THE LIVED-EXPERIENCE OF INTERNATIONALLY-TRAINED MIDWIVES WORKING AS REGISTERED MIDWIVES IN ONTARIO

By

Arlene Vandersloot

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Department of Adult Education and Counselling Psychology
University of Toronto

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Arlene Vandersloot

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Department of Adult Education and Counselling Psychology
Ontario Institute for Studies in Education of the University of Toronto

Abstract

This study presents an account of the lived-experience of internationally-trained midwives who have immigrated to Canada, attended a bridging program to reaccredit as a midwife, and currently meet the requirements for registration with the College of Midwives of Ontario. Ten internationally-trained midwives were interviewed about their experience of this transition in their life. The interviews were then subjected to a qualitative analysis based on the principles of grounded theory. The findings outline the experience of immigration and reaccreditation focusing on the barriers and challenges faced by these female immigrants. The impact on the individual’s sense of identity was explored. Coping strategies used by the participants were investigated.
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Chapter One

1 Introduction

The intent of this research study is to explore the experience of women immigrants who successfully navigated the difficult path of reaccreditation and found work as Registered Midwives in Ontario. The study is an analysis of in-depth qualitative interviews (10) with women who were professional midwives in a country other than Canada, emigrated to Canada, reaccredited as a midwife in Ontario, and currently are working as Registered Midwives in the province.

Research into the success stories of immigrant women professionals is scant. Although numerous studies describe the difficult challenges facing immigrants, there is a paucity of research that delves into the lived-experience of women who have succeeded in a professional vocational transition. This research study was an opportunity to explore the success of this group of internationally-trained professionals now working in Ontario; to ask them to share some of the challenges, barriers and adaptive approaches that they may have used during this challenging time in their lives. The study provided them an opportunity to tell their stories with an eye to uncover some of the coping strategies they used. Examining their experiences in an in-depth manner allowed for an intimate and detailed view into a transition faced by many women professionals.
1.1 Background

Many emigrants look forward to entering Canada and have dreams of employment. A search on the Internet on information for individuals considering immigration to Canada inundates potential immigrants with information about Canada’s economic well-being, the high quality of life in Canada, and the opportunity for employment (Canada Updates, 2009; Emigration UK, 2009; Metro Immigration International, 2009). The Canada that potential immigrants imagine includes an active participation with meaningful work and they often are demoralized by the difficult process when they arrive and discover the barriers and logistics of working in their new country (Ministry Of Training & Colleges And Universities, 2002).

Canada has a reputation of being a land of great opportunity, fairness, and diversity with a chance for a better future (United Nations Quality Of Life Survey, 2008). Immigration is woven deeply into its national identity. The Canadian population is a combination of warp and weft: new families, individuals, cultures and languages interlacing with an increasingly diverse population. Of the G-8 countries, Canada holds the highest net international migration as a proportion of population growth (Statistics Canada, 2008). In 2006 approximately one quarter of a million immigrants were admitted to Canada, about half of these immigrants are women (Statistics Canada, 2008).

Despite economic and employment strengths and a reputation for inclusion and diversity, Canada is a challenging place for immigrants to bring their dreams to fruition. Immigrants face higher unemployment and underemployment than
Canadian-born citizens, and this challenge exists despite the high level of education and skill immigrants bring to Canada (Gilmore, 2008). These trends are particularly high for women (Health Canada, 1996; Gilmore, 2008) and impair the mental and physical well-being of immigrant women (Choudhry, 2001).

Professionally-trained immigrants who apply to Canada with meticulous documentation of their education, skills and experience anticipate pursuing their careers in a welcoming country with a strong economic reputation. Although many are prepared for a process of reaccreditation and licensing, the task is often far more complicated, time-consuming, expensive and demoralizing than imagined. They face numerous barriers and often feel their past experience is rendered invisible, inadequate, trivialized and de-valued (Centre For Research And Education In Human Services, 2003; Government Of Ontario, 1989).

Internationally-trained midwives face a unique situation when compared to other professionals. Midwifery has only recently become a recognized profession in Canada. Prior to 1994, midwifery was not recognized as a profession in Ontario and many immigrant women who were internationally-trained midwives found themselves unable to pursue their careers. Currently, internationally-trained midwives face the challenge of entering into a very new legalized profession (Ryerson University, 2009).

1.2 Study Rationale

The lack of research on immigrant women’s and internationally-trained professionals’ successful transition into the workplace represents an area of study ripe for exploration; a need exists to inquire into the experience of women who
have faced the challenges and barriers and overcome obstacles to achieving employment for themselves. Currently much of the research on women and immigration points to some common areas of difficulty; however, there is no known research on internationally-trained midwives working in Ontario as Registered Midwives who have navigated this transition. The present study explores the lived-experience of these women, who represent many different origins and paths and who now share membership in a small new profession in Ontario.

The purpose of the present study is to better understand the experience of the process involved in each woman’s transition into the work force. Previous research on the barriers experienced by immigrants suggests that the experience of culture shock, discouragement and drastic changes in lifestyles and environment is a major life challenge (Ishiyama, 1992). Many immigrants who come to Canada healthy and robust find that their health deteriorates in the first years (Health Canada, 1999). Research makes links between immigrants’ mental health and their overall health (Fanks & Faux, 1990; Mulvihill & Mailloux, 2001; Yakushko & Chronister, 2005). This study aims at investigating the acculturation process as it relates to each woman’s transition from working midwife in another country, to fully meeting licensing requirements as a Registered Midwife in Ontario. The process involves logistical navigation, finding out about programs, planning for the financial strain of education, preparing applications and completing the learning and testing involved in a program. The study focuses on an exploration of the psychological experience for the individual during this transition. A deeper
understanding of the experience of a ‘vocationally homogenous’ group of successful, internationally-trained professionals may give clues and information regarding how logistical experience and psychological experience intersect.

Immigrants face systemic barriers that interfere with their hopes and dreams of working in their new country (Samuel, 2004). For professionals who have been trained in their country of origin, frustrations abound as they struggle with the very difficult and often lengthy and expensive process of reaccreditation (Centre For Research And Education In Human Services, 2003; Ministry Of Training & Colleges And Universities, 2002). The ability to consider reaccreditation may depend on financial resources, geographic location and often, social support.

For many immigrants coming from countries where English is not a first language, the process of acculturation can be all the more complex. A struggle with language adds to the person’s emotional and psychological adaptation to life in a new country (Nimmon, 2007). Immigrants who learn adequate English for basic adaptation find themselves struggling in the professional domain as they learn career-specific language that requires a particularly high level of proficiency. The struggle with language can be linked to the psychological experience of a fragile identity suffering a blow in self-confidence and perceived self-efficacy (Fanks & Faux, 1990; Nimmon, 2007). Although this study included women from all countries and not only those with English as a second language, the study did included specific questions aimed at eliciting information about this process.

Women in particular are faced with gender-specific obstacles that can result in a complex and difficult process of acculturation. The experience may threaten
their physical, emotional and mental health (Yakushko & Chronister, 2005). Barriers include employment inequities, family responsibilities and change in role expectations (Mulvihill & Mailloux, 2001; Pedraza, 1991). Midwifery in Ontario is a consumer driven profession that has evolved into a unique care-giving model involving client education and involvement in decision-making. This model demands from the professional a very high level of communication. The model also reflects very strong feminist principles: women are seen as primary decision-makers. The midwife is responsible for providing informed-choice discussions and promoting a non-hierarchical relationship. For a woman who may have practiced in settings where these principles were not part of the health-care model, these changes in gender-role expectations as it relates to the work place may be difficult to adapt to. Some of the questions posed to the participants focused on gender related issues they may have encountered in the process of professional transition.

All of these areas of challenge may impact on the individual’s ongoing transitory sense of self. Rumbalt (1991) succinctly describes the process of immigration as potentially causing “profound psychological distress, even among the most motivated and well-prepared individuals, and even in the most receptive circumstances” (p.56). A focus on the experience of identity and self-validation was present in the study.

Given the limited amount of research attention that the area of immigrant professional women’s transition into the work force has received, a qualitative frame is needed. Qualitative research allows for richness and depth to the data, and, without assumption, investigates if themes emerge. In-depth interviews
allowed participants of this study to reveal, through their candid narratives, the barriers and obstacles they faced, the strategies they used and how they experienced these challenges. In these interviews participants were asked questions which focused the narrative towards the existing understanding of barriers and support, obstacles and adaptive strategies, and differences between their experience in their country of origin and their current experience of work. However, the interviews were conducted in a manner that first allowed the woman to share her story in an effort to allow the questions about specific themes to emerge from within the context of their particular journey.

The research question of this study was how did internationally-trained midwives experience the transition of immigration and reaccreditation into their vocational field in Ontario. Sub-questions of this study focused on the women’s experiences working through the challenges of language, discrimination, gender-role differences, differences in model of care, and the experience of being female and navigating a professional change. In particular, how these challenges affected the participants’ sense of self-identity was explored. The women were asked to consider the difficulties, but within the context of their own creative competence and perseverance. The focus was on the strengths, coping mechanisms, and positive assistance they used along the way. Women were asked to reflect on the process from a perspective of ‘mentor’ to other women beginning the process. They were asked to consider what advice and encouragement they would want to give women who will follow them.
Chapter Two

2 Literature Review

The study aims to explore in depth the lived-experience of female immigrants who have successfully navigated a career transition in Ontario. The literature review begins with an exploration of the general experience of immigrants in Canada. The specific challenges faced by immigrants who come to Canada as internationally-trained professionals are investigated. The experience of reaccreditation can be challenging, and many internationally-trained professionals may find the obstacles and barriers they face present a life crisis. The literature is reviewed for information about this difficult life challenge. As the participants all currently meet the requirements for licensing as Registered Midwives in Ontario, attention is given to the specifics of the midwifery bridging program and profession in Ontario. Specific barriers that some of the participants encountered are explored: second language proficiency, although not an issue for all participants is a known barrier. The experience of being a female immigrant and gender-specific challenges women immigrants face is considered. Research regarding coping strategies used by immigrants is discussed. Finally, some theories of acculturation and adaptation are explored particularly as they relate to self-validation and identity.

2.1 Immigration to Canada

Canada welcomes more than ¼ million immigrants each year. Statistics Canada (2008) reports that 19.8% of the population of Canada consists of individuals who were born outside of the country. Ontario is the destination for
55% of all new immigrants with approximately 45% of Canadian immigrants settling in Toronto (Health Canada, 1999; Statistics Canada, 2008). Approximately 70% of these immigrants come to Canada as highly educated and trained individuals (Ministry Of Training and Colleges And Universities; 2002). Of this group, about ¼ seek employment in a regulated profession or trade (Centre For Research And Education In Human Services, 2003).

Until the recent global economic downturn, Canada’s reputation abroad was one of vocational opportunity, as the Canadian labour market had unprecedented strength in the past ten years with record low unemployment rates and high employment rates (Statistics Canada, 2009; Hiebert, 2006). However immigrants do not share these employment advantages. Immigrants who have been in Canada less than five years experience levels of unemployment double the rate of the Canadian born (Statistics Canada, 2008b). Immigrant women fare worst of all with higher unemployment rates and lower employment rates than both immigrant men and Canadian born women regardless of how long they have been in Canada (Stats Canada; 2008b: Status of Women Canada; 2003). These statistics are particularly troubling considering that immigrants to Canada hold a higher level of education than the Canadian public at large with 29% of immigrants over age 15 holding university degrees (Health Canada, 1999).

Although the experience of new immigrants is diverse, with some immigrants finding the transition positive and deeply satisfying, for many immigrants the process of immigration is very difficult (Arthur & Merali, 2005). Faced with limited resources, changes in social status, loss of vital family ties,
friendships and familiar environments a sense of profound loss can be experienced by the individual (Yakushko et al., 2008). Women may rely on social support more than men and for them the loss of social support and meaningful ties may leave them grieving for these multiple losses (Arredondo-Dowd, 1981; Smart & Smart, 1995; Yakushko & Chronister, 2005). Difficulties with the acculturation process may lead to long-term health difficulties (Nimmon, 2007). Experiences with discrimination appear to negatively affect changes in self-esteem (Slonim-Nevo, Mirsky, Rubinstein, & Nauck, 2009). Depression is a common experience for the new immigrant (Fanks & Faux, 1990; Ishiyama, 1995; Ishiyama & Westwood, 1992; Mulvihill & Mailloux, 2001).

The culturally competent counsellor benefits from an understanding of the challenges women experience while undergoing a career transition. Exploring the creative psychological, social and logistical adaptations of internationally-trained midwives currently working as Registered Midwives in Ontario may give counsellors information that allows for greater comprehension of the stress of immigration, career transition and coping strategies, especially as it pertains to the internationally-trained female.

2.1.1 Internationally-Trained Professionals

The immigrant who enters Canada as a internationally-trained professional faces a daunting challenge. There is what Boyd (1985) calls a “cost” to the move, a very real likelihood of “downward occupational mobility” (p. 398) upon arrival to Canada. The new immigrant having undergone the time-consuming and intensive application process necessary for the skilled worker’s entry to Canada
comes anticipating a vocational culture that values their prior training. In fact, in a large study of 647 internationally-trained immigrants only 46% of participants reported being aware that they needed a license to practice in their field and only 20% reported that they were aware of specific licensing requirements (Ministry of Training & Colleges and Universities, 2002). Maraj (1996) in a Master’s thesis about internationally educated professionals found that participants had expectations to be able to practice in their occupational field in Canada. The internationally-trained professional may experience shock and discouragement when they realize the very skills they felt granted them entry into Canada are then unusable and obsolete.

2.1.2 Internationally-trained Midwives Reaccreditation Process in Ontario

One of the initiatives undertaken by the government of Ontario was to provide funding to the College of Midwives of Ontario to help them develop and implement improved streamlined processes for accessing candidates’ prior learning and experience. The first internationally-trained midwives to register with the College of Midwives did so through a prior learning education assessment (PLEA) through the College of Midwives of Ontario. Currently, internationally-trained midwives can apply to attend a nine-month bridging program, the International Midwifery Preregistration Program (IMPP), which is jointly operated by Ryerson University’s G Raymond Chang School of Continuing Education, College of Midwives of Ontario and the Ontario Midwifery Education Program. The Ontario Ministry of Citizenship and Immigration, Labour Market Integration Unit fund the program. The program provides skill assessment, information about how
midwives practice in Ontario, clinical placements, mentoring and a final pre-registration exam (Ryerson University, 2009).

2.2 Life-span Theory

The realization that their skills and prior training are not easily transferable can deeply affect new immigrants’ sense of self-concept (Sverko & Vizek-Vidovic, 1995). This experience can be understood using a developmental theory of vocation developed by Super (1990) that proposes “the process of career development is essentially that of developing and implementing occupational self-concepts” (p. 207). However, within this process of career development, the degree of work satisfaction is dependent on the “extent to which the individual finds adequate outlets for abilities, needs, values, interests, personality traits, and self-concepts” (p. 208). The individual develops a self-concept based upon their own unique personality traits combined with the social roles learned by a person (Sharf, 1997). The individual moves through their career development in stages: exploration, establishment, maintenance, and disengagement (Super, 1990; Sharf, 1997).

Super (1990) uses a segmental model called “The Archway Model” (p. 200) to conceptualize the way that an individual and their environment converge to contribute to the individual’s sense of self as it relates to career. On one side of the archway the column consists of the person’s biographical components: their needs, values, interests, aptitudes, intelligence and personality that contribute to achievements. The other side of the archway consists of column representing geographical components: the community, society, school, employment
opportunity and practices wherein the individual resides. The new immigrant, expecting to be able to apply their skills, experience and achievements into a new society, may find this “archway” metaphorically in ruins as the geographical base of the archway is fundamentally changed. The internationally-trained professional, having spent a significant portion of time developing their career identity, synthesizing their capacities, interests and aptitude within a cultural setting now face a vocational situation wherein they face difficult obstacles to employment in their field. In other words, the immigrant experiences a regression in their career development, a period of time where one column of the archway, the one that in their country of origin was familiar, is now gone. Their values, interests, aptitudes, etc. may remain the same, but they are in an unfamiliar and often very challenging new setting. This presents the individual with a need to re-visit the early stages of career development such as the exploration stage and the establishment stage. The benefits a worker reaps from a lengthy career and experience are present in the maintenance stage of career development. The immigrant must forego these benefits and the confidence that is born of and by them.

One of the first challenges may relate to the fact that internationally-trained professionals face an unemployment rate that is over three times as high as other citizens of Ontario and almost half of employed internationally-trained professionals are working in jobs unrelated to their field (Centre For Research And Education In Human Services, 2003). Once they are able to consider reaccreditation, the experience of reaccreditation and employment in the context of
this new setting may be psychologically taxing. In the face of these challenges and realities, the individual may experience a blow to their sense of self-identity.

The experience of reaccreditation may be complicated, time intensive and expensive. It is very difficult to transfer education and experience acquired in one country into the work force of another country where standards, scope of practice and techniques may differ vastly. Internationally-trained professionals face barriers such as lack of detailed information about licensure in Ontario, obstacles in recognition of academic credentials, difficulty in acknowledgement of prior work experience, struggles with language (particularly as it relates to job-specific language skills), time and financial barriers to taking exams and/or participating in reaccreditation programs, lack of understanding of Canadian workplace cultural norms and expectation and discrimination on the basis of race, colour, religion and gender (Ministry Of Training Colleges And Universities, 2001).

In the past ten years there has been a concerted effort to explore the needs of internationally-trained professionals. Although this new research is promising, the results have not led to the level of funding and government attention needed for such a significant issue (Samuel, 2004). As early as 1988 the Ontario government established a task force to investigate and make policy recommendations regarding internationally- trained professionals. This resulted in a document which detailed barriers faced by individuals trained in fields which are regulated in Ontario (Government of Ontario, 1989). A full twenty years later, many of the concerns raised are still relevant.
2.3 Barriers and Challenges

2.3.1 Reaccreditation Stress

Many internationally-trained professionals leave positions in their country of origin that provided a certain work-related status leading to a sense of proficiency. For the person who sees work as providing a sense of self-efficacy, satisfaction and self-worth (Sverko & Vizek-Vidovic, 1995), the experience of job transition during immigration may be extremely taxing. The process of having to painstakingly present, prove and defend one’s competence may be frustrating and demoralizing. Immigrants report feeling shock and disrespect as their hard-earned credentials are disregarded, scrutinized, and weighed against what can often feel like arbitrary standards (Ministry Of Training & Colleges And Universities, 2002).

Worry and anxiety may plague the immigrant applicant who presents his/her portfolio for consideration in a retraining program. Not only is there a great deal at stake to being accepted but the reality of an expensive process ahead can also be of concern. Many bridging programs are condensed and short but still require full-time attendance making part-time jobs very difficult (Ryerson University, 2009). The IMPP is a nine-month bridging program that includes several months of in-class training and practice. Following the in-class sessions a full-time clerkship is undertaken. This clerkship requires possible relocation, a car, car insurance and valid drivers license, means to support oneself during the clerkship, coupled with an on-call schedule with little flexibility! The process may be more complex for the female immigrant who also is a parent. The logistical challenges of on-call work and relocation may be particularly stressful to the family. Success in the face
of these obstacles may seem impossible to many women faced with limited resources, multiple demands and possibly family responsibilities.

2.3.2 Second Language Proficiency and Psychological Implications

Immigrants often experience difficulty with language (Fanks & Faux, 1990; Nimmon, 2007). The process of subtle and seamless expression of ideas, thoughts, and opinions is hindered when communication occurs without a high level of competency in the new language. This is compounded in professional settings because the language encountered is complex and often technical (Chen, 2006; Oropeza & Fitzgibbon, 1991).

For a new immigrant already burdened by the stress of immigration, difficulty with language may be yet another weight. A person who is performing professionally with the mental strain of translation may find himself or herself confronted with the frustration of communicating at a lower level than what reflects their experience, knowledge and perceptions. Feelings of inadequacy often surface and interfere with mental health (Bemak, Chung, & Bomemann, 1996; Imberti, 2007). For the internationally-trained professional this may be very demoralizing. To present oneself as a knowledgeable professional articulate expression is vital (Arthur & Merali, 2005). Barriers to communication arise when the speaker and listener do not share a common language and the path to communication often involves lengthy explanations or scant descriptions. This is particularly important in professions where verbal precision and accuracy are essential for the health or protection of the client served.
2.3.3 Specific Language Challenges Facing Internationally-trained Midwives

Several elements unique to the Ontario model of midwifery exist that present challenges to internationally-trained midwives whose language proficiency may not be sufficient to practice. First, the IMPP requires candidates to possess a level of competence that will allow them to succeed in the midwifery program (Ryerson University, 2009). Even with this level of language competence, the internationally-trained midwife must learn the formal medical language of pregnancy and birth.

Second, the midwife must also be able to competently counsel the client. The model of midwifery in Ontario is based on principles that require the Registered Midwife to provide accurate and in-depth education to clients. This approach was developed to allow for active participation by the health care consumer in decision-making processes during pregnancy, birth and post-partum. Long prenatal visits are typical and quite different than higher volume models of care prevalent in many countries of the world. Extensive provision of detailed information relating to routines and choices for the pregnant woman requires a different client-professional relationship than that which some internationally-trained midwives are accustomed to.

Third, the internationally-trained midwife faces the difficulty of presenting herself to other health professionals in an articulate and informative manner. Some of the more difficult challenges of communication can be telephone calls, consultations with specialists, and emergency situations, all requiring high levels
of language proficiency. These particular language challenges present unique stresses to the internationally-trained midwife.

2.3.4 Immigrant Women and Gender-specific Challenges

Immigrant women face daunting challenges in their transition to life in Canada, a transition that may impact their identity, career, family, financial situation and health (Armstrong & Armstrong, 2001; Beiser, 1990; Health Canada, 1999; Khan & Watson, 2005; Neufeld, Harrison, Stewart, Hughes, & Spitzer, 2002). Immigration is a stressful event in an individual’s life. The process of change that immigrants encounter includes culture shock, discouragement, drastic changes in life-styles and environment (Ishiyama, 1992, 1995; Pederson, 1995). Changes in status and role expectations can be devastating (Mak, 1991).

Female immigrants experience what Boyd (1985) describes as the “double negative effect” (p. 415) suggesting that not only is the individual experiencing the stresses as an immigrant, but also as a woman. The combination of being both a woman and a new immigrant creates a complex and heavy burden (Choudhry, 2001; Mulvihill & Mailloux, 2001; Stewart et al. 2006; Yakushko & Chronister, 2005; Yakushko et al., 2008). Female immigrants are more likely to be unemployed or underemployed, poor, isolated and report poorer health (Borrell et al. 2008; Health Canada, 1999; Stewart et al. 2006). The female immigrant faces higher unemployment rates, lower employment rates and earns less than male immigrants (Stats Canada, 2008b). In 2000, female immigrants represented 22% of low-income status of the selected population (Status of Women Canada, 2003). A 20% difference in earning exists between immigrant and non-immigrant women;
this is gender-specific, as a far smaller difference exists between male immigrants and non-immigrant men (Stewart et al. 2006).

Immigrant women are more likely than immigrant men to exhibit higher levels of emotional disorders, perhaps due to demands between outside employment and caring for families (Noh et al., 1992) or due to lack of power and role over-load (Ataca & Berry, 2002). Loneliness due to loss of extended family systems and related social activities may contribute to a compromise in mental health for the female immigrant (Ahmad et al. 2004). In Canada, women currently carry twice as much of the household load as men (Statistics Canada, 2005; Sullivan, 2000); this may be more pronounced in immigrant families with one study finding excess household labour by female immigrants related to their perceived health (Borrell et al. 2008).

2.3.5 Family Social System and Gender Norms

Faced with integrating into a new culture, a woman must adapt in many ways. Not only does she struggle with the typical stresses of all immigrants but also due to gender inequalities her assimilation includes re-learning of household tasks and adapting to mothering responsibilities in a new country (Wittebrood & Robertson, 1991). Traditional female roles necessitate bearing the larger load of adjustment and rebuilding of social support networks essential to family life. In general, women act as guardians of the family culture and the loss of social networks and family ties can result in mourning, loneliness, cognitive overload and a loss of self-esteem (Espin, 1999). Women place greater importance on social networks than men do (Ward & Styles, 2005) and the immigrant woman may find the loss of
these social bonds profound. The experience of Pakistani women in their first year of immigration included deep disappointment as their “dreams, hopes, expectations and goals” were not met (Khan & Watson, 2005; p. 309).

The loss inherent in leaving familiar support systems and beginning anew in a new country can produce a family crisis that affects the individual and the family (Hatter-Pollara & Meleis, 1995; Hulewat, 1996).

The family can provide enormous support and be a place of safety and relief from the difficulties being faced daily by an immigrant (Miranda & Matheny, 2000). In a longitudinal study measuring changes in self-esteem in immigrant participants Slonim-Nevo et al. (2009) found that changes in self-esteem were significantly related to family relationships: positive and strong family relations predicted higher self-esteem over time. Some new immigrants leave existing familial support and confront homesickness and longing for family (Arthur & Merali, 2005). Other individuals migrate with their family. The family with its support and solidarity can provide a buffer from acculturative stress (Hovey, 2000). Conversely, family responsibilities can add to a woman’s stress (Choudhry, 2001) because of multiple and complex demands.

Child-care is vital to a woman’s success in the workplace. Immigrant women enter the workforce with a limited social network, financial stresses, and unfamiliarity with choices and possibilities available. Limited social networks that can provide respite from parenting responsibilities are often nonexistent. Financial difficulties may make childcare unaffordable. The proportion of immigrant women participating in the workplace is higher than that of non-immigrant women and as
such child-care becomes a more serious impediment (Khan & Watson, 2005; Wittebrood & Robertson, 1991).

2.3.6 Differing Gender Roles and Expectations

Additionally, women whose daily life was played out within a culture where gender roles and values differ from those in Canada experience a unique stress; this stress affects both integration into society at large and also the roles and experiences within the family and social system (Canadian Task Force On Mental Health Issues Affecting Immigrants, 1988; Noivo, 1994). The family experiences stress as re-negotiations of the power hierarchy occur when Canadian gender norms and values are introduced and woven into expectations and responsibilities.

For the woman entering into the work force this gender difference may become even more pronounced. Nursing and midwifery are traditionally female professions and reside within cultural norms of patriarchy. Medical hierarchies often place these professions at the lower end of the power structure with nurses and midwives deferring to the male dominated profession of doctors. Historically, traditional knowledge of obstetrics, gynecology and maternal care was replaced by a male dominant medical profession that led to the marginalization of the midwife and nurse (Pringle, 1998). Variations in the speed in which the role of women has changed within a cultural context accounts for vast differences worldwide in the role the midwife plays within the maternity health system. Limited professional power may be reflective of systemic discrimination of women in their role as care provider. Differences may abound in the social status a midwife possesses. The public role and social presence of a midwife differs widely culturally (Towler &
Bramall, 1986) and a woman may experience identity shifts as she transitions into a new social role.

2.4 Ontario Model of Midwifery

To understand the experience of internationally-trained midwives, it is helpful to gain a cursory understanding of the relatively new profession of midwifery in Ontario. Prior to the 1980s there were few practicing midwives in Canada and women who provided midwifery services to women did not enjoy legal status (Bourgeault, 2006; Kaufman, 1998; Tyson, Nixon, & Vandersloot, 1995; Van Wagner, 2004). Midwifery care was privately funded, paid for by the woman and her family. Many historical conditions existed differentiating Canada from other industrial nations that enjoyed formal provision for midwives to provide care to women. In the 1980’s a consumer-driven movement committed to a regulated profession based on the principles of informed choice, choice of birthplace and continuity of care actively began a process that eventually resulted in legislation of the profession of midwifery in Ontario. The Regulated Health Professions Act (RHPA) and the Midwifery Act were proclaimed in 1994. Midwifery is now a regulated and funded profession and requires an individual to be registered by the College of Midwives of Ontario (CMO) and to adhere to the standards and provisions laid out by the college.

Midwives are autonomous practitioners who provide care to women in Ontario hospitals and also provide safe, research-supported care for clients wishing home deliveries. The midwife cares for women through the full course of pregnancy, labour and birth and for six weeks postpartum as the sole primary
caregiver. The registered midwife in Ontario enjoys a fairly wide scope of practice compared to other regions of the world. Internationally-trained midwives may need to expand their existing skills to adjust to this expanded role. Conversely, there are countries in the world where midwives have a wider scope and a solid history within the health care system; the level of vulnerability of midwifery as a profession in Ontario surprises some internationally-trained midwives. Tentative and uncomfortable inter-professional relationships stemming from the newness of the profession are unfamiliar territory for the internationally-trained midwife who emigrated from a country with a lengthy history of established midwifery.

Furthermore, Ontario midwifery is deeply informed by feminist discourse. The provision of care is non-authoritarian, non-hierarchical, client-centered and is based on tenets of informed choice. For some internationally-trained midwives who have emigrated from countries where these values have not been culturally assimilated, the differences in provision of care can be overwhelming.

Provision of care to women occurs in small teams. The woman is introduced to two to four midwives during her pregnancy and two of these midwives will provide care to her during her labour and birth and postpartum. Continuity of care for the client requires the midwives to be on-call for lengthy periods of time and it is not unusual for the Registered Midwife in Ontario to be on-call 24 hours a day, 7 days a week for weeks at a time. This particular challenge of the profession may present the new immigrant with a very different type of provision of care that they are unfamiliar with and logistically unprepared for. The bridging program is a nine-month program that includes six months of part-time in-class work and testing
and then a two to four month clinical placement where one clinical preceptor is in a supervisory position with the student. An additional stress to the students is that the bridging program at Ryerson University cannot ensure placements close to the GTA and many of the students have to relocate for 2-4 months for their clerkship at an Ontario practice.

These unique elements of the profession possibly impact the way internationally-trained midwives experience their professional role as it relates to differences between countries. It is possible that these experiences may add to the stress a woman immigrant experiences while adjusting to the profession.

2.5 Acculturation and Adaptation

There is a transition necessary for the new Canadian; a process of acculturation that occurs as the individual learns to become a member of a new and often unfamiliar society. For the native born member of society, the process of vocational development takes place within relatively stable geographical elements (Super, 1990). The societal norms and expectations are consistent. Opportunities and pathways towards vocational success are learned and understood as a person matures within a societal context (Super, Savakis, & Super, 1996). New immigrants, however, are presented with a vocational challenge. They must learn new geographical elements: the societal context of both work and their vocation. This must then be applied to their skills and experiences. As the process of acculturation occurs, psychological changes are sometimes present and the new immigrant experiences behavioral shifts (Berry, 2003). The new immigrant becomes aware of cultural differences and is faced with multiple decisions.
Attitudes, beliefs and values that composed the framework of their vocation in the country where they practiced may lose their applicability. As the immigrant is introduced to layers of cultural experience, *cultural learning* begins to take place (Berry, 1997, 2003) and decisions begin to occur in which the individual leaves behind patterns of behaviour that were necessary and vital to living that are not needed within the new context in a process called *cultural shedding* (Berry, 2003). The new Canadian is deeply involved in the process of adaptation as he/she transitions into new ways of being within culture that are needed due to environmental demands.

Berry (2003) sees the process of adaptation as a three level process. These different levels are interconnected and success in one area leads to successes in other areas while struggle in an area impacts the other two. The process of *psychological adaptation* occurs when the individual arrives at a state where they are content with her or his life in general. This includes the development of personal and cultural identity, achievement and good mental health. *Socio-cultural adaptation* refers to the process of learning the day-to-day skills that enable a person to participate fully as a member of society and to manage their daily lives. The immigrant becomes adept at managing problems and demands inherent in family life, work and school. Integrally related is *economic adaptation* that occurs when the individual finds she or he are participating in the economic realm of society; their work and ability to contribute, and their financial participation.

Internationally-trained midwives may experience what Arthur (2004) calls a *cross-cultural transition*. This cross-cultural transition may be impacted by many
different features (Kosic, 2004). Their journey towards acculturation and adaptation may be influenced by their personal characteristics, the cultural characteristics of their country of origin, Canadian society in general, the accreditation process, and the nature of the midwifery profession in Ontario. In each area of adaptation unique challenges may be faced. Additionally, these areas of challenge can affect each other (Yakhnich, 2008). This can lead to a downward cycle of impact. For instance, the immigrants may find themselves exhausted mentally from the perpetual cognitive challenge of language difficulties that may impact their family relationships, which in turn can leave them vulnerable to depression. Miranda and Matheny (2000), in a study examining acculturative stress by Latino adults, found that language competency played a very important role in predicting the level of stress experienced by the participants. It may be easier to imagine these interacting and interwoven elements in two hypothetical examples. Imagine a new immigrant who struggles with English as a second language feeling a sense of incompetence in familiar tasks. This woman also experiences a profound sense of isolation from community. Now imagine this new immigrant also with a personality trait of introversion. Understandably this personality trait may lead to more difficulty establishing new social ties. This woman may fare worse in her cross-cultural transition and experience depressive symptoms that interfere with performance at interviews, school or work. All these stressors combine and may impact financially on the individual. Conversely, imagine a new Canadian who successfully copes with a challenge such as learning the technical language of her profession. This personal achievement can lead to a
sense of self-efficacy that positively lifts the mood of the new immigrant making other areas of adaptation more likely. The complexity of inter-related issues makes predicting a person’s transition very difficult. This inter-relatedness of domains of adjustment is apparent in a study of Chinese immigrant women employment that found immigration-related strain and living below the poverty line both predicted women’s mental health (Tang, Oatley, & Toner, 2007). Ward and Chang (1997) also found that personal characteristics impacted and predicted the adjustment process. A personal trait of extraversion was related to an easier adjustment to the new culture. Understanding that the process is complex and affected by many salient issues is important when considering the adaptation process of the female immigrant.

2.6 Self-Validation

One form of psychological adaptation is the process of self-validation. Faced with cultural dislocation, the new immigrant may find their sense of self is impacted. Ishiyama (1993) describes self-validation as “the process of restoring and reinforcing the sense of self worth, meaning of life and personal identity and competence through a variety of activities and interactions”(p. 2). Social, personal and physical activities may be utilized in the person’s efforts to regain a personal sense of self. The cross-cultural transition poses significant stress to a person’s sense of self worth (Ishiyama, 1993; Arthur, 2004).

The experience of self-doubt and loss of meaning can lead to strong emotional responses such as loneliness and despair. Individuals develop a complex and salient “validation network” (Ishiyama, 1995a; p. 264) that consist of symbolic
and practical elements and contributes to a person’s sense of value and meaning in life. A change in culture inevitably changes the process involving a person’s search for a sense of self.

The five validation themes are: (a) love and fulfillment and meaning in life, (b) self-worth and self-acceptance, (c) security, comfort and support, (d) identity and belonging and (e) competence and autonomy (Ishiyama, 1989; 1993; 1995a; 1995b; Ishiyama & Westwood, 1992). Loss of important social ties and changes in primary relationships may interfere with a person’s ability to self-validate during the transition of immigration. Disappointments and disillusionment encountered in the process of immigration may affect an individual’s sense of self-worth. Unfamiliar settings and loss of routine may change a person’s sense of security, comfort and support. Social isolation and changes in work environments may impact an individual’s sense of identity and belonging. The experience of re-learning well-practiced skills, which provided a sense of competence and autonomy in a familiar setting, in a new and unfamiliar setting may be extremely difficult. Different equipment, differing scope of practice, differing cultural expectations about how skills are performed may lead to a sense of incompetence despite prior mastery. All of these experiences and challenges may impact on the individual’s ability to validate her or his self.

The self is multidimensional and fluid (Ishiyama, 1995) with five interrelated components: (a) physical self, (b) familial self, (c) social-cultural self, (d) transcultural-existential self and (e) transpersonal self. The transcultural experience is particularly demanding on the ‘social-cultural self’. Areas of relationship,
occupation and role changes impact an individual’s conception of their ‘social-cultural self’.

Validation sources may come from four main areas. The person draws strength and a gathering sense of self from areas such as relationships, things, places and activities (Ishiyama, 1995). The new immigrant leaves many of these familiar areas behind as she or he leaves her/his country of origin and encounters new and unfamiliar elements that may over time make new sources of validation. New relationships formed in the community or in programs of study or at the workplace can become significant sources of self-validation. The sense of self-competence that grows while learning in a bridging program may also become a source of self-validation.

2.7 Coping Strategies

Faced with the process of a cross-cultural transition, acculturation and adaptation, the individual draws on personal strengths and uses strategies to creatively cope with the stressors inherent in this personal journey. The individual may be faced with difficulties as they encounter social isolation, financial stresses, adjustments and adaptations. A variety of coping strategies may influence the person’s experience of the transition to immigration.

2.7.1 Social Support

A person may rely on social support coming from family, friends, the community or other sources (Khawaja, White, Schweitzer, & Greenslade, 2008). The new immigrant may make a concerted effort to reach out and socialize to buffer the loneliness experienced due to the loss of familiar social ties and related
activities (Ahmad et al. 2004). The family and primary relationships may serve as a buffer from the stress of immigration (Hovey, 2000) and the new immigrant may work to strengthen these ties. This coping strategy of reaching out for help and support, encouragement and validation may serve as a protective factor during this transitional period of time.

2.7.2 Health Practices

Ahmad et al. (2004) report that the use of preventative health practices was a coping strategy for South Asian women immigrants. Research participants reported a positive effect on mental well-being with the use of exercise, yoga, and the use of home and alternative remedies such as homeopathy.

2.7.3 Belief Systems

Belief systems, religious beliefs and religious practices and rituals can be positive coping mechanisms. The practice of meditation and prayer, attending places of worship, and practicing religious rituals provide an important source of strength for immigrants and refugees (Goodman, 2004; Farley, Galves, Dickinson, & Diaz-Perez, 2005; Khawaja et al., 2008).

2.7.4 Cognitive Processes

Immigrants use positive cognitive processes as a means of coping with the stress of the transition (Kosic, 2004). Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.” (p. 141). Specific cognitive processes on the part of the individual that reduce stress are strategies such as “avoidance, minimization,
distancing, selective attention, positive comparisons and wresting positive value from negative events” (p. 150). Research does indicate that immigrants often use cognitive strategies to cope with the stress of the transition. These strategies include re-framing such as creating a positive self-concept through favourable comparisons with native and host groups (Kosic & Triandafyllidou, 2003), by using positive interpretations and perceptions of oneself and the situation (Farley, Galves, Dickinson, & Diaz-Perez, 2005), or by re-interpreting the situation by thinking about it differently (Ahmad et al. 2004; Khawaja et al., 2008).

Immigrants use cognitive strategies such as humour (Farley et al., 2005), normalizing the situation (Khawaja et al., 2008), and making meaning (Goodman, 2004). The use of suppression, in the form of avoiding mental distress (Acharya & Northcott, 2007) or avoiding thinking about the situation (Goodman, 2004) are strategies used by immigrants. A focus on the future and reminding oneself of hope in the future is a cognitive strategy used by immigrants (Goodman, 2004; Khawaja et al., 2008).

Current literature suggests that the female new immigrant experiences a significant life transition as she adapts to a new country. This transition is multidimensional and is impacted by an inter-related web of elements. These elements may be the person’s personal characteristics and strengths, stresses related to the reaccreditation process, language proficiency, gender related stresses such as domestic labour and familial stress, and stress related to differing gender expectations and norms. Although a difficult and often taxing experience, for most immigrants the process results in the success of having built a new life for
themselves in Canada (Arthur, 2004). Each woman will likely have used creative strategies to cope with the challenge of acculturation and adaptation.

2.8 The Present Study

The object of the present study is to explore the transition experienced by the participants as they progressed through their journey of reaccreditation and finding work as Registered Midwives in Ontario. Most of the available literature to date does not include an in-depth exploration of the experience of the transition, nor does it include an extensive exploration of the coping strategies used by women when faced with the transition of immigration, reaccreditation and adaptation to the work force. Arthur (2004) discusses the general bias in the literature towards the problematic nature of the process of migration rather than the positive adaptation many immigrants experience. Given that many female immigrants succeed in building a positive life for themselves in Canada, the present study focuses on the coping strategies that women used while undergoing this experience.

Scholarly attention to this transitional period may provide counsellors with much needed information relating to coping strategies used by those women immigrants who have successfully navigated this period in their lives. Ishiyama & Westwood (1992) suggest that the client who is also an immigrant may be very socially isolated and find her/his self with insufficient availability of meaningful support and attention. An awareness of the barriers and difficulties the internationally-trained midwife who transitioned successfully in the Ontario system may provide counselors with salient information to deepen their therapeutic
exchange. Understanding coping strategies that were beneficial to these women may provide useful insight in directing other immigrant clients. In addition to asking the participants to tell their story within the context of exploring the psychological barriers and strategies they used, the participants were also asked to reflect on what advice and encouragement they would offer another woman undergoing a similar experience. In this way the participants were able to selectively organize their own personal learning and development into a response that would benefit future women undergoing a similar transition.
Chapter Three

3 Methodology

3.1 Methodology Rationale

In-depth exploration of a subject matter with a limited amount of research attention is best achieved with the use of qualitative research methodologies (Glaser, 1992). Qualitative research aims to delve into a research question using the subjective perspectives of the participant and relies on methods that allow for consideration of the complex contexts within which the living experience of the research question is being carried out. The collection and interpretation of data makes room for these complexities and avoids simplifying meaning (Camic, Rhodes, & Yardley, 2003, Ely, Vinz, Ansul, & Downing, 2001; Slife, Yanchar, & Reber, 2005). The duality of in-depth investigation and simultaneous honouring of the unique, contextual and self-defined stories of the participants can be met with the use of qualitative research; the researcher in this duality grasps with “the meaning of people’s actions and the quality of their motives and aims” (Richardson, 2005, p.24). Qualitative research permits the researcher to add complexity, depth and texture to the picture of the issue we currently have. “Meaning, for a qualitative researcher is instead an incomplete picture” and we engage in a “examination and inquiry into that meaning” (Shank, 2002, p. 7). A basic interpretive qualitative research paradigm uses data to “explore, explain, describe, and illustrate to better understand them and uncover poorly understood variables” (Drew, Hardman, & Hart, 1996, p. 164).
Careful emersion into the data will help to better understand the experience of transition in an internationally-trained midwife’s life as she navigates her vocational journey towards work in Ontario. Currently the research suggests that the experience for women immigrants is moderated/mediated by barriers such as gender, language, discrimination and family responsibilities (Armstrong & Armstrong, 2001; Neufeld, Harrison, Stewart, Hughes, & Spitzer, 2002). The methodological approach to exploring the lived-experience of women who have successfully navigated the transition to work would include approaches consistent with grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

The research would also draw on several other qualitative methodologies including life history approach (Cole, 2000; Cole & Knowles, 2001) that is an approach that draws heavily on the narrative expression of the subject manner. Participants were encouraged to tell the story of their experience and the questions used were deliberately open-ended, encouraging an informal exploration which was participant led.

In a more general application, feminist research (Brydon-Miller, Maguire, & McIntyre, 2004; Reinharz, 1992; Truman, 1994), multi-cultural theories (Gushue, Constantine, & Sciarra, 2008) and participatory action research (McIntyre, 2008) was drawn on. These approaches seek to involve the participants in the research; to engage them in a process of meaning making. The participant is respected as expert in his or her own experience and assumptions of context are avoided. Open-ended questions allowed for the participant to generate her own engagement in the subject manner. Multiple opportunities for the participant to add to the questions
in context would assist in creating an open and receptive environment. Additionally, the participant is viewed as a source of thoughtful contribution to the research question. They are actively asked to express their opinions about what they would have found helpful, what they would like to share with other women in similar transitions, and what information they would have benefited from knowing before. In this way they are encouraged to play an active, participatory role in the process.

The current research study attempts to make visible the lived-experience of the participants while engaging in relationality and mutuality (Cole & Knowles, 2001). A stance of reflexivity was taken that reflected a social relationship between the participant and the researcher (McIntyre, 2008). As a researcher who formerly practiced in the same field as the participants who are in the study, I am familiar with the nature of the work they are now providing to the community. This shared experience was not avoided but rather, acknowledged and it often resulted in shared moments of understanding. Additionally, some of the participants know me through my work as a clinical instructor in the International Midwifery Pre-registration Program. An informal and non-hierarchical stance allowed for an open and intimate discussion of their experience.

3.2 Procedure

3.2.1 Recruitment

Participants for this study were recruited by emailing a recruitment notification to midwifery practice groups in Ontario. The notification detailed the purposes of the study, the selection criteria for participation and contact
information. The Association of Ontario Midwives lists 73 practice groups that provided the email addresses used. Follow-up phone calls were made to 25 practice groups practicing in a three-hour radius of Toronto. Midwives are notoriously busy and multi-task in order to balance their many responsibilities. Due to the on-call nature of their work, booking times with them also posed logistical challenges. The midwives were notified in advance that re-scheduling was expected when due to births or other obligations. In fact, several of the scheduled interviews were rescheduled a few times due to the participant needing to attend a birth.

All participants responded by email and arrangements were made for a place and time for the interview. The criterion for inclusion was again reviewed and a brief explanation of what to expect was given.

Midwives were offered the choice of location for the interview: their clinics, their homes or OISE. One of the interviews took place out of town to allow the midwife to stay on-call for a home birth. Two of the interviews were conducted by phone. Midwives who lived further than a 2hr. radius of Toronto were offered a phone interview. These were then recorded using a program compatible with Skype (an internet phone service). A request of 2-3 hours was made for the interviews to provide ample opportunity for collaborative discussion of the themes, questions and the stories these women would tell. The interviews varied in length from one and a half hours to two and quarter hours.

Participants were informed of their research rights including the right to decline to answer any questions during the interview or to decide to withdraw from the study.
Particular attention was paid to the ethical consideration of confidentiality. Midwifery in Ontario is a very small profession. Information regarding place of practice, timing of employment, discussions of work in country of origin, and barriers faced could easily identify women in such a small pool. Each of the participants was explicitly invited to engage in dialogue about this issue. Without exception each of the participants was very comfortable with sharing their stories for the purpose of research. Every effort was made to protect confidentiality and each participant was told they would be offered the opportunity to review the transcript of their interview and be able to request identifying information be removed. Each of the participants was given a pseudonym and in their discussions their country of origin was not connected to their name. None of the midwives requested to review their transcripts.

Ten women agreed to participate in the study. In-depth, semi-structured interviews were utilized to explore the research questions. The principles drawn from Life History research such as relationality, mutuality, empathy and respect (Cole & Knowles, 2001, p. 25) informed the development of the questions and the approach to gathering the material. Although limited research on women immigrants’ experience exists, there is strong indication of core areas that represented barriers and coping strategies. These core areas were self-identity issues, language, gender differences including possible shifts in the role and expectations of women in society, family responsibilities, and social support.

Two questionnaires were used. The first was a self-report demographic questionnaire designed to gather information about specific characteristics of the
sample. The second questionnaire was a series of open-ended questions. The questions were designed in a manner consistent with participatory action research (Brydon-Miller, Maguire, & McIntyre, 2004; McIntyre, 2008) following informal discussions with international midwives who are students in the International Midwifery Pre-Registration Program at Ryerson University and informed by current research on the topics.

The developed questions initially drew on the personal experiences of the participant allowing her to share the story of her transition from her country of origin to Ontario workplace. More specific questions that focused on coping strategies and barriers they may have faced allowed for specific addressing of some of the themes prior research had suggested may be salient. Having the rich narrative detail the participant’s vocational journey at the beginning of the interview allowed for a flow and conversation to immerge. The participants were asked to reflect on the losses of familiar social relationships, professional context and skill-to-context fit. Special attention was directed to areas of self-identity, gender issues, language, discrimination and family responsibilities.

Finally, some questions, which requested the participant to consider what, she learned from her situation and transition and how she would impart that experience into advice to another woman in a similar situation were asked. In this way the research participant was empowered to contribute in multiple ways: to provide the details of her own struggles and successes as they related it to her transition to working as a Registered Midwife, and also to gift the knowledge she
had gained to an audience of future women who may experience a similar transition.

After the interviews were completed, over half of the participants mentioned how beneficial the study had been. They mentioned that this transition was not one they generally had an opportunity to share. For many of the participants the interview included points where they broke down and wept. The narratives were deeply intimate and touched on an emotional chord, one which was very intense. Due to the informal and intimate nature of the interviews the researcher was deeply moved and empowered by their stories. The repeated readings of the transcripts for coding purposes was never tedious as the candid humanity of these remarkable women was perpetually evident.

Interviews were conducted in May, June, and July of 2009. Interviews were audio taped and transcribed verbatim within two weeks of the interview. Each of the participants had the opportunity to review the transcripts. Pseudonyms were developed for each participant and tapes, transcripts and notes were coded for identification purposes.

3.2.2 Research Participants

Participants were Registered Midwives working in Ontario who began their careers as midwives in a country other than Canada, immigrated to Canada, and then registered with the College of Midwives of Ontario and found work in a practice. Since 1994 approximately 50 women have gone through a PLEA (prior learning educational assessment) or graduated from the IMPP at Ryerson University in Toronto. No exclusions were made based on country of origin as it
was expected that participants would represent a variety of countries with a variety of language skills.

Data for this study was gathered using 10 in-depth interviews with 10 internationally-trained midwives currently qualifying for registration with the College of Midwives of Ontario. Participants ranged in age from 30 years of age to 51 years of age with participants ages being: 30, 31, 35, 35, 35, 36, 37, 39, 40, and 51. Eight participants were currently in a primary relationship. A primary relationship was defined as a relationship mentioned by the participant which included a spouse or common-law partner. Seven participants had children. Eight participants had English as a second language but the level of competence in English was varied among these participants: five of the participants with English as a second language sited it as a barrier. Two of the participants’ country of origin was Poland, one was from China, two from Great Britain, one from Iran, one from Russia, two from Holland, and one from Belgium. Four of the participants had practiced as midwives in more than one country prior to immigrating to Canada.

Despite the detailed descriptions of the research criteria, one of the participants did not exactly match the inclusion requirements of the study. She was a person who had immigrated to Canada as a child and then left the country as a young adult, trained as a midwife in another country and worked there. After seven years she decided to move back to Canada where she attended the bridging program to re-accredit as a midwife. Given that she strongly identifies as an immigrant and faced many of the challenges of reaccreditation her data was included in the study.
3.2.3 Introduction to the Research Participants

The nature of the interviews provided a rich and detailed narrative of each woman’s transition through the immigration experience and reaccreditation process. Each of these women spoke passionately about their work. They bring a wealth of knowledge, skill, and experience to the Ontario system of midwifery. A brief introduction to each participant follows.

Claudia is a 31-year-old married woman who arrived in Canada in 2008. She has a Bachelors degree in Midwifery. She came to Canada when she married her husband. Claudia’s in-laws had researched bridging programs and she was well aware of the process ahead of her when she arrived. Claudia had worked in several countries after beginning her midwifery career in her country of origin. She shared her deep enjoyment in her work in different settings. She worked in a number of different clinical settings including remote settings. English is Claudia’s third language.

Renata is a 40-year-old married woman with three children under the age of 12. She has a BH Sc in Midwifery and a B Sc. in Physics. She came to Canada to forge a new life for her family that had greater financial security and also had more freedom. She and her family immigrated to Canada a first time and had tremendous challenges with underemployment. They returned to their home country and while there researched bridging programs. The second time they immigrated they were more prepared for the challenge ahead of them and she was aware of the nature of the process for reaccreditation. Renata practiced in two distinct settings: first as a hospital based midwife and later as a community
midwife providing extensive and personal pregnancy education to clients. She
shared her passionate recollections about the work she did providing a very unique
service to clients in a country that offers very little obstetrical choice. English is
Renata’s second language.

May is a 36-year-old woman with two children under 12 who she is raising as
a single mother. She has a Midwifery degree. She researched becoming a midwife
in Canada at length prior to coming to Canada and kept a dream of immigration
alive for a number of years as she struggled through a difficult family time. She
decided to come to Canada as a way of improving her family’s financial state.
May trained as a midwife as a young mother and spoke with pride and enthusiasm
about her passion for her career. Her work was hospital-based and she worked in
several different settings including a high-risk unit. English is May’s first
language.

Jana is a 37-year-old woman who lives with her Canadian common-law
husband. She has a College degree in Midwifery. She immigrated to Canada
without expectations of practicing as a midwife and was unfamiliar with the
obstetrical system when she arrived. She chose a new vocation upon arrival to
Canada and did a brief training program. During her time working she began to
hear about the midwifery system in Canada and researched reaccreditation. Jana
worked as a hospital-based midwife in her country of origin and also worked in
one other country. English is Jana’s third language.

Justine is a 35-year-old married woman with one child who is one year old.
She has a degree in midwifery and a Master’s degree. She and her husband
immigrated to Canada following an extensive period of time when they had been doing international work. She spoke of this time as a deeply satisfying time both vocationally and personally. She was aware of the bridging program prior to coming to Canada although she was initially employed in an alternate field. She realized that her credentials to do health research and promotion work were not strong without her reaccrediting as a midwife and as such decided to attend the bridging program. English is Justine’s third language.

Maria is a 39-year-old married woman with two children under the age of 12. She has an Associate diploma in midwifery. She initially immigrated to the USA where her husband had immigrated. After 7 years there they chose Canada because she knew she could reaccredit as a midwife here. They also had extended family in Canada. She spoke at length about her early days working in her country of origin as a midwife and the tremendous client load she carried in different community settings. She enjoyed working in high-risk obstetrics. Later she found herself dissatisfied by the level of prenatal preparation most women were provided with and began a prenatal education program with great success. Her efforts towards change were instrumental in the hospital she worked for receiving a UNICEF award. English is Maria’s second language.

Dorothy is a 51-year-old married woman with three children under the age of 20. She has a Nursing/Midwifery Diploma. She came to Canada with her spouse who had been transferred for his job. Initial complications and very difficult bureaucratic barriers prevented her from initially pursuing work of her own. Finally she was able to sort through these complications and attended the bridging
program. Dorothy worked as a midwife in two countries in addition to her work in her country of origin. Her work provided her with deep satisfaction and she spoke at length about her experiences assimilating as a midwife in two different countries. English is her first language but she is fluent in one other language.

Susan is a 30-year-old single woman. She has a degree in Midwifery. She immigrated to Canada as a child and then in early adulthood moved to another country for seven years. During that time she trained and worked as a midwife. Her decision to move back to Canada was primarily due to family relationships. She spoke at length about the pleasure of working in a collaborative and friendly unit. English is Susan’s second language, however she learned English as a child and is fluent.

Farah is a 35-year-old married woman with one child under the age of 2. She has a degree in Midwifery and a Masters. She immigrated to Canada because she married a Canadian. She reminisced about realizing she wanted to be a midwife when still a young girl who was able to observe the community midwives caring for her mother during a difficult delivery. She practiced as a midwife, later receiving her Master’s degree and doing teaching and research work in midwifery. She researched the process of becoming reaccredited very shortly after arriving in Canada. English is Farah’s second language.

Dalia is a 40-year-old married woman with one child under 2 years. She has a Bachelors degree and is a trained physician. When Dalia arrived in Canada she initially worked as a researcher. Her friend who had also practiced in (country of origin) introduced her to the bridging program. Dalia spoke tenderly of her
deceased grandmother who had inspired her to become a physician and researcher. Eventually her desire to help women in a more direct way led her to the practice of obstetrics. English is Dalia’s second language.

3.2.4 Data Analysis

Given that no research exists on this particular group of participants, limited assumptions and formulations were made apriori and instead a grounded theory methodology to analysis was utilized (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The intention of the research was to allow the individual, lived-experience of each participant to emerge and to capture the unique voice that these individual experiences represent. Thus, the more phenomenological approach of Strauss and Corbin (1990) was utilized. The three processes laid out in this methodological approach are: open coding, axial coding and selective coding. These processes allow for an organic and non-linear exploration of the data. The process of data collection is not removed from the analysis stage, but rather, themes that begin to emerge are explored and added. The researcher remains open to possibilities that may present themselves as collection occurs. All three processes may occur simultaneously or in order. In open coding, the researcher systematically searches for ways to categorize the information that is provided. A careful description of each category is developed. Explicit is an understanding that the categories may shift, develop and change as more data collection and analysis occurs.

Axial coding is the process in which the research begins to make sense of the categories and how they interrelate. Attention is paid to the possible connections and directions that the data may indicate. The researcher is searching
for interesting links, allowing the rich data to provide the path to understanding contexts and causes of the phenomenon in question. As the researcher explores the data, certain categories become arching representations of the multiple elements being investigated. These categories become ‘high order’ categories, capable of representing a cluster of phenomenon.

The third process of selective coding allows the researcher to begin to formulate hypotheses of how the elements interconnect and relate to the commonalities of the lived-experience of the participants (Strauss & Corbin, 1990).

The over-all aim of the research methodology used was to create a research attitude that was respectful of the unique experiences each of the participants brought to the study. The informal open-ended interviews were structured in a way to maximize opportunity for thoughtful contribution and reflection. Analysis was undertaken in a spirit of having these contributions and personal reflections respected as data was analyzed. The findings are presented with a real effort to allow the participants’ narrative be the significant voice. To this end, quotations were not reduced to small clips and confirming sentences but rather were viewed as the primary voice of the results.

To begin the process of analysis, the researcher first read each of the transcripts as though they were a story and enjoyed each woman’s voice and unique narrative. Line-by-line analysis was then done and statements were highlighted and coded with provisional themes. Transcripts were divided into units and with numerous readings, comparisons, similarities and differences were
noted. Each of the units was given descriptive categories. Each transcript was analyzed and coded multiple times and the technique of axial coding was used to investigate possible connections between categories. Notes were kept in the margins when data was reminiscent of another participant’s response, or when it differed from another respondent’s experience.

Finally the research findings were organized into three different chapters representing the over-arching themes of the study. These chapters begin with Chapter Four: Immigration and Reaccreditation Experience. In this chapter the general experiences of the participants are explored. Understanding these elements sets the background for the experiences with self-identity and work transition. This chapter is followed by Chapter Five: Specific Barriers and Impact to Self-Identity. This chapter explores some specific barriers encountered by the participants and connects these experiences with the self-validation process; Chapter Six: Coping Strategies explores the way that the participants dealt with the difficulties inherent in the process.
Chapter Four

4 Findings: Immigration and Reaccreditation Experience

The study of individuals during any transition is a complicated process. Ishiyama (1995) suggests that the self is multidimensional and fluid composed of many areas, perceptions and interactions. Any attempt to investigate in-depth the experience of an individual who has navigated the transition of immigration must begin with a commitment to view the individual within a rich and complex synthesis.

As the data was explored, an attempt was made to initially focus on the more general experience of the process for the individual. These general experiences contextualize the culture in which each participant may have encountered self-doubt, anxiety, and issues regarding self-identity and in which they began a process of self-validation. This chapter begins by setting the stage for some of these processes by exploring why these women came to Canada and what some of the more general experiences of immigration and reaccreditation were. It continues with a more specific investigation of some of the common barriers facing women immigrants and the experiences the participants had encountering these.

The results relating to the general experience of immigration, reaccreditation, and transition into the workplace were organized into two major themes: Immigration and Reaccreditation. These findings focused on the participants’ reasons for immigration and the general barriers and obstacles they faced during immigration. The findings continue with the participant’s experience
of reaccreditation as it related their hopes and expectations during this period and
some specific barriers and obstacles they encountered during the reaccreditation
process.

4.1 Immigration

4.1.1 Reasons for Immigration

As the participants recounted their stories of their immigration experience
the reasons why they initially immigrated to Canada were woven into those stories.
Each person’s journey to Canada represented a unique situation. None of these
women had the same exact reasons, and as such, their experiences of immigration
may be related to the reasons that they initially decided to come to Canada. This
data sets the stage for the richness and uniqueness of each immigrant’s story and
also serves to further introduce the participants.

The results can be divided into two broad reasons: relocation to be with
their spouse or a desire to change environment financially and/or politically. Five
of the participants came to Canada because of their spouses. For these women the
choice to come to Canada was linked to their relationship. Four of them married
Canadians who they had met in their country of origin.

Claudia: …and then Paul and I decided that we were going to travel around
the world for a year so we backpacked and then we got to the stage where we
were together for six years long distance and, I decided that’s it, it’s either all
or nothing and we decided to get married which meant that I was going to
come to Canada,
Maria’s husband had immigrated to America and was working there. She initially followed him to the States and because she could not gain employment there they decided to immigrate to Canada:

I was living there seven, six, seven years. And we decided to move to Canada because during that time I tried to be a midwife in USA, or maybe nurse, and they did not accept my credential from (country of origin)…

Jana also met her husband in her country of origin and he shares the same country of origin but was a Canadian. Justine and her husband immigrated to Canada because they are of two different nationalities and he could not gain citizenship in her country of origin. They had worked together in developing countries for many years and researched countries where they could both get citizenship. Dorothy came with her husband who had a job transfer.

The other five participants immigrated to Canada for a desire to change their environment financially or politically. Six of the participants mentioned that the pay for midwives in their country of origin was very meager and they hoped to have a better financial future here.

Maria: Our salary is very low. It’s almost equal with the salary of the person who is cleaning the hospital…I did not have a car for example, I travel with a bus or with a train to my home where I was living, to my family home. Sometimes during the traveling I would have a lot of conversations with people who were traveling with me and they would ask me about my job. So, I saw their face, how their face would change when they noticed that I am a
midwife, and they would ask me “so your salary is very poor—how are you living? How are you existing?”

Renata: …we decided to immigrate to Canada mostly because of financial issues and living (arrangements). We had to live with my parents-in-law. In one apartment, and it was very small apartment just two bedrooms.

Family ties were also mentioned by three of the participants as a reason for their immigration to Canada.

4.1.2 Feelings about Immigration

The majority of the participants reported that they were happy with their current lives and felt that, although the process of immigration had been very difficult, they had achieved something very positive for themselves. When asked if she could give any advise to someone going through the process of immigration, in a succinct statement Dalia said, “Just expect, fully expect, it won’t be easy process”. Susan expressed that it was a difficult period of time for her but:

It was definitely worth it, and I knew it would be so in my heart of hearts, even though sometimes, even that was a challenge; is this really worth it, going through the IMPP and the new registrant year; who needs this…. And I just thought this is exactly why I did it because I know women want and need midwives and I know I can provide that kind of care that they’re after.

May discussed her feelings about the process of immigration:

I just feel that the last few years have been a blur (laughs). The blur goes on.
It’s good, I’m really glad I’ve done it. I am really glad I’ve done it.
Definitely. It was probably harder than I thought it was going to be, and a big
drain definitely. I’m not the kind of person that really gets down and depressed but I have had my moments of being quite miserable actually for the first time in my life. Thinking oh, this is what people talk about when they say they’re, a bit depressed, and I have had moments like that, which has been an eye opener for me. I think it’s just going through a long time of tiredness and stress and just constantly, without, you know, letting off, and responsibility, and all those things but I’m still please I’ve done it. Definitely. And I am happy here. I’m happy with the work.

For four of the participants the general feelings were very mixed. Their description of the process was that although there were positive outcomes, the journey was difficult and left them in a position that wasn’t what they would choose again. Although three of them mention positive aspects, they indicated that the benefits might not have outweighed the challenges. Interestingly, all four of these participants had come because of their spouse either being a citizen or getting work here. Whether or not the initial reasons for immigration played a part in their subsequent feelings of unhappiness leaves room for speculation.

Jana expressed that the reaccreditation process was very difficult for her, particularly as it pertained to learning English. She said” I don’t know, if I will need to go again through this kind of program maybe I will say no because I know what to expect. What it was going though”. When asked what short phrase would best describe the long arch of immigration, retraining and working, Claudia said “Much harder than I thought it would be”. She elaborated by saying:
I feel that if I knew how hard it was going to be I would never have signed on. Because I was doing exactly what I’m doing today in another setting, being warm and fuzzy and happy….It’s not that it’s not working. Right, like I’m still doing what I love to do, it’s just my environment that’s been a struggle. It’s not my job in itself. It’s that whole, it’s just, you know, dropping everything. Every little single bit. Dropping it and then starting from scratch. Everything.

Dorothy reported that although overall she is now happy she doesn’t believe that living in Canada will be permanent for her. When asked if the process had changed her in any ways she stated:

I guess it’s made me more, not resigned, but maybe realize that you can adapt to any situation if you really have to. And I’m not being cynical. It could have been easier but it could have been more difficult as well…you have to accept that when you’ve got to move on, you’ve got to move on. I’d probably never have come to Canada if I’d not been with my husband

Farah also expressed some resignation about her choice to come to Canada, however she expressed her discomfort in a positive frame:

But it’s fine and I think still I’m struggling with that. And we know that we’ve got to help the country. And everybody knows that. Actually it wasn’t my exact decision. It wasn’t like the other people who try for six years to come to Canada, that wasn’t me. I came from (country of origin) with my husband but then I think that I can work here for, here Canada is my country
now and I want to work for that. I want to raise my son. My son is Canadian (laughs); so very great (that) my son is Canadian.

All the research participants represent women who successfully transitioned into their field of choice. Although successful and motivated individuals, their experience was congruent with Rubalt’s (1991) claim that regardless of the strengths of the individual and even in the best of circumstances, the experience of immigration can be very difficult.

4.2 General Experience of Immigration

The experience of immigration is a challenging one. The experience is not an isolated transition as it involves many areas of a person’s life including their sense of belonging, social situation, financial situation and their environment (Arthur, 2004; Ishiyama, 1995; Yakushko et al., 2008).

Consistent with the literature, the participants in the study encountered many of the difficult adjustments and barriers that are typical to immigration. Each of the participants had experienced at least one of the barriers or challenges sited in the literature.

4.2.1 Discrimination

Discrimination is a frequently cited obstacle and was raised by several of the participants as a barrier they encountered. Claudia expressed a sense of resentment at the surprise of seeing a different kind of Canadian than who Canadians present to be initially. In job interviews she felt she was not given the same considerations given to non-immigrant Canadians:
If you don’t give me the opportunity to show you who I am (how can you decide), it’s not at first glance. You don’t know whether this is a good fit or not. I kind of always saw that as something very negative and hard to go by, I think it had to do with the fact that I was coming from another culture and, I think Canadians see themselves as “oh we’re so friendly and so welcoming and absolutely” but beyond that point it’s like “whatever”. Okay you’re new, “whatever”, great, we’ve had our little chat… they don’t go beyond that point of wanting to know you really.

Farah mentioned facing discrimination and was surprised to encounter discrimination as a clerkship student in the bridging program:

The other thing I thought sometimes, even in the practices we work in midwifery, I see some people, and they act very bad to the immigrant people. I have never liked it. And I don’t think that they (understand immigrants), they are human you know? Wherever they come from. So everybody should have respect for each other and help each other. Sometimes I see an immigrant from another country and they (Canadians) just kept away. It was, sometimes, most of the times disappointing to me. Sometimes I want to say to them we’re the same. We’re all human. Why you going to act like this? And sometimes I say to myself “if you were me back home with the situation I had, with life I had, you’d never look at me like this”. You know, like you leave everything back there. I had a good life…and some people look at you like you’re such a stupid person and it’s not good at all.
Similarly, Maria also mentioned encountering discrimination in her clerkship experience:

Maybe it’s easier or maybe they feel more comfortable with Canadian students. Maybe this is very personal about immigrants… I don’t know what kind of person they are. Not everybody likes immigrants. So if I notice that someone doesn’t like us, I leave them alone, I don’t want to fight with the person. I only want to give a good example that I am all right. It’s difficult…what should I tell them. Because that person is also not telling me the truth, so I don’t know sometimes what I should be for that kind of person who may stab you in the back. Who first smiles in your face but later stabs you in the back. It made me afraid to face people.

These women expressed a sense of sadness when telling these parts of the story, as well as a gentle reluctance in the telling. One is left to ponder the psychological implications of encounters such as these as a new Canadian attempts to acculturate. These experiences appear to impact the context in which a person is acculturating, adapting and self-validating.

Interestingly, two of these women mentioned situations where they had encountered kindness and acceptance and used these positive exchanges as a form of balancing the discrimination encountered.

Maria: But I was interested in why they didn’t want to help me or listen to me. It was my first bad impression. These groups, and that everybody wants to be the best and don’t want to help you. …And I remember, when I came to (named person), her nice smile, and she tell me how I should (interact with
clients), she first listened to how I was providing the care for the pregnant women, and after, when I finished, she gave me some examples what I should tell to the client, and after that I was thinking, “that lady is very nice for me and tried to help me”, and we need that: teachers, and people who will support us (crying).

4.2.2 Unemployment and underemployment

Although un/under-employment did not immerse as a predominant theme it was briefly mentioned by several of the participants, either of themselves or their spouses. This challenge was often met with surprise, as their expectations had been that finding work in Canada would be easier. Justine mentioned a difficult period when her husband couldn’t find related work to his field and finally took an unrelated job:

Especially because we came as skilled immigrants that, maybe that’s interesting as well to hear. We thought we came based on our experience and our educational background? That was the reason that we were allowed to come to Canada and we were granted permanent residence. And then when we came here we realized that it was just to give you enough points to get over the line of “you are allowed to come in”, but other than that it didn’t mean very much. And that shocked us actually. When we figured that out after a while and so we went back to school both of us. ...of course there were very frustrating periods, especially when my husband couldn’t get a job. It took him a long time and he had to take a job that was something he didn’t want to do and was purely to make a living for us.
An interesting finding was for three of the participants the experience of immigration included them finding work in their field while their spouses were unemployed/underemployed. This raised gender norm related stress as the participants encountered feelings about their spouses needing to take on responsibilities typically seen as female. Tatiana spoke of her husband:

He was at the same time huge challenge and huge support. Challenge because I was the only hope for my family, and all our life was dependent on me. So, it’s huge amount on my shoulders (laughs). And I know if I fail, just, I don’t have right to fail.

4.2.3 Financial strain

Consistent with the literature (Ministry Of Training Colleges And Universities, 2001) the process of immigration and reaccreditations was financially taxing. Unexpected expenses came up and posed problems and difficulties. Many of the participants mentioned the benefit of existing scholarships and bursaries and feeling very glad they had been encouraged to apply for these. Participants coped with the financial strain in a number of ways. Many of them had savings that they used to survive, some borrowed money, and spouses supported some during the transition. Renata spoke of coping with the financial difficulties in a pragmatic way:

We just learned to live a cheap life. To find for the same amount of money, larger amount of white meat. Or, we don’t buy things which are not really necessary and again we make our priorities what we really need. What we can, what we don’t really need.
4.2.4 Health related effects

Some of the research indicates that the immigration experience can have long-term health implications (Choudhry, 2001; Nimmon, 2007). Two of the participants mentioned health concerns that they related to the stress of immigration. Dorothy described becoming very ill in her first year in Canada:

The symptoms were consistent; cough, feeling unwell, washed out for like months. I’ve never been this ill in my life and I don’t think maybe when you’re in this sort of state, your immune system does take a blow, doesn’t it?

Jana also mentioned the effects of stress as it related to her general health:

The truth is that when I came to Canada I started to get sick and I didn’t know why. Since almost the beginning. I don’t know if it was the stress because of the language, the stress because of immigration, the stress because different environment.

4.3 Reaccreditation

4.3.1 Hopes and Expectations

Contrary to some of the literature, participants in this study were mainly quite informed early on in their journey of immigration that there was a way in which they could reaccredit as a midwife. Participants found out in a number of ways. The most common way of accessing the information was through the Internet, but some participants mentioned learning about the reaccreditation process through friends or family members. Only one participant was unaware of the process of reaccreditation for any period of time. This finding differs from the research available that indicated that many internationally-trained professionals are
unaware of the need for a license to practice in their field and specific licensing requirements (Ministry of Training & Colleges and Universities, 2002).

Some of the participants expressed being very happy to be given the opportunity of a bridging program that would allow them to practice in their field. Maria had an extensive break from her career due to vocational restrictions in the USA where she and her family had initially immigrated. When she found out there was a legislated midwifery system in Ontario it was a very positive shift in her life:

I feel inside very happy that I can continue work as a midwife because this job gave me some big sense, and when I first noticed that I can work as a midwife in Canada, it was the additional step that we decided to move with my husband here. I was very happy when I noticed, when Ryerson said to me that I can (do the program), they accept my credential from (country of origin), so it was something like (laughs), like the sun start to sunshine.

Two of the participants mentioned worries about qualification. Jana was very concerned that she would not meet the requirements for the program:

Maybe it’s a different model but not a different way how they work here and this is why I started to be interested in going back to school and I just try and I would say I took a chance but in my mind I didn’t believe that I was able (laughs) to go and that they allowed me. When I got the message from Ryerson that I can start the program, that they accept me, I couldn’t believe.

Justine had spent a number of years out of clinical practice as she worked abroad on international health projects and was concerned that this period of clinical inactivity would exempt her from entry:
Well initially I thought “I don’t qualify” (laughs). Because all the criteria I didn’t fit right. It said it was current practice, if you had practiced midwifery within the last five years. For me it was about six years ago that I practiced hands on midwifery. I didn’t have a driving license, at least not one for here in Ontario. There were another couple of things. So, initially I was discouraged thinking, “oh you know there’s so many things I don’t qualify for”, and then my husband looked at me and said “are you mad? I mean you have to look at the whole picture, would you be suitable to be a midwife in Ontario?” and I thought yeah, I think that I would be.

The anxiety and concerns about meeting qualifications seemed to be short-lived and many of the participants mentioned receiving personalized and kind help from the staff at the IMPP at Ryerson.

Despite being aware of the bridging program, participants were often unaware of the extent of the program: logistical challenges, and requirements were often unforeseen. May expressed her surprise upon realizing that the program was not optional:

I remember it took a while before I realized that I had no choice. I had to do it. That didn’t seem to sink in for a while, I couldn’t quite understand. I thought it was an option. So it did take a while before I realized no it’s not an option, you have to do it but it looked fine, it looked good, it looked interesting, I realized it had to be paid for but I thought it’s not that much money, it was all kind of okay.
Farah also had initial feelings about the length of time the bridging program was going to take that later changed:

They said I should pass the English exam and I said yeah sure because they need to know I can speak, I can communicate in English but they said you need to do a practical OSCE (Objective structured clinical examination) test and I said yeah, it’s good to know how experienced I am, but the process of nine months, on year, sometimes it was little bit challenging for me.

Interviewer: So when you were finding out about that it sounded like “what are you talking about?”

Farah: Yeah, yeah, and then when I started in the fall and I came in and I saw the process, I said it’s fine, it should be like this because I think everybody here needs learning. Because if I don’t show you, you don’t know me.

For Claudia it was the discovery of the program requirements as they relate to the midwifery model of care that was a surprise for her:

In Europe when I said I was going to move to Canada we kind of had this idea that Canada had this ideal model and that it was all beautiful and great and everybody envied me that I was going to work in this model so I kind of thought “ohh that sounds great” and I was actually very excited. Yeah, that changed dramatically once I got here (laughs). (The director of the bridging program) came into the class and we were saying this is hard and, you know, like I didn’t picture it anymore as welcoming. I kind of got scared thinking “jeez, this is maybe not what I wanted to do” so I got back to the struggle internally about do I really want to be a midwife here, like am I going to
survive, what’s going to have to happen. What was hard to hear was the on-call system and realizing very early that it was very woman centered and I felt like a lot of midwives didn’t have much of a life beyond midwifery.

For Renata, upon finding out the requirements of the program, she quickly realized she would be unable to manage:

When I came and when I spoke to midwives and when I learned more about PLEA process I understood that at that time it was impossible for me to go through because I had one year old daughter and when we just came into Canada I discovered that I am pregnant with my second one.

For immigrant women, vocational barriers include family responsibilities (Choudhry, 2001; Yakushko & Chronister, 2005) and these responsibilities can limit a woman’s ability to work. Renata waited a number of years before re-applying to the program. Dorothy also mentioned that although she was very disappointed to not be able to work initially (due to bureaucratic barriers), that in retrospect the challenge to her family may have been too difficult:

But I guess our son was only six at the time so it would have been difficult at the time that I wanted to practice as a midwife because I would have had to have somebody come to the house to look after him when my husband’s not there (he travels due to work) and that would have been hard. I was a bit leery of the modern midwifery care because I learned about this continuity of care and the on call requirements so I was a bit hesitant about that as well.
4.3.2 Feelings about Reaccreditation Process

For some of the participants, the requirement of a bridging program felt insulting. They felt they brought extensive experience and did not believe they needed to go through a lengthy process of reaccreditation. This attitude is consistent to some of the findings suggesting that internationally-trained individuals feel that their past credentials and experiences are not valued in the Canadian system (Ministry Of Training Colleges And Universities, 2001). For Claudia who had practiced in many different settings and countries, and with a degree in Midwifery the thought of reviewing basic skills was insulting: “I knew I was a good midwife. I knew that I didn’t have to work on breastfeeding and have to put in IV (intravenous infusion), that was a waste of time for me, right?” Similarly, Dorothy struggled with a sense of indignation with regards to the program and the new registrant requirements of the College of Midwives of Ontario. She had a negative reaction upon first realizing the requirements:

Well, first I was a little bit insulted as well because I thought hell, I’ve been a midwife and practiced. Doesn’t mean I’m fully qualified but I’d practiced for all of that time. Obviously in very different settings but in different countries, in many different situations, so I was a bit surprised that I would be required to complete a program. It was like questioning your credentials. I found the new registration requirements more insulting than anything actually. Someone like me who has a hell of a lot of experience and I had to be supervised by a midwife who is never going to have the clinical skills that I have, let alone be
more experienced than me. Because of the ways in which I’ve practiced as well.

This chapter introduced some of the more general experiences of the participants. For the participants, immigration was a stressful time and presented the individual with new and unfamiliar situations, difficult experiences and left them facing challenges both expected and unexpected. The process was taxing psychologically, physically and financially, and impacted on multiple domains of their lives. For the female immigrant the experience of a vocational transition takes place within the context of their own unique life circumstances including the reasons they immigrated, their family situation, their personal health and psychological well-being and their financial situation.
Chapter Five

5 Findings: Specific Barriers and Impact to Self-Identity

The semi-structured interviews included questions specifically focused on current literature relating to experiences of immigrant women during their acculturation and adaptation period. These areas were: social isolation, family issues, language difficulties, feelings of professional incompetence and adaptation to a new vocational model. These questions were asked in a manner that also elicited information regarding the participants’ experience with self-validation.

Ishiyama (1995) suggests that during a period of transition the individual may also experience a shift in self-identity. The immigrant undergoes a very large transition including geographic and socio-cultural change. They also experience the loss of familiar places, activities and relationships that may have previously provided them with validation sources (Ishiyama & Westwood, 1992). These validation sources are areas from which an individual can draw upon to form a stable and familiar sense of their self. When these sources are unavailable, the person may find himself or herself experiencing grief, depression and low-self esteem (Ishiyama, 1995).

This chapter looks at several common experiences of the new immigrant and these areas are explored along the self-validation themes put forth by Ishiyama (1992, 1995) which are: (a) love and fulfillment and meaning in life, (b) self-worth and self-acceptance, (c) security, comfort and support, (d) identity and belonging and (e) competence and autonomy.
5.1 Social Isolation

The experience of social isolation profoundly and deeply affected the participants’ sense of security, comfort and support. It also impacted some of the participants’ sense of identity and belonging. Given that all of the participants are women, and research indicates that for women the loss of vital family ties and friendships can be very difficult (Arredondo-Dowd, 1981; Choudhry, 2001; Yakushko & Chronister, 2005) it is not surprising that this challenge was brought up. Almost every participant mentioned missing family ties and friendships and many connected this loss with a feeling of depression or homesickness. Some women mentioned the loss of going out with friends or meeting at a familiar coffee club. These daily interactions, taken for granted in their country of origin, gave them a sense of belonging that became something they missed once they were in Canada.

Justine mentioned missing relationships:

Oh, relationships, because you start from scratch. You have really nothing. We had some relations; my husband’s extended family had some people here but for me there was nobody. I didn’t know any colleagues either, anybody who was in the same sort of line of work; you really have to start from scratch.

For Farah who came to Canada despite her family’s objections, the initial adjustment was extremely difficult. Not only was she alone, she also was expecting her first child, and she felt she could not express any regrets to her support system at home:
It was quite challenging for me in first year. Actually I got pregnant that year…. it was more psychologically (difficult) because I didn’t have any support. My husband was working, I had a child coming and I couldn’t tell anybody back home how I was doing her because they didn’t want me to come, (crying)...Very alone, especially being away from my family or your home. So when I came to Canada (in) January, snowing, lots of wind and cold, so, like lots of things to get adjust, so, a new life with my husband, and I didn’t know him that much, so everything in my life was new for me here, at the time I was telling my husband “I think I felt depression” and he said “you call it here homesick when you come to the other country”.

An interesting finding, one not mentioned in the body of literature used for this study, was the participants’ reluctance to burden their existing support system with the depths of their anxiety and feelings. Jana mentioned the strain she felt when she found herself relying on only her husband for emotional support:

I had a lot support from my husband but it was the point where we have kind of conflict. He started to suffer from my, I wouldn’t say depression compared to the other people I didn’t have depression but I was lost. And I felt lonely and I was thinking, okay, I have somebody who is trying to help me but you can’t talk with him all the time about my problems…

Similarly, Dalia mentioned coping with her stress alone stating, “I don’t have that many people to call. I don’t want to bother my parents or my partner, they have enough already for themselves.” Farah discussed her perception that her personal stress was too much for her husband:
I think it’s more (stressful) for my husband because when I came to Canada and I wasn’t (adjusting), and he tried everything and support me so much and I think it was too much for his shoulders…. Just me and my husband and I was leaning on him.

Claudia also mentioned feeling alone in her feelings about immigration and not wanting to burden her social support people:

There was nobody to run to. That was kind of hard. Except for my husband, but then I didn’t want to put that strain on him because I thought that would be very unfair, and I guess not being able to rant to anybody about how I felt that this was unjust, and that this wasn’t right…. I was not going to hurt him (husband), I was not going to tell my parents that I was unhappy because they would be unhappy and I was not going to tell my friends that I was unhappy because this was my choice so I had to deal with this.

The immigrant who settles in a larger urban setting may have the support and familiarity offered by a larger group of members of their nationality. Jana mentioned the difficulties of needing to move to a smaller community where she began working and where she was unable to find any social supports:

When I moved here I didn’t have any support from (community of origin), of course. I was kind of surprised; I don’t work at all with (origin) people…I don’t have any (origin) friends and I can’t even find anybody who speaks my language.

For those participants who had extended family in Canada, or whose extended family later joined them, a sense of gratitude was mentioned, as these support
systems helped enormously; particularly with domestic responsibilities. May mentioned her parents initially coming to Canada to take care of her children during her clerkship, “Lucky for me I have really great parents who also are now living in Canada, and they were very, very encouraging and said “we’ll come, we’ll help you”.” Dalia joked that her advice to another woman undergoing the same transition would be to have your parents join you to help with domestic tasks.

5.2 Family Issues

The participants were asked to reflect on whether they felt that the process of immigration and reaccreditation had affected their primary or family relationships. Eight of the participants reported they were currently in a primary relationship. For some of the participants the experience had the effect of strengthening their current relationship. The difficulties they encountered drew them deeper into the relationship and gave them a sense of comfort. For other participants the process weighed heavily on their relationship and under the strain they encountered fragilities of the bond. Most of the participants agreed that the process had a significant impact, and that their relationship was definitely transformed. For those participants with children the journey was more complicated. Many of them encountered confronting their own gender related norms as they adjusted to a very demanding new profession.

The loss inherent in leaving familiar support systems and beginning anew in a new country can produce a family crisis that affects the individual and the family (Hatter-Pollara & Meleis, 1995; Hulewat, 1996). Individuals may find themselves
with only each other to rely on. For Jana, who found herself alone with only her husband to support her, this experience became a learning shift in her relationship:

At the beginning we had really good relationship but because I didn’t have any friends when I came in. I just wanted, whatever I was dealing with, I wanted to share with my husband and it was too much of course because I didn’t have sister here, I didn’t have mother here, no friends, and whatever was going on I wanted to share with my husband. But I got to the point where I didn’t expect that kind of help but because I was sharing the information with him he thought that I was expecting something from him (laughs)…. Then after I started to talk a little bit more with my sister on the phone. She started to explain that “men are different” you know (laughs)…. I started to meet new people. Having few friends made it easier but I don’t know, at the beginning it was kind of… this was my best friend, my sister, my husband was everything and it was too much…

The family can provide enormous support and be a place of safety and relief from the difficulties daily being faced by an immigrant (Miranda & Matheny, 2000). Some new immigrants leave existing familial support and confront homesickness and longing for family (Arthur & Merali, 2005). Other individuals migrate with their family. The family with its support and solidarity can provide a buffer from acculturative stress (Hovey, 2000). For those participants whose relationship grew closer during the process this was very true. Justine described the impact on her relationship with her husband and the differences in the way she regarded her partner:
So, it brought us closer and we got to know each other a lot better as well, because there’s certain things that you never had to consider before. And now we had to discuss together and make decisions about together and that was very interesting as well. And not always fun of course, you also sometimes realize from yourself that you’re not quite as flexible as you’d hope, or that you surprise yourself in a negative way. In our case that was the case, but I was surprised by how strong he was actually and how flexible he was and I’ve started to appreciate much more his life experience of transitions as well and realize how good he is at that actually.

For Renata who had been married for eighteen years the process was difficult but she could draw on a history of relationship support that helped her during the transition:

“To be honest we lived so long life together…. So it’s one of our life challenges. The first challenge when we just came here and when we (were) struggling for our life here it had a very negative impact on our family life because it was just huge stress and which, and at the time of my pregnancy and with all my emotions, so it didn’t work well that time. I mean it didn’t help our relationship to be honest, but after we went through (the first challenge) the other challenges didn’t really affect our life, I mean our personal relationship, because we just appreciate each other.

For those participants who had extended family to help them the assistance was very important. The flexibility that ensued because they had extra hands to assist with domestic responsibilities made the transition much easier. Dalia
mentioned, “I’m lucky to have my parents with me so they’re very supportive.” Likewise, for May, her parents coming over to Canada to assist her with childcare during the clerkship program (and subsequently deciding to stay in Canada) was a support that enabled her to pursue her goal of becoming a Registered Midwife. May also mentioned the help her children provided during the process:

It is hard definitely, but my children have been doing that since they were little so they’re really, really good. They don’t complain or moan. I know they’d like me to be around sometimes a little bit more than I am but they’re really good and they know that I have to earn some money and this is a good job and I’m doing it for all of us. So they’re excellent.

For Farah, the social isolation she had experienced early on in her transition was greatly changed with the arrival of her son “I think most of the time I’m telling my friends I’m going to make more children (laughs), a big family, yeah, then I feel better, I have a family here.”

Family responsibilities can add to a woman’s stress (Choudhry, 2001) because of multiple and complex demands. What was an unsurprising and yet interesting finding was that due to the requirements of the program, of a 24 hour on-call system and with the realities of having to move to different areas for their four month placement some of the participants found themselves confronting issues related to gender norms. For Justine whose husband could not find related work and who took on the primary parent role this was a time where they both confronted their feelings and biases about gender norms:
Because my perception of my role as woman, but of course there’s also a man’s perception of his role as a man. I mean for me it was a shock that I turned out to be at least for a while, the provider for my family. I will likely be now (laughs) emancipated. Well, as a woman you wouldn’t think that it would come as such a shock but still I hadn’t expected it somehow…. I think for men it must be just as hard. Because they also want to be, they’re also expected to be the provider of the family and if they don’t have a job, they don’t have an alternative identity to fall back on. I mean, I’m still a mother, right? What ever happens, that identity I have that nobody is going to take that away from me. Even if I cannot care full time for my baby, as I want to, I’m still recognized as mother. And for me I guess there’s also that identity, but it’s not one of the first identities that men perhaps get their self-value from or that’s not what they’re necessarily recognized for. So I guess in that sense for my husband it was a transition as well because he turns out to get a lot of self-value out of his being a father (laughs)…. It turns out that both of us had much stronger preconceived notions than we thought. I didn’t realize how much I did want to be with my baby… I don’t think he realized how strongly his feeling was of having to provide, and take on that role.

Interesting, huh?

For Farah, gender roles learned in her country of origin caused a great deal of difficulties as she and her husband adapted to a new situation:

So my husband was taking care of him (their son) and it was so hard for me. He had palpitations. Anxiety. And I told him that’s just a stress response and
he’s so responsible for me. And when I go out like in the middle of night, (the catchment area has lots of snow) and it was snowing very bad and I had to go to a birth and it was hard for him to accept that he let her, his wife go out in the middle of the night. He didn’t say it but I could see it in his face and he was (anxious). …. Because he brought me here and he promised my dad that “I’m going to take care of your daughter”.

The experience of immigration and transition to the workplace placed significant strain on the participants’ family and primary relationships. For most, however, the process drew them closer together and became something that changed their perceptions of the relationship. It is easy to imagine that this process of redefining the family, of needing to rely heavily on each other and of changing one’s understanding of roles impacted on the participants’ self validation process relating to love, fulfillment and meaning in life.

5.3 Language Difficulties

Eight of the participants reported that English was their second language. Three of these participants’ English was at a very high level upon beginning the transition, and would be considered articulately fluent. For the five participants whose language was not yet fully sufficient for fluid communication, each of them mentioned the difficulty and barrier this posed them during the process of immigration. More specifically, these women mentioned the difficulty this posed for them vocationally. Justine discussed how communication is very important when establishing client trust in a health-care provider:
You realize that even though you know it (a person having English as a second language), you still subconsciously or unconsciously judge people by how they talk. Because that’s what you have. How they behave as well, but also how they talk. Somehow when they speak your language you have the impression that what you say they understand really, and can respond to. Renata described the difficulty of functioning with inadequate language skills:

But then after some time you reach the point when you can’t understand anything at all, and you can’t speak at all. A kind of, it’s not exhaustion, it’s like your mind is packed full and nothing can, there is no even little empty space anymore which can get into there. And at the same time you can’t produce anything.

She spoke of the barrier of her language interfering with her clinical work and clearly depicted the loss of self-confidence related to this experience:

It was very clear, very obvious for me. In clinical situation you just forget everything. I mean, I really didn’t know what to do. It seems like there was something wrong in between myself and my past knowledge and my experience. Just I can’t draw from that in this new place where I don’t have my language…. When you feel that you don’t know what you’re supposed to know. And you can’t even find what to do, you’re losing yourself.

The experience of functioning with inadequate language skills was psychologically taxing for those participants whose language was not sufficient to fully reflect their clinical knowledge. Participants felt the need to present themselves as knowledgeable and feelings of inadequacy surfaced when this was
not possible. All of the participants who struggled with language related these experiences to a sense of frustration and loss of self-confidence. For Farah the experience of not being understood was intensely frustrating:

> It felt so disappointing. So disappointing, and sometimes depressing. Because whenever I had that situation I went back and cried and said to my husband I can’t say that, that I know what I’m doing, that I know what’s my situation, that I know what to do, and I couldn’t (communicate it). People couldn’t understand me. It’s really hard. I tried to work on my weakness. I worked on my language and I try to be confident.

Interestingly, even for those participants whose language skills were very strong, situations occurred wherein they experienced a loss of competence and autonomy as they adjusted to a new professional vocabulary that often differed greatly from the one where they trained. Susan stated:

> When it comes to obstetric and midwifery terminology there are lots of different words that are being used to describe the same thing, like a NST (Non Stress Test), I had no idea what an NST was. Now you hear that as my mentor, you might really be worried by that, but if you then know that to me an NST is a CTG then you’d be like, all right she does know what it is.

Dalia mentioned the difficulty of learning language while providing care in a multicultural society. This is an interesting finding as it relates to Canadian healthcare providers. The language learner is not only learning language that describes one culture but also having to learn the language adequate to provide
care to many different nationalities. Dalia described giving nutritional advice to clients:

I’m always worried about this, even from first observation placement, a client asked me about a type of food I don’t know at all, I have no idea at all, “would that be good for pregnancy?” I realize that it’s very hard to know every culture because it’s multicultural society, even though you are familiar (with food), you have to be familiar with (alternate ethnicity) food, or those kind of things.”

Jana described an incident where she needed to consult with an obstetrician with a very thick accent and found herself struggling with comprehension:

What once happened was that we had a doctor who is from South Africa. I couldn’t (understand) him. I was on the phone with him and I asked the nurse “do you mind?” I didn’t know what he was talking about. I was thinking, I have accent, he have accent (laughs) oh no, we are in trouble!

Fatigue, particularly as it related to being up late for births, was reported as interfering with language competence. The participants also reported that during emergencies they carried extra stress for fear of miscommunication during a time of imperative medical care provision. Two participants brought up learning correct spelling of names, writing in charts, and the difficulty of telephone communication where the other ways of communicating are stripped away as being of particular challenge.
5.4 Feelings of Professional Incompetence

The experience of working in an unfamiliar setting can be daunting. Vocational norms, inter-professional relationships and cultural differences all shift and the new professional must quickly adjust their way of performing their job. The participants encountered situations where their past skills were not initially obvious. Often individuals with far less experience supervised them. This led to a greater sense of frustration and resentment. Additionally, cultural norms about supervision and interactions with “superiors” caused some misunderstandings.

The lack of recognition of past experience was frustrating for Justine:

And also a lot of anger, thinking, “I’ve already proved myself in my life. Why am I here again almost at the same point?” Again I was a student midwife whereas I’d already departed from that a long time ago. You take it as part of your life that will get you somewhere; to a means to an end, at the same time you really have to remind yourself that that is the case. It’s a means to an end. Because, it is, in a way, it’s a bit degrading even.

For Dorothy, the experience of reaccreditation was difficult:

I felt very vulnerable. And experienced a loss of self-esteem, and identity, but I guess maybe I’m somebody who has a strong sense of self-identity anyway, but I can appreciate that somebody who didn’t could take that as a real blow. Because my attitude was if they don’t want me here that’s fine. I’m walking. Because I can.

Susan described the difficulty she encountered when being viewed as a student:
I felt like I was being hazed. Why is that necessary? In my opinion it wasn’t necessary because it’s a tough enough process as it is, and you need lots of support when you’re coming through it because it is really difficult just going back to square one and being a student and being told exactly what you needed to do… So being like a novice and a student on the one hand but on the other hand you were expected to be a completely clinical competent fully functioning midwife and you know what? Those two don’t really blend. So that was difficult. I was just so frustrated all the time. I was just totally frustrated because I know my place as a student…. But I just couldn’t pull it together, all that: you’re nobody, and yet you’re completely responsible.

Dalia worried about the speed of learning and how that may reflect on perceptions of her abilities:

You can’t do things quite well especially at the very beginning of learning. And for me, I just feel like you have to do everything perfect the first time. Under that pressure sometimes it even makes it worse. If you have the pressure somebody may think that you’re not competent; you’re not comfortable, you’re not confident to do that. So that makes things worse.

Justine described an incident where her past experience with vocational norms had her misjudge a clinical situation:

I guess I had made some overall assumptions about what you can do, what you cannot do, how you do things, how you approach things, and in many cases that turned out to be correct and sometimes it turned out not to be correct… There was a case discussion about a woman who wanted an
unassisted birth and there was a whole discussion about that, like how do we deal with that as midwives, and that was such an eye opener to me that from my gut I would have done something completely different than I realize I would probably do now after hearing what all the other midwives thought.

For some participants, cultural norms about intercommunication caused difficulties. For Farah who had been culturally trained to hide some of her competencies, to not talk proudly about what she could do, it was difficult to admit to her vast experience without feeling she was appearing arrogant:

So usually I try to get to the situation and then people (will) see how is my competency…. But I didn’t talk about “oh, I did that, I did lots in (country of origin), and I did like a thousand”. I didn’t do that. Yet I can. So they weren’t sure.

Dalia mentioned the difficulty inherent in asking questions about procedures:

Sometimes maybe people misunderstand that. If you saw one thing you just checked “why did you do this”, “is any other ways to do that?” They might misinterpret that, as you don’t know to do it. But actually I want further discussions about the ways of doing that, explore the way; how you did it is very important as well. You want to learn but the way you present yourself, (this) cause misunderstanding of “you’re not qualified”.

Although some of the participants reported being very comfortable in the position of student and found their self-confidence remained intact, for many of them it was a very real blow to their self-esteem. Their vocational skills, in their country of origin were an integral part of their self-validation process contributing
to their sense of competence and autonomy. In all of the narrative describing their work prior to coming to Canada each of the participants expressed a real joy and satisfaction in providing care to women. It is understandable that in the face of having to re-prove themselves as competent care providers they may feel, as Renata described, “That I can’t do anything. I am just unable or I’m not one who I show, or I’m not one who you see, I mean I’m much smaller than that. So I’m just very, very small which I can’t do anything”.

5.5 Adaptation to a New Vocational Model

As anticipated, the process of adaptation to a new vocational model was complicated by the newness of the midwifery model in Ontario. The strong woman-focused principles that require the midwife to provide continuity of care and extensive client education were mentioned as being a difficult adjustment for some of the participants. Additionally, participants found the fragile and developing inter-professional roles between midwives, nurses and doctors placed extra strain on them as new professionals.

May described the difference in being a midwife socially here in Canada: I find I have to explain myself a lot more to the general public (laughs), who I am, and what I do, and what that means. There are different reactions as well. There’s lots of positive reactions and lots of “wow, you’re a midwife” because it’s still such a new thing for lots of people here. Then there’s also the, “what do midwives do?”, “what’s your training?”. Sometimes there’s a bit of an interview process rather than just “I’m a midwife”, you feel like you’re being interviewed, defending yourself a little bit.
Due to the developing profession, midwives in Ontario have often had to take on multiple roles including lobbying, administrative work, public speaking, teaching and vocation-development work. For Claudia who left a country where midwifery was well established, the changes in the vocational system meant she was struggling with a new relationship with work:

It’s that I think that a lot of midwives are striving for something greater and better and they just cannot, just be. I think it has to do with the history of midwifery here but it’s hard to find a midwife that will say, “I just love my job and that’s just what I want to do, and I don’t want to fight for a greater cause and be noble and be, changing everything”. And I mean, that work has to be done too, and I think it has to do with it being a small profession here, but everybody you meet, all the midwives that you meet are just, I think what I sometimes get tired of, is just all their energy. It’s just so much energy going on and on, and sometimes I just feel like, “let’s be happy in what we do”.

Familiar vocational roles often make working more seamless and Susan found she missed working in a system where roles were clearly defined:

It’s been around for ages (the profession) so they’re very comfortable with what we do, we feel very comfortable, we know where our role ends and the obstetricians, or ultrasonographers, or public health, it was all a lot more cut and dried.

Similarly, Dalia found that teamwork was more difficult under these circumstances:
I think it’s the relationship, the culture relationship is different. You have to work as a team. Especially for obstetrical work, you have to work as a team. You cannot do everything by yourself, definitely. And the difference is the environment you’re working in, the culture you’re familiar with, the people may react the same way as you do. You may expect more accurately (how) the other people may react where here, it’s totally different and maybe there are some misunderstandings due to (differences).

For some participants whose scope of practiced expanded in Canada the change in vocational setting was very positive. Maria expressed her enjoyment of the expanded role:

Higher responsibility here because midwife is doing (more). I think that Canadian model of midwifery is wonderful. Midwives have lots of responsibilities. Provide care through the pregnancy, labour and six weeks post partum. So this is a big challenge and a big responsibility for me in Canada. However, it is a wonderful model of care because we have contact with the client through all of this wonderful moment for the women, and to make better connection, relationship with the clients; this Canadian model of care. However, it has more responsibilities also for midwives.

For the internationally-trained midwife, transitioning into the workplace was not an easy process. Social isolation, family issues, language difficulties, feelings of professional incompetence and adaptation to a new vocational model all impacted on the transition. The participants, experiencing these stressors and losses struggled with a shift in their self-identity. Familiar validation sources were
missing or changing, and this presented the participants with a challenge: how to re-establish their familiar and stable sense of self-identity in the face of a changing landscape.
Chapter Six

6 Findings: Coping Strategies

Given that the group of participants generally reported being happy with their current situation, it is not surprising that this group also mentioned many problem-solving coping strategies and cognitive-coping strategies. Even those participants who found the transitional process so difficult they could not imagine themselves choosing the same path again, reported their difficulties within a positive frame. The participants were articulate and thoughtful when discussing coping strategies.

A large variety of coping strategies were reported. These included behavioural strategies and cognitive strategies. The use of social/familial support was common, as were health practices, activities, beliefs and meaning making. Every participant reported using cognitive strategies. These included positive reframing, positive self-talk, positive interpretations and positive self-to-other comparisons. The chapter divides into two major themes. Coping strategies, which were behavioural in nature and coping strategies, which were cognitive in nature. Finally, the chapter closes with the gift of advice given by the participants for women who may experience a vocational transition in the future.

6.1 Behavioural Coping Strategies

6.1.1 Social Strategies

Many of the participants reached out to their families and drew strength from the encouragement and support they gave them. The building of new friendships
was a strategy used by several participants. For many, new bonds formed during the bridging program were important sources of coping.

The loss of familiar relationships can lead to despondency and grief (Ishiyama & Westwood, 1992) and impact on an individual’s sense of security, comfort and support, their sense of identity and belonging as well as their sense of love, fulfillment and meaning in life. The new immigrant slowly builds a new “validation network” (Ishiyama, 1995). The participants actively sought support from existing social and familial ties but also pursued new friendships and social relationships as they began to establish new sources of self-validation. The community was another source where the participants reached out for social support.

Claudia described the comfort she received from her spouse and her family, “I have a lovely husband and he’s very supportive. I’ve got a great family”. Maria also related the importance of her relationship with her husband and his fostering of the bond between them:

I turned to my husband, my supportive husband. (He gave me) supportive words. Giving me supportive words that he will handle this; if I start this I’m supposed to finish this program. And he didn’t force me, but he said he will do this (support her)…. And my husband never told me what to do. He said, “do the best”, this was the best from him. First he pushed me, not pushed, but he said “you were always doing midwifery, so try to do this”.

Similarly, Tatiana described turning to her husband for support and the encouragement he provided:
My husband reminded me every time that “you are good midwife, remember your work there, remember your feelings, remember all your clients who are really grateful to you. And remember that you are good midwife, you are good professional. And you have it in your hands, you have it in your pocket.” And this probably was the greatest thing, which helped me through. Because when you’re in the middle of the process when you don’t know, in the middle of a challenge, it’s very hard to keep your self, keep your feeling, keep your self-esteem, keep your feeling of self-confidence.

Many of the participants mentioned using Internet and Skype and telephone to reach out to family and friends from their place of origin to draw support. The availability of affordable communication methods was important as these technologies allowed for the participants to create a “virtual” bridge in their validation system that allowed them to feel supported. This contributed to a sense of belonging during a time when they adjusted to a new environment. Renata stated simply, “We never lost connection.”

The bridging program provided a new source of social support. For Justine who attended the program with her baby in arms, the group of women in the bridging program quickly became very important to her:

That really filled a big gap, giving me a new social network. (Laughs) So in retrospect that was just fantastic timing…. It turned out to play a big social role as well for me. And for (infant daughter) as well I think, because she was like the little baby, she was part of the group, and she was passed around and everybody was her auntie, and it was just fantastic because it gave me
some leave sometimes. And also, it just gave me something, some other people to talk to, some other mothers to talk to, because most of us were mothers, and at the same time do something related to my profession.

Attempts at social support were not always successful. Farah described trying to make connections when she was very despondent:

Because at the time I felt like I lost everything and I am going to start a new life. When you lose everything and you’re going to start again, you start everything in your life. It was challenging, sometimes, and I cried a lot; but, I don’t know. Sometimes I told my husband I think I should go and talk to somebody and by the time I tried to find someone from my country and talk to them. One of them had the same situation but they didn’t have a job the same as mine, they didn’t train as a midwife. They didn’t want to try as I did, that I tried so much with my job, and they tried to go step by step, to take their time. So it wasn’t that much harder for them, and most of them, they had family and relatives here. They could go and comfort each other, you know?

6.1.2 Keeping Active

Many of the participants used activities to distract them from their negative feelings. Activities were also used as a soothing effort to regain equilibrium. These activities were sometimes simple daily tasks, reading positive books, watching funny movies, taking classes. Exercise was a frequently cited behavioural coping strategy. An interesting finding was the number of participants who mentioned the importance of nature as a source of comfort. This finding
could easily have been categorized under the theme of spiritual as the participants described this activity with a reverence that indicated this was not an ordinary activity.

Choosing activities that shifted their cognitive state was important. Jana described:

I don’t know it was the moment where I just picked up the movies, which made me, like, laughing. Which made me laughing, which make me happy, positive. Like I don’t know, I put a lot of effort to experience this positive, which is almost impossible (laughs).

Claudia mentioned taking classes:

I kind of (needed) to distract myself; I think it’s important to take some classes so I took Spanish class for a year just to have something else going on. I took some classes recently; that’s very, very, very important to me that I’m able to do that because without that I don’t think I would survive here. I need to be busy. Music has always been very important to me so I got a piano from my in-laws so that’s great. I can sort of escape that way too.

6.1.3 Health Practices

Several of the participants mentioned the use of alternative medicine and nutritional support as important behavioural coping strategies that assisted them in their transition. Jana found a naturopathic doctor who spoke her native language:

We used to go once a month, with my husband. Because he has (ethnicity) background I just felt more comfortable with him and one of our friends recommended him, and he did a kind of treatment…. we spent two days with
him once in a while, and he prescribed, not prescribed but he recommended some, like, homeopathic or naturopathic pills. And he really helped me.

Exercise was mentioned by many of the participants, some of them mentioning going for walks, going to the gym, going dancing, skiing, and biking. Claudia reported, “I go for runs; that’s a form of meditation for me.” Exercising or being in nature was mentioned by many of the participants. Renata described being outdoors:

Going into nature, going outside. It was just part of our life. Always. That helped a lot to relieve the stress. Just because, when you are in the middle of the forest, you don’t think. You are just, you just there. You just live. Yeah, it’s huge help.

She continued later in the interview to describe giving this coping strategy to her children:

I teach my kids as much as I can to feel the nature, to feel that you’re a part of living around you. A part of all the life. It’s one thing. And it makes me really happy if I find that they feel the same. Of course it doesn’t happen always because they (are) kids, they just want to sit still and listen to songs, you know, sing songs. They want to run around and scream, but it’s still fine, that we are together in nature.

6.1.4 Belief Systems

Consistent with some of the research indicating that immigrants use religious beliefs and practices, worship, prayer and meditation as coping strategies (Farley et al., 2005; Khawaja et al., 2008), a number of participants reported the use of
prayer, meditation and spiritual practices as important to them. Jana mentioned that her belief in God provided her with a sense of purpose, particularly as it related to her providing care for women, and she discussed using prayer as a way of helping herself cope with stressful situations:

Whenever I have stressful situation during labour, even in (country of origin), I never was in the situation where baby died because I did something wrong. I don’t know, whenever I have this kind of stressful situation I pray, “Oh my God, please help me know I want to do what you wanted, that I will do this, just you have to help me” (laughs). And I don’t know, suddenly something happened.

When asked if she drew comfort and support from her belief system she simply replied, “Yes, this is at my base.”

Renata mentioned the use of relaxation techniques and positive affirmations as a means of coping:

I used to practice different kinds of meditation and self control things and during that time I used it very intensively. Otherwise I don’t know how I would survive mentally. They are very simple techniques. You first focus on body relaxation, on feeling of warmth or light, or whatever helps you to relax your body, and then after some time when you don’t feel your body anymore, then you think about what qualities you want to build in yourself. Some kind of affirmations. And you work with those affirmations. Say, “I’m very confident in myself”, such kind of things. “I’m very calm and I’m always in control of my emotions”, or what ever you want to work on. It’s one thing,
it’s very simple technique but it, because it’s very simple, it works. And probably it’s the easiest thing which untrained person can do for herself.

6.2 Cognitive Coping Strategies

The participants used a wide variety of cognitive coping strategies. The two most salient strategies were engaging in positive self-talk and focusing on the future. Meaning making was also frequently mentioned. Reframing was used: positive self-other comparisons, positive interpretations of one’s self and situation, re-interpretation of their situation, and normalization of the situation. The use of metaphors as a way of making sense of their current situation was also practiced. Many of the participants drew upon their past experience, reminding themselves of difficult things they had already done and taking comfort from those strengths.

6.2.1 Positive Self-Talk

Claudia frequently used positive self-talk as a means of bolstering her sense of self-identity, “And just reminding myself, that I am who I am and I think I do a good job, and I can make a difference in people’s lives.” Jana practiced positive thinking, “I just learn how to think positive, thinking and thinking positive, that is how I deal with everything”. Likewise, Maria used positive self-talk to remind herself of her positive qualities, “I feel that as a person I have a strong personality, determined to finish, and to, to not give up”. Later in the interview she continued, “I tried to be strong person, and I know that if I start something, I have to finish, and I also am a fighter”. 
6.2.2 Focus on Future

Many of the participants used the coping strategy of looking to the future with hope and as a vision worthy of their current work and difficulty. Using an eloquent metaphor of the births of her own children, Maria described:

I feel strong inside, that I have to go straight, never come back. Something like some power inside of me. … And when I (delivered her babies naturally), it was something that I couldn’t some times explain, this difficult way during the labour and the birth, this happiness, it is like a miracle for me. And sometimes I try to say that if I go through this difficult, difficult pain, and after that it was wonderful, miracle, happiness. Our life is similar to this, but even if I have something difficult, it will be not always. I have to go, go higher, and maybe on a more difficult way, but after that it will be shine, it will be sunshine, it will be happiness. It is our life. And knowing I am going to get there because I see this picture of hope at the end.

Dalia also used future thinking as a way of helping herself through difficult challenges and counsels:

You cannot look back all the time because you have been here; you have to know there are other things you have to worry about. You have to think about too much already (laughs). Not that much to me is what you have in the past, you have to give that up if you immigrate. Just looking forward, not too much back.
6.2.3 Meaning-Making

The profession of midwifery is one that entails a relationship with work that is often deeply spiritual and for many of the participants it felt like a calling. Reminding themselves of this capacity of the work to be more than just skills and knowledge was important to some of the participants. Claudia shared her feelings about being a midwife:

I always knew that I loved being a midwife. This is what I love, when I ask myself, what else would I be doing? I don’t have any great gifts. I think, this is my gift. Like I’m not a great musician, I’m not a great dancer, I’m not great with numbers: I am great with guiding women through this. That’s my gift, and that’s what I need to do, and that’s what I want to do, so I want this. Doesn’t matter what setting. This is what I want to do. And if that’s not what it is, is it worth it to go through it?

For Farah whose journey to midwifery began when she observed her mother being assisted by a midwife during a difficult birth, midwifery became intrinsically tied with her sense of self-identity. She described her early relationship with her work as being total; she focused entirely on this deeply fulfilling career. Thus when she found herself waiting to work in Canada she struggled with her sense of self, feeling that, “My personality is even back over there (in country of origin)”. She described her process of reaccreditation as a midwife in Canada:

For myself, I describe it like a flower. It gets open little by little and when it’s getting large, opens so beautiful (laughs). So it takes time for me to get when I go to new place but I grow like this.
Maria looked to the future in Canada providing the care to women as she did in her country of origin:

I will be supportive and helpful for people who need me, for women. And (I have hope) that they will love my job (laughs) and they will give me a big smile. This was a wonderful prize that I received from the clients in (country of origin). A big hug and big smile; so this is wonderful, our gift from them. And now in Canada I know that midwives get more money and get better salary, but I never hoped for this. For example, maybe another midwife thinks that we are doing this because it’s better money but I never do this for money…it’s more than that.

6.2.4 Drawing on Past Experience

Experiences of work in another country helped some of the participants anticipate and cope with the stress of immigration. Dorothy mentioned, “Well it is difficult and I guess what stood me in good stead was that I’d already done it but to a much lesser extent”. Similarly Justine stated, “I mean, I had consciously decided to go by myself to (developing country where she worked for seven years) and start there, and my husband had gone through so many transitions by then, it’s almost like second nature (laughs)”.

Renata used her past experience to draw on when she encountered difficulty with communication. She consciously focused herself mentally on her past abilities:

And what helped me in this situation, and again when you feel that you don’t know what you’re supposed to know. And you can’t even find what to do….
I tried to feel myself as I was there, I mean as I was in my previous life. Kind of imagined that it’s not, I’m not a student here. I’m not a student at all. I am a midwife and, it’s more like remembering. Recalling those your feelings and those, your (pause) kind of revising you feelings from the past… I think it’s drawing from your body. Because again, our body really reflects our feelings. When I’m talking that way I was trying to recall my feelings in simpler words, just visualize the situation when you found yourself self confident and successful. And knowing exactly what to do.

6.2.5 Reframing

Different reframing strategies were used by several of the participants. Susan used a positive self-other comparison as she viewed her situation in the context of those in a more difficult one:

If I think of how difficult it was for me, and I’m quite outspoken, and even I found it really difficult to go to that individual and say “this is what’s really challenging for me”, I can’t imagine how difficult it must be for someone who doesn’t have any family or friends here, who doesn’t speak the language, who’s orientating exactly the same way that I am but with all those other challenges as well. So yeah, I think just being even more aware of those people’s needs.

May used a positive interpretation of one’s self and situation as a bolster:
Just staying positive, really, and seeing the long-term goals that I have in my life. I just thought, well, why not? It’s a good opportunity. It’s a good opportunity to go travel, work in a different country. It’s a good opportunity
for my children to experience that they can live around the world and they will be better off here. And just thinking, it doesn’t really matter what time I give now, or how much money I give now, because that’s what it’s there for. And in the long term, it’s going to be better.

When Justine encountered situations where due to fatigue her language communication skills were taxed, she used the cognitive reframing strategy of reinterpreting the situation to ease her embarrassment:

I guess I would realize, that even if it was my first language, it would still have been hard to get a sentence out there without any troubles. And you realize that even if I had wanted to say that in (her language, in her country of origin), at that (stressful) moment I probably would have made a mistake in the sentence!

Renata normalized the situation for herself by, “reminding that you have your skills. And right now it’s normal to feel lost. It’s normal to feel that you don’t know. You’ll, after you will go gradually, you’ll get it back.”

6.3 The Gift of Advice

During the course of the interviews the participants were asked to reflect on what advice they would give to another woman who may go through a similar process. In this section these gifts of advice are organized into four broad categories: Preparation for Process, Expectations, Affirmations and Specific Language Advice. Many of the participants mentioned wishing they could have spoken to a woman from their country of origin who had also gone through the
process and expressed their commitment and hope to be sources of support in the future.

6.3.1 Preparation for Process

- Pay attention to information provided to you on the website and during orientation/information sessions. This information is very important and relevant.
- Talk to someone from the same cultural background as you who has gone through the process. Ask for the names of people you could talk to.
- Have enough finances to cope with a very expensive period of time.
- Prepare by reading midwifery journals. Find out what books are being used in the program and read them in advance.
- Apply to the program even though you may not exactly meet criteria.
- Be prepared to move during your clerkship. This is a 90% certainty. Prepare your family and your primary partner for this likelihood and make sure they understand that you will be on-call during this time. Realize you may need to move for a job as well.

6.3.2 Expectations

- Don’t expect to feel like an expert during the process.
- Expect that this is a very difficult process.
- It may be better not to know in advance how difficult it really is.

6.3.3 Affirmations

- Things will get better.
- Know who you are; trust yourself.
• Keep your eye on the prize
• Think about what you are doing
• Remember that you will succeed.

6.3.4 Specific Language Advice

• Know the language and delay the program if your language is not yet very strong.
• Make sure your language communication skills are strong because Canadians are patient, but not that patient.
• Read in English, take classes, and watch television; practice speaking in English to family or friends.
• Try to be confident and learn to conquer nervousness.
• Keep trying and remember you will get through this.
• Record yourself and your appointments on a tape recorder and then listen to yourself and improve.
• Double-check everything you do.
• When you get lost- rephrase!
• Keep your sense of humour.
• Remember that people know it is your second language and expect some difficulty.

Renata gave a humorous and salient metaphor for the process of reaccreditation:

Again, if you think about a child, say if he was potty trained already, but when he starts his day care, in the beginning he forgets about all his potty
training, right? It’s very simple analogy but I think it’s very true for regardless of the age.
Chapter Seven

7 Discussion

This study explores the lived-experience of internationally-trained midwives who immigrated to Canada, sought and completed a reaccreditation process and currently meet registration requirements with the College of Midwives of Ontario. Research on the successful transition through a reaccreditation process by the Canadian, internationally-trained, female immigrant appears unavailable. There are no known studies that have focused on an in-depth exploration of career transition in this group. The investigation focused on the general experience of immigration, reaccreditation, barriers the participants encountered, the impact these experiences had on the participants’ self-identity and self-validation process. Additionally, coping strategies utilized by the participants during this transition were explored.

7.1 Immigration and Reaccreditation

Previous literature indicates that although the process of immigration may be satisfying for some individuals, it is a difficult process (Arthur & Merali, 2005; Chen, 2006; Hulewat, 1996; Rumbalt, 1991). The transition can cause culture shock, discouragement and drastic changes in life styles; it presents as a major life challenge (Ishiyama, 1992). The experience of immigration is frequently psychologically taxing. Depression and anxiety are a common experience (Fanks & Faux, 1990; Mulvihill & Mailloux, 2001). Many immigrants find that their
health deteriorates as they face the challenges of acculturation and adaptation to a new setting (Health Canada, 1999; Fanks & Faux, 1990).

The narratives of the present study reveal that immigration was in fact a very onerous process. With the resolute exhaustion of individuals who have completed an arduous task, one that upon completion fills the person with the realization that they could not repeat such a journey, the participants seemed to smile weakly with relief. They expressed pride and happiness in their accomplishments but emphatically related it was not an easy task. Some questioned if it was worth it, and many mentioned that it had been much harder than they anticipated.

The totality of the experience was mentioned as being problematic, with all areas of one’s life affected. Several of the participants described needing to start all over as if “from scratch”. They described it as a sense of “everything being dropped”. For these mature adults, who had spent years developing and building meaningful lives and careers, this felt debilitating.

Previous research suggests that many factors interplay and impact each other during the transition of immigration (Miranda & Matheny, 2000; Slonim-Nevo et al., 2009; Tang et al., 2007; Ward & Chang, 1997). When considering acculturative stress it is important to contextualize individuals within their current frame. The present study found that those women who emigrated from countries where strong gender norms existed experienced a more intense acculturation process than those who had not. Introduction to new gender-norms was both empowering and difficult. Additionally, when the initial reasons for immigration were due to moving to or with one’s spouse, the process of immigration was felt as
more difficult. Language proficiency played a significant role in how easily the participants found both reaccreditation and adjustment to a new vocation. These tendencies remind the researcher that many elements and variables are at play and understanding career transition for the immigrant must be done in the context of the individual’s personal variables.

7.1.1 Mental Health

Consistent with previous research evidence, several of the participants encountered depression (Fanks & Faux, 1990, Ishiyama, 1992). This was their first experience with depression and several described coming to a slow realization that their symptoms were consistent with this. Interestingly, many of them minimized their experience of the disorder, mentioning it and then rephrasing it into other words such as “lost” or “homesick”. There was a sense of surprise that this transition would be as taxing as it was. The despondency and helplessness they experienced contributed to difficulties with relationships and to acculturation. Several of the participants mentioned dealing with anxiety as they faced situations where they felt their prior experience was insufficient or where communication difficulties interfered with their self-presentation.

7.1.2 Health Related Implications

The findings of the present study support the evidence that the stressful aspects inherent in immigration have a detrimental effect on health. Some of the participants mentioned serious health related effects such as illness and chronic infections. They felt that the process weakened their immune system leaving them susceptible to poor health.
7.1.3 Discrimination

Encountering discrimination was a disturbing occurrence for the participants who described it. They expressed a sense of betrayal, as their perceptions of Canada included an expectation of multicultural integration. They had thought Canadians were accepting of immigrants, and they did not anticipate negative reception. They conveyed their deep surprise and disappointment when they encountered discrimination in the workplace. Experiences with discrimination caused a loss of dignity and increased their fear of interactions. Interestingly, some of the participants, upon detailing their experiences with discrimination, quickly recounted positive interactions with Canadians illustrating kindness and support given to them. These appeared to balance out the negative encounters they had and remind them that these were not fully reflective of all interactions.

7.1.4 Unemployment/Underemployment

A frequently cited barrier that immigrants experience is unemployment/underemployment (Statistics Canada, 2009). For the female immigrant this statistic is more significant than for the male immigrant (Statistics Canada, 2008). An unexpected finding in the present study was that the participants rarely mentioned personal experiences with unemployment or underemployment. The experiences that were mentioned dovetailed with periods of time when the participant were full-time parenting and was viewed positively (which may be a gender related finding).

A finding to emerge was that unemployment and underemployment was experienced by some of the spouses of the participants and this presented them
with interesting encounters with beliefs surrounding gender norms in the family. This phenomenon was very unfamiliar and challenging to them. Being the sole provider was a new role, and feelings related to financial power imbalance contributed to relationship stress. These participants found themselves having to learn a new and often uncomfortable flexibility in family roles and responsibilities as their spouses took on typically female responsibilities.

7.1.5 Financial Strain

The narratives in the present study corroborate previous claims that immigration is a financially taxing endeavor (Hiebert, 2006; Statistics Canada, 2009; Yakushko et al., 2008). Participants coped with the financial strain in a number of ways including accessing available bursaries and scholarships, using savings, loans, support from family and learning to live on a limited budget.

7.1.6 Second Language Proficiency

For the immigrant who also has language proficiency issues, the process of immigration is more difficult (Fanks & Faux, 1990; Miranda & Matheny, 2000; Nimmon, 2007). In fact the participants who identified language as a barrier did find the adaptation to the reaccreditation process more challenging. They mentioned that language is a salient tool in the presentation of one’s competency and worried about being misunderstood or being thought of as lacking in knowledge. Participants mentioned blushing when struggling and learning to control their nervousness and anxiety using cognitive strategies in an effort to minimize negative impressions of themselves.
Struggles with language are a cognitively taxing activity (Nimmon, 2007). Consistent with this, the participants described their language difficulties as interfering with their access to prior learning. It seemed that mental confusion due to language proficiency led to an over-all confused state that obstructed the participant’s capacity to access familiar skills. With the strain of having to understand, and making themselves understood, came a particular mental exhaustion. This led to feelings of frustration, disappointment and fatigue. Participants mentioned a loss in self-confidence that is congruent with previous studies that indicate language difficulties can interfere with mental health (Bemak et al., 1996; Imberti, 2007).

Several of the participants mentioned worries and anxieties about misrepresenting their skill level due to inadequate language skills. They were concerned when a limited vocabulary prevented them from giving what they perceived as adequate counsel to clients. The nature of the midwifery vocation in Ontario requires providing care to clients in an on-call model. This presents times of extreme exhaustion for the midwife who may have worked in her clinic during the day and then must attend a birth at night. Fatigue was mentioned as interfering with language competency with participants mentioning that they performed worse when tired. Emergency situations were stressful for the participants with language barriers and they worried that their communication skills would not be adequate during these times.

A finding of the present study that may be Canadian-specific was the difficulty that several of the participants mentioned with adjusting to a multi-
cultural society. Providing care to clients of different nationalities requires a very wide vocabulary adequate to understand different foods and practices. Additionally, understanding English when it is presented in a variety of accents was mentioned as difficult.

Even for the participants whose language skills were not a barrier, differences in vocational language presented situations where they worried that they would be viewed as incompetent. This finding supports previous studies that emphasized the challenge that complex and technical vocational language presents to the new immigrant (Chen, 2006; Oropeza & Fitzgibbon, 1991).

Additionally, some participants mentioned the difficulty they encountered with specific language related tasks such as correct spelling of unfamiliar names, documentation of clinical findings in technical language, and telephone conversations with clients and inter-professional colleagues.

7.2 Internationally-trained professionals

For the internationally-trained professional the process of immigration can be particularly difficult and present multiple disappointments and barriers (Centre For Research And Education In Human Services, 2003; Maraj, 1996; Ministry Of Training & Colleges And Universities, 2002). Faced with systemic challenges, expensive and lengthy reaccreditation processes, and struggles with language in the professional domain, internationally-trained individuals are often shocked that their qualifications and prior experience seem undervalued in the Canadian market place (Ministry Of Training & Colleges And Universities, 2002; Maraj, 1996; Samuel, 2004).
Contrary to prior evidence that indicates that many internationally-trained individuals are unaware that they will in fact need to reaccredit in Ontario and who have found access to information regarding reaccreditation difficult to find (Ministry of Training & Colleges and Universities, 2002), the participants in the present study easily accessed information and were aware early on in their transition that there was a bridging program available. Participants accessed this information mainly by the Internet and found the process of application respectful and flexible. Many mentioned the helpful and kind advice and assistance given to them by the administrative staff at the IMPP at Ryerson University. Participants reported gaining important and relevant guidance from information sessions offered and several mentioned their appreciation for the flexibility granted when documents and qualifications were difficult to obtain. This finding may be specific to this particular bridging program. The program may have an exceptional staff that is able to provide detailed and individual direction. It could also be due to the fact that the program has received a great deal of press since it’s opening. Another reason may be that the past five years has seen increased access to and use of the Internet. All of the participants were successful in their application process and completed the process. This study did not look at those individual’s who may not have met admission criteria. The process may be seen as quite different from the lens of a successful applicant than from the perspective of an applicant who did not meet requirements.

Despite awareness of the program, the participants were still surprised by elements in the reaccreditation process. Some participants mentioned they were
amazed to realize that the program was not optional. Others remarked that the length of the program seem excessive. Many were taken aback at the amount of dedication and commitment necessary to work in the model of midwifery care that required them to move for clerkship placements and to be on-call 24 hours, 7 days a week.

There were very mixed feelings about the bridging program. For some participants review of basic skills and procedures seemed irrelevant and degrading. This response is very consistent with prior reports that internationally-trained professionals are often shocked that their past credentials are not acknowledged or valued (Ministry Of Training & Colleges And Universities, 2002; Maraj, 1996; Khan & Watson, 2005). Others were very happy with the program and indicated they had learned many useful things. This finding was somewhat dependent on where the participant had done their training. For the participants who trained in countries with a more limited scope of practice than the Ontario model of midwifery, the process was a welcome introduction.

7.3 Immigrant Women and Gender-specific Challenges

Women immigrants face distinct challenges including family responsibilities, changes in role expectations and the process can threaten their physical and emotional and mental health (Armstrong & Armstrong, 2001; Choudhry, 2001; Khan & Watson, 2005; Neufeld et al., 2002; Yakushko and Chronister, 2005). The female immigrant places a large value on the family and it can offer a great source of support during this transitional period (Miranda & Matheny, 2000; Hovey, 2000). Loss of familiar social support systems may leave
female immigrants grieving and facing loneliness and isolation (Arredondo-Dowd, 1981; Smart & Smart, 1995; Yakushko & Chronister, 2005).

Consistent with existing research (Hovey, 2000; Miranda & Matheny, 2000; Slonim-Nevo et al., 2009) positive family relationships appeared to buffer the participants from the difficult process of immigration. Most of the participants mentioned family relationships as being important sources of encouragement and support. They drew deeply from these relationships often receiving the positive verbal encouragement necessary to push on and complete a difficult program, even when their own self-esteem was flagging. Spouses, extended family and children were all mentioned as positive support people. Interestingly, Slonim-Nevo et al., (2009) found that positive family relationships remain relatively stable over time and beginning the process of immigration as a family with strong relationships may predict gains in positive self-esteem. In fact, several of the participants mentioned drawing on a history of a positive family relationship as important when encountering stress to the family unit. The stress of immigration was felt strongly by those participants who mentioned on-going familial difficulties.

Family responsibilities played a part in contributing to participants’ stress if they were also parents. This supports claims that family responsibilities add to a female immigrant’s stress during immigration (Armstrong & Armstrong, 2001; Choudhry, 2001). Guilt about not providing sufficient parental support was expressed. Financial strain was increased with a need for childcare and provision of clothing and other material goods. Domestic tasks contributed to feelings of exhaustion.
Some participants mentioned difficult adjustment to new gender norms. This is congruent with previous research that indicates that adjustment to new gender roles may increase psychological difficulties (Canadian Task Force On Mental Health Issues Affecting Immigrants, 1988; Noivo, 1994). For those participants who came from countries with distinctly different gender expectations, the process was more pronounced. On occasion the differences caused great stress and anxiety, for instance when confronted with the reality of women traveling alone in treacherous weather conditions, or at night. The expanded role and conditions for women were however, often met with delight.

Results were quite mixed when it came to the sharing of domestic tasks. Many participants mentioned the expanded role their partners had assumed since transitioning into the work force in Ontario. Some however, expressed frustration with the lack of understanding from their spouses of the time pressures of their work.

Loss of social ties was a significant issue for the women in this study. The emotional response to these losses was consistent with previous studies (Arredondo-Dowd, 1981; Smart & Smart, 1995; Yakushko & Chronister, 2005) that found that loss in social ties may leave immigrant women grieving and hopeless. Participants expressed deep sadness and loneliness for the loss of friendships. Many of them described feeling isolated and needing to become self-reliant during this period of transition. New developing friendships were met with excitement and relief.
7.4 Career Development Issues

The new immigrant, faced with a geographic change, finds himself or herself revisiting earlier stages of career development in their vocational journey. Super (1990) uses an “archway model” to depict the many determinants involved in a person’s development of a concept of himself or herself. At the base of the model is the person’s biographical-geographical determinant. With a cross-cultural transition the archway representing their self-concept changes dramatically. The individual can no longer rely on their understandings of their vocational role, particularly as it relates to employment practices, peer and work relationships, the community and societal norms. All these changes impact the person’s sense of self. In the new country, the individual must leap back in their career development pathway into the exploration and establishment phases of their career development, rather than enjoy the benefits and comforts earned in the maintenance stage of their vocational journey.

The participants experienced sadness, loss, and often depression and despondency when their prior learning and experience were not acknowledged. The process of becoming a novice again (exploration and establishment stages of career development, Super (1990)) was difficult. After experiencing deep engagement and satisfaction with their careers this regression presented a significant blow to self-esteem for many of the participants and impacted their sense of self-identity.

Many of the participants struggled as they learned new vocational norms. Some of them mourned the loss of their previous vocational role; they missed
elements such as cultural familiarity with the role of midwife, established and clearly defined inter-professional roles between midwives, nurses and doctors, and they missed shift-work options that did not include on-call availability for clients. Some mentioned missing the pleasant relationships they had established with colleagues in their prior work place.

Immigration posed a significant developmental crisis in the participants’ vocational journey. Significant gains made in their careers seemed to disappear and some found themselves feeling small, depressed and frustrated. Some of the participants embraced the role of student and were not as impacted by this period, but for most of them it was difficult and felt insulting or degrading.

7.5 Self Validation

Facing career developmental crisis in the form of immigration impacts a person’s sense of self-identity. Ishiyama (1995) postulates that individuals are “motivated to seek self-validation, that is, the affirmation of one’s sense of self and positive valuing of one’s unique and meaningful personal existence” (p. 135). When confronted with a life event that includes changes that impact the availability of familiar sources of validation, the person may encounter psychological difficulties. Almost every participant faced some deeply experienced challenge during the period of transition to Canada.

The five validation themes are: (a) love and fulfillment and meaning in life, (b) self-worth and self-acceptance, (c) security, comfort and support, (d) identity and belonging and (e) competence and autonomy (Ishiyama, 1989; 1993; 1995).
In the narratives detailing their vocational journey, the participants described with great detail and pride their prior work experience. These stories were not light; work provided them with a deep sense of meaning, personal satisfaction and was engrained in their sense of self. The loss of this meaningful work and full engagement with their career was a crisis in the self-validation domain of ‘love and fulfillment and meaning in life’. Several of the participants described deep feelings of despondency and grief and for those of them whose vocational transition was prolonged these feelings were more pronounced.

Consistent with theory (Ishiyama, 1995; Ishiyama & Westwood, 1992) they were motivated to seek self-validation and used a number of coping strategies to this end. Participants reached out to existing sources of relationship, practiced spiritual rituals and reminded themselves of their abilities. Many looked forward to the future with hope and anticipated the meaningful relationship with work to come.

The loss of validation sources contributing to participants’ sense of ‘security, comfort and support’ led to feelings of grief, loneliness and homesickness. Participants mentioned feeling sad, and were longing for connections. A sense of being overwhelmed at the task of having to start all over and rebuild every domain of their life permeated their conversations. Participants mentioned missing their family, meaningful friendships and collegial relationships. Again, participants accessed their existing support systems in attempt to balance their feelings of loss. Often they felt hesitant about burdening these people with the depths of their feelings. This led to an inward “holding” of the psychological pain and the use of cognitive coping strategies such as reflection and positive self-
talk. Connecting to their family and friends by affordable communication methods such as the Internet and Skype allowed them to build a “virtual” bridge in their validation system. Participants also benefited by developing friendships during the bridging program that helped them begin to form new sources of self-validation. Several of the participants mentioned the restorative benefits of being out in nature. Nature provided familiar and comforting elements that they could connect with, allowing them to leave the stressful feelings behind for some time. Reaching out to the community services available also helped them rebuild the domain of ‘security, comfort and support’.

Struggles with communication, learning new vocational skills, and learning new protocols and practices impacted on participants’ self-validation related to the themes of ‘self-worth and self acceptance’ as well as ‘competence and autonomy’. Encounters with discrimination presented situations where they felt small, helpless and misunderstood. The value they felt they could bring to situations was ignored and they feared being seen as incompetent and “stupid”. Cultural norms of professional humility were misconstrued as vocational weaknesses. Attempts to more fully understand work situations by asking questions were taken as indications of no understanding rather than as attempts to enrich their developing familiarity with the system. Learning the technical language inherent in providing care left many participants feeling incompetent. The participants used cognitive strategies such as positive self-talk and normalization of the situation to bolster their fledging self-esteem. Many mentioned working very hard through reading, studying, and practicing. Some participants spoke of the benefit of having a patient
and understanding clinical preceptor, as an important source of validation during this time.

An individual’s identity and sense of belonging is relational in nature and often impacted by their involvement with groups of individual’s with whom they share a common investment with (Ishiyama & Westwood, 1992). Separated from family and friends many of the participants felt alone, displaced and isolated. The loss of a vocational/work community was frequently mentioned. Working together with other people in hospital and community based units gave the participants a vital sense of connection to society. Building new friendships, developing relationships in the bridging program and in midwifery practices assisted them in rebuilding a new source of self-validation related to ‘identity and belonging’.

The findings of this study were very consistent with Ishiyama’s (1993, 1995) model of self-validation. Cultural dislocation led to many psychological difficulties and impacted participants’ sense of self-identity. Loss of validation sources presented them with a challenging period of time where they had to form new “validation networks” where they could “restore and reinforce” (Ishiyama, 1993) the sense of self worth, meaning of life and personal identity.

7.6 Coping Strategies

All of the participants related creative coping strategies used when dealing with the experience of cross-cultural transition. A variety of behavioural coping strategies were mentioned as well as a large number of cognitive coping strategies.
7.6.1 Behavioural Coping Strategies

Congruent with literature (Ahmad et al. 2004; Khawaja, et al., 2008), participants coped with the feelings of loss and grief related to immigration by reaching out for social support. Spouses were frequently mentioned as providers of comfort and encouragement and participants turned to them for this help. Several participants stated that they relied on conversations with friends and family at home to deal with their loneliness and sense of isolation. These conversations were sometimes less than frank, as several participants mentioned not wanting to admit to severe feelings of regret and apprehension lest they worry their family and friends. Many participants reached out and made attempts to build new friendships. These new friendships altered their relationship with the community and contributed to a growing sense of belonging. Not all attempts to build friendships were successful and this lead to a greater sense of isolation and alienation.

Keeping busy doing activities to distract oneself from acculturative stress is a coping strategy used by new immigrants (Ahmad et al., 2004; Farley et al., 2005). The results of present study give support to this as many participants mentioned keeping active as an effective coping strategy. Participants mentioned keeping busy with daily tasks, watching movies, reading, taking classes, music and exercise as ways of distracting themselves from their current situation.

The use of alternative health practices is mentioned as a behavioural coping strategy. Acharya & Northcott (2007) found that elderly Indian immigrant women often relied on home-remedies, homeopathic remedies to assist them with health
difficulties related to immigration. This is somewhat supported by the present study which found that some participants mentioned the benefits of naturopathic care when they encountered health related difficulties.

A strong finding in the present study was the very large number of participants who related the importance of exercise on their state of well-being. Many of the participants discussed the benefits of participation in physical activity as helping them manage their anxiety, stress and sense of isolation. Participants reported going for walks, running, dancing, skiing, and biking and going to the gym. The use of exercise as a coping strategy was not mentioned in studies of coping and immigration reviewed for the current study. It is possible that since all the participants are health care providers they are more aware of the benefits of physical activity than the average person. An added finding was the number of participants who mentioned the restorative benefits of being out in nature.

Belief systems assist immigrants as they cope with the psychological demands of immigration (Goodman, 2004; Farley et al., 2005; Khawaja et al., 2008) and the findings of the present study are congruent with this. Participants relied on their belief in God and took comfort in the thought that there was a purpose to their lives. Prayer and meditation were mentioned as ways of dealing with stress. The use of relaxation techniques and positive affirmations was also mentioned. The participants frequently mentioned the meaning of their work as being a huge comfort when they were feeling overwhelmed by the process.
7.6.2 Cognitive Coping Strategies

Previous studies indicate that immigrants frequently use a wide variety of cognitive coping strategies (Ahmad et al., 2004; Farley et al., 2005; Kosic, 2004; Kosic & Triandafyllidou, 2003). Findings from the present study validate these claims with participants reporting a large variety of cognitive coping strategies. Participants used positive self-talk as a way of bolstering flagging self-esteem. They reminded themselves of their strengths and aspirations and made a concerted effort to think positively. A focus on the future was often used to help participants get through the difficulties they encountered. They reminded themselves that they were evolving over time and would look forward to the work they could accomplish in the future if they met their goal. They used metaphors to assist them in making sense out of difficult times. Additionally, participants drew on past experiences that were challenging to remind themselves that they had succeeded in the past and could succeed again. It is worth noting that the strategies used reflected a strong inner sense of self and a deep and profound sense of meaning, particularly as it related to their vocations. In general this was a very positive and deeply reflective group of women who creatively, and with incredible tenacity and spirit, navigated the difficult journey of immigration and accreditation.

7.7 Practical Implications

Although barriers exist to accessing care, the new immigrant experiencing a cross-cultural transition may benefit from sensitive counselling (Ishiyama & Westwood, 1992). A strong therapeutic alliance and relevant culturally sensitive care could provide them with much needed support during what is a very stressful
life transition and career crisis. Arthur & Merali (2005) suggest that the multi-cultural competent counsellor deepen her/his understanding of different cultural groups, understand how political, economic and social systems impact migration and settlement, and familiarize themselves with the general conditions and common concerns of migration. This present study provides an in-depth investigation of the lived-experience of internationally-trained female immigrants who provide a candid and intimate glimpse into the transition.

Developing an awareness of the developmental and transitional issues that are common for immigrants must be done with an understanding that there are many complexities that underlie these elements (Rotter & Hawley, 1998). Various elements interplay within each individual’s transition. The generous contribution of these professional women who recently underwent a career transition offers the counsellor an honest rendition of the barriers they faced, the feelings they experienced and the coping strategies they drew upon to assist them through the process.

Participants confirm that immigration is indeed a very stressful event. Despite this, for most of them it was also a positive journey. Even when they had second thoughts about the wisdom of the transition, they were able to place the transition in a positive light. The counsellor benefits from understanding that feelings about immigration are not one-dimensional; the client may simultaneously feel happy and sad during the process.

The process of immigration was difficult because of the totality of the experience. Often every area of the woman’s life was affected. Understanding the
breadth and depth of this transition is an important element the counsellor can bring to the table.

Participants mentioned feelings of isolation, loneliness, homesickness and alienation. They mentioned turning inward as they protected their loved ones from the intensity of their experience. Many described encountering depression for the first time. This was an unfamiliar state for them and the participants often minimized the experience with these strong feelings by describing it in less distressing terminology such as homesickness, sadness or a feeling of being lost. This tendency to minimize their feelings may be an interesting finding for the counsellor who may not initially be provided with the full depth of their experience. Some participants found communication difficulties impeded efforts to make new friendships. Cultural insensitivities, discrimination and an unwillingness of Canadians to make an effort to move beyond superficial interactions were seen to interfere with the development of meaningful relationships for the participants. Making and developing friendships was not easy. The counsellor benefits from reminding him/herself of this fact.

The family provided the participants with a safe haven from the isolation inherent in their social environment. Rotter & Hawley (1998) remind the counsellor that ordinary understandings of family dynamics may not apply to the new immigrant whose family relationships may appear as enmeshed but may be a necessary family relationship during the period of acculturation. Many of the participants described deeply dependent relationships with their spouses during this transition. The counsellor may need to widen their understanding of family
relationships by asking the client to share with them their social and familial network. Questioning the client about how they are relying on their family for support may give vital information to the counsellor.

The vocational transition was often felt as degrading of prior work and experience for the participants. Loss of the vocational gains they had made in their country of origin they struggled with adjustments to the role of novice. Anxiety was common when communication difficulties interfered with their ability to access their acquired skills, or when their self-presentation was less than their vocational whole. The counselor must be sensitive to the feelings of inadequacy and frustration that entail from being placed in a position where past accomplishments are rendered invisible, leaving the person feeling others are only seeing a very small part of their capacities.

The participants coped with difficulties and challenges in a number of creative ways. Understanding coping strategies that were effective for female immigrants who successfully transitioned in the work place may provide ideas for clients struggling with similar issues.

Instructors, directors of bridging programs and clinical preceptors may benefit from understanding the complexity of the issues facing students in their programs and be better able to sensitively meet the needs of this group.

7.8 Future Directions

The study of the psychological impact of immigration is still in its infancy. The paucity of research on the successful vocational transition of internationally-trained professionals leaves much room for in-depth research to follow. This study
focused on a wide range of variables that are known to impact the immigration process. Each of the particular barriers faced could be the focus of more in-depth work.

- It would be beneficial to conduct similar in-depth research across different vocational groups of internationally-trained female immigrants to see if different vocational paths present variant experiences.
- It would be interesting to study clinical preceptors of internationally-trained midwives to consider the barriers they felt existed to the successful transition of students in a bridging program.
- Many of the specific barriers experienced by immigrants have not had in-depth consideration. Future studies could investigate specific areas such as language proficiency, family relationships and vocational stresses. Even more specifically the impact these particular areas have on self-identity could be explored.
- An interesting finding of the present study was the experience of participants who wrestled with their beliefs surrounding gender-norms when they found themselves in a family situation where gender norms were switched. Studies on the impact to family and individual when the female becomes the primary breadwinner would be an interesting topic for future research.
- Future research could more thoroughly investigate the coping strategies used by female immigrants. A strong finding in the
present study was the use of exercise as a coping strategy. In particular, exercise outdoors was a very effective activity. A focus on exercise and nature as possible buffers to acculturative stress would be an interesting topic for future research.

- The addition of longitudinal research in any of these areas would enrich current understanding.

7.9 Limitations

The present research has a number of limitations including:

- The research sample was small consisting of ten internationally-trained midwives who had successfully gone through a reaccreditation program and met the criteria for registration with the College of Midwives of Ontario.

- The participants reflect only those women who wished to participate in the study. In some way the process of sharing their stories was significant to them or they would not volunteer for the study. One cannot rule out that the sample reflects unknown variables that correlate with a willingness to volunteer for the study.

- The total number of interviews that each of the participants engaged in was only one. Increasing the number of interviews to three or four may have given more time for the women to reflect on their experiences and may have facilitated a greater depth to the responses.
• The scope of this study was large given the paucity of research that exists on the subject. This may have contributed to less depth in responses as the participants were answering questions about a large range of topics.

• The participants are all midwives. Thus the study’s application for internationally-trained female immigrants trained in many different fields, is limited.

7.10 Conclusion

For the internationally-trained midwife who has made a successful career transition, the process of immigration and reaccreditation was generally positive but fraught with difficulty and challenges. Internationally-trained midwives experienced deep losses socially and vocationally. These experiences led to a period of time where they lost their familiar sources of self-validation. Many reported experiencing issues with self-identity. Self-confidence was replaced by anxiety and self-doubt during points in the transition. Reasons for immigration, communication skills, encounters with depression, strength of family bonds and degree of cultural difference seem to contribute to the intensity of the experience.

Immigration was a major life crisis for the women in this group. They found themselves struggling with adaptation to a new culture, adapting to new and unfamiliar vocational norms, relearning skills within a new context, feeling marginalized and rejected, and losing the respect that is generally granted a mature, accredited health-care provider. These women struggled financially during the reaccreditation process and creatively coped with an incredibly demanding profession.
For many the journey was profoundly lonely. Loss of social support networks including family, friends, and professional colleagues led to feelings of isolation, alienation and despondency. Starting over from scratch was profoundly challenging and many were surprised at how difficult this transition was for them.

Language and communication difficulties added to the stress. Anxiety about not being able to convey their knowledge and skills was frequent. Frustration and disappointment was common as they worked to familiarize themselves with language and culture so they could emerge as fully practicing midwives. This took time, practice and patience.

These women coped with the stress of immigration by doing things that increased their sense of self such as meditation, exercise, prayer and meaning-making. They distracted themselves by a variety of activities such as reading, watching movies, going for walks, and taking classes. They restored their weary souls outside in nature. They reflected. They reminded themselves of their personal strengths, thought positively, normalized the situation and used metaphors to help them through. They worked, practiced, worked, studied, worked, and tried again. They were inspiringly committed. They looked to the future with hope. In short, they coped; and they coped with a tangible grace.

The candid and open narratives reflect this group’s willingness to contribute to current understanding of the topic of immigration and reaccreditation. Almost every participant mentioned how glad they were that studies and attention are being directed towards this topic. For many of them the difficulty of the journey felt invisible, adding to a sense of alienation. Participants expressed their deep
desire to provide excellent care to the women of Ontario. Assisting internationally-trained professionals to a more easy transition in the work place is vital if the incredible resources immigrants bring with them are to be utilized.

A fuller understanding of coping strategies used by this group may contribute to the current knowledge of how immigrants cope with the multiple stressors involved in this transition. Voices from the lived-experience of women who successfully navigated this journey carry an authority and authenticity. Techniques used were proven as effective because these women now stand at the other side of the journey and through their thoughtful reflection, gift us their learning. Their current confidence, born out of a difficult labour allows them to provide advice to individuals who will likely see these same difficulties in the future. The counsellor who can impart their gifts of advice to others gives strategies and techniques that carry with them a weight of authority. Far from theoretical, the practical gift of advice from a woman who has gone through this process carries a deep power. This research study is born out of their willing generousity.
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Dear Midwives:

My name is Arlene Vandersloot and I am a student currently completing my Master of Arts in Counselling Psychology MA at OISE (the Ontario Institute for Studies in Education) at the University of Toronto. I am supervised by Dr. Charles Chen, a faculty member at OISE. I would like to invite you to participate in a research study I am conducting as partial fulfillment of my Master of Arts. As a frequent assessor and Communications Instructor it has been a privilege to be involved with the International Midwifery Pre-Registration Program at Ryerson University.

First-hand I have been deeply touched by the strength and resilience of internationally-trained midwives who are working towards registration in Ontario. For many years I was a Registered Midwife in Ontario. I know the commitment it takes to provide excellent maternity care to the women of Ontario and appreciate you taking time from your busy schedule to consider this study. As many of you know, I have been fortunate to be able to teach as a communications instructor in the International Pre-Registration Program at Ryerson. My involvement with students there have inspired me. The transition to practice in Ontario is extremely challenging and each woman who has undertaken this process has done so with enormous strength.

Currently I am pursuing a different vocational focus: psychology. I am very interested in the psychology of women: their adaptive strategies and struggles. In particular I am interested in the experience of immigration for women. Women’s career development is often difficult due to barriers that include employment inequities and family responsibilities. This study will combine my current interest in psychology with my interest in midwifery.
WHAT IS THE STUDY ABOUT?

My proposed research will investigate the adaptive struggles of internationally educated professional women currently working as Registered Midwives in Ontario. The study will explore the lived-experience of Registered Midwives whose midwifery journey began in their country of origin and who are now providing care to women in Ontario. The study will focus on the experience that participants had navigating barriers such as finding the program, registration in the PLEA or IMPP program, adapting to the Ontario model, changes in gender role expectations, balancing domestic responsibilities, and language issues. There will be questions about your sense of self identity through the process. Insight into this group of women will offer a unique perspective of successful career transition for women in Ontario. It will also explore differences of the Ontario midwifery model from other parts of the world. I am looking for 6-20 participants who:

- are women who were trained as midwives in a country other than Canada,
- who underwent a reaccreditation process in Ontario (either PLEA or IMPP)
- who are working as Registered Midwives in Ontario.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in one audio-taped interview. This interview will be done in a place that you find convenient: it can be done at your clinic, your home, or at OISE. For those women who live farther than 3 hours from the GTA a phone interview will be used. The interview will be between 2-3 hours of time.

You will be asked questions about your experience as a midwife in your country of origin, questions about the process of finding out about the profession of midwifery in Ontario, questions about your experience with the accreditation process and about working as a midwife. The questions will ask you to discuss the elements that made things easier for you and those elements that made things difficult for you. I will ask you questions about how you coped with this period of time in your life. You can ask to see a list of the questions to be asked before you agree to do the study. The interviewer will be me, Arlene Vandersloot.

Some time after the interview date I will send you a transcript of the interview and some written discussion of the interview content. You will have the chance to review the content of the transcript and the discussion and provide me with feedback, changes or insight. This feedback is much appreciated but is necessary if you do not wish to provide it.
Once the data is analyzed you will be asked if you would like to participate in a group session where ideas about a possible handbook for future international midwives will be discussed.

If you are interested in participating in this study, please contact me either by phone or e-mail. We can arrange a suitable time and place for me to meet with you and answer any questions you may have. This discussion could be in person or by telephone. I am also happy to correspond via email to answer questions about the study. If you decide you would like to be a participant we would arrange a time for the actual interview.

DO I HAVE TO PARTICIPATE?
No. Your participation in this research study is entirely voluntary. You may refuse to participate at any time, decline to answer any question, or withdraw during the course of the interview, or decide to withdraw your transcript following the interview.

WHAT ARE THE RISKS AND BENEFITS OF PARTICIPATING IN THIS STUDY?
The interview questions may explore times of your life that were difficult for you. It may be difficult to re-visit a period of time in your life that was challenging. If you wish to decline to answer a question, take a break or stop the interview you may do at any time. This will not be a problem or impact the study adversely. You can decide fully the extent of your participation. When the interview has come to an end we can spend some time talking about the process with you and discussing any difficulties or challenges you may have faced during the interview. This process is called “de-briefing”.

Some of the things that you may find beneficial to participating in a study may be:

- Learning about the process of a research study.
- Sharing your story may help you understand and respect the transition you went through as you successfully navigated this challenge in your life.
- Following the data analysis component of the study I will be using some of the information gathered to compile a small hand-book for women facing the process of accreditation in Ontario. You may feel positive about this social contribution.
WHAT WILL HAPPEN TO THE INFORMATION AFTER I HAVE PARTICIPATED IN THE STUDY?

You will have an opportunity to read through the transcript and decide what parts of the interview you are happy sharing. You will be invited to talk about the information you provided and to choose a pseudonym so that you can remain anonymous. Any identifying characteristics such as country of origin, dates of practice and accreditation can be changed to ensure anonymity. If you decide you wish to withdraw your participation you can do so at any point until the time that I have fully analyzed and combined your data with other people’s data. I will call you to notify you two weeks before this date.

The data collected may be used for publication in journals or in books, for a hand-book designed for women considering the bridging program, or for public presentations, but your identity will not be revealed. The data collected (interview recordings and transcripts) will be kept in a locked filing cabinet at my residence for a period of three years at which point paper data will be shredded and tapes destroyed. Only my supervisor and myself will have access to the data.

If you would like to see the results of this research when they are complete you are most welcome to them and I will send a copy to you. A place to indicate this desire will be provided to you on the informed consent form.

If you have any questions about your rights as a participant, you may contact the Research Ethics Review Office by e-mail (ethics.review@utoronto.ca) or phone (416-946-3273). You may also contact my supervisor, Dr. Charles Chen, at cpchen@oise.utoronto.ca.

If you meet the criteria of this study and would like to take part in a unique experience that may prove to be interesting to you please contact me by e-mail or by phone. Thank you very much for your attention and consideration.

Sincerely,

252 Bloor Street West
Toronto ON  M5S 1V6
416-904-6560
arlenevandersloot@rogers.com
Thank you for agreeing to participate in a research project entitled “The Lived Experience of immigrant women currently working as Registered Midwives in Ontario”, conducted by Arlene Vandersloot as part her M.A. thesis research in the Adult Education and Counselling Psychology department of the Ontario Institute for Studies in Education of the University of Toronto. The purpose of this study is to explore the experience of women who experienced a career transition due to immigration and what factors may have impacted on this process. Based on her preliminary knowledge of your current working status and your process of reaccreditation the researcher believes that your experience would greatly contribute to the understanding of this topic.

As a participant of the study, you will be asked to:
(a) Fill out a brief personal information questionnaire, which will take about 15 minutes to complete
(b) Participate in an audio tape-recorded interview for approximately 2-3 hours in length.
(c) Be asked if you would like to participate in a group session where a possible handbook for future international midwives will be discussed.

**Informed Consent:**

- I have read the recruitment/information letter and agree to all the study’s requirements.
- I have had all of my questions answered and a copy of all forms has been provided to me.
- I have had the risks and benefits of the study explained to me.
- I have read and understand the efforts the researchers will make to keep my contribution to the study confidential.
- I understand that the interviews will be audio taped.
- I understand that there will be no direct compensation offered to me.

I would like a copy of the research summary: Yes__________
No____________.
Email address:_______________________________________________

If you have any questions or concerns about this study, you may contact either (Name) (@oise.utoronto.ca, phone) or her supervisor Dr. Charles Chen (cpchen@oise.utoronto.ca, 416-978-0719). You may also contact the Ethics Review Office (ethics.review@utoronto.ca, 416-946-3273) if you have any questions about your rights as a participant.

Your signature below indicates that you have read and/or explained to you the purpose and requirements of the study and that you agree to participate. A copy of this consent form will be given to you for your own reference.

Participant’s signature: _________________________________
Date:______________
APPENDIX C-DEMOGRAPHIC QUESTIONNAIRE

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Name:
Address:
Email:
Phone number:
Date of Birth:
Highest level of education:
Marital status:
Is your Partner/Spouse in Canada?
Spouse’s occupation:
Children: Ages:
Do you have extended family in Canada? Who?
Date of arrival in Canada:
Country of origin:
Is this the country you trained in? Where training?
Is this the country you practiced in? Where did you practice?
Citizenship:
Date of registration as midwife in country of origin (began practicing as a midwife):
Date of registration as a Registered Midwife in Ontario:
Is English your second language?
What is your first language?
APPENDIX D-INTERVIEW QUESTIONS

I. General themes of the process and personal history
- Before starting the interview I am wondering if you would think about the whole process of your transition into the workplace in Ontario as a midwife and tell me what you thought the most difficult obstacles were? Its fine to just use a word to describe these.

- Will you tell me briefly about your story? Will you start with your practice as a midwife in your country of origin? Can you tell me about what it was like socially to be a midwife in your country of origin?

- Will you tell me about your decision to immigrate to Canada as it related to your hopes about employment? What were your hopes and thoughts about practice as a midwife in Canada before you left your country of origin? What were your worries and concerns? How did you cope with that?

II. Bridging program/PLEA experience
- Will you tell me about when you learned about the bridging program/PLEA?
- What were your feelings upon finding out about the bridging program/PLEA?
- Will you tell me about the process of applying and entering the program?
- What were your biggest worries? Did you experience self-doubt? What did you do to help yourself cope with this? What made you most anxious?
- What did you see as the biggest barriers? What strategies did you use to manage this stress? What did you find difficult about that time?
- How did it feel to present your qualifications to the program? Were there things you did that made that time easier? Was there support you received (from anyone) that altered the experience for you?
- What would you tell someone about that time if you could help them prepare for this process?
- Some people describe the process of reaccreditation as very difficult to their sense of identity. They often feel like a novice even though this is not reflective of their experience level. Did you find you struggled at all with your sense (competency, confidence, ability) of self during the process? What did you do to help yourself get through this time?
• Did you miss any places, activities, things or relationships when you came to Canada? How did you cope with the sense of loss? (How did that sense of unfamiliarity interfere with your sense of identity and belonging?) (Did it change your feelings of security, comfort, or support?) (How?) (Did this interfere with your sense of self-worth or self-acceptance in any way?)
• Working often takes place in a context of family relationships, community, colleagues and society. Did you find the process of re-writing your professional journey in another country difficult as it relates to adjusting to a new context?

III. Current practice

• Will you tell me about your practice as a midwife now (Where? How long? Type of practice)?

IV. Differences between Canadian model and past model of care

• The process of becoming a midwife for you was then two-fold; first in your country of origin and then in Canada. Will you tell me what was really different for you in terms of educational approaches?
• In terms of your experience of the profession, of you “being a midwife”, what was different?
• What particular strengths did you need in Canada that you hadn’t used before?
• Can you tell me how practice as a midwife here in Ontario is different logistically than it was in your country of origin?
• How is the experience of being a midwife different socially than it was in your country of origin?

V. Language issues

• If English is your second language, can you discuss any experiences you have had that relate to your use of language in the professional setting?
• Can you discuss how those experiences made you feel?
• What sorts of things helped you cope with this? Was there any one strategy that seemed to help you?
• Did anyone say anything to you that you found particularly helpful?
• What advice would you give someone who was entering a profession with English as their second language?

VI. Gender issues

• Can you talk about any experiences you had that related to differences in your own gender expectations?
• How was working as a woman in Canada different than your experiences working as a woman in your country of origin?
• Can you discuss how those differing role and gender expectations made you feel?
• What advice would you give someone who was experiencing a shift in their experience of their role as a woman and midwife?

VII. Balance of domestic responsibilities

• How did you cope with the workload of midwifery and daily tasks of life?
• Can you tell me about if and how the process of becoming a midwife in Ontario affected your primary relationship?
• Will you tell me about if and how becoming a midwife in Ontario affected your family?
• Do you have extended family in Ontario?
• If you have children how do you think it has impacted them?
• How did your family deal with the financial stresses that often accompany immigration and reaccreditation?
• Is there any advise relating to family that you would tell someone going through the process?

VIII. Reflections on current employment
• Can you tell me how you feel now that you are working in Ontario?
• Do you think the process has changed you in any ways?
• Is there anything else you would like to add or tell me about?

IX. Ending questions

• Is there anything about the process of becoming a Registered Midwife in Ontario that you have not had a chance to talk about?
• Is there anything you would like to add? Do you have any comments about what we have discussed today?