model examined the contributions to the total explained variance of the included independent variables on job satisfaction. Although five significant independent variables (immigrant co-worker, Canadian co-worker, administration and union sources of support and integration as a dimension of acculturation) were found to be positively associated to job satisfaction, only administration support significantly predicted job satisfaction in the multiple regression analysis. It was hypothesized that dimensions of psychological acculturation (integration and assimilation) and workplace support would be positively correlated with global job satisfaction.

Job Satisfaction

Overall, Filipino IENs in the study were moderately satisfied with their jobs. These results of global job satisfaction are similar to findings in other studies examining job satisfaction with Filipino IENs in the U.S. (Asperilla, 1976; Ea et al., 2008; Hayne et al., 2009). The findings were dissimilar to other research of IENs in Canada who experienced lower levels of overall job satisfaction, as did the Canadian born RNs they were compared to (O'Brien-Pallas & Wang, 2006). IENs in that study reportedly experienced forms of discrimination, impacting their adjustment and may have contributed to their lower levels of job satisfaction.

The group mean scores on the sub-scales suggest Filipino IENs in this study indicated being more satisfied than dissatisfied in all aspects of job satisfaction measured by the MMSS. The IENs were the most satisfied with extrinsic factors like pay and less satisfied with professional opportunities. Studies have shown IENs perceive general satisfaction with their work due to a variety of factors ranging from work environment (Winkelmann et al., 2005) to continuing education opportunities (Takeno, 2010). Other studies have shown IENs' levels of dissatisfaction with similar factors such as extrinsic rewards (Zizzo, 2003) and hours of work (Smith et al., 2011). The results may be attributable to the current working conditions in Manitoba, which are likely dissimilar to the challenging nursing working environments experienced in the Philippines. Just under half of the respondents in this study (46%) have been in Canada for less than five years and just over half (51.6%) of the respondents have worked in Canada for less than five years, so recent memories and experiences of work conditions in Philippines may influence current levels satisfaction in a positive manner.

Psychological Acculturation

Filipino IENs in this study indicated their preference for the integration strategy over the other strategies of acculturation. Choosing the integration strategy over the other strategies suggest Filipino IENs in Manitoba choose to maintain their own culture while interacting and establishing relationships with the host society. In a multicultural society based in ideology that promotes and fosters cultural diversity and acceptance, this would be an expected and desired result. The preferred strategy of integration may also be a result of the effect of the established Filipino community in Manitoba (particularly in Winnipeg, where two-thirds of the respondents worked). The strong Filipino community base may help facilitate the affiliation with integration. It could be argued a combination of a strong ethnic community and policy for multiculturalism allows for the integration strategy.

Previous studies measuring the acculturation of Filipino IENs in the U.S. also found high levels of acculturation, but the findings could be interpreted based on a uni-dimensional theory of acculturation leaning towards assimilation. Filipino IENs acculturated more to U.S. culture by developing language proficiency and adopting cultural norms and behaviours (Ea et al., 2008). Unlike Ea et al. (2008), respondents did not indicate a strong preference towards the assimilation strategy in this study, which was not unexpected given the cultural context of Manitoba. Filipinos value cohesiveness and have a strong cultural identity (Ea et al., 2008) suggesting a stronger degree of cultural maintenance associated with integration. Additionally, the established larger Filipino community in Manitoba may increase the availability and opportunity to maintain connections with the Filipino culture. However, based on the literature and Berry's (1997) acculturation framework, it was expected respondents would have a higher

preference for assimilation than what was found because it is considered a higher level of acculturation and therefore hypothesized to have a higher association with job satisfaction.

The categories of recommendations that arose from the content analysis reflect the international IEN literature that discusses barriers and challenges to practice and acculturation strategies of IENs. Proficiency of English communication skills with an emphasis on oral skills is consistent with findings of previous studies (Xu et al., 2008). Like other IENs, despite receiving nursing education in English in the Philippines many Filipino IENs in this study appear to struggle with the language and express challenges with communication. Across Canada, not only are Filipino IENs caring for English speaking patients but also they are also caring for patients of diverse ethnic backgrounds and languages, where English language may not be the patient's first language. Due to the cultural distance in language it is not surprising that language and communication pose challenges. As Berry (1997) explains, the greater the cultural distance the more negative the adaptation process can be. The respondents identified positive and proactive strategies to enhance language and communication skills.

Differences in cultural practices and norms and the nursing role influenced the recommendation of "learning Canadian culture and Canadian nursing." This was not a new finding in the IEN literature. The influence of cultural difference is the basis for much of the literature centered on acculturation and adaptation of IENs. Interestingly, some of the Filipino IENs suggested this cultural learning should begin prior to arrival. Others promoted and advocated for participation in programs like the Red River College Bridging program. Longer orientations and orientations different from Canadian-born RNs was also recommended.

The significance of social support in the workplace was established earlier in the study's quantitative findings. The results of the content analysis strengthen and reinforce the quantitative findings. This group of IENs advocated for the creation of supportive networks inside and outside the workplace. Again, this need for social supports to promote adaptation is well established in the IEN literature. Berry (1997) suggests developing supportive networks in both cultural groups may facilitate the positive acculturation and adaptation. Responses from participants supported such a blended approach. Filipino IENs recommended support groups for IENs, but also discussed peer support with RNs and mentoring. Ethnicity of the peer/mentor was not a focus. The recommendations and strategies identified promoted integration strategy, which leads to effective support.

Personal characteristics were not the focus of this study, but are considered a factor of acculturation according to Berry's (1997) framework. It is apparent from the content analysis that personal characteristics of Filipino IENs are viewed as helping meet the challenges of the acculturation process. Personal characteristics are also identified in the IEN literature (Xu, 2007b). Strength of character, resiliency, and being a hard-worker have been noted by previous authors like Xu (2007b) and DiCicco-Bloom (2004). Filipino IENs also encouraged seeking and participating in opportunities for continuing education and professional development. This finding adds to the current literature. Current immigration literature (Reitz, 2005) includes the challenges with career advancement among minority ethnic groups, but does not address the desire to continue learning and interest in professional development.

Psychological Acculturation and Job Satisfaction

Previous studies with IENs have measured acculturation from a uni-dimensional framework resulting in one score along a continuum. In this study, the EAAM, a multidimensional tool measured four dimensions of psychological acculturation found that only integration, not assimilation was positively associated with job satisfaction. As the hypothesis predicted both acculturation and integration would be positively associated with job satisfaction, the hypothesis was only partially confirmed. The correlation between job satisfaction and integration found in this study is a moderate positive association, similar to the findings of Ea et al. (2008). Finding a lack of an association between assimilation and job satisfaction is in contrast to the studies discussed by Ea et al. (2008) and the findings of Yi and Jeweski (2000). This may be a result of assimilation not being a preferred strategy among the respondents and/or it may be a result of utilizing a scale (the EAAM) that measures acculturation using a multidimensional approach versus a uni-dimensional approach. According to Berry, (1997) preferences towards integration over other strategies may lead to more effective adaptation and less stress during the acculturation process. The selections of acculturation strategies that promote effective adaptation suggest levels of job satisfaction are elevated.

Workplace Support and Job Satisfaction

Filipino IENs in this study appear to buffer the stresses of acculturation with the support of their immigrant co-workers and their Canadian co-workers. Connections with other IENs, and Canadian colleagues can foster adaptation, create a supportive environment and a sense of belonging to the group. McGuire and Murphy (2005) comment that IENs described difficulties in having the opportunities to interact and

establish relationships with other RNs once in the workforce. The frequency of support found with this group of IENs contrasts that finding.

It is not surprising that immigrant co-workers were perceived as the most frequent source of support for the Filipino IENs in the study. Comfort and decreased distress are often found in the relationships with colleagues in similar situations (Beechinoor & Fitzpatrick, 2008; Xu, 2007b). Due to the cultural differences in areas such as language and culture, establishing relationships with others in similar situations offers stress relief and helps build confidence in the work setting. The IEN literature highlights the importance of immigrant colleagues as resources in both professional and personal lives of IENs; particularly for IENs who experience acculturative stress as described by Berry (1997).

There was also an indication of strong support from Canadian- co-workers by respondents. In contrast, Higginbottom (2011) found the Canadian colleagues offered variable levels of support and were not always cordial in their approach with IEN colleagues. Supportive relationships among employees promote healthy work environments and contribute to job satisfaction. Supportive relationships with Canadian colleagues are vital to IENs to help facilitate the organizational socialization that occurs with a job and that is compounded by the acculturation process. Canadian co-workers are the “insiders” of the organization who can help IENs not only discover the norms and culture of the organization, but the cultural practices of nursing in Canada.

Managers and supervisors (i.e., administration) were not identified as frequent sources of support; and to an even lesser extent was the union as a source of support. Managers and supervisors are also part of the “insider” group who are important in the socialization to the work environment. Limited contact with administrative support may

put Filipino IENs at a disadvantage during the adaptation process and jeopardizes the possibility of higher levels of job satisfaction based on the findings of the study and others (Hall, 2007).

The mean score of union support was not unexpected due to the limited contact the union has on a day-to-day basis in practice for the average RN in Manitoba. However, due to the transitioning programming available to IENs through the union, it was viewed as important source of support to investigate.

All four informal sources of workplace support were positively related to job satisfaction, which confirms that aspect of the hypothesis. Previous studies (Hall, 2007; Wang & Sangalang, 2005) have also linked support in the workplace to job satisfaction. Interestingly, support from administration had the highest correlation with job satisfaction among the sources of support, yet the mean support score received from administration source was not as high as co-worker support. Wang and Sangalang (2005) also found managerial support was positively associated with job satisfaction in their study of Filipino immigrants and offer a reasonable explanation for the relationship. The authors suggest that the relationship may be influenced by Filipino cultural norms and values that places meaning in the hierarchy in relationships and the power distance associated within them. Managers are often Canadian-born and have perceived greater power, therefore Filipino immigrants may “experience both power and ethnicity disadvantages” and do not turn to administration for support frequently (Wang & Sangalang, 2005, p. 250).

The results of the multiple regression model of job satisfaction determined that only administration support was predictive of job satisfaction after adjusting for immigrant co-workers, Canadian co-workers, union and integration in the model. This is

similar to findings in nursing studies. Supervisor support predicted 17% of the variance of job satisfaction among RNs on nursing care units (Hall, 2007). The finding strengthens the importance and influence managers and supervisors contribute to levels of job satisfaction for Filipino IENs in this study.

In this study, the completion of a transitioning program did not affect overall levels of job satisfaction. A challenge with these findings is the low number of respondents who had participated in a transitioning program. This relationship between formal transitioning programming and job satisfaction remains an area of research for future consideration, as there is a gap in the literature. It would be beneficial to understand whether these programs have any impact on factors that influence job satisfaction and contribute to retention.

Limitations

Several limitations to this study are identified. The convenience sample was of self-selected Filipino IENs in Manitoba and cannot be generalized to IENs collectively. In addition, it is unknown how many Filipino IENs do not have their credentials recognized and are either working at lower levels of nursing or outside of nursing practice and may not be captured in the sample population.

Although attempts were made to manage the missing data, the percentage of missing data was much greater than anticipated and is viewed as a major limitation; particularly for the measures of social support and job satisfaction. As a result, this reduced the sample size and created greater potential for creating a type II error.

Another limitation to the study was the use of one method (on-line/e-mail) to connect with the population versus implementing mixed methods to maximize potential response rates, thereby increasing sample size. Dillman, Smyth and Christian (2009)

discuss the benefits of using mixed-mode surveys such as postal mail and Internet. Not all potential participants may have been comfortable with technology or had high speed Internet (particularly in the rural areas) to facilitate ease of completion of the surveys. However, as all RNs are required by the CRNM to renew their registration on-line, the use of the Internet was determined to be an appropriate way to connect with this group. Every effort was made to ensure the format of the questionnaire was in a user-friendly and easy to answer format. Dillman and colleagues (2009) explain these strategies are helpful to maximize response rates.

Recommendations for Practice

A key finding from this study is the significance of administrative support on job satisfaction. As a result nurse managers, supervisors and those in leadership positions should consider developing leadership styles that make them visible, accessible and approachable. It might be beneficial for administrative leaders to connect with Filipino IENs on a regular basis to be engaged and create opportunities for support. Creating a supportive environment and role modeling mutual accommodation and a supportive relationship could contribute to the healthy work environment. These actions impact factors contributing to job satisfaction and foster retention thereby promoting better patient care.

Filipino IENs in this study responded as being interested and eager for opportunities to participate in workshops, trainings and professional development. Administrators can help foster their desire to learn. Promoting staff to be life-long learners may benefit organizations and patient outcomes.

It is important to build on the resources and formal transitioning programs currently available to assist Filipino IENs acculturate to Manitoba and evaluate the

outcomes of the programs. Organizations and nurse managers can help facilitate informal (peer support, IEN network, preceptors) and formal (organizational orientations) supports in practice settings directed towards the specific needs of Filipino IENs, such as longer orientations, to promote successful adaptation to Canada. Offering clinical expertise and support and may facilitate effective adaptation that in turn will elevate levels of job satisfaction.

Recommendations for Future Research

The addition of the open-ended question in this study allowed for further exploration of the acculturation experiences of Filipino IENs in Manitoba. Using mixed – methods by conducting interviews or focus groups to examine the acculturation experiences of Filipino IENs in Manitoba would be beneficial to gain a deeper understanding of the successes and challenges IENs encounter during their acculturation process and how that relates to the types of acculturation strategies chosen. Included in this could be investigating the experiences of racism and discrimination encountered by IENs in Manitoba, as it is a prominent theme in the IEN literature globally.

It would be beneficial to examine the demographic variables associated with acculturation and job satisfaction among this group of IENs. There is a paucity in the literature in this area and these data would help in the understanding of how certain variables identified in the literature like age, length of residency, years of nursing practice can influence both of these factors, as there appears to be an overlap. These findings would help inform employers, organizations and policy makers of the similarities and/or differences between generations, novice and experienced nurses and new immigrants to Canada versus those that have been in Canada longer. Such research could help inform

stakeholders to develop targeted programming to meet the diverse needs among IENs and encourage retention and productivity and improve patient outcomes.

An additional area of research would be to investigate further the aspects of job satisfaction for Filipino IENs in Manitoba and conduct a comparison study with Canadian RNs to identify differences in factors influencing retention and turnover. Lastly, it would be useful to examine further the effects of formal transitioning programming on outcomes influencing retention and recruitment such as job satisfaction. Informal feedback from these programs indicates that they are rated very highly by participants.

Conclusion

This research study addressed gaps in the literature related to the acculturation and retention issues among Filipino IENs in Canada. Significant findings from the study identified that this group of Filipino IENs were moderately satisfied with their overall job satisfaction and not dissatisfied with any aspects of their job identified on the MMSS. Integration (a dimension of psychological acculturation) and all sources of informal workplace social support were positively associated with levels of global job satisfaction. The influence of formal transitioning programs on job satisfaction requires further investigation. Through multiple regression analysis, administration support was determined to be the primary predictor of job satisfaction among this group of IENs.

Understanding the relationships among these variables can assist in the development of both informal and formal programming to meet the needs of IENs as they transition into practice. Managerial and supervisory leadership positions play a significant role in job satisfaction for Filipino IENs in this study, which has promising implications for practice.

References

- Aiken, L., Buchan, J., J, Nichols, B., & Powell, M. (2004). Trends in international nurse migration. *Health Affairs*, *23*(3), 69-77. doi: 10.1377/hlthaff.23.3.69
- Al-Omari, H., & Pallikkathayil, L. (2008). Psychological acculturation: a concept analysis with implications for nursing practice. *Journal of Transcultural Nursing*, *(2)*, 126-133. doi: 10.1177/1043659607313072
- Asperilla, P. (1976). Problems of foreign-educated nurses and job satisfaction of Filipino nurses. *Academy of Nursing of the Philippines Papers*, *(11)*, 2-13.
- Atri, A., Matorin, A., & Ruiz, P. (2011). Integration of international medical graduates in U.S. psychiatry: the role of acculturation and social support. *Academic Psychiatry*, *35*(1), 21-26. doi: 10.1176/appi.ap.35.1.21
- Bakker, D., Conlon, M., Fitch, M., Green, E., Butler, L., Olson, K., & Cummings, G. (2012). Canadian oncology nurse work environments: Part II. *Nursing Leadership*, *25*(1), 68-89.
- Bae, S. (2011). Organizational socialization of international nurses in New York metropolitan area. *International Nursing Review*, *59*, 81-87.
- Barry, D. (2001). Development of a new scale for measuring acculturation: The East Asian acculturation measure (EAAM). *Journal of Immigrant Health*, *3*(4), 193-197. doi: 10.1023/A:1012227611547
- Barry, D., & Grilo, C. (2002). Cultural, psychological and demographic correlates of willingness to use psychological services among East Asian immigrants. *The Journal of Nervous and Mental Disease*, *190*(1), 32-39.
doi: 10.1097/00005053-200201000-00008
- Barry, D., & Grilo, C. (2003). Cultural, self-esteem, and demographic correlates of

perception of personal and group discrimination among East Asian immigrants. *American Journal of Orthopsychiatry*, 73(2), 223-229.

doi: 10.1037/0002-9432.73.2.223

- Baumann, A., Blythe, J., & Ross, D. (2010). Internationally educated health professionals: workforce integration and retention. *HealthCarePapers*, 10(2), 8-20.
- Beaton, M., & Walsh, J. (2010). Overseas recruitment: experiences of nurses immigrating to Newfoundland and Labrador, 1949–2004. *Nursing Inquiry*, 17: 173–183.
doi: 10.1111/j.1440-1800.2009.00471.x
- Beechinor, L., & Fitzpatrick, J. (2008). Demands of immigration among nurses from Canada and the Philippines. *International Journal of Nursing Practice*, 14(2), 178-187. doi: 10.1111/j.1440-172X.2008.00680.x
- Berg, J., Rodriguez, D., & De Guzman, C. (2004). Demographic survey of Filipino American Nurses. *Nursing Administration Quarterly*, 28(3), 199-206.
- Berry, J.W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology*, 46, 5-68.
- Berry, J.W. (2001). A psychology of immigration. *Journal of Social Issues*, 57(3), 615-631. doi: 10.1111/0022-4537.00231
- Berry, J.W. (2003). Conceptual approaches to acculturation. In Chun, K. M., Balls - Organista, P., Marin, G. (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17-37). Washington, DC, U.S.: American Psychological Association.
- Berry, J.W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29, 697-712.

doi: 10.1016/j.ijintrel.2005.07.013

Berry, J.W. (2006). Contexts of acculturation. In Sam, D., and Berry, J.W. (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 27-42). United Kingdom (Cambridge), Cambridge University Press.

Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: acculturation, identity, and adaptation. *Applied Psychology, 55*(3), 303–332.
doi: 10.1111/j.1464-0597.2006.00256.x

Blythe, J., & Baumann, A. (2009). Internationally educated nurses: profiling workforce diversity. *International Nursing Review, 56*, 191-197.
doi: 10.1111/j.1466-7657.2008.00699.x

Blythe, J., Baumann, A., Rheaume, A., & McIntosh, K. (2009). Nurse migration to Canada: Pathways and pitfalls of workforce integration. *Journal of Transcultural Nursing, 20*, 202-210. doi: 10.1111/j.1466-7657.2008.00699.x

Bola, T., Driggers, K., Dunlap, C., & Ebersole, M. (2003). Foreign-educated nurses – strangers in a strange land? *Nursing Management, 34*(7), 39-42.

Boski, P. (2008). Five meanings of integration in acculturation research. *International Journal Of Intercultural Relations, 32*, 142-153.
doi: 10.1016/j.ijintrel.2008.01.005

Bourgeault, I.L., Neiterman, E., LeBrun, J., Viers, K., & Winkup, J. (2010). *Brain gain, drain and waste: The experiences of internationally educated health professionals in Canada*. Ottawa: University of Ottawa. Retrieved from
<http://healthworkermigration.com/resources/iehp-report.html>

Brush, B., & Sochalski, J. (2007). International nurse migration: Lessons from the Philippines. *Policy, Politics, and Nursing Practice, 8*(1), 37-46.

doi: 10.1177/1527154407301393

Bryson, A., Cappellari, L., & Lucifora, C. (2004). Does union membership really reduce job satisfaction. *British Journal of Industrial Relations*, 42(3), 439-459.

doi: 10.1111/j.1467-8543.2004.00324.x

Buchan, J., Jobanputra, R., & Gough, P. (2005). "Should I stay or should I go?" A new survey from the King's fund and the RCN challenges to the NHS to reform its recruiting practices for staff from overseas. *Nursing Standard*, 19(36), 14-16.

Cabassa, L. (2003). Measuring Acculturation: Where are we and where we need to go. *Journal of Behavioral Sciences*, 25, 127-146.

doi: 10.1177/0739986303025002001

Canadian Institute for Health Information. (2010). *Regulated Nurses: Canadian Trends, 2005-2009*. Ottawa, On: Author. Retrieved from secure.cihi.ca/cihiweb/products/nursing_report_2005-2009_en.pdf

Canadian Nurses Association. (2005). *Regulation and integration of international nurse applicants into the Canadian healthcare system*. Ottawa, On: Author. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS79_Regulation_e.pdf

Canadian Nurses Association. (2006). *Toward 2020 - visions for nursing*. Ottawa, On: Author. Retrieved from www.cna-nurses.ca/CNA/documents/pdf/.../Toward-2020-e.pdf

Canadian Nurses Association. (2009). *Tested solutions for eliminating Canada's Registered Nurse shortage*. Ottawa, ON: Author. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/RN_Highlights_e.pdf

- Chege, N. (2010). Adaptation challenges facing internationally educated nurses. *Dimensions of Critical Care Nursing*, 29(3), 131-135.
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155-159.
- College of Registered Nurses of Manitoba. (2009). *Annual report*. Retrieved from http://cms.tng-secure.com/file_download.php?fFile_id=9387
- Cowart, M. E. (1983). Philippine nurses in Florida: What is their practice after U.S. licensure. *The Philippine Nursing Journal*, 53(1) 7-13.
- Daniel, P., Chamberlain, A., & Gordon, F. (2001). Expectations and experiences of newly recruited Filipino nurses. *British Journal of Nursing*, 10(4), 254–265.
- Das Gupta, T. (2009). *Real nurses and others: Racism in nursing*. Halifax, Fernwood.
- Diallo, K. (2004). Data on the migration of health-care workers: sources, uses, and challenges. *Bulletin of World Health Organization* [online], 82(8), 601-607. WHO, Geneva, Switzerland. Retrieved from <http://www.scielosp.org/pdf/bwho/v82n8/v82n8a10.pdf>
- DiCicco-Bloom, B. (2004). The racial and gendered experiences of immigrant nurses from Kerala, India. *Journal of Transcultural Nursing*, 15(1), 26-33.
doi: 10.1177/1043659603260029
- Dillman, D., Smyth, J., & Christian, L. (2009). *Internet, mail, and mixed-mode surveys: The Tailored Design Method*. Hoboken, New Jersey.
- Dion, K. (2007). Acculturation and immigration: social psychological perspectives. Retrieved April 13, 2011 from http://canada.metropolis.net/research-policy/litreviews/tylr_rev/tylr_rev-05.html

- Duff, P., Wong, P., & Early, M. (2002). Learning language for work and life: the linguistic socialization of immigrant Canadians seeking careers in healthcare. *Modern Language Journal*, 86 (3), 397-421.
- Ea, E. (2007). Facilitating acculturation of foreign-educated nurses. *The Online Journal of Issues in Nursing*, 13(1). doi: 10.3912/OJIN.Vol13No01PPT03
- Ea, E., Griffin, M., L'Eplattnier, N., & Fitzpatrick, J. (2008). Job satisfaction and acculturation among Filipino registered nurses. *Journal of Nursing Scholarship*, 40(1), 46-51. doi: 10.1111/j.1547-5069.2007.00205.x
- Ea, E., Itzhaki, M., Ehrenfeld, M., & Fitzpatrick, J. (2010), Acculturation among immigrant nurses in Israel and the United States of America. *International Nursing Review*, 57, 443–448. doi: 10.1111/j.1466-7657.2010.00812.x
- Ellenbecker, C., & Byleckie, J. (2005). Home healthcare nurses' job satisfaction scale: Refinement and psychometric testing. *Journal of Advanced Nursing*, 52(1), 70-78. doi: 10.1111/j.1365-2648.2005.03556.x. ISSN: 0309-2402
- Elo, S., & Kyngas, H. (2007). The qualitative analysis process. *Journal of Advanced Nursing*, 62(1), 107-115. doi: 10.1111/j.1365-2648.2007.04569.x
- Estrada, A. O. (1996). *Filipino staff nurses' levels of job satisfaction in three urban hospital settings: Focusing on nurses immigrating during the nursing shortage, 1980-1990*. (Order No. 9635970, Columbia University Teachers College). *ProQuest Dissertations and Theses*, , 165-165 p. Retrieved from <http://search.proquest.com/docview/304301453?accountid=14569>. (304301453).
- Fisher, C. (1985). Social support and adjustment to work: A longitudinal study, *Journal of Management*, 11,(3), 39-53. doi: 10.1177/014920638501100304

- Flynn, L. (2005). The importance of work environment: Evidence-based strategies for enhancing nurse retention. *Home Healthcare Nurse, 23*(6), 367-371.
- Gordon, M., & Denisi, A. (1995). A re-examination of the relationship between union membership and job satisfaction. *Industrial and Labour Relations Review, 48*(2), 222-236.
- Graham, K., Davies, B., Woodend, K., Simpson, J., & Mantha, S. (2011). Impacting Canadian public health nurses' job satisfaction. *Canadian Journal of Public Health, 102*(6), 427-431.
- Government of Manitoba. (2010a). *Immigration planning guide: immigration facts and figures*. Retrieved from http://www2.immigratemanitoba.com/browse/regionalcommunities/plan_guide/community-facts.html
- Government of Manitoba. (2010b). *New directions in qualifications recognition programming*. Retrieved from www.immigratemanitoba.com/asset_library/en/conference10/3qr.pdf
- Government of Manitoba. (2010c). *Manitoba nursing labour market supply – 2010*. Retrieved from <http://www.gov.mb.ca/health/nurses/docs/mnlms10.pdf>
- Government of Manitoba. (2013). *Choose Manitoba: Philippines*. Retrieved from <http://www.immigratemanitoba.com/choose-manitoba/manitoba-and-you/philippines/>
- Guey-Chi Chen, P., Curry, L., Bernheim, S., Berg, D., Gozu, A., & Nunez-Smith, M. (2011). Professional challenges of non-U.S. born international medical graduates and recommendations for support during residency training. *Academic Medicine, 86*(11), 1383-1388. doi: 10.1097/ACM.0b013e3182303Se1

- Hall, D. (2007). The relationship between supervisor support and registered nurse outcomes in nursing care units. *Nursing Administration Quarterly*, 31(1), 68-80.
- Hansen, K. T. (2007). *Nurses' job satisfaction*. (Order No. 1444729, D'Youville College). *ProQuest Dissertations and Theses*, , 152-n/a. Retrieved from <http://search.proquest.com/docview/304740481?accountid=14569>. (304740481).
- Hayes, B., Bonner, A., & Pryor, J. (2010). Factors contributing to nurse job satisfaction in the acute hospital setting: a review of recent literature. *Journal of Nursing Management*, 18, 804-814. doi: 10.1111/j.1365-2834.2010.01131.x
- Hayne, A., Gerhardt, C., & Davis, J. (2009). Filipino nurses in the United States: recruitment, occupational stress, and job satisfaction. *Journal of Transcultural Nursing*, 20(3), 313-322. doi: 10.1177/1043659609334927
- Hernandez, M.Y. (2009). Psychological theories of immigration. *The Journal of Human Behaviour in the Social Environment*, 19(6), 713-729.
doi: 10.1080/10911350902910898
- Higginbottom, G. (2011). The transitioning experiences of internationally-educated nurses into a Canadian healthcare system: a focused ethnography. *BioMed Central Journal*, 10(14), 14-26. doi: 10.1186/1472-6955-10-14
- Humphries, N., Brugha, R., & McGee, H. (2009). "I won't be staying here for long": a qualitative study on the retention of migrant nurses in Ireland. *Human Resources for Health*, 7(68). doi: 10.1186/1478-4491-7-68
- IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.
- International Council of Nurses (ICN). (Revised 2007). *Position Statement: Nurse retention and migration*. Retrieved from

<http://www.icn.ch/publications/position-statements/>

- Jeans, M.J. (2006). In-country challenges addressing the effects of emerging global nurse migration on health care delivery. *Policy, Politics, & Nursing Practice*, 7(3), 58S-61S. doi:10.1177/1527154406292555
- Jeans, M.J., Hadley, F., Green, J., & Du Prat, C. (2005). *Navigating to become a nurse in Canada: Assessment of international applicants*. Ottawa, Ontario, Canada: Canadian Nurses Association. Retrieved from www.cna-nurses.ca/CNA/documents/.../IEN_Technical_Report_e.pdf
- Jose, M.M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America. *International Nursing Review*, 58, 123-129. doi: 10.1111/j.1466-7657.2010.00838.x
- Kalisch, B., Lee, H., & Rochman, M. (2010). Nursing staff teamwork and job satisfaction. *Journal of Nursing Management*, 18, 938-947. doi: 10.1111/j.1365-2834.2010.01153.x
- Kawi, J., & Xu, Y. (2009). Facilitators and barriers to adjustment of international nurses: integrative review. *International Nursing Review*, 56, 174-183. doi: 10.1111/j.1466-7657.2008.00705.x
- Khaliq, A., Broyles, R., & Mwachofi, A. (2008). Global nurse migration: Its impact on developing countries and prospects for the future. *Nursing Leadership (Tor, Ont)*, 22(1), 24-50.
- Kingma, M. (2007). Nurses on the move: A global overview. *Health Services Research*, 42(3), 1281-1298. doi: 10.1111/j.1475-6773.2007.00711.x
- Kingma, M. (2008a). Nurses on the move: Diversity and the work environment. *Contemporary Nurse: A Journal For The Australian Nursing Profession*, 28(1/2),

198-206.

- Kingma, M. (2008b). Nurse migration and the global health care economy. *Policy, Politics, & Nursing Practice*, 9(4), 328-333.
doi: 10.1177/1527154408327920
- Koert, E., Borgen, W., & Amundson, N. (2011). *The Career Development Quarterly*, 59(3), 194-207. doi: 0.1002/j. 2161-0045.2011.tb00063.x
- Kolawole B. (2009). Ontario's internationally educated nurses and waste in human capital. *International Nursing Review* 56, 184-190.
doi: 10.1111/j.1466-7657.2008.00666.x
- Kolawole B. (2010). International nurse migration to Canada: Are we missing the bigger picture? *Nursing Leadership*, 23(2), 16-20.
- Konno, R. (2006). Support for overseas qualified nurses in adjusting to Australian nursing practice: a systematic review. *International Journal of Evidence Based Healthcare*, 4(2), 83-100. doi: 10.1111/j.1479-6988.2006.00037.x
- Kuokkanen, L., Leino-Kilpi, H., & Katajisto, J. (2003). Nurse empowerment, job-related satisfaction, and organizational commitment. *Journal of Nursing Care Quality*, 18(3), 184-192.
- Latham, C., Hogan, M., & Ringl, K. (2008). Nurses supporting nurses: Creating a mentoring program for staff nurses to improve the workforce environment. *Nursing Administration Quarterly*, 32(1), 27-39.
- Little, L. (2007). Nurse migration: A Canadian case study. *HSR: Health Services Research*, 42(3 Pt 2), 1336-1553. doi: 10.1111/j.1475-6773.2007.00709.x
- Lopez, N. (1990). *The acculturation of selected Filipino nurses to nursing practice in the United States*. (Order No. 9112602, University of Pennsylvania). ProQuest

- Dissertations and Theses*, , 233-233 p. Retrieved from
<http://search.proquest.com/docview/303868546?accountid=14569>. (303868546)
- Lorenzo, F.M., Galvez-Tan, J., Icamina, K., & Javier, L. (2007). Nurse migration from a source perspective: Philippine country case study. *HSR: Health Sciences Research*, 42(3 Pt 2), 1406-1418. doi: 10.1111/j.1475-6773.2007.00716.x
- Lu, Y., Samaratunge, R., & Hartel, C. (2011). Acculturation strategies among professional Chinese immigrants in the Australian workplace. *Asia Pacific Journal of Human Resources*, 49(1), 71-87. doi: 10.1177/1038411110391709
- Lu, H., While, A., & Barriball, L. (2005). Job satisfaction among nurses: a literature review. *International Journal of Nursing Studies*, 42, 211-227.
 doi: 10.1016/j.ijnurstu.2004.09.203
- Luijters, K., van der Zee, K. I., & Otten, S. (2006). Acculturation strategies among ethnic minority workers and the role of intercultural personality traits. *Group Processes and Intergroup Relations*, 9, 561-575. doi : 10.1177/1368430206067554
- MacDonald – Rencz, S., & Davis, J. (2010). The health system and international recruitment. *Healthcare Papers*, 10(2), 28-34; discussion 51-55.
- Magnusdottir, H. (2005). Overcoming strangeness and communication barriers: a phenomenological study of becoming a foreign nurse. *International Nursing Review*, 52, 263-269. doi: 10.1111/j.1466-7657.2005.00421.x
- Masgoret, A., & Ward, C. (2006). Cultural learning approach to acculturation. In Sam, D., and Berry, J.W. (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 27-42). United Kingdom (Cambridge), Cambridge University Press.
- Mayes, D., Janzen, S., & Quigley, P. (2009). Administration and union partnership: One

magnet hospital's story. *Nursing Administration Quarterly*, 33(2), 105-108.

McDermott-Levy, R. (2009). Acculturation: A concept analysis for immigrant health.

Holistic Nursing Practice, 23(5), 282-288. doi: 10.1097/HNP.0b013e3181b66cc7

McGuire, M. (2004). *A report on issues, barriers, and best practice related to PLAR and the advancement of internationally educated nurses and practical nurses into professional education, registered nurse licensure and employment.*

Retrieved from

http://courseware.mymrc.ca/webapps/portal/frameset.jsp?tab_id=_2_1&url=%2fwebapps%2fblackboard%2fexecute%2flauncher%3ftype%3dCourse%26id%3d_74464_1%26url%3d

McGuire, M., & Murphy, S. (2005). The internationally educated nurse. *The Canadian Nurse*, 101(1), 25-29.

McNeese-Smith, D. (1999). A content analysis of staff nurse descriptions of job satisfaction and dissatisfaction. *Journal of Advanced Nursing*, 29(6), 1332-1341. doi: 10.1046/j.1365-2648.1999.01018.x

Miller, M., & Kerlow-Myers, A. (2009). A content analysis of acculturation research in the career development literature. *Journal of Career Development*, 35(4), 352 - 384. doi: 10.1177/0894845308327739

Misener, T., Haddock, K., Gleaton, J., & Abu - Ajamieh, A. (1996). Toward an internal measure of job satisfaction. *Nursing Research*, 45(2), 87-91.

Mueller, C.W., & McCloskey, J.C. (1990). Nurses' job satisfaction: A proposed measure. *Nursing Research*, 39(2), 113-117. doi: 10.1097/00006199-199003000-00014

Nelson, D., & Campbell Quick, J. (1991). Social support and newcomer adjustment in organizations: attachment theory at work? *Journal of Organizational Behaviour*,

12(6), 543-554. doi: 10.1002/job.4030120607

- Nichols, J., & Campbell, J. (2010). The experiences of internationally recruited nurses in the U.K. (1995-2007): an integrative review. *Journal of Clinical Nursing, 19*(19-20), 2814-2823. doi: 10.1111/j.1365-2702.2009.03119.x
- O'Brien, S., & Page, S. (1994). Self-efficacy, perfectionism, and stress in Canadian nurses. *Canadian Journal of Nursing Research, 26*(3), 49-61.
- O'Brien-Pallas, S., & Wang, S. (2006). Innovations in health care delivery: Responses to global nurse migration—A research example. *Policy, Politics, & Nursing Practice, 7*(3), 49S-57S. doi: 10.1177/1527154406292854
- O'Brien-Pallas, L., Toblin - Murphy, G. T., Shamian, J., Li, X., & Hayes, L. J. (2010). Impact and determinants of nurse turnover: a pan-Canadian study. *Journal of Nursing Management, 18*: 1073–1086. doi: 10.1111/j.1365-2834.2010.01167.x
- Okougha, M., & Tilki, M. (2010). Experience of overseas nurses: The potential for misunderstanding. *British Journal of Nursing, 19*(2), 102-106.
- Omeri, A. (2006). Workplace practices with mental health implications impacting on recruitment and retention of overseas nurses in the context of nursing shortages. *Contemporary Nurse a Journal for the Australian Nursing Profession, 21*(1), 50-61.
- Omeri, A., & Atkins, K. (2002). Lived experiences of immigrant nurses in New South Wales Australia: Searching for meaning. *International Journal of Nursing Studies, 39*(5), 495-505.
- Overland, M. A. (2004, November 19). Philippine government shuts down 23 nursing programs. *The Chronicle of Higher Education*, p. A43.

- Padilla, A., & Perez, W. (2003). Acculturation, social identity, and social cognition: A new perspective. *Hispanic Journal of Behavioral Sciences*, 25(1), 35-55.
doi: 10.1177/0739986303251694
- Pasca, R., & Wagner, S. L. (2012). Occupational stress, mental health and satisfaction in the Canadian multicultural workplace. *Social Indicators Research*, 109(3), 377-393. doi: 10.1007/s11205-011-9907-5
- Pratt, G. (1999). From registered nurse to registered nanny: Discursive geographies of Filipina domestic workers in Vancouver, B.C. *Economic Geography*, 75(3), 215-236. doi: 10.1111/j.1944-8287.1999.tb00077.x
- Penz, K., Stewart, N.J., D'Arcy, C., & Morgan, D. (2008). Predictors of job satisfaction for rural acute care registered nurses in Canada. *Western Journal of Nursing Research*, 30(7), 785-800. doi: 10.1177/0193945908319248
- Perrin, M., Hagopian, A., Sales, A., & Huang, B. (2007). Nurse migration and its implications for Philippine hospitals. *International Nursing Review* 54, 219-226.
doi: 10.1111/j.1466-7657.2007.00567
- Philippines Canadian Centre of Manitoba. (2006). *History and profile of Filipinos in Manitoba*. Cantiveros, R.N., Guiang, V.: Author. Retrieved from http://pccm.ca/index.php?option=com_content&task=view&id=34&Itemid=62
- Philippine Heritage Council of Manitoba INC. (2013). *History 50th year of Filipinos in Manitoba: A reflection*. Javate, P.: Author. Retrieved from <http://phcmonline.blogspot.ca/2009/03/history.html>
- Pilette, P.C. (1989). Recruitment and retention of international nurses aided by recognition of phases of the adjustment process. *The Journal of Continuing Education in Nursing*, 20(6), 277-281.

- Pizer, C.M., Collard, A.F., James, S.M., & Bonaparte, B.H. (1992). Nurses' job satisfaction: Are there differences between foreign and U.S.-educated nurses? *Journal of Nursing Scholarship, 24*(4), 301-306.
doi: 10.1111/j.1547-5069.1992.tb00737.x
- Porter, C., & Kolcaba, K. (2010). The effect of a nursing labor management partnership on nurse turnover and satisfaction. *The Journal of Nursing Administration, 40*(5), 205-210. doi: 10.1097/NNA.0b013e3181da40a5
- Purdy, N., Laschinger, H. K., Finegan, J., Kerr, M., & Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18*, 901–913. doi: 10.1111/j.1365-2834.2010.01172.x
- Raghuram, P. (2007). Interrogating the language of integration: The case of internationally recruited nurses. *Journal of Clinical Nursing, 16*(12), 2246-2251.
doi:10.1111/j.1365-2702.2007.02097.x
- Reitz, J. (2005). Tapping immigrants' skills: New directions for Canadian immigration policy in the knowledge economy. *IRPP Choices, 11*(1). Retrieved May 8 from http://www.hireimmigrants.ca/resources/research/files/Reitz_IRPP_TappingImmigrantSkills%5B1%5D.pdf
- Romanow, R. (2002). *Building on values: The future of health care in Canada*. Ottawa: Commission on the Future of Health Care in Canada. Retrieved from <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>
- Rudmin, F. W. (2009). Catalogue of acculturation constructs: Descriptions of 126 taxonomies, 1918-2003. *Online Readings in Psychology and Culture, Unit 8*. Retrieved from <http://scholarworks.gvsu.edu/orpc/vol8/iss1/8>
- Ryan, M. (2003). A buddy program for international nurses. *Journal of Nursing*

Administration, 33(6), 350 – 352.

- Ryder, A.G., Alden, L.E., & Paulhus, D.L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology*, 79(1), 49-65. doi: 10.1037/0022-3514.79.1.49
- Sam, D. (2006). Acculturation: Conceptual background and core components. In Sam, D., and Berry, J.W. (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 11-26). Cambridge: Cambridge University Press.
- Sheehan K. (2001). *Email survey response rates: A review*. Retrieved from <http://jcmc.indiana.edu/vol6/issue2/sheehan.html>
- Sherman, R.O., & Eggenberger, T. (2008). Transitioning internationally educated nurses into clinical settings. *The Journal of Continuing Education in Nursing*, 39(12), 535-544. doi: 10.3928/00220124-20081201-03
- Singh, M., & Sochan, A. (2010). Voices of internationally educated nurses: policy recommendations for credentialing. *International Nursing Review*, 57(1), 56-63. doi: 10.1111/j.1466-7657.2009.00759.x
- Smith, S. (2004). Understanding the experience for training for overseas nurses. *Nursing Times*, 100(40), 40-42.
- Smith, C. D., A., Fisher, C., & Mercer, A. (2011). Rediscovering nursing: A study of overseas nurses working in Western Australia. *Nursing & Health Sciences*, 13, 289–295. doi: 10.1111/j.1442-2018.2011.00613.x
- Sochan, A., & Singh, M.D., (2007). Acculturation and socialization: Voices of internationally educated nurses in Ontario. *International Nurse Review*, 53, 277-283. doi: 10.1111/j.1466-7657.2007.00564.x

- Takeno, Y. (2010). Facilitating the transition of Asian nurses working in Australia. *Journal of Nursing Management, 18*, 215-224.
doi: 10.1111/j.1365-2834.2009.01041.x
- Thekdi, P., Wilson, B., & Xu, Y. (2011). Understanding post-hire challenges of foreign-educated nurses. *Nursing Management, 42*(9), 8-14.
doi:10.1097/01.NUMA.0000403285.34873.c7
- Tourangeau, A. E., Cranley, L., Laschinger, H. S., & Pachis, J. (2010). Relationships among leadership practices, work environments, staff communication and outcomes in long-term care. *Journal of Nursing Management, 18*, 1060-1072.
doi: 10.1111/j.1365-2834.2010.01125.x
- Tourangeau, A. E., McGillis Hall, L., Doran, D. M., & Petch, T. (2006). Measurement of nurse job satisfaction using the McCloskey Mueller Satisfaction Scale. *Nursing Research, 55*(2), 128-136.
- Tregunno, D., Campbell, H., Allen, D., & de Sousa, D. (2007). *Learn from my experience. College of Nurses of Ontario internationally educated nurses (IEN) knowledge translation project report*. Toronto, ON: College of Nurses of Ontario.
Retrieved from
<http://www.cno.org/Global/docs/policy/IENexternalsummaryjan2308.pdf>
- Tregunno, D., Peters, S., Campbell, H., & Gordon, S. (2009). Nurse migration: U-turn for safe workplace transition. *Nursing Inquiry, 16*, 182-190.
doi: <http://dx.doi.org/10.1111/j.1440-1800.2009.00448.x>
- Trimble, J. (2003). Introduction: Social change and acculturation. In Chun, K. M., Balls - Organista, P., Marin, G. (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp.3-13). Washington, DC, U.S.: American Psychological

Association.

- Troy, P.H., Wyness, L.A., & McAuliffe, E. (2007). Nurses' experiences of recruitment and migration from developing countries: a phenomenological approach. *Human Resources for Health, 5*(15). doi: 10.1186/1478-4491-5-15
- Turriffin, J., Hagey, R., Guruge, S., Collins, E., & Mitchell, M. (2002). The experiences of professional nurses who have migrated to Canada: Cosmopolitan citizenship or democratic racism? *International Journal of Nursing Studies, 39*(6), 655-667.
- Van De Vijver, F., & Phalet, K. (2004). Assessment in multicultural groups: The role of acculturation. *Applied Psychology, 53*(2), 215-236.
doi: 10.1111/j.1464-0597.2004.00169.x
- Vestal, V., & Kautz, D.D. (2009). Responding to similarities and differences between Filipino and American nurses JONA: *The Journal of Nursing Administration, 39*(1), 8-10. doi: 10.1097/NNA.0b013e31818fe726
- Vivar, C. (2007). Getting started with qualitative research: Developing a research proposal. *Nurse Researcher, 14*(3), 60-73.
- Von Zweck, C., & Burnett, P. (2006). The acculturation of internationally educated health care professionals in Canada. *Occupational Therapy Now, 8*(3), 22-25.
Retrieved from <http://www.caot.ca/otnow/May06/Acculturation.pdf>
- Wang, X. (2001). *Expatriate social network, psychological well-being, and performance: A theoretical examination and an empirical test*. McGill University, Montreal.
Proquest Dissertations and Theses, 146p.
<http://search.proquest.com.proxy2.lib.umanitoba.ca/pqdt/docview/304765884/fulltextPDF/13F72B970526468E78C/1?accountid=14569>
- Wang, X., & Sangalang, J. (2005). Work adjustment and job satisfaction of Filipino

- immigrant employees in Canada. *Canadian Journal of Administrative Sciences*, 22(3), 243-254. doi: 10.1111/j.1936-4490.2005.tb00369.x
- Ward, C. (2008). Thinking outside the Berry boxes: New perspectives on identity, acculturation and intercultural relations. *International Journal of Intercultural Relations*, 32(2), 105-114. doi: 10.1016/j.ijintrel.2007.11.002
- Wilson, B., Squires, M., Widger, K., Cranley, L., & Tourangeau, A. (2008). Job satisfaction among a multigenerational nursing workforce. *Journal of Nursing Management*, 16, 716–723. doi: 10.1111/j.1365-2834.2008.00874.x
- Winkelmann-Gleed, A., & Seeley, J. (2005). Strangers in a British World? The integration of international migrant nurses. *British Journal of Nursing*, 14 (17), 899-906.
- Withers, J., & Snowball, J. (2003). Adapting to a new culture: A study of the expectations and experiences of Filipino nurses in the Oxford Radcliffe Hospitals NHS Trust. *Nursing Times Research*, (8)4, 278-290.
doi: 10.1177/136140960300800405
- Wolfe-Morrison, E. (2002). Newcomers' relationships: the role of social network ties during socialization. *Academy of Management Journal*, 45(6), 1149-1160.
doi: 10.2307/3069430
- Wood, J. (2010). *Internationally educated nurses workplace partnership program: 2009 - 2010 year-end report*.
- Wood, M. J., & Ross-Kerr, J.C. (2006). *Basic steps in planning nursing research: From question to proposal (6th edition)*. Sudbury, MA: Jones and Bartlett Publishers, Inc.

- Woodbridge, M., & Bland, M. (2010). Supporting Indian nurses migrating to New Zealand: A literature review. *International Nursing Review*, 57, 40–48.
doi: 10.1111/j.1466-7657.2009.00783.x
- World Health Organization, 2010. *Fact sheet: Migration of health workers*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs301/en/index.html>
- Xu, Y. (2007a). Strangers in strange lands: A meta-synthesis of lived experiences of immigrant Asian Nurses working in Western countries. *Advances in Nursing Science*, 30(3), 246-265. doi: 10.1097/01.ANS.0000286623.84763.e0
- Xu, Y. (2007b). Adaptation strategies of Asian nurses working in Western countries. *Home Health Care Management Practice*, 19(2), 146-148.
doi: 10.1177/1084822306294704
- Xu, Y. (2007c). International migration of nurses and human development. *Home Health Care Management Practice*, 20(1), 87-90. doi: 10.1177/1084822307305722
- Xu, Y. (2010). Transitioning international nurses: An outlined evidence-based program for acute care settings. *Policy Politics Nursing Practice*, 11(3), 202-213.
doi: 10.1177/1527154410384879
- Xu, Y., Gutierrez, A., & Kim, S.H. (2008). Adaptation and transformation through unlearning: Lived experiences of immigrant Chinese nurses in the U.S. health care environment. *Advances in Nursing Science*, 31(2), E33-E47.
doi: 10.1097/01.ANS.0000319570.99254.e5
- Xu, Y., & Kwak, C. (2005). Characteristics of internationally educated nurses in the United States. *Nursing Economics*, 25(5), 233-238.
- Xu, Y., Zaikina-Montgomery, H., & Shen, J. J. (2010). Characteristics of internationally educated nurses in the United States: An update from the 2004 national sample

- survey of registered nurses. *Nursing Economics*, 28(1), 19-43. Retrieved from http://findarticles.com/p/articles/mi_m0FSW/is_1_28/ai_n50361890/
- Yi, M., & Jezewski, M. (2000). Korean nurses' adjustment to hospitals in the United States of America. *Journal of Advanced Nursing*, 32(3), 721-729.
doi: 10.1046/j.1365-2648.2000.01533.x
- Zhou, Y., Windsor, C., Coyer, F., & Theobald, K. (2010). Ambivalence and the experience of China-educated nurses working in Australia. *Nursing Inquiry*, 17(3), 186-196.
- Zizzo, K. (2009). *Job satisfaction comparison between foreign educated nurses and U.S. educated nurses*. (Order No. 1474486, University of Nevada, Las Vegas).
ProQuest Dissertations and Theses, , 77. Retrieved from <http://search.proquest.com/docview/305090781?accountid=14569>. (305090781)
- Zizzo, K. & Xu, Y. (2009). Post-hire transitional programs for international nurses: A systematic review. *The Journal of Continuing Education in Nursing*, 40(2), 57-64.
doi: 10.3928/00220124-20090201-02

Appendix A Letter to CRNM



January 29th, 2013

Ms. Lisa Fraser
Communications Manager
College of Registered Nurses of Manitoba
890 Pembina Highway
Winnipeg, MB R3M 2M8

Dear Ms. Lisa Fraser,

My name is Susan Dennehy and I am a Registered Nurse and a graduate student in the Master's of Nursing program at the University of Manitoba. I am conducting a study in partial fulfillment of the requirements for the Master of Nursing degree. I am writing to seek permission to access through the CRNM the RNs educated in the Philippines to participate in my study entitled *Psychological Acculturation, Workplace Support and Perceived Job Satisfaction Among Filipino Educated Registered Nurses in Manitoba*. The study has received ethical approval from the Education/Nursing Research Ethics Board at the University of Manitoba, and has been reviewed and approved by my thesis committee, chaired by Dr. Christine Ateah, Faculty of Nursing, University of Manitoba.

The research study is designed to examine the relationships between acculturation, workplace support and work satisfaction of Filipino Educated RNs practicing in Manitoba. Findings from this study can be used to develop recommendations for transitioning programming and support in the workplace for internationally educated nurses.

The sample study will consist of full-time; part-time and casual Filipino-educated RNs practicing in various work settings throughout the province of Manitoba. The participants will be invited to complete an on-line questionnaire, which consists of three instruments or measures and a background questionnaire. The measures assess job satisfaction, psychological acculturation and workplace support. These measures are brief and with the background questions are estimated to take up to 20 minutes in total to complete. I have enclosed a copy of the questionnaires and ethics approval for your information.

There are known no risks associated with participating in the study. There are also no direct benefits either although it is hoped results of the research study will add to the

nursing knowledge and program development for International Educated Nurses in Manitoba.

The information related to this study will be treated in a strict and confidential manner. Participation in the study is completely voluntary and the participants may withdraw at any time without penalty. The information will not be traceable back to the nurses.

My request to the CRNM is to connect via email with the nurses eligible to participate in the study on my behalf by providing a cover letter and link to participate in the study beginning February, 2013. The nurses who agree to participate are eligible to enter a draw for a \$50 VISA gift card. There will be an early bird draw for those who complete the surveys within the first week and a final draw will be done at the end of the data collection period. A separate link to enter the draw will be provided, so names cannot be connected to survey responses. Therefore, two additional emails to the group would be required from CRNM to inform the nurses of the upcoming draw and as a reminder to complete the surveys. Finally, a summary of the findings would be prepared for those nurses who indicate they would like to receive a summary of the research results at the completion of the study and emailed to the nurses from CRNM on my behalf in the fall of 2013.

If you have any questions about the study, please feel free to contact me at 204.452.2703 or through e-mail at susan.dennehy@umanitoba.ca You may also contact my thesis advisor, Dr. Christine Ateah, Faculty of Nursing at the University of Manitoba at 204.474.8394 or Christine.Ateah@ad.umanitoba.ca.

Sincerely,

Susan Dennehy RN BN
Master of Nursing Student
Faculty of Nursing
University of Manitoba

Appendix B
East Asian Acculturation Measure
INSTRUCTIONS

Below are listed a number of statements. For each statement, write the appropriate number (1-7) listed below to indicate your level of agreement or disagreement. Some of the statements are worded positively and others are worded negatively.

1 = STRONGLY DISAGREE	4 = DON'T AGREE OR	5 = AGREE SOMEWHAT
2 = DISAGREE	DISAGREE	6 = AGREE
3 = SOMEWHAT DISAGREE		7 = STRONGLY AGREE

- ___ 1. I write better in English than in my native language (for example, Tagalog)
- ___ 2. Most of the music I listen to is Filipino
- ___ 3. I tell jokes both in English and in my native language (for example, Tagalog)
- ___ 4. Generally, I find it difficult to socialize with anybody, Filipino or Canadian
- ___ 5. When I am in my apartment/house, I typically speak English
- ___ 6. My closest friends are Filipino
- ___ 7. I think as well in English as I do in my native language (for example, Tagalog)
- ___ 8. I sometimes feel that neither Canadians nor Filipinos like me
- ___ 9. If I were asked to write poetry, I would prefer to write it in English
- ___ 10. I prefer going to social gatherings where most of the people are Filipino
- ___ 11. I have both Canadian and Filipino friends
- ___ 12. There are times when I think no one understands me
- ___ 13. I get along better with Canadians than Filipinos
- ___ 14. I feel that Filipinos treat me as an equal more so than Canadians do
- ___ 15. I feel that both Filipinos and Canadians value me
- ___ 16. I sometimes find it hard to communicate with people
- ___ 17. I feel that Canadians understand me better than Filipinos do
- ___ 18. I would prefer to go out on a date with a Filipino than with a Canadian
- ___ 19. I feel very comfortable around both Canadians and Filipinos
- ___ 20. I sometimes find it hard to make friends
- ___ 21. I find it easier to communicate my feelings to Canadians than to Filipinos
- ___ 22. I feel more relaxed when I am with a Filipino than when I am with a Canadian
- ___ 23. Sometimes I feel that Filipinos and Canadians do not accept me
- ___ 24. I feel more comfortable socializing with Canadians than I do with Filipinos
- ___ 25. Filipinos should not date non-Filipinos
- ___ 26. Sometimes I find it hard to trust both Canadians and Filipinos
- ___ 27. Most of my friends at work/school are Canadian
- ___ 28. I find that both Filipinos and Canadians often have difficulty understanding me
- ___ 29. I find that I do not feel comfortable when I am with other people

Appendix C (Wang's Scale 2001)

	Immigrant Co-workers					Canadian Born Co-workers					Supervisors & HR Management					Union					
	Never	Rare	Seldom	Neutral	Often	Never	Rare	Seldom	Neutral	Often	Never	Rare	Seldom	Neutral	Often	Never	Rare	Seldom	Neutral	Often	
<i>In your area of work, there are many different types of workers. They are immigrant co-workers, Canada-born workers, supervisors and HR management and the Union. Please indicate how often the following people do the following things with you by circling one of the numbers that best corresponds to your answer.</i>																					
... listened to you when you needed to talk about your private feelings.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... helped you out in a difficult situation at work, even though they are busy.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... would let you know that you did something well at work	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... gave you information about Canadian culture.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... made you feel that you can totally be yourself.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... loaned you or gave you something that you needed at homework.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... were concerned about your well-being.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... helped you out when too many things needed to get done.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... gave you information about how to get things done at work.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... could be counted on to comfort you when you are upset at work	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... helped you take care of your family when you were busy or away.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
... gave you direct suggestions about how you were handling your problems at work.	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7

Appendix D

McCloskey/Mueller Satisfaction Scale (MMSS)
Copyright 1989

How satisfied are you with the following aspects of your current job?

Please circle the number that applies.

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
1. salary	5	4	3	2	1
2. vacation	5	4	3	2	1
3. benefits package (insurance, retirement)	5	4	3	2	1
4. hours that you work	5	4	3	2	1
5. flexibility in scheduling your hours	5	4	3	2	1
6. opportunity to work straight days	5	4	3	2	1
7. opportunity for part-time work	5	4	3	2	1
8. weekends off per month	5	4	3	2	1
9. flexibility in scheduling your weekends off	5	4	3	2	1
10. compensation for working weekends	5	4	3	2	1
11. maternity leave time	5	4	3	2	1
12. child care facilities	5	4	3	2	1
13. your immediate supervisor	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
14. your nursing peers	5	4	3	2	1
15. the physicians you work with	5	4	3	2	1
16. the delivery of care method used on your unit (e.g. functional, team, primary)	5	4	3	2	1
17. opportunities for social contact at work	5	4	3	2	1
18. opportunities for social contact with your colleagues after work	5	4	3	2	1
19. opportunities to interact professionally with other disciplines	5	4	3	2	1
20. opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
21. opportunities to belong to department and institutional committees	5	4	3	2	1
22. control over what goes on in your work setting	5	4	3	2	1
23. opportunities for career advancement	5	4	3	2	1

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
24. recognition for your work from superiors	5	4	3	2	1
25. recognition of your work from peers	5	4	3	2	1
26. amount of encouragement and positive feedback	5	4	3	2	1
27. opportunities to participate in nursing research	5	4	3	2	1
28. opportunities to write and publish	5	4	3	2	1
29. your amount of responsibility	5	4	3	2	1
30. your control over work conditions	5	4	3	2	1
31. your participation in organizational decision making	5	4	3	2	1

Appendix E Demographic Questionnaire

Please answer the following questions. The information gathered is needed for statistical purposes.

1. Sex:

Female Male

2. How old are you? (Please circle the number of your answer)

<25 yrs	1
26-35 yrs	2
36-45 yrs	3
46-55 yrs	4
56-65 yrs	5
>66 yrs	6

3. Where were you born:

4. Marital Status: (Please circle the number of your answer)

Single	1
Common-Law	2
Legally married	3
Separated	4
Divorced	5
Widowed	6

4. What year did you arrive in Canada?

5. What is the highest level of nursing education (certificate, diploma or degree) that you received in the Philippines? (Please circle the number of your answer)

Certificate	1
Diploma	2
Degree	3

6. Did you receive your nursing education in English?

_yes _no

7. How many years have you practiced as a RN outside of Canada?

(Please circle the number of your answer)

<5	1
6-10	2
11-15	3
16-20	4
>21	5

8. How many years have you practiced as a RN in Canada?

(Please circle the number of your answer)

<5	1
6-10	2
11-15	3
16-20	4
>21	5

9. Did you complete a formal work-related support program when you started practicing in Canada?

Bridging Program _yes _no

If yes: Where? _____

When? (year) _____

Canadian Culture and Communication for Nurses _yes _no

If yes: Where? _____

When? (year) _____

Mentoring Program _yes _no

If yes: Where? _____

When? (year) _____

12. What is your current area of nursing practice?

Acute Care	1
Long Term Care	2
Community	3
Mental Health	4
Other, Please specify _____	5

13. For which Manitoba regional health authority do you work?

Northern	1
Interlake	2
Prairie Mountain	3
Southern	4
Winnipeg	5

Based on your experience as a nurse in Canada what would you recommend to help other nurses educated outside of Canada successfully adapt to working and living in Manitoba?

Appendix F Invitation and Informed Consent Letter



Invitation and Informed Consent Letter

February 26th, 2013

Dear Registered Nurse,

My name is Susan Dennehy and I am a Registered Nurse and a graduate student in the Master's of Nursing program at the University of Manitoba. The College of Registered Nurses of Manitoba (CRNM) has agreed to send this letter to you on my behalf to invite you to participate in a study, which is in partial fulfillment of the requirements for the Master of Nursing degree. The proposal has been approved by my thesis committee, which is led by Dr. Christine Ateah, Faculty of Nursing at the University of Manitoba. The study has also received ethical approval from the Research Ethics Board at the University of Manitoba.

The study is entitled *Psychological Acculturation, Workplace Support and Perceived Job Satisfaction Among Filipino Educated Registered Nurses in Manitoba*. I am asking Filipino Educated Registered Nurses like yourself to participate in the study to share your experiences with life in Canada, workplace support and job satisfaction while practicing in Manitoba. Your participation would be greatly appreciated and may be used to develop recommendations for transitioning programming and support in the workplace for internationally educated nurses.

This letter and the information contained within it, for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Your participation in the study is completely voluntary. Your involvement would consist of completing three surveys and a background questionnaire on-line. The three surveys and questionnaire will take approximately 20 minutes to complete. Your answers are anonymous and your name is not required on any documents. You may refuse to answer any of the questions and you may choose not to participate. You may withdraw from the study at anytime without penalty. Your decision whether to participate will not affect your relationship with the College of Registered Nurses of Manitoba. The researcher, thesis advisor, and statistician will review the data collected. It is the intent of the

researcher to share and publish the findings of the study to add to the knowledge of internationally educated Registered Nurses. The data collected from the demographic/background surveys will be kept in a locked file and destroyed within 5 years after its collection.

There are no known risks associated with participating in the study. There are also no direct benefits either; however, it is hoped that results of the research study will add to the knowledge and program development for internationally educated nurses in Manitoba.

By participating in the study you are eligible to enter a draw for a \$50 VISA gift card. There will be an early bird draw for those who complete the surveys within the first week and a final draw will be done at the end of the data collection period. A separate link to enter the draw will be provided, so your name cannot be connected to your survey responses.

If you complete and submit the questionnaire through the link provided this indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any questions about the study, please feel free to contact the student Susan Dennehy at 204.452.2703 or susan.dennehy@umanitoba.ca or her thesis advisor, Dr. Christine Ateah, Faculty of Nursing at the University of Manitoba at 204.474.8394 or Christine.Ateah@ad.umanitoba.ca .

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

The Education/Nursing Research Ethics Board at the University of Manitoba has approved this research. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 204.474.7122. Please save and print a copy of this letter to keep for your records and reference.

If you would like to receive a summary of the findings of this research study, please send a separate e-mail request to me at susan.dennehy@umanitoba.ca. Your request for the summary will not be linked in any way to your completed survey. The projected timeline for sharing of the findings is Fall, 2013.

If you are interested in participating in the study, please click on the following link:
http://fluidsurveys.com/s/Filipino-RNs-Acculturation-Workplace_Support-Job-

[Satisfaction/](#) to go to the survey web-site (or copy or paste the survey link into your internet browser). You will proceed to the surveys and questionnaire.

Thank-you very much for considering this invitation to participate.

Sincerely,
Susan Dennehy R.N. B.N.

Appendix G

List of Acronyms

CNA.....	Canadian Nurses Association
CIHI.....	Canadian Institute of Health Information
CRNE.....	Canadian Registered Nurse Examination
CRNM.....	College of Registered Nurses of Manitoba
ICN.....	International Council of Nurses
IEN.....	Internationally Educated Nurse
RN.....	Registered Nurse
WHO.....	World Health Organization