UNIVERSITY OF CALGARY

Chinese Immigrant Physicians' Re-entry Into Their Profession in Calgary

by

Lisa Nagy

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF SOCIAL WORK
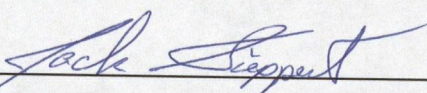
FACULTY OF SOCIAL WORK
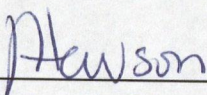
CALGARY, ALBERTA

OCTOBER 2010
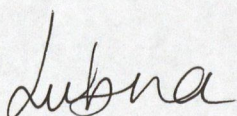
UNIVERSITY OF CALGARY

FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies
for acceptance, a thesis entitled " Chinese Immigrant Physicians' Re-entry Into Their Profession
in Calgary" submitted by Lisa Nagy in partial fulfillment of the requirements for the degree of
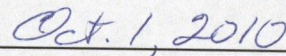Master of Social Work.

_____
Supervisor, Dr. Jackie Sieppert, Faculty of Social Work

_____
Dr. Jennifer Hewson, Faculty of Social Work

_____
External Examiner, Dr. Lubna Baig, Faculty of Medicine

_____
Oct. 1, 2010

Date

ABSTRACT

This qualitative study explores the factors that shape the path Chinese immigrant physicians take in their quest to re-enter their profession in Calgary. Grounded theory methodology was applied to discover and interpret the rich stories of professional re-entry that six participants shared in face to face interviews. The participants were all from the People's Republic of China, with varying demographical backgrounds and immigration landing times.

A wide range of factors that impacted the participant's professional re-entry were carefully identified; ranging from individual-level indicators such as demographics, attitude, hopes and motivations, pre-migration preparedness and informal supports to broad indicators such as historical context and systemic factors. The study includes a literature review that establishes the gaps in knowledge in this subject area by looking at ethical aspects, discrimination, immigration policy and theories such as scarce resources theory, contact theory, educational progressivism and racism. A section on rigor and an assessment of the research process follows in the fifth chapter using Strauss & Corbin's (2008) eight criteria for constructing quality research as a benchmark. Finally, a model for professional re-entry, and implications for social work practice and education conclude the research.

ACKNOWLEDGEMENTS

confidence in me kept me going when the road seemed long. You're destined for big things, I'm happy to be your biggest cheerleader.

To Jim and Mia, for brightening my life when my thesis engulfed it. Spouses of graduate students often end up bearing the brunt of life's responsibilities and it was certainly true in this case. It did not go unnoticed, your sacrifices made this thesis possible and your devotion and encouragement of my work gave me the inspiration to continue on.

DEDICATION

To all of the immigrants who have chosen Canada as their new home; from history's past

to today's newcomers, we are a better nation because of you.

TABLE OF CONTENTS

LIST OF FIGURES

The place for residency is so limited, such as at the top we're on the bottom. So only few can reach that goal but we have to go…if we don't go we have no any hope…that means giving up, we're not giving up.

Alice

CHAPTER ONE
INTRODUCTION

1.1 Setting the Context

1.1.1. Portrait of Canada's foreign-born

Canada is a multi-cultural nation that depends on, and flourishes because of immigrants (Statistics Canada, 2008). Reliance on international migration accounted for two-thirds of Canadian population growth in 2006 (Statistics Canada, 2008). "Around 2030, deaths are expected to start outnumbering births. From that point forward, immigration would be the only growth factor for the Canadian population" (Statistics Canada, 2008 p.13).

The fact that Canada has an aging population and a low birth rate translates into the reality that there simply is not enough people *without* immigrants to sustain the population and to grow the economic base (Khan, 2007). Hawthorne (2007), shows "by 2005, 19.2% of the Canadian population was foreign-born, the world's highest proportion following Australia (24.6%)" (p.3).

The current immigration statistics demonstrate that the most frequent place of birth for all immigrants arriving to Canada, Alberta, and Calgary between 2001-2006 is the People's Republic of China (Statistics Canada, 2006). Immigrants arriving under the economic category represent the largest group of newcomers to Canada (Citizenship and Immigration Canada, 2009).

With respect to regional differences and immigration levels Ontario, Quebec, and British Columbia are the top destinations for immigrants with Calgary receiving the fourth-largest share of newcomers with 5.2%, an increase from 3.8% in 2001 (Statistics

Canada, 2007). Research on immigration mimics these proportions with the bulk of research studies coming from British Columbia, Ontario, and Quebec. The foreign-born population makes up almost one-quarter (23.6%) of Calgary's population, up from 20.9% in 2001 (Statistics Canada, 2007).

1.1.2. Economic Integration

Zietsma (2010) states that one of the principal goals of Canadian immigration policy is to fill gaps in the labour market.

> Canada "requires a highly skilled work force to sustain its economic growth and productivity, and to compete in an increasingly knowledge-based, global economy. One of the keys to our prosperity and competitiveness will be the degree to which skilled immigrants and internationally trained Canadians are able to contribute to Canada's economic and social development." (Human Resources and Skills Development Canada, 2006)

The Canadian federal government recognizes the importance of immigration "to bring needed skills and international business linkages; to provide a source of population growth which contributes to an expanding economy; and to enrich Canada's multicultural tradition through cultural diversity" (Citizenship and Immigration Canada, 1998). Ultimately, the immigrant needs to economically and socially integrate to make those goals a reality. The federal government must work in partnership with the provinces to achieve this success through initiatives, policies, and programs.

The income gap is becoming much greater for recent immigrants compared to their Canadian-born counterparts (Statistics Canada, 2009). This deficit demonstrates that Canada is moving further away from their goal of fully-integrating newcomers into the economy. There are multiple factors attributed to the growing gap such as the recognition of foreign credentials, comparative level of educational attainment, degree

and length of experience abroad and within Canada, differences in quality of education in some countries, language barriers, varying strength of social networks, and knowledge and information about the Canadian labour market (Statistics Canada, 2009). The income gap is even wider for educated immigrants with University degrees, a disturbing trend considering that "42% of immigrants who had landed in Canada since 2001 had a University degree" (Statistics Canada, 2010, p.13). Many newcomers are unable to re-enter their professions in Canada, resulting in higher unemployment rates than those born in Canada (Statistics Canada, 2010).

Globalization, a decreasing birth rate, an ageing population and a desire to remain competitive in a knowledge-based economy are all relevant factors in today's society (Ikura, 2007; Walker, 2007). Despite the increasing importance of skilled immigrants in Canadian society, there has not been a parallel increase reflected in their income attainment levels (Ikura, 2007). The economic situation of new immigrants to Canada showed no improvement after the turn of the millennium - despite the increased focus put on new immigrants meeting higher skill/higher education requirements of the federal government. Statistics Canada (2007) found that "low income rates among immigrants during their first full year in Canada were 3.5 times higher than those of Canadian-born people". There is research that supports the resulting "deskilling and devaluation" of skilled immigrants who immigrate to Canada (Guo, 2007, Man, 2004; Reitz, 2001; Li, 2001). Ikura (2007) states that "approximately 60% of employed immigrants do not work at the same level of occupation they were employed in prior to coming to Canada, regardless of the education level" (p.17).

1.1.3. Health Sector

Regulated occupations pose additional problems for new Canadians seeking professional employment, as they must satisfy additional requirements set by provincial bodies or professional associations. "In 2006, of the 1.5 million university-educated, working age immigrants (15 years of age and over), 41% had studied in fields that would typically place them in regulated occupations" (Statistics Canada, 2010, p.13). The results are astounding to compare when looking at Canadian-born people who were employed in 2006, "62%...were working in the regulated profession for which they trained compared to only 24% of foreign-educated immigrants" (Statistics Canada, 2010, p.15).

When looking at the overall match rates (where immigrants are working in their field of study) for immigrants working in regulated occupations across Canada based on their country of origin, the People's Republic of China ranked near the bottom with 15% (out of 74 countries ranging from 7%-59%) (Statistics Canada, 2010). In the context of medicine, the comparison between Canadian-born people who studied medicine and were working as physicians in 2006 (92%) versus immigrants from the same field of study working as physicians (56%), there are some obvious discrepancies (Statistics Canada, 2010). Cesa & Larente (2005) represent the Health Policy and Communications Branch at Health Canada and they found that "there is a growing body of evidence highlighting serious current and impending shortages in the supply of health care providers".

Crutcher (2007) describes the importance of international medical graduates in the medical community in Canada, "since 1969, IMGs have represented between 20% and 30% of Canada's physician pool" (p.91). Almost a quarter of the physicians practicing in

Canada in recent years have graduated from medical schools outside of Canada (Task Force on the Licensure of International Medical Graduates, 2004). This supply of physicians is vital for the operation of the medical system in Canada; some provinces and underserved communities rely heavily on IMGs to fill vacancies.

The Alberta International Medical Graduate Program began in 2001 to aid in the licensure of international medical graduates who would like to practice medicine in the province of Alberta (Crutcher, 2007). There are a defined number of residency spots available each year which are funded by the government of Alberta and align with provincial physician resource needs (AIMGP, 2010). Crutcher (2007) demonstrated that AIMGP program applicants' country of medical education was dominated by China, India, Pakistan, and Egypt.

The following is a brief overview of the steps IMGs go through in the licensure process. Prior to immigrating to Canada is when the licensure process can begin. Applicants can confirm that their medical degree is from a recognized medical school through the International Medical Education Directory (IMED), they can then take an online self-assessment exam which will tell them how many questions were answered correctly as well as a percentile table that compares their performance to the results achieved by other candidates. Following this stage, they can submit their credentials to the Medical Council of Canada's (MCC) Physician Credential Repository and they can take the Medical Council of Canada's Evaluation Examination (MCCEE) (Medical Council of Canada, 2010). Proof of language proficiency is required through the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE). In Quebec, a French language exam is required. IMGs must complete supervised clinical

training or assessment to meet licensure educational requirements. The Canadian Resident Matching Service and IMG-specific programs are the main points of access for postgraduate training. Each province/territory is responsible for the regulation of the practice of medicine in their respective jurisdiction. Certification in family medicine is provided through the College of Family Physicians of Canada. Certification in other specialties is provided by the Royal College of Physicians and Surgeons of Canada. The licentiate of the Medical Council of Canada (LMCC) is also one of the requirements to obtain an independent license to practise medicine in most provinces/territories of Canada. In addition to passing the MCCEE, the IMG physician must have passed the Medical Council of Canada Qualifying Exam Part I (MCCQE Part I) and the Medical Council of Canada's Qualifying Examination Part II (Medical Council of Canada, 2010).

To assist with this complicated process, IMGs in Calgary have the Alberta International Medical Graduate Association (AIMGA). They have a mandate to being "committed to the integration of international medical graduates in Alberta, offering a responsible, consultative, and equitable integration into the Canadian health care system, without compromising either existing medical ideals or standards, but with recognition of skills and experience gained abroad" (AIMGA, 2010).

1.2. Researcher Perspectives

After tracing personal family history narratives, an interest emerged to broadly explore the experiences of immigrants who chose Canada as their new home. Not only interested in the personal sacrifice and endeavours immigrants go through, but also the power of policy and legislation in shaping their outcomes. Both personally and professionally, it has been a reality to encounter many skilled, professional immigrants

working in unskilled jobs as a matter of necessity. As a social worker, the social injustice of this reality spurred a desire to learn more about their experiences in hopes of contributing to the body of knowledge social workers have to draw from. With this knowledge, social workers providing direct service to immigrants, doing policy work, or public education/advocacy, can utilize the insights gained in this study to be social change agents for the betterment of their clients.

As a social worker who worked in the immigrant sector, the benefits of having a greater understanding of the factors that impact professional employment re-entry at the micro level are innumerable in developing service provision strategies. To have educated, skilled individuals unable to achieve the same successes as their Canadian counterparts, causing subsequent hardships to their families, and personal strife is a social justice issue.

1.3 The Research Study

This study seeks to explore the factors that shape the path Chinese immigrant physicians take in their quest to re-enter their profession in Calgary. In doing some preliminary research on demographics, immigration trends, and employment sector deficits as highlighted in this chapter, gaps in the knowledge became evident. The emergent shortage of human resources in the medical field is an issue that is prevalent locally as well as across Canada. It is a sector that is continually facing policy changes, funding shifts, and re-organizations in an attempt to ameliorate the system and improve efficiencies. The health system is of paramount importance to Canadians and further study is warranted to explore the ability of skilled immigrants to transition into employment in their area of study.

Despite having longitudinal data about immigrants to draw from to study longer-term experiences of immigrants who choose to stay in Canada, it lacks the valuable information of those who depart. For those who depart, it is unknown what their experiences were and their reasons for out-migration. If immigrant physicians are amongst those who choose to go elsewhere then they deserve specific attention from the research community before they leave to gain an understanding of their experiences to fill the gap in the literature.

As noted earlier, the bulk of research studies on immigrant issues tends to be saturated in Ontario, British Columbia, and Quebec, providing an opportunity for unique research to be conducted in a Calgary context. Recognizing that skilled Chinese immigrants make up such a significant portion of Calgary's mosaic as well as their populous representation in the international medical graduate community, they were a logical fit to be the population in this study. By isolating one ethno-cultural group for examination there is the opportunity to gain an in-depth knowledge of their professional re-entry process.

In using a qualitative research design, rich data could be gathered to inform and contribute towards building theory. There are examples of quantitative studies on international medical graduates in the literature; using a qualitative research design fills a methodological gap. As demonstrated later in the third chapter, grounded theory was selected for this study as a methodology within the qualitative paradigm. It provides a different lens through which to better understand the professional re-entry process of Chinese IMGs into the health system.

The eventual research question that applied to this study evolved out of multiple iterations, consistent with grounded theory methodology which allows for the data to shape the course of inquiry (Morse, 1991). The section on methods clearly outlines the variations on the research question and ties the shifts directly to the data that emerged. As such, the research question became: "What are the factors that shape the path Chinese immigrant physicians take in their quest to re-enter their profession in Calgary?" The corresponding objective that this study aims to accomplish is to utilize grounded theory methodology to develop a model for understanding the process Chinese physicians use to re-enter their profession in Calgary.

1.4. Overview of the thesis

Chapter two contains a literature review. Using grounded theory methodology, it is up to the researcher to determine whether or not a literature review should be completed prior to data collection and what impact that will have on shaping the research. The following chapter explains these considerations in addition to evaluating relevant studies.

Chapter three outlines the methods used in the study. This consists of an overview of the qualitative paradigm, grounded theory methodology, and the procedures that were used to carry-out the study including a section on ensuring rigor through trustworthiness, credibility, transferability, dependability and confirmability. Six participants from mainland China who received education and training to be physicians in their home country provided the data through face to face interviews. Appendix A contains the demographic information collected from each of them.

Data analysis follows in chapter four highlighting the categories that emerged from the interviews which contributed towards forming a model to explain the factors that influenced the participant's professional re-entry process. The data analysis process, including the usage of Atlas-ti software and grounded theory coding, is transparent. Chapter five is a summary of the findings, the model that emerged from the data, recommendations, an assessment of the research process, and implications for social work practice and education.

CHAPTER TWO
LITERATURE REVIEW

2.1 Prologue

Within grounded theory methodology there is much debate about the implications of doing a literature review prior to data analysis. Classic grounded theorists (Glaser & Strauss, 1967; Glaser, 1978) advocated doing the data analysis first and then doing the literature review to avoid having any of the ideas from the literature review impact the lens through which data is analyzed. Bulmer (1979), Dey (1999), and Layder (1998) reject these earlier ideas and see Strauss and Glaser as naïve in assuming the researcher is a blank slate. Agreeing with the latter authors, there are various ways a researcher is impacted by their research before data analysis begins. Firstly, in selecting a research topic the researcher may be drawn to select a topic that has some personal relevance to them, which in itself could affect the lens through which it is viewed. Secondly, the researcher is required to develop a research question which will likely involve delving into the subject matter to clarify a direction to focus on. Finally, going through the ethics approval stage prior to commencing research lends itself to having some knowledge of the topic. These three factors alone could introduce bias to the researcher before the research even begins. This impact can be mitigated through the use of methodological notes, analytical notes, and contextual notes as it forces the researcher to look inwards and be cognisant of any biases that are emerging throughout the process.

There is a large body of research that has been conducted regarding immigrants' transition into Canadian society, commonalities have emerged and it was desirable to become familiarized with that knowledge to be better able to recognize new knowledge as it emerged from the interviews. Also, the subject matter regarding the licensure of

physicians in Canada is quite complex. To be more effective as a researcher in this situation, not to have a familiarity with the process that new immigrant physicians have to go through before beginning the interviews would have elongated the process to accommodate for the participants' having to explain licensure requirements. To make the best use of the participant's time, it is important that participants can share their experiences without having to explain government and accreditation body policies and procedures. If they wish to discuss those things, they can do it in such a way as to describe their thoughts and experiences with them rather than a technical explanation of the components of the process. Having a researcher who can understand the references participants make to the technical process may ease their telling of their account.

Based on this premise an exploration of studies that look at factors that impact immigrant's transition into Canadian society was explored (highlighting Calgary-specific experiences when available). In more detail, articles that explore the experiences of Chinese immigrants, skilled immigrants, and international medical graduates contribute to the knowledge base in better understanding the research question. Within these broad categories of literature, attention was also paid to

- theory,
- ethical aspects,
- discrimination,
- policy explorations,
- documents describing the technical elements of the licensure process.
- commonalities and gaps in the literature are outlined and their importance to the research is highlighted.

The ethical aspects of this topic connect it to the complicated issues that surround foreign recruitment of physicians, including impacts on countries abroad as well as the impact on our local medical personnel. Furthermore, the social injustice of trained,

educated immigrants moving further and further away from economic parity with their Canadian counterparts is investigated. Related to ethical aspects, attention is also paid to the issue of discrimination, both at the individual and at the systemic level. An overview is provided of Canada's immigration policy and documents the philosophical shift that occurred over time towards assigning more value to education and work experience. Finally, commonalities and gaps in the literature and their relevance to the study are demonstrated throughout the chapter.

Despite a thorough search through all of the aforementioned categories, the existing literature fails to address the research question. The literature emphasizes the need for further research into the area of interest that was chosen. This thesis fills a gap in the literature, contributing new knowledge in a previously un-studied area.

2.1.1. Current Demographics

As part of the literature review, an exploration was conducted of Statistics Canada federal census data and Citizenship and Immigration Canada data, reports and summary tables to fully assess the relevance and makeup of immigrant populations across Canada.

The following immigration statistics demonstrate the current demographics in Canada from the 2006 Statistics Canada federal census:

- The 2006 Census enumerated 6,186,950 foreign-born in Canada, representing virtually one in five (19.8%) of the total population. This is the highest proportion in 75 years.
- Between 2001 and 2006, Canada's foreign-born population increased by 13.6%. This was four times higher than the Canadian-born population, which grew by 3.3% during the same period
- As a result of the changing immigrant source countries, the proportion of the foreign-born population who were born in Asia and the Middle East (40.8%) surpassed the proportion born in Europe (26.8%) for the first time in 2006.

- A majority (70.2%) of the foreign-born population in 2006 reported a mother tongue other than English or French. Among these individuals, the largest proportion, one in five (18.6%) reported Chinese languages. (Statistics Canada, 2007)

The following is a national breakdown of each of the entry classes for 2006, it should be noted that persons from Asia/Pacific have the highest representation in every category:

- Economic Class-60.3% of total permanent residents. Persons from Asia/Pacific dominate the category with 49.2% representation.
- Family Class-26.5% of total permanent residents. Persons from Asia/Pacific have 52.8% representation in this category.
- Refugees-8.8% of total permanent residents. Persons from Asia/Pacific have 29.3% representation in this category.
- Other-4.3% of total permanent residents. Persons from Asia/Pacific have 29.4% representation in this category (Citizenship and Immigration Canada, 2008)

The statistics show that Canada's make-up is evolving to become a very different mosaic from previous years. With increasing immigrant populations, having higher levels of skill and new predominant source countries, Canada is in a dynamic position. As such, governments and service providers need to evolve to accommodate the unique language and cultural needs that accompany new Canadians. Being in the fortunate position of receiving new immigrants with tremendous human capital is an opportunity for Canada to prosper, if it chooses to seize the opportunity.

2.1.2. Recent Canadian Immigration Policy

The origins of Canada's current immigration legislation began in 1967. Canada was experiencing an economic boom, which led to the necessity for more skilled workers (Guo, 2004). The federal government devised a "points system" which was based on the human capital model, rewarding immigrants for language abilities, education levels, and resources (Shi, 2004). Prior to 1967, Canada saw "British and Western Europeans being

the most "desirable" citizens, the Asians the "unassimilateable" and therefore, "undesirable"" (Guo & Devoretz, 2005, p. 4). This shift in policy to move toward a points system had a dramatic impact on changing the flow of immigrants from Europe to Asia, Africa, Latin America, and the Caribbean (Guo, 2004). Immigration data clearly show the impact of this within the Chinese community. Canada admitted 20,546 Chinese immigrants between 1956 and 1967. With the introduction of the points system that number jumped to 90,118 between 1968 and 1976 (Li, 1998). In 1978, the Immigration Act also made considerations for family members and refugees (Shi, 2004).

Up until 1986, the immigration system seemed to have achieved its goals of fulfilling labour needs. Some changes were made at this time to accommodate for Canada's low fertility rates as well as to try to "attract capital" into the economy (Shi, 2004, p. 142). In 1986 two new classes were added to the legislation: "business class [immigrants] which included self-employed workers and entrepreneurs, and the investment class" (Shi, 2004, p. 142). Responding to humanitarian needs through the family and refugee classes also contributed to compensating for the low fertility rates that were occurring. These two classes began to dominate numbers of new immigrants into the 1990s, resulting in diminished economic performance for the labour market. To compensate for this lull, in the mid 1990s the federal government once again began to place a greater emphasis on recruiting skilled workers and revised the points system again creating more stringent entry-requirements (Shi, 2004). The intention behind creating new requirements was to increase the pool of qualified applicants needed to stimulate the economy (Citizenship and Immigration Canada 2002).

The 2004 Report of the Canadian Task Force on Licensure of International Medical Graduates attributes some of the current problems with physician shortages in Canada to these policies of the 1980s and 1990s. The atmosphere at that time was to have a 10% reduction in undergraduate medical enrolment and to limit the number of new doctors entering the country (Task Force, 2004). Many physicians did not declare their profession upon entry as a way to get into the country. Hawthorne (2007) states that 58% of doctors came in through the economic category and 42% came in through the family or refugee class in the 1990s.

An important aspect to note regarding the use of the human capital model in Canadian immigration policy is that historically the process was such that immigrants arrived in Canada following their "points" assessment without having their credentials screened (Hawthorne, 2007). The implications of such a process was that the federal government permitted the immigrant to enter the country but provincial licensure bodies or professional association standards required the immigrant to go through additional requirements in order to enter the workforce. The fulfillment of those requirements resulted in delays for the immigrant and prohibited them from re-entering their professional field.

Canada's perspective had been that having a combination of experience, training, and flexibility should translate into success in the labour market without pre-screening (Hawthorne, 2007). Although this was hypothesized, there is evidence to the contrary showing declining average employment earnings one year after landing, in particular for those with higher educations (Kustec & Dempsey, 2004).

Canada did not always have this perspective regarding medical professionals; in 1979 the evaluating examination given by the Medical Council of Canada was given abroad so that the applicant could be assessed before they immigrated (Dauphinee, 2007). This process came to an end because of budget cuts resulting in IMGs arriving in Canada without any pre-screening. The system has now come full circle because the Task Force on the Licensure of Immigrant Medical Graduates (2004) made recommendations to improve the integration of IMGs by making the MCCEE available pre-migration, providing pre-screening tests, and making localized and national information about the profession available prior to immigration (Task Force, 2004). Physicians who immigrate today now have the opportunity to prepare for their professional re-entry prior to migrating as a result of these recommendations.

There is one other way that immigrants can use to enter Canada, aside from the three main classes of immigration. Most provinces have the ability to nominate a person for an immigrant visa on the grounds that the individual's skills, work experience, and education are in particular demand for the labour market in the province or territory (Citizenship and Immigration Canada, 2010). That person is then expected to live in that province or territory to help fill the labour shortage. This process is called the Provincial Nominee Program. Alberta had a total of 16,469 immigrants migrate to the province in 2004, less than 1% of those immigrants entered under the provincial nominee program (Human Resources and Employment, 2005).

2.2 Immigration Theory

Within the theory category, the following theories are explored: scarce resources theory, contact theory, educational progressivism and racism. The reason for choosing

the theories that were chosen is to be cognisant of *building* the knowledge on immigration theory. A scan was conducted on similar research to determine what theories have been used in the past in a similar context. There was another example in the literature of a study that looked at immigrant's professional re-entry through the lens of human capital theory and labour market segmentation therefore other relevant theories were pursued to gain new knowledge about the subject.

The common structure that exists throughout a significant portion of the literature regarding immigration is largely descriptive of process, outcomes, supports and barriers, and primarily "individual-level predictors", meaning factors that are tied to the immigrant's actions (Mulder & Krahn, 2005). There are a few exceptions to this formula. Mulder & Krahn (2005) look at community-level determinants of support for immigration and cultural diversity; Taylor (1991) looks at racism in immigration policy; Esses, Dietz, Bennett-Abuyyash & Joshi (2007) look at prejudice in the workplace and the role of bias against visible minorities in the devaluation of immigrants' foreign-acquired qualifications and credentials; Khan (2007) looks at the role credentials play in immigrant's experiences in Canada and the theoretical basis of the non-recognition of foreign credentials. The literature review now turns to examining those perspectives to gain some understanding of the theory underlying immigration in Canada before moving into the individual-level predictors.

This section begins by examining scarce resources theory, contact theory and educational progressivism in relation to immigration. According to Mulder & Krahn (2005) "scarce resources and contact theories provide insight into inter-group relationships that can influence attitudes and beliefs" (p.2). Scarce resources theory

describes society as having a number of competing groups, some of these groups are more dominant than others and they exert their power to maintain their position in society. "Competition, (or at least perceived competition) and sometimes, conflict over scarce resources can lead to minority groups or outsiders (immigrants are both) being seen as a threatening other" (Mulder & Krahn, 2005, p.2). The dominant group therefore aims to protect its position in fear that increased immigration will diminish its labour options and conditions. Those with power have the ability to control resources thereby allowing them to retain their advantaged position (Smelser, 1988; Dahrendorf, 1959). In addition to fearing the loss of their economic position, the dominant class also fear the potential loss of their "Canadian values" (Mulder & Krahn, 2005).

In the case of this study which explores the professional re-entry of Chinese physicians, the medical community regulates itself through the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Medical Council of Canada, and the provincial authority (in this circumstance it is the College of Physicians and Surgeons of Alberta). The fact that medicine is a regulated profession provides an opportunity for members to embody scarce resources theory and prevent or hinder access of foreign members as a means of being protectionist. It warrants further study to gain the perspectives of Canadian-born physicians and regulatory members towards immigrant physicians to fully evaluate how applicable scarce resources theory is. It is worth introducing in this thesis because the possibility of purposeful exclusion is certainly relevant. It would relegate the actions on the part of the immigrants as being much less impactful towards their professional re-entry.

Contact theory supposes that when the two groups have contact with each other that they will feel less threatened by each other. The theory originated with Allport (1962) as he examined how "Experience changes attitudes and in turn, how new attitudes change subsequent behaviour" (Mulder et al, 2005, p.2). He presupposes that increased levels of contact with immigrants by the dominant majority decreases the likelihood of feeling threatened by them. He believes a greater understanding will emerge as a result of contact, resulting in increased acceptance. Malkki (1996) supports the theory that additional contact between groups reduces the "us" and "them" boundaries that can exist. Amir (1969) takes the position that outcomes may vary according to how positive or negative their contact between groups has been. The risk of xenophobia can also increase as foreign population numbers increase.

In the case of Chinese IMGs, there are potential inherent biases that may precede contact such as low levels of professional oral English and China's developmental stage (as reported by a participant in the fourth chapter). Acceptance is more likely to be achieved if adequate methods of ascertaining Chinese IMGs knowledge are implemented. One example of this is the Medical Communication Assessment Program (M-CAP), established by the University of Calgary to increase IMGs professional language proficiency which resulted in 15 of 20 M-CAP grads receiving residency spots in 2006 (Medical Communication Assessment Project, 2010).

Educational progressivism suggests that as people become educated they are more likely to accept immigrants (Guimond, Palmer & Begin, 1989; Chandler & Yung-Mei, 2001). It is hypothesized that "people learn to think more positively...or students might be influenced by curricula focussing on human rights and equity issues..." (Mulder &

Krahn, 2005, p. 3). While acknowledging that there is a positive correlation between educational attainment and acceptance of immigrants, there are a variety of explanations for this correlation. One theory is that people who became highly educated (in particular those in the social sciences) already had a liberal outlook prior to becoming educated (Sorenson & Krahn, 1996). People who are improving their economic situation by augmenting their education are less concerned with others "taking" job opportunities, and therefore less likely to feel the resentment the mainstream population might feel. People who have been a part of an educational system may be assuaged to portray a "politically correct" viewpoint when asked about immigration (Palmer 1996; Li, 2001).

While contact theory largely has positive underpinnings, aside from Amir (1969) who acknowledges negative outcomes can arise as a result of the type of contact, scarce resources theory is based on fear of perceived loss of resources or social position; educational progressivism is based on learning; that acceptance can be taught (Mulder et al, 2005). Certainly within the context of this study, educational progressivism could play a role as the medical community's members have extensive educational backgrounds.

Since these three theories all relate to the acceptance of immigrants from the perspective of the Canadian-born physician, one can only hypothesize the relevance each theory has against each other since Canadian physicians were not subject of study in this thesis. There is also the paradigm that might exist between the micro and the macro level acceptance to consider. As individuals, physicians may be supportive of integrating newcomers into the health system but collectively protectionist elements may prevail or vice versa. It is worth including these theoretical perspectives here for the reader to

ponder as participants share their experiences with the medical system and individual physicians in a later chapter.

Mulder & Krahn (2005) describes "the context within which group interactions take place and attitudes and beliefs are shaped" (p.3). Krahn & Lowe (1984) did a study to look at community-level attributes and their affect on attitudes versus individual-level predictors in the context of attitudes towards unions. Agnew (1992) also looked at community-level factors (size, growth, etc) and the correlation between individual behaviour (crime rates). Strain, or "anomie" as Durkheim (1960) refers to it, builds on factors such as "community size, rapid growth, social inequality" as indicators that could impact and shape views towards immigration. Many of the immigration research studies that were reviewed dealt primarily with individual-level factors without providing a community-level lens to assess integration. To broaden the spectrum, a portion of the literature review acknowledges the impact of macro factors on individual behaviour.

Mulder & Krahn's (2005) study integrated community-level attributes with individual attitudes. The researchers conducted a survey of 802 randomly selected adults in Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat, Fort McMurray and Grande Prairie to focus on "resident's perceptions of immigrant experiences, as well as on public awareness of immigrant resettlement issues" (p.5) They wanted to test individual-level attitudes derived from scarce resources theory, contact theory, and educational progressivism so they selected 7 cities that had been slated to receive refugee populations in the 1990s to assess attitudes. Mulder & Krahn (2005) compiled demographic data about the sites, gaining information about education levels, labour force levels, immigrant and visible minority groups and income. They then developed Likert scales with various

questions designed to measure support for the three theories (scarce resources, contact, and educational progressivism). The results determined support for educational progressivism but none of the other theories. "Educated sample members were more supportive of cultural diversity, but the individual-level contact and scarce resources measures had non-significant effects" (p.11). The authors admit that more research is required to understand why educated people have a positive viewpoint and that there are many factors to consider. At the community-level, Mulder & Krahn (2005) only found one statistically significant effect and that was that "residents of Alberta's larger cities are less supportive of immigration/cultural diversity" (p.12). They hypothesize various reasons for this finding, one being that the enormous growth in the oil sands industry has given smaller cities like Fort McMurray an openness for accepting new residents from other parts of Canada or elsewhere. For Edmonton and Calgary, they cite "much higher proportions of immigrants" and perhaps the growth has been too fast for citizens to feel positive about immigration (p.11). The analysis of individual and community-level predictors in the context of the four theories provided new insights into attitudes towards immigration not only in the individual level but in the context of the community they reside in.

The value of conducting local studies with respect to tolerance, integration, and acceptance is exemplified in this study. Regional differences can affect the attitudes of locals making professional re-entry unique according to municipality. Applying a community-level lens to understand the role the receiving population plays compliment to the latter half of this thesis that explores the perspectives of the immigrants themselves.

Unfortunately the authors can only hypothesize about the community-level sentiment in relation to the four theories by interpreting the responses to the open-ended questions in their survey. Nonetheless, the data is useful to gain a sense of public opinion towards immigration in Calgary.

Khan (2007), Taylor (1991), and Esses, Dietz, Bennet-Abuayyash (2007) each utilize theory in their evaluations of Canadian immigration policy. Khan (2007) is similar to Mulder and Krahn (2005) in the sense that she describes society in terms of conflict theory whereby "individuals and groups who benefit from a particular structure will strive to see it maintained, while those who are disadvantaged struggle against it" (2007, p.64). This is very similar to the polarization described in scarce resources theory. Khans' perspective is relevant on a systemic level and she asserts that change will not take place in society until true collaborations between all levels of government, credentializing bodies, employers and NGOs occur.

Examining theories that take into account power differentials are relevant to this study as the population being researched are visible minorities. Despite having an ever-growing foreign-born population in Canada, inequalities still exist and shape newcomer's experiences. As such, I examined racism theory as a relevant lens to explore immigration.

Esses et al. (2007) and Taylor (1991) both look at racism as a factor in immigration; Esses from an individual standpoint and Taylor from a policy standpoint. Esses et al. conducted four studies where they assess individual racism substantiating prejudice in employer's assessment of job applicants. Their findings describe the influence of prejudice in the evaluation of foreign credentials and qualifications.

In the first study conducted by Dietz, Esses, Bhardwaj & Joshi (2005), the researchers created four resumes with identical qualifications but made two of them appear as having been born, raised and educated in Canada. Through the false name and clubs they participated in, it was insinuated that one applicant was Black and one was White. The other two mock resumes were from foreign-born applicants with foreign credentials and similarly, it was insinuated that one applicant was Black and one was White. They presented the resumes to one hundred and twenty eight (52% female) undergraduate students (mostly business students) at the University of Western Ontario. Of the participants, 63% were white (the majority of the others were Asians).

The participants had two roles to fulfill in the study, first they participated in a series of surveys designed to assess attitude. The researchers used three tools to assess attitude: Brigham's (1993) attitudes towards blacks scale (BAB), the seven item Modern Racism Scale (MRS), and Social Dominance Orientation (SDO) was measured using Sidanus, Pratto, Sinclair, and van Laar's (1996) 16 item scale. The students had to evaluate the resumes for a fictional marketing position in a Canadian firm. The study demonstrated that "the Black immigrant applicant was evaluated significantly less favourably than the White immigrant applicant and than the Canadian applicants" (p.116). Between the two fictional Canadian applicants there was no difference in how they were evaluated irrespective of visible minority status. While it is understandable that foreign credentials make it more difficult to assess qualifications thereby justifying the ranking of the foreign candidates lower than the Canadian applicants, there is no rationale for ranking the Black foreign applicant lower than the White foreign applicant.

In their second study Esses, Dietz, & Bhardwaj (2006), began by assessing participants' subtle prejudices as they did in their first study. Then, in a second phase, they created three mock resumes, each depicting the profile of an Asian Indian woman. In the first resume they portrayed her as being from Canada, in the second she was from the U.K. and the third from India; maintaining consistent qualifications throughout. The participants were asked to evaluate each of the candidates for a position in a health clinic. The results determined that the applicant from India was evaluated less favourably than the other two applications by those who had previously demonstrated subtle prejudicial attitudes.

In a third study, Esses, Dietz & Dixit (2006) had participants look at applicants who were physicians who had all completed their studies abroad but were accredited and had identical qualifications. The White candidate was evaluated better than the Chinese or East Indian candidates.

The fourth study, by Bennet-Abu-Ayyash, Esses & Dietz (2007), conducted was similar in structure to the candidates applying for a job via resume, except this study used a video of applicants wearing different religious pendants to be evaluated. Christians were evaluated more favourably over Muslims applicants despite both having the same credentials.

All four studies produced results that are consistent with accounts given by immigrants in the literature. Foreign credentials appear to be more advantageous if you are a member of the dominant class as opposed to a visible or religious minority. These studies all show support for the presence of individual discrimination and racism amongst the student population that was involved. The researchers do not look at the reasons or

motivations behind the discrimination, they just demonstrate that it exists. Future research that delves into the reasons behind the discrimination (e.g., participants trust credentials they have familiarity with) could be partnered with an evaluation of potential solutions (e.g., having everyone's credentials converted to a common credential assessment value that would be simple for the evaluator to understand). Having knowledge that discrimination may exist in employment situations is helpful but putting that knowledge to use towards finding better alternatives is even better. The researchers do intend to conduct future research in this direction.

If Esses et al. (2007) established evidence of the presence of racism at the individual-level, Taylor (1991) looks at racism from a macro perspective through the examination of immigration policy using racism and conventional theories. Taylor (1991) states that conventional theory sees racism as having been removed from immigration policy in the 1960s (through the removal of explicit overt racism) but racism theorists see racism as still existing through racist intent.

In a 1991 study, Taylor examined Citizenship and Immigration Canada's entry data between 1969-1987 to compare successful European immigrants to successful non-White, non-European immigrants to see if their treatment was equal. Various time periods and elements of the immigration process since the 1960s were examined including application data, deportation data, number of immigration officers oversees, class data, temporary work permit data, elite and non elite ratios of sending countries. Taylor (1991) wanted to determine if the elimination of explicit language in the 1960s resulted in the termination of racism which supports conventional theory or whether

racism was still present, thus supporting racism theory. The study's findings showed support for both conventional and racism theory in different areas.

One of the areas where racism theory is supported by Taylor's (1991) results is in the 1967-1972 regulations that allowed visitors to Canada to apply for landed immigrant status. "White, European applicants are approved at a rate about 12% higher than non-White, non-European applicants" (1991, p.6). In addition to support for racism in application data, racism theory was also supported in deportation data during the 1968-1973 period when explicit racist restrictions were erased, "non-white non Europeans have rates of exclusion and deportation about 10% higher than White Europeans" (p.6).

Conventional theory was supported in an examination of the number of immigration services staff in supply countries. Racism theory would suggest that proportions of staff to recruit immigrants in White European countries would be higher to encourage more recruiting of that group. The number of immigration services staff was directly proportional to the number of immigrants coming to Canada. Conventional theory is also supported in the temporary work permit data showing comparable employment authorizations between the two groups.

Taylor's (1991) study provides a snapshot of current Canadian immigration history by looking at entry data through the lens of conventional and racism theory. The fact that only entry data was used could significantly skew the results and the author acknowledges this. She states that application and exit data were not available to be used to gain a better understanding of the application of immigration policy. It could be argued that the changes that have been made to the immigration system now cater to a more elite, educated, well-resourced population since the introduction of the points

system and many immigrants do not have the opportunity to even make it to the application process as a result of their inability to score high enough to merit paying the application fee.

A commonality that exists amongst the scarce resources, contact, educational progressivism, and prejudice/racism theories that have been reviewed in the context of immigration theory is that they have been assessed as being valid or invalid through the eyes of those with power. They are seen through the lens of acceptance or non-acceptance by dominant groups rather than through the eyes of marginalized groups. By assessing whether predominantly white cities and towns feel positive towards immigrants (Mulder & Krahn, 2005), whether predominantly white employers would discriminate against non-white and immigrant applicants (Esses et al., 2007), whether the federal government directly or indirectly employs racist practices towards immigrants (Taylor, 1991) there is a piece of the story that is missing. A failure to substantiate these theories by those who are oppressed presents a gap in the literature. Furthermore, no studies were uncovered that examined any of these theories in the arena of Chinese international medical professionals. This thesis seeks to develop theory from the viewpoint of that very population thereby filling a gap in the literature.

2.3 Labour Market Performance, Language Acquisition, and Settlement

Transitioning from immigration theory to individual-level factors leads to a focus on immigrant integration into Canadian society. When looking at immigrants as a whole the following three indicators are prevalent in the literature: labour market performance, settlement issues, and language acquisition. These three factors can affect immigrants in every entry category (refugees, family class, entrepreneurs, and skilled workers).

Hou & Beiser (2006) conducted a 10 year study of English acquisition by South-East Asian Refugees in Canada with a sample of 608 participants in Toronto. They measured English language acquisition at two intervals: two years after the refugees' arrival and ten years after their arrival to determine at what point the refugees made the greatest language gains. Through their study they were able to establish that the initial period of settlement was when the greatest gains were made and determined that

> "Although demographic characteristics and pre-migration achievement were the major factors determining English-language proficiency during the early years of resettlement, post-migration opportunities and incentives became increasingly important over time. The results highlight the responsibility receiving countries have to provide opportunities and incentives to facilitate language acquisition by newcomers" (p.135).

Hawthorne (2007) looks at language acquisition in the context of economic immigrants; those arriving with skills and wanting to transition into the professional workforce. She found the groups that were likely to make that transition in the first five years following their migration were those from English-speaking countries. Hawthorne (2007) further examined the impact of language in the context of medical professionals and found that, as immigration patterns have shifted over the years to have China become the principal home-country of new immigrants, fewer and fewer immigrants (6%) who are medically qualified arrived from English speaking countries (Hawthorne, 2007). The literature demonstrates that knowledge of one of Canada's official languages is key to finding employment and achieving success in the labour market. (Hawthorne, 2007; McNicol & Dachsel, 2004) The impact of this for Chinese immigrants is that they experience unemployment levels of 18% in the first five years post-migration (Hawthorne, 2007).

Statistics Canada (2003) compared labour performance of immigrants arriving to Canada in 1991 and 1996 to immigrants who arrived in 1981, in a quantitative study using the Longitudinal Immigration Database (IMDB). They discovered that the immigrants who arrived in 1981 (primarily European, with official language skills) fared better than those arriving in the 1990s (primarily Asians). There could have been other external factors (like a weakened economy in the 1990s) which could have contributed to these results (Statistics Canada, 2003). Additionally, comparing immigrant performance to mainstream society performance during each of these years would have given an indication of the immigrant's performance in the context of the economic situation. Without the comparative data it is difficult to ascertain for certain the causes of the weakened performance of the Asian immigrant population of the 1990s but one could speculate that it could be indicative of the additional barriers they faced without official language skills.

In addition, they also discovered a difference when comparing immigrants with official language skills to those who did not have official language skills, in the 1991 and 1996 groups. The groups with language skills earned 30% and 28% more respectively than their non-official language speaking counterparts (Statistics Canada, 2003). Labour market performance was also determined by education levels in every cohort. Those with University degrees earned more than immigrants with less education despite the barriers they may face with credential recognition etc.

The relevance of this in the context of this study is that the bulk of new immigrants to Canada are coming from a country (China) where English is not a primary language of instruction. If Canada is to successfully integrate these immigrants into the

workforce then language needs to be one of the forefront issues to be addressed. In 2003 the federal government began a program to assist immigrants with integration through the "enhanced language training" program which provides job-specific language training in English and French. This program is an enhancement to an existing service that provides basic official language instruction to newcomers, the "language instruction to newcomers" (LINC) program (Citizenship and Immigration Canada, 2010).

The Statistics Canada Social and Aboriginal Statistics Division (2005) also look at immigrant performance using surveys and interviews to compile data for the Longitudinal Survey of Immigrants to Canada (LSIC).

> "The Longitudinal Survey of Immigrants to Canada (LSIC) was designed to study how newly arrived immigrants adjust over time to living in Canada. During the first LSIC interview, some 12,000 immigrants aged 15 and over were interviewed between April 2001 and March 2002, about six months after their arrival. During the second LSIC interview, about 9,300 of the same immigrants were interviewed again in 2003, approximately two years after their arrival, and in 2005, about 7,700 of the same immigrants were interviewed a third time, approximately four years after their arrival" (Statistics Canada, 2007).

Labour market integration was identified in the first wave of data collection as being integral in the settlement process. It was explored further in the second wave by looking at the 5,994 immigrants who were prime working age (25-44 years) and "the vast majority (80%) of prime working-age immigrants found employment during their first two years in Canada, and most worked for more than one year. Of those who found employment, 42% obtained a job in their intended occupation. This was the case for about half (48%) of principal applicants in the skilled worker category" (Statistics Canada, 2005, p.6).

Furthermore, these results identified language, a lack of Canadian work experience, lack of recognition of foreign credentials, and 14% cited a shortage of jobs as impacting obtaining employment. Despite those obstacles, 70% of the immigrants who were interviewed in the second wave said "their experience had met or exceeded their expectations" (Statistics Canada, 2005, p.11). This finding has limitations however because immigrants who subsequently emigrated between the first wave and the second wave are not included in the sample. Therefore their opinions are unknown.

Official language ability is also a factor in the model developed by DeVoretz, Ma, & Zhang (2003). Their triangular model describes the cycle of immigrants who leave their home country, move to a new country, and then are faced with the decision to stay in that country or move on to a new country, or return home. The model predicts "that immigrants will stay in the destination (Canada) or move on depending on relative economic conditions between the destination country and other possible destinations given their citizenship status" (DeVoretz, Ma, Zhang, 2003, p.6).

Dryburgh & Hamel (2004) found that immigrants with higher education levels and official language ability were most likely to emigrate. They suggest that immigrants that have more resources are more likely to go elsewhere if they are not satisfied with their situation in Canada and qualify for the immigration standards of other countries. The three professions that they identified as emigrating more than others were physicians, health care managers, and IT workers (2004).

2.4 Settlement

There are a variety of settlement issues to address when looking at the immigrant population as a whole. Walton-Roberts (2005) describes the lack of research associated

with the needs of immigrants outside of Toronto, Montreal, and Vancouver even though there is an interest in encouraging immigrant dispersal throughout Canada. In this research Walton-Roberts (2005) acknowledges the complications and benefits of high immigrant concentrations in Toronto, Vancouver, and Montreal. Governments and academics have raised concerns about the long-term sustainability of clustering which led Walton-Roberts (2005) to explore immigrant settlement in two smaller centres, Kelowna and Squamish, to "examine factors that contribute to immigrant settlement and integration in these regions, and evaluate the urban policies and practises employed by municipal governments in each region to attract, retain and integrate immigrants" (p.12).

Walton-Roberts' (2005) methodology consisted of 17 semi-structured qualitative interviews, 8 focus groups of immigrants and interviews with local government officials, leaders, and immigrant-serving agencies. Her findings are as follows:

- Municipalities play little, if any active role in immigrant recruitment. Moreover, they offer no specific services that might retain immigrants in the community but they are increasingly responsible for funding mainstream social services that play a role in assisting immigrant newcomers.
- The pre-existing social and economic context is a crucial determinant of the successful attraction and retention of immigrants to an area.
- Demographic change has been a major justification for maintaining relatively high immigration numbers, but the demographic profile will also determine what kind of economic needs communities exhibit.
  Findings suggest that in the case of British Columbia, there is a contradiction between the aspirations of the federal government to disperse immigrants to smaller communities, and the provincial government's current cut-backs in services to regions outside the main urban centres.

Looking at centres outside of Toronto, Montreal, and Vancouver fills one void in the literature, however it could be argued that while government and service providers

have some influence in retaining immigrants (particularly refugee & family class immigrants) employers, accrediting bodies, and professional associations also play a significant role in the successful integration of immigrants.

According to McNicol & Dachsel (2004), one of the principal problems with the current system identified by immigrants in their study was a lack of connection with the private sector. They articulated how an involvement with the private sector would be beneficial for networking, meeting other immigrants in their field who successfully obtained employment, and gaining knowledge about how they could improve their chances of employment. The disconnect of having the private sector removed from the integration process does not seem logical. Involving the private sector (including unions and professional associations) in collaboration with the provincial and federal governments to effectively identify, understand, and solve the barriers that exist that prohibit immigrants from entering the workforce would help to alleviate many of the cross-sectoral issues that currently exist.

In her article outlining Citizenship and Immigration Canada's approach to integration, Winnemore (2005) supports this assertion and recommends "partnership with all levels of government, and with the private and voluntary sectors, is essential to achieve effective results in the integration of newcomers to Canada. Additionally, the work of community-based immigrant and refugee-serving organizations has proven invaluable in assisting newcomers with their immediate and ongoing settlement needs" (Winnemore, 2005, p.6).

Adams (2007) looked at the historical process of professional regulation in Canada and discovered that "the impetus for regulating professions often does not

originate with legislators, but rather with workers themselves" (p.15). Professionals want to protect their position in society through the use of education and training credentials. In Canada, licensure to practice in a professional field is under provincial regulatory authority which means that a worker can become licensed in one province but they need to go through the licensure procedure if they should decide to move to another province (Kustec, Thompson & Xue, 2007). This has important consequences in the context of "clustering" in Canada's larger metropolitan areas.

Hyndman, Schuurman, and Fiedler's (2006) quantitative study based on the LSIC found that immigrants often choose the location that they immigrated to based on whether friends, family, or other immigrants lived there. Therefore, if most immigrants originally settle in Toronto, Vancouver, or Montreal it becomes difficult and expensive for international medical graduates to go through the licensure process again to move to another province. Areas of Canada that are typically under-served could appeal to immigrants because of more affordable housing, slower-paced lifestyle, and a higher quality of life but their chances of recruiting professionals diminishes because of the licensure process (Dauphinee, 2007).

2.5 Skilled Chinese Immigrants

When selecting Chinese immigrant physicians as the population for this study, the way Chinese immigrants have been historically treated in Canada warranted exploration in recognition that this treatment has played a role in shaping current populations.

Many of the original Chinese immigrants in Canada came from Guangdong and Fujian which are Southern Chinese coastal provinces. Many initially landed in California and they subsequently immigrated to B.C. for employment reasons. Primarily single

men, they began settling in Victoria in 1858 (Guo, 2004; Li, 1998; Chui, Tran, & Flanders, 2005). When labour was required to complete the Canadian Pacific Railway, Chinese immigrants played an integral role (Satzewich, 1989; Guo, 2004; Li, 1998).

Following completion of the railroad, various measures were taken by the federal government to gradually restrict the entry of further Chinese immigrants. Beginning in 1885, a series of head taxes were introduced starting at $50, then escalating to $100 in 1900 and eventually climbing to $500 in 1903 (Guo, 2004; Guo & Devoretz, 2005; Guo & Devoretz, 2006). The pinnacle of the government's actions to restrict entry eventually culminated in 1923 with the introduction of the Chinese Immigration Act which almost entirely banned the entry of any new Chinese immigrants. This exclusion lasted for 24 years, ending in 1947 (Satzewich, 1989). During this period, Chinese immigrants were denied many civil liberties including the right to vote. They were also prohibited from entering certain professions such as law, medicine or accounting. In addition, they were denied the opportunity to acquire Crown land (Tan & Roy, 1985; Liu & Norcliffe, 1996; Guo, 2004; Li, 1992; Li, 1998). At the individual level, many Canadians feared that the new immigrants were a threat who did not appear to want to assimilate (Li, 1998).

Externally, factors influenced the flow of Chinese immigrants into Canada. Following the Second World War there were three major waves of emigration from Hong Kong (Liu & Glen, 1996). During this same period, emigration from mainland China came to a halt due to restrictive policies that prohibited many Chinese from immigrating to Canada. It was during this time that most Chinese immigrants in Canada were arriving from Hong Kong, Taiwan and some South Asian countries. When Canadian immigration policy changed in the 1960s, the number of immigrants from mainland China also

changed, beginning the rise of the Chinese population in Canada (Liu & Glen, 1996). Immigration from Taiwan also increased through the 1990s, contributing to the diversity of the Chinese population. Despite sharing a common ethnicity, Chinese populations from different countries vary in their political views, social values, and economic performance in Canada (Wang & Lo, 2005). Since 1997, the largest group of skilled immigrants to arrive in Canada have been from mainland China (Statistics Canada, 2005; Shi, 2004). Post 1967, after the introduction of the points system, Chinese immigrants that arrived were primarily urban and well-educated (Guo & Devoretz, 2005). In Calgary's context, looking at the period of immigration between 2001-2006, the People's Republic of China had 16.4% growth, the most significant growth of any country (Statistics Canada, 2007). The largest non-European ethnic origin in Canada according to Lindsay (2007) is Canadians of Chinese origin.

In addition to facing barriers upon their arrival with language, employment, and services many Chinese immigrants have also had to overcome integration issues within their own culture. Hong Kong, being a British colony, had more exposure to Western lifestyle and customs; creating a very different experience than that for immigrants from mainland China. Having lived in a British Colony, exposure to Western lifestyle was not as daunting for these immigrants as the situation mainland Chinese immigrants faced (Sakomoto, 2006). Salaff (2005) states "As Chinese from different places with a range of socioeconomic backgrounds and experiences arrive in new countries at different periods of time; they foster a diversity of Chinese populations wherever they settle. Their interaction is not always seamless. They do not want to be seen through the same lens" (p.3).

Wang & Lo (2005) note that much of the scholarly literature does not differentiate between the various Chinese sub-ethnicities by comparing them in a cross-comparison. Researchers frequently lump all ethnic Chinese together or study them individually which lessens the learning's that could be acquired by comparing their differences. To negate this limitation, Wang and Lo (2005) explored the diversity between Chinese sub-ethnicities using the IMDB (Immigration database), the Landed Immigrant Data System (LIDS) and tax data to assess which groups of Chinese perform better in the Canadian labour force over a 19 year time span (1980-1999). For those early immigrants, arriving in 1980, the highest income earners were Chinese from Hong Kong and those at the bottom end of the spectrum were from mainland China. That pattern began to change in the 1990s when mainland Chinese began outperforming their counterparts as a result of having higher educational qualifications. Wang & Lo (2005) acknowledge weaknesses in their methodology by using tax data, recognizing that it is not a reliable source of information (e.g. business owners "do not have" personal income).

Much of the literature regarding Chinese immigrants focuses on their human capital (e.g. their educational attainment levels, their official language abilities, their success in the labour market, foreign credentials) without addressing how the context of their social identity may impact their integration into the labour market (Wang & Lo, 2005). Sakomoto (2006) explored Canadian cases of Chinese professionals who were unable to enter their profession, and as a result suffered devastating consequences such as homelessness and suicide. In each case the immigrants refused to explore social services to help ameliorate their situations. Sakomoto (2006) highlights the importance of analyzing the psycho-social experience of settlement rather than only looking at

structural barriers to this settlement. These factors can be equally important in determining outcomes for immigrants.

2.5.1. International Medical Graduates

The skilled immigrants that are of primary interest for this thesis are international medical graduates (IMGs). The taskforce on the licensure of international medical graduates created a definition of an IMG, "IMGs are individuals holding medical degrees from schools not accredited by the committee on Accreditation of Canadian Medical Schools (CACMS) or the Liaison committee on Medical Education (LCME)". There are various reasons for the necessity of IMGs in Canada, such as retirement, inter-provincial migration, underserved rural areas, and changes in practice patterns (Task Force, 2004, Labonte, 2006). The need is so significant that IMGs represent 19% (Prince Edward Island) to 55% (Saskatchewan) of the physician workforce (Baerlocher, 2006). Dauphinee (2005) also found that the provinces with the greatest loss of Canadian physicians through inter-provincial migration have the greatest populations of IMGs (SK, MB, & NFLD). "In 2004, 26.3% of all physicians in rural Canada were foreign-educated" (Labonte, Packer,& Klassen, 2006, p. 3).

The CaRMS program is the "Canadian Resident Matching Service" and it is a not-for profit organization that works in close cooperation with the medical education community, medical schools and students, to provide an electronic application service and a computer match for entry into postgraduate medical training throughout Canada. Crutcher (2003) looked at the characteristics of IMGs who applied to the CaRMS program in Alberta to complete their post-graduate work and the study found Asia to be the most prevalent country where the medical degree was obtained (35.2%).

As of 2007, Alberta had 49 positions available for IMGs (the 2nd largest program in English Canada), compared to 200 positions in Ontario and 35 positions in British Columbia. According to the AIMGP website, there are currently 41 residency positions available across Alberta (AIMGP, 2010). According to the membership of the Alberta International Medical Graduate Association there are "over 500 IMGs residing in Alberta who do not meet the requirements for a medical license in the province" (Crutcher, 2007).

These provincial efforts are essential for the future success of our health care system. "In 2006, 15% of the graduating class from Canadian residency programs were IMGs" (www.caper.ca). Investing in IMGs results in financial benefits for the province. In addition, Emery (2002) explored the return on investment for allocating funds to skill assessments and residency opportunities and discovered that the annual rate of return for Alberta was between 9% and 13%.

For the individual IMG to immigrate to Canada, they sacrifice their standing and position in their home country and studies show that they may take 20-28 years to reach wage parity with Canadian doctors (Hawthorne, 2007). "Many highly skilled immigrants, particularly immigrants who are members of a visible minority, suffer considerable downward mobility upon their arrival in Canada. That is, they are often below the low income cut-off relative to native-born Canadians" (Grant, 2007, p.137).

2.6. Ethical Considerations for Canada in the Recruitment of IMGs

There are two sides to examine when understanding the ethical considerations of the recruitment of IMGs; the implications for Canada and its citizens and the implications for the immigrant and their country of origin. Beginning with an examination of the

ethical implications for Canada and its citizens, Canada has a reputation of being a multi-cultural society that welcomes immigrants from abroad and there is an ethical responsibility to ensure that *all* Canadians have the same opportunities. If there is some reason why new immigrants are not able to be as successful as Canadian-born citizens then further research is merited.

There is some debate as to whether or not Canada "actively" recruits health care professionals from developing countries (Baerlocher, 2005; Busing, 2007; Dauphinee, 2005; Ehman & Sullivan, 2001; Labonte et al, 2006; Stilwell, Diallo, Zurn, Vujicic, Adams, & Dal Poz, 2004). Advertising is done in medical journals abroad which is significant enough for me to feel some level of recruitment is taking place. There have been IMGs immigrating to Canada for decades; however, the number from developing countries has risen sharply in recent years. In particular, South Africa has nearly 5% of its physicians working in Canada (Labonte, et. al 2006)

There are several examples of how Canada could make better use of their resources. Some would argue that if Canada made better use of all of the physicians that entered the country in the 1980s and 1990s but were unable to regain their physician status, there would not be as dire a need to continue to "raid" from foreign nations today (Canadian Task Force on Licensure of International Medical Graduates, 2004; Dauphinee, 2005). Another example from Dauphinee (2005) emphasizes that any discussion that addresses physician migration needs to also account for the number of physicians leaving Canada for the USA. This exodus also contributes to the need to recruit IMGs.

Labonte (2006) adds the factor that many health professionals begin working reduced hours or leave the profession altogether as a result of stress, overwork, understaffing and shift work. If Canada improved working conditions for existing health professionals perhaps fewer new physicians would be required. And finally, Baerlocher (2006) also addresses the losses of physicians that occur through inter-provincial migration which augments the requirement for IMGs to fill spots. Baerlocher points out "that provinces that are losing the greatest number of physicians per 100,000 population through interprovincial migration also have a greater proportion of foreign-trained physicians" (2006, p.152).

Adams (2007) presents another view that Canadians or those within the medical community may embody, "there is no guarantee that foreign-trained professionals possess the skills, background, and approach deemed essential by practitioners in Canada. Standards remain a concern…the challenge facing professions today is to maintain their standards, while providing opportunities for the foreign-trained to utilize their skills" (p.16) Individual immigrants are subjected to employers and professional bodies who may embody this perspective making it very difficult for them to re-enter their profession in Canada. This perspective is prevalent throughout the discourse about international medical graduates.

There are also financial consequences for Canadians for the recruitment of IMGs that do not enter their field in Canada. It is not fiscally wise to continue to recruit medical professionals from abroad to fill our labour shortages and then have barriers in place to prevent those physicians from actually working. It does not benefit Canadians and it weakens the health care system.

Secondly, the implications for immigrants and their country of origin are enormous. The Taskforce on the Licensure of International Medical Graduates (2004) recognizes the ethical implications of recruiting physicians from countries where a deficit in their health care system will be created as a result of Canada's gain. They highlight the importance of taking measures to ensure that all of the physicians currently within Canada's borders are able to work in their field. Only physicians who wanted to immigrate to Canada of their own volition would apply without any external influence. Sullivan (1999) speaks from this perspective, by explaining that sometimes physicians are looking to escape negative circumstances in their home countries and look to new countries as a better alternative.

All of these factors increase the professional deficit that is created in the country of origin because they have invested in building the individuals' capacity, only to lose the resulting benefits in the end. Gaining a better understanding of the physician's perspective once they are within Canada's borders can contribute towards keeping that physician and making the best use of their skills (Audas, Ross, Vardy, 2005). Subsequent emigration only results in more physicians needing to be recruited. Studies show that many immigrants who do have the means and skills to go elsewhere do in fact subsequently emigrate if they are unsatisfied with their situation in Canada (Dryburgh & Hamel, 2004).

Guo & DeVoretz (2006) & Stilwell et al. (2004) describe a model whereby the new immigrant makes the decision to stay in their new country, return to their country of origin, or move on to a new country (often U.S.A.) if they are unsatisfied. Dryburgh & Hamel (2004) found that emigration was highest for immigrant physicians and health

care managers (11.7%). Stilwell et al. (2004) recommend further study into the qualitative factors that influence health workers in order to retain them in their destination country.

Esses, Dietz, Bennett-Abuayash, & Joshi (2007) conducted research that demonstrates that visible minority immigrants "are especially likely to experience discrimination in employment and that this discrimination is specifically attributable to their visible minority status" (p.117). Racism, whether at a systemic or personal level has many consequences. The fact that some countries are given privilege over others is seen by some as necessary to protect the high standards of the medical systems while others view it as discriminatory and demeaning. Khan (2007) uses Weber's concept of closure to describe how "credentials are used by the dominant class to restrict access, privileges, and opportunities for the subordinate classes" (p.64). The ethical implications of discrimination, whether it is real or perceived has many consequences for IMGs. The impact can result in the upheaval of families to emigrate from Canada at great financial expense or it can take a personal toll, impacting mental health, personal relationships, and self-esteem.

2.7. Conclusion

There is no example in the literature that examines the proposed research question. Although existing literature fails to address the research question, the reviewed literature provides an important context and demonstrates gaps in knowledge for the study. With Calgary having a growing Chinese IMG population there is a need for further research in this area. Research on Chinese immigrants has largely been concentrated in Toronto, Vancouver, and Montreal, but Calgary merits attention due to the explosive

growth that has occurred and the focus on the future recruitment of more immigrants to fill labour shortages. This literature review has highlighted the ethical as well as practical concerns that go along with such a practice. There is a wealth of studies that look at the recognition of foreign credentials, language barriers, and settlement but do not delve into the social factors, as perceived by the immigrants themselves, which influence their career paths. Sakomoto (2006) and Wang & Lo (2005) emphasize this need in the literature. This study seeks to achieve that goal. By exploring the factors that impact the professional re-entry of Chinese IMGs, this study addresses coping mechanisms, issues of identity, self-esteem, and values. All of which are new learnings in the literature.

The following chapter outlines the methodology employed in the study. It contains a description of the considerations that were taken in data collection to ensure a high level of rigor and sets the stage for the fourth chapter presenting the study's results.

CHAPTER THREE
METHODS

This chapter on methods outlines the rationale behind selecting a qualitative research design, grounded theory methodology, and my alignment with constructivism. An analysis of these choices will highlight any unintended consequences that may have arisen as a result of the design or methodology used. In this analysis, particular attention will be paid to determine if, as the researcher, any bias was introduced as a result of the point of view employed through the chosen methodology. Any ensuing ethical considerations that emerged will be explored in detail as well as steps that were taken to ensure validity/trustworthiness in the data collection/analysis process. This chapter presents the steps that were taken to determine what factors shaped the path Chinese immigrant physicians took in their quest to re-enter their profession in Calgary.

3.1 Qualitative Research

Speziale & Carpenter (2007) explore the philosophical underpinnings of qualitative research; highlighting the progression from Descartes' objective view of science, to Kant's "questioning the fundamental nature of reality" (p.3), to existentialists pushing Kant's ideas even further "to explore reality as it is perceived rather than as an observed phenomenon only" (p.3). This shift in thinking resulted in quantitative research questions that set out to answer "why" as opposed to qualitative research questions that set out to answer "how" or "what" (Creswell, 1998).

There are various definitions of qualitative research. Denzin and Lincoln (1994) define qualitative research as such: "Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that

qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them" (p.2). Creswell (1998) adds "the researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting" (p.15). The second definition compliments the first by carving out a more detailed understanding of the analytical role a qualitative researcher takes.

A researcher has many different lenses through which they can view the qualitative paradigm, this ontology or "set of beliefs or assumptions that guide their inquiries" help to shape how their data is interpreted (Creswell, 1998 p.74). Researchers need to locate their ontology and evaluate the implications that perspective has on their research.

In the beginning, the research areas of interest that were explored related to immigrants, policy, and employment. Those three topics are fairly broad therefore through the process of narrowing the scope, certain elements emerged as being desirable to pursue. It would be possible to learn about immigrants by compiling quantitative data such as income tax information, employment rates, or other data sets that would provide a picture of immigrants in Canada. But in consideration of that method, recognition that statistics would indeed paint one picture but they would not provide an understanding of the story behind the picture; the nuances, experiences, motivations or hindrances that shape success or failure. It became apparent that the qualitative paradigm best suited the type of inquiry desired; understanding that there are multiple realities and that research is a process of discovery, description and understanding (Speziale et al, 2007). This was a subject that needed deeper exploration as evidenced by the gaps in the literature; there

was an opportunity for theory to be developed (Creswell, 1998). As highlighted in Chapters One and Two, after going to the literature and developing the research question, the population narrowed to a very specific group, Chinese medical professionals in Calgary. It is important to me to recognize immigrants as individuals, with individual lived experience rather than a homogeneous group. The richness of the data gained through interviewing Chinese IMGs will advance the body of knowledge that exists in the field and further inform processes in such a way that the masses are not the only guiding voice.

3.2 Grounded Theory

3.2.1. Locating a Strategy

In consideration of how to proceed, an exploration of various methodologies was undertaken with the critical perspective of how each methodology would impact the kind of study to be conducted. Grounded theory was appealing as a methodology early on because there was the opportunity to not only learn from the experiences of the participants but to choose a methodology that would result in the generation of a new theory or model. The reflexive process of going back and forth between the study and the literature in a constantly evolving process was also appealing as a way of beginning in one place and ending in another (Grinnell & Unrau, 2005). Grounded theory uses comparative analysis, "in discovering theory, one generates conceptual categories on their properties from evidence, then the evidence from which the category emerged is used to illustrate the concept" (Glaser & Strauss, 2006).

3.2.2. What is Grounded Theory?

Grounded theory stemmed from symbolic interactionism, developed by George Herbert Mead (1964) and Herbert Blumer (1969), which "believed that people behave and interact based on how they interpret or give meaning to specific symbols in their lives" (Speziale et al, 2007, p.134). Grounded theory got its origins as a research approach with the book "The Discovery of Grounded Theory" written by Glaser and Strauss (1967), which stemmed as a result of the work they did studying dying patients in hospitals (Charmaz, 2006; Speziale et al., 2007). It was relevant at the time because it gave credibility to qualitative research by using systematic strategies to help legitimize the paradigm in the face of quantitative methodology which "systematic observation, replicable experiments, operational definitions of concepts, logically deduced hypotheses and confirmed evidence-often taken as *the* scientific method" (Charmaz, 2006, p.4).

Grounded theory is unique from other traditions in that it develops theory from the process rather than just describing experiences (Speziale et al, 2007).

> "A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other. One does not begin with a theory, and then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge" (Strauss & Corbin, 1990, p.23).

Although Glaser and Strauss (1967) originally worked together in the development of grounded theory, they eventually took diverging directions based on differing perspectives (Charmaz, 2006). According to Charmaz (2006), "Glaser remained consistent with his earlier exegesis of the method and thus defined grounded

theory as a method of discovery, treated categories as emergent from the data, relied on direct and, often, narrow empiricism, and analyzed a basic social process. Strauss (1987) moved the method toward verification" (Charmaz, 2006, p.8). Strauss eventually began authoring books with Juliet Corbin (Corbin & Strauss, 1990; Strauss & Corbin, 1990, 1998, 2008) which were criticized for their method by Glaser for forcing "data and analysis into pre-conceived categories and, thus, contradict fundamental tenets of grounded theory" (Charmaz, 2006, p.8). Over the years, various other researchers have continued to evolve grounded theory methodology from its origins (Bryant, 2002, 2003; Charmaz, 200, 2002, 2006; Clarke, 2003, 2005; Seale, 1999).

3.3. Researcher Perspectives

In an attempt to better understand personal perspectives in regards to Grounded Theory, Guba and Lincoln's (1988) "axiomatic issues" was consulted. Through this process ontology, epistemology, axiology, and methodology were explored to better understand "worldview" moving forward in the research process. When looking at ontology it was logical to understand the perspectives of early grounded theorists. By looking at Strauss and Glaser's (1967) perspective to help situate a personal ontological perspective it was obvious that a divergence existed because theirs had a foundation based on positivistic notions that theories are discovered. The irony is that Strauss and Glaser (1967) helped pave the way away from positivist quantitative research yet their perspective still maintained some of the same features. The personal divergence occurs because of the difference in viewpoint with respect to the context of the data being interpreted and how it is shaped by the researcher as well as the participant. Grounded theory has the structure to provide the guidelines required to collect and interpret data,

but it is philosophically that the researcher and participant play a significant role as to what data is collected that impacts the ultimate viewpoint.

This led to the exploration of other grounded theorists and the version of grounded theory that most resonated on a personal level is that of Charmaz (2006). Charmaz (2006) describes the difference between her viewpoint and that of Glaser and Strauss (1967): "unlike their position, I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices. My approach explicitly assumes that any theoretical rendering offers an interpretive portrayal of the studied world, not an exact picture of it" (Charmaz, 2006, p.10; Charmaz, 1995; Charmaz, 2000).

In aligning with Charmaz, the interpretive nature of grounded theory is essential. The assertion that theories could be "discovered" lends itself to the same positivistic nature as quantitative analysis. It implies that data or theories exist and researchers need to discover them. There are limitations to this line of thinking, if that were the case, then two different researchers could theoretically "find" the same data or theory in a replicable way like quantitative methodology. Two researchers would approach a study with their own lens, the questions they would ask, the manner in which they ask them, the process by which they interpret the answers, and the way the participant participates would all be unique to the individual researcher. The researcher can certainly build in processes to increase the trustworthiness, credibility, transferability and dependability. These processes are outlined in a latter part of this chapter.

The perspective that is embodied as a researcher in regards to methodology for this study is to be reflexive, going back and forth from the literature to the participants to journal notes to guide, being flexible and adaptable as the process moves on. This led to looking at epistemology; what is the relationship between the researcher and that being researched? In locating a perspective on epistemology, reflection occurred about a past experience as a participant in research studies. The relationship between the researcher and the participant has distinct value because it determines the depth, breadth, and quality of information that is provided, gender, age, ethnic background, life experiences, approach and personality of the researcher can all impact the response of the participant. These factors can also impact the researcher, how deeply the researcher chooses to probe, the types of questions that are asked, and the way the answers are interpreted.

Closely intertwined with epistemology is axiology: the role of values in a study (Creswell, 1998). The relevance of values in this thesis is that the population being studied has demographic characteristics and lived experiences that are quite different from the researcher. These factors include but are not limited to, different ethno-cultural background, different political and economic background, citizen vs. new-Canadian, in the natural sciences field vs. the social sciences. In designing the initial interview guide, it is most certain that a Western perspective helped shape the types of questions that would be asked. Later, as the interview guide evolved, it broadened to accommodate the direction the data was taking it in which was consequently as a result of the influence of the participant's values. Therefore the combined values, in turn, help to shape the data that was gathered. The direction of the research leads into methodology or "how one conceptualizes the entire research process" (Creswell, 1998, p.77).

3.4. Data Collection

3.4.1. Population

The population for this study began as Chinese immigrants who immigrated to Canada after 2003, with a background as a health professional in their home country. It was initially limited to those who immigrated after 2003 to gain the perspective of immigrants entering the workforce after the inception of the Internationally Trained Worker's Initiative in 2003. This federal initiative was formed to assist skilled immigrants with their integration into their field of study and had a portion of the funding specifically dedicated to ease the transition of health care professionals.

For the purposes of this study, Chinese individuals are defined as people from mainland China, Taiwan, and Hong Kong. Although there are also a percentage of Chinese immigrants who came from Vietnam, they make up a small minority of the skilled immigrants category so their likelihood of being medical professionals is low. Canada's largest group of recent immigrants were from Asia (including the Middle East), accounting for 58% of immigrants in 2006 (Statistics Canada, 2006). As the study evolved, the population broadened to allow Chinese physicians who immigrated at any time. The initial thought of pairing immigration time with the year of the Internationally Trained Worker's Initiative became less relevant as the data collection and analysis uncovered themes that were more broadly applicable to any Chinese immigrant physician who was trying to re-enter their profession in Calgary irrespective of their immigration year.

3.4.2. Selecting Research Participants

Following supervisory guidelines for Masters students, a range of 6-8 participants were chosen as a guideline. Glaser and Strauss (1967) suggest that having a pre-planned way of determining sample size could put the researcher in a compromising position because it is unknown at the onset which way the data will guide them. Fortunately it was felt that the participants effectively provided enough rich data within that range to achieve saturation which could satisfy academic parameters as well as be true to grounded theory methodology.

Each participant was accepted based on "their experience with the social process under investigation" (Speziale et al, 2007). The number of participants that was selected in this study was based on the data that was generated. Sampling continued until saturation was achieved. As data was collected, it was compared to the categories that emerged through open coding, axial coding, and selective coding (Creswell, 1998). "Saturation refers to the repetition of discovered information and confirmation of previously collected data" (Speziale et al, 2007, p.31; Morse, 1994).

3.4.3. Sampling

The sample focused on participants who are residing in Calgary. As the literature review demonstrated, there is proportionately less research conducted on the Chinese at a local level outside of Toronto, Vancouver, and Montreal.

Health professionals are one of the sample selection criteria because the federal government has dedicated specific focus to health professionals in their federal policy and they are a segment of the Canadian labour force the government will likely continue to focus on until labour shortages are no longer an issue. A combination of those who have successfully integrated into Canada's health system and those who have not will

provide rich data as to the obstacles and supports that contributed to each case. The criterion of being a "health professional" as opposed to "physician" was initially chosen to correspond with the federal government's policy directives and to ensure enough participants could be located to participate in the study. Once determined that the linkages to the Internationally Trained Worker's Initiative were no longer relevant, the focus narrowed to physicians. Despite the fact that the initial poster was targeted generally to health professionals, only physicians expressed interest in participating.

Grinnell and Unrau (2005) explain how qualitative studies are "aimed at an in-depth understanding of a few cases, rather than a general understanding of many cases" (p. 80). The purpose of this study started off as being a quest to learn more about the personal experiences of Chinese immigrants as they went through professional re-entry following the inception of the Internationally Trained Workers Initiative so a sample size that provided rich data rather than data that is generalizable to larger populations was desirable. Chinese immigrants with health care backgrounds who may or may not be connected to the health care system may be difficult to find, the smaller sample size made it more feasible to acquire enough participants.

Theoretical sampling was used to select research participants who met the criteria to participate; the "investigator examines individuals who can contribute to the evolving theory" (Creswell, 1998, p. 118). Theoretical sampling is concept driven which has advantages for a researcher because it permits a method whereby discovery is at the forefront (Corbin & Strauss, 2008). Going back to the origins of grounded theory, Glaser & Strauss (1967) describe theoretical sampling as such: "The process of data collection whereby the analyst jointly collects, codes and analyzes his data and decides what data to

collect next and where to find them, in order to develop his theory as it emerges" (p.45). A strength of theoretical sampling method according to Strauss and Corbin (1998) is that it is a means to "maximize opportunities to discover variations among concepts and to densify categories in terms of their properties and dimensions" (p.201).

A limitation of theoretical sampling is that one "cannot know in advance precisely what to sample for and where it will lead" (Glaser, 1978. p37). This can be a complicating factor for students applying to ethics as the student may have a general starting point but may not know where the process will lead them (Coyne, 1997).

3.4.4. Developing Research Questions

In the context of grounded theory, the initial research question "identifies the phenomenon to be studied" (Speziale et al, 2007, p.139). Because concepts will emerge as the study proceeds and new areas of interest will guide process, the researcher needs to be flexible as the original research question is refined. According to Hutchinson (2001) the ultimate research question can never be determined in advance.

In beginning the research process by broadly identifying the phenomenon to be studied the research question narrowed to look at the experiences of Chinese medical professionals. Remaining open to the process and recognizing that the initial interviews may guide in a different direction. As highlighted in Chapter One, personal interest influenced the direction of wanting to know the impact social policy can play on an immigrant's path, so choosing the year the Internationally Trained Worker's Initiative (2003) came into being became a landmark. Since the initiative brought with it funding to improve the situation of foreign-trained workers (health care workers in particular) it was a relevant piece of policy to examine. The original research question was "What are

the experiences of immigrant Chinese medical professionals in Calgary" with the criteria that participants must have immigrated in 2003 or afterwards.

After the first two interviews, it was soon recognized that something additionally pressing was guiding the immigrants in the direction they were headed and it was more broad than policy. The newly discovered influencing factors were social processes like family, relationships, and demographics which lead to a shift in the research question. The evolving research question emerged out of the first and simply broadened to allow for exploration of additional processes that could impact professional re-entry: "What are the factors that shape the path Chinese immigrant physicians take in their quest to re-enter their profession in Calgary?" Strauss and Corbin (1998) illustrate how "the original research question and the manner in which it is phrased lead the researcher to examine data from a specific perspective and to use certain data-gathering techniques and modes of analysis" (p.53).

The generation of new concepts that began emerging early on as a result of the rich data provided by the participants led to a belief that the utilization of grounded theory methods could create a greater knowledge base for immigrant integration theory.

3.4.5. In-Depth Interviews

Learning about the path Chinese immigrants take as they navigated through the professional re-entry process and the factors that influence that process were the subject of inquiry. Face to face in depth interviews were chosen as the method of collecting data. In choosing the data collection method, a consultation with a senior researcher in the Faculty of Social Work at the University of Calgary who has done extensive research with the Chinese community in Calgary, including being a co-researcher in a study of

international medical professionals with a fellow faculty member from the Department of Family Medicine took place. He strongly recommended face to face interviews over focus groups with this population and his advice was heeded. This choice allowed for the appropriate level of privacy for the participants to feel secure disclosing personal stories, experiences, and hardships without the fear of others from their community hearing.

At the onset of developing the initial interview guide there were some pre-conceived notions that originated from the literature review. There is an abundance of literature that concentrates on formal systems, (policy, foreign credential recognition, language courses and settlement services) which lead to the feeling that including a focus on formal systems was essential because that would be where to find a wealth of information to work from. This ties into the linkage with the Internationally Trained Worker's Initiative, believing that the participants would have a lot to share about formal systems and the wealth of information they would provide about informal influences was underestimated.

A recruitment poster (Appendix B) was distributed throughout Calgary on an email distribution list for international medical graduates, at the Mennonite Centre for Newcomers, throughout the University of Calgary, Chinese faith buildings, and Chinese cultural buildings. Several inquiries were received about the study and two participants volunteered to take part (John, 42 & Mary, 42). All interviews were conducted at the University of Calgary in an interview room at times that best suited the participants. This location was selected because of the privacy it could provide, it was accessible by c-train and bus, and it was unlikely that participants would encounter other Chinese physicians in the Faculty of Social Work, so they could maintain anonymity. All participants were

amenable to meeting there. All proposed ethical procedures were followed, consent forms were signed, permission was granted to use an audio-recorder to aid with transcription, a verbal explanation of the study was provided to all participants, every participant was asked if they preferred the use of an interpreter-all declined. Anonymity was assured and all participants selected their own pseudonym. John and Mary were asked questions from the initial interview guide (Appendix C). Following each interview a transcription of the audiotapes was entered into Atlas-ti and copies were emailed to each participant with instructions that they would have up to 2 weeks to make changes to their interviews if they so desired. A preliminary analysis of the collected data occurred to determine what direction to focus on. An evolving interview guide (Appendix D) was developed to narrow the focus and concentrate on emerging themes.

There were no other participants who volunteered during this time period so the posters were circulated once again. Upon receiving no response a supervisory consultation took place as to how to proceed. As noted earlier in this chapter, the original criteria to participate changed, therefore the second poster changed accordingly. In addition, recognizing that the potential participants were under significant stress balancing survival jobs, studying for licensing exams, and parenting it was decided that it would be fair to offer monetary compensation for their time. An amendment to ethics was submitted, requesting permission to proceed with offering a $50 gift card for Superstore and was granted permission to do so. An amendment of the recruitment poster was made (Appendix E) and it was circulated once again. This time 4 more participants volunteer to participate (Kally, 47; Lucia, 48; Lloyd, 37; Alice, 37). The first

two participants, John and Mary, were contacted again to extend the same offer to them in fairness.

Each interview began by engaging each participant in casual conversation to break the ice and allow them to feel comfortable. Inquiries about traffic/transit or the weather to start were non-confrontational and allowed the participants to guide the rest of the conversation. Following this stage, a transition into the verbal overview of the project took place, walking the participant's through the process before them. Being careful to enunciate clearly when speaking, caution was exercised to any non-verbal indicators of incomprehension. Many non-verbal cues such as leaning in to reflect attentiveness and sitting back casually, mimicking the participant's comfort were used. Through the use of minimal encouragers, their testimonies were validated and their responses were paraphrased to confirm understanding. Throughout each interview cognisance of emerging themes was ever-present as participants described their endeavours with passion and truth. When participants identified something as being important in their quest to re-enter their profession, the process flowed organically until the subject was saturated. Careful notes of variations between participant's experiences were documented for later analysis.

3.6 Data Analysis

Grinnell & Unrau (2005) describe the purpose of data analysis in qualitative research is to "sift, sort, and organize the masses of data acquired during data collection in such a way that the themes and interpretations that emerge from the process address the original research problem that you have previously identified" (p.404). Strauss and Corbin (1998) highlight the various components of data analysis in qualitative research

by identifying three aspects: 1) the data that is collected, 2) the interpretation of that data, and 3) the "interplay between data and researcher in both gathering and analyzing data. This interplay, by its very nature, is not entirely objective as some researchers, might wish us to believe" (p.58).

3.6.1. Data Analysis Software

The important distinction with grounded theory when it comes to data analysis is the simultaneous involvement in data collection and analysis (Glaser & Strauss, 1967; Glaser, 1978; Strauss, 1987). "The overriding aim of coding is to facilitate developing a detailed understanding of the phenomena which the data are seen as representing" (Lewins & Silver, 2007, p.83). The software program that was used to store and analyze the collected data was Atlas-ti. The data analysis process began by converting the audio files to text so that they could be turned into Hermeneutic units. This was a lengthy process due to the heavy accents of the participants. Careful diligence in replaying the tapes over and over ensured accuracy of the data being transcribed. Written notes were taken throughout the interviews, carefully jotting down key words if it seemed as though they would be difficult to interpret later due to pronunciation. Once the interviews were typed into a Word document, they were converted to rich text files so they could be interpreted into Atlas-ti. Once in Atlas-ti, line by line codes were assigned to the data as well as defining certain segments as quotations. "Qualitative coding is the process by which segments of data are identified as relation to, or being an example of, a more general idea, instance, theme or category...it enables easier searching of data for similarities, differences, patterns and relationships" (Lewins & Silver, 2007, p.81). As codes were assigned, notes were made throughout the process to help develop theoretical

categories. Charmaz (2006) identified the following 7 strategies for coding that were helpful guidelines as the data was processed:

- Breaking the data up into their component parts or properties
- Defining the actions on which they rest
- Looking for tacit assumptions
- Explicating implicit actions and meanings
- Crystallizing the significance of the points
- Comparing data with data
- Identifying gaps in the data

By using constant comparative methods (Glaser & Strauss, 1967) The data within interviews was examined to gauge changes in the participant's perspective through the interview process, compared participant's testimonies to each other, and examined my interpretation of those observations.

3.6.2. Initial Coding

The first stage of coding that was embarked on was line-by-line coding of the raw data to dissect the meaning of small parcels of data. Glaser (1978) defines line-by-line coding quite simply as naming each line of the written data. This micro procedure was beneficial because it provided a chance to see the data in a different form, removing any biases that may have acquired by seeing the data as a whole. These codes were based closely on actions taken or described by the participants rather than any interpretation of those actions. An advantageous aspect of initial coding is that it allows the researcher to see any gaps where more data would be beneficial which can then impact the evolving interview guide to satisfy those requirements.

While doing the line-by-line coding, documentation of unique statements made by the participants that deserved being preserved as quotes to maintain their integrity were noted to identity them as quotations. Their quotes were used throughout the thesis to

ensure that their voices were present for the reader and that the researcher's voice did not overshadow theirs.

3.6.3. Axial Coding

The purposes of axial coding are to sort, synthesize, and organize large amounts of data and reassemble them in new ways after open coding (Creswell, 1998). This process adds coherence to a large number of codes that would otherwise be text and transforms them into concepts to begin the method of defining relationships.

In the axial coding phase a combination of methods were used. From Strauss and Corbin (1998) their theoretical approaches were explored and from Charmaz (2006) her practical were adopted. Strauss and Corbin (1998) organized their data by exploring "1) *conditions*, the circumstances or situations that form the structure of the studied phenomena; 2) *actions/interactions* participants' routine or strategic responses to issues, events, or problems; and 3) *consequences* outcomes of actions/interactions. The data was considered through this lens but physically organized as Charmaz (2006) does by using subcategories and showing the links between them. Subcategories were arrived at by thinking about the data in Strauss and Corbin's (1998) terms.

The sub-categories that were established were differentiated by different code families in Atlas-ti. These code families stored a wide range of initial codes and the network view in Atlas-ti was used to re-arrange codes for ease of analysis. The network view option provides a visual model to see all of the codes that are assigned to a particular family in a non-linear form. It is from these code families that themes were derived.

3.7. Rigor

3.7.1. Trustworthiness

Because qualitative research is based on interpreting social processes and observations made by a researcher are subjective, there is a need to demonstrate trustworthiness in the study. Speziale & Carpenter (2007) highlight the importance of demonstrating rigor for the sake of contributing to the validation of qualitative research as an approach to science. They go on to state "rigor in qualitative research is demonstrated through researcher's attention to and confirmation of information discovery. The goal of rigor in qualitative research is to accurately represent study participant's experiences" (p.49). Guba (1981) and Guba & Lincoln (1994) identified credibility, dependability, confirmability and transferability as techniques to use to establish trustworthiness and these techniques were applied against the research.

3.7.2. Credibility

Lincoln and Guba (1985) describe credibility as activities that increase the probability that credible findings will be produced. To increase the credibility of the study, various techniques were utilized to ensure that effective representation of the realities of the participants. Member checks were used to verify the accuracy of the transcribed interviews. Each participant was fully explained of the process that would be embarked on at their initial interview and the provisions that would be made for their input in the study were articulated. It was explained to each of the participants that audio-recording and note-taking would take place throughout the interview and their interview would be made available to them for review and comment. None of the

participants chose to make any revisions to their testimonies. A copy of the thesis was offered to each of the participants for review.

Another technique that was used to increase the credibility of the study is bracketing. Speziale & Carpenter (2007) define bracketing as "the cognitive process of putting aside one's own beliefs, not making judgements about what one has observed or heard, and remaining open to data as they are revealed" (p.27). This process was used throughout the study, prior to the interviews beginning, during interviews, and in the analysis stage. Being diligent in making notes throughout the process aided in being able to reflect on the data that was being collected and the personal response to the content.

The experiences, values, and priorities of a person growing up in China can be quite different from that of a westerner growing up in a middle class family. Fortunately having spent a large part of adult life working with immigrants has resulted in greater cultural sensitivity and understanding of the cultural differences that can exist between countries. Also being diligent in couching cultural differences in the context in which they exist is essential; understanding that there are social, economic, political factors that can largely influence cultural norms.

Being cautious of any personal biases that could lead to favouring one participant over another due to age, gender, or personality, caution was exercised in paying equal attention to all participants in the data analysis phase. When ethical issues arose during interviews as one participant divulged being required to deny medical care to American patients who required it, focus was obtained by recognizing the rich value of the data that would be produced by delving into the subject further rather than reacting to it personally. That ethical issue had relevance on a personal level, having an American

husband and being aware of situations where care has been withheld or denied to citizens who require it is an issue that is quite disturbing. To address personal feelings following that interview, peer debriefing was sought with a fellow graduate student to explore personal feelings about the disclosure resulting in the ability to situate the participant in a larger system, understanding the desperation a new professional immigrant faces when having to compromise their own ethics as a means of survival.

Peer debriefing processes were used which, according to Stringer (1999) "enable research facilitators to articulate and reflect on research procedures with a colleague or informed associate" (p.176). Having a thesis supervisor provide support throughout the thesis endeavour by engaging in discussions about the data, methodology, processes and procedures. Any changes that were made were done in consultation. In addition to the supervisory debriefing peer debriefing with fellow graduate students was also beneficial. This helped provide clarity when analyzing data as the inquiry from colleagues assisted in defining processes.

When beginning the literature review the issue of insufficient professional language ESL courses came to light. In addition to knowing conversational English to be able to discuss sensitive issues, a physician requires very technical language. Having not previously reflected on the unique English language needs a foreign physician would have questions were incorporated regarding the type of English learned in ESL classes to learn more about how the participants coped and developed methods for success. It was an issue that was taken for granted that could contribute to building theory and turned it into a learning opportunity for service providers.

3.7.3. Transferability

"Transferability refers to the probability that the study findings have meaning to others in similar situations" (Speziale & Carpenter, 2007, p.49). In order to achieve transferability, Stringer (1999) advises that "thick descriptions" be used so that other researchers can fully grasp the information being provided and effectively use it in other contexts. Detailed descriptions of the participant's accounts, using actual quotations throughout the thesis, including descriptions of their mood, tone, and emotions, their perspectives and outlook were included. It was very important to convey the experiences of the participants with as much depth, honesty, and integrity as possible. It was with all sincerity that the participants shared their stories in hopes of advancing and ameliorating the situation Chinese physicians face by re-entering their professions in Canada.

3.7.4. Dependability

Dependability speaks to how dependable the results of the study are. Lincoln & Guba (1985) link dependability closely with credibility; one cannot be achieved without the other. By creating an audit trail, another researcher could reach similar conclusions (Speziale & Carpenter, 2007). Qualitative research differs from quantitative research in the sense that conclusions will not necessarily be replicated in an identical way as there are too many variables with the realities of the participants shifting. The outlook and choices made by the participants are influenced by their lived experience, attempting to recreate that at a later time period without encountering new nuances would be unlikely.

Methodological notes were used throughout the research process to evaluate the procedures that would be used and to able to defend the course that was chosen. By making notes the impact choices would have on the research could be considered to

evaluate any biases, thereby increasing the rigor of the study. An example of these methodological notes is shown below.

Methodological Note-

In deciding whether or not to conduct a literature review in advance of my data collection I have many things to consider. Glaser and Strauss (1967) and Glaser (1978) advocated delaying the literature review until after completing data analysis on the basis of fearing that the literature review could impact the researcher and their view. This view implies that the researcher is a blank slate if they do not do a literature review in advance thereby reducing bias. I do not agree with this position of a researcher being a blank slate or "tabula rasa" without a literature review in advance, for a variety of reasons:

1) We have a personal reason for choosing our research topic which has potentially already impacted the lens we use to view our data.

2) As part of our curriculum in MSW courses, we are required to do a research proposal which includes a literature review and are encouraged to use our thesis topic. This gives us a preliminary look at the literature prior to officially beginning our thesis.

3) Going through the ethics process requires the student to do preliminary research on their topic.

4) Any personal experiences that we have had related to our research.

I think it makes sense to integrate relevant literature *throughout* the research process as it evolves. Using constant comparative methods, there is an opportunity to explore new concepts in the literature as they emerge from the data.

Using contextual notes also complimented the audio tapes that were used for analysis. These contextual notes helped to provide a picture of the non-verbal communication and emotion that took place during the interview. Again, a sample contextual note is shown below.

Contextual Note-

> I met Alice at the University, a very petite young woman
> with a bright smile. She was very engaging, didn't appear to
> be nervous at all as I chatted with her prior to the interview.
> As I began the interview and started going through the
> demographic questions, Alice began to share her experiences
> working in the fast food industry and the ensuing ethical
> dilemma she faced because of the unhealthy nature of the job.
> She segued into describing her current job as a home care
> worker at which time her face brightened as she described a
> comical story about her mentally disabled client. She
> bellowed with laughter as she recounted a joke told by her
> client and she used it as an example of how bright people
> with mental disabilities can be. I asked her how this job
> compared to the skill level that was required for her work as
> a physician in China. She replied that her work in China was
> very valuable and while she recognizes that this job was "not
> that valuable" she still finds meaning in it. The cultural
> difference is tied in when she relates how people with mental
> disabilities are treated in China compared to Canada-that they
> are not seen as being worthwhile for service yet in Canada
> "the government funded these kind of people to make little
> bit improve and to maybe one day they can become
> independent so I feel this job is meaningful". This section of
> my interview makes me think about how identity evolves for
> immigrants when they change roles in Canada and
> subsequently prestige, value, skill, and worth.

In addition to contextual and methodological notes, an abundance of analytical notes were recorded of thoughts and emerging themes throughout the thesis. These memos were invaluable in the analysis stage. The following is an example of an analytic memo.

Analytic Memo-

> I wanted to not only gather information about my
> participant's families in Canada but I thought it would be
> valuable to also understand the role families in China played
> in influencing my participant's decisions. As it turned out,
> families in China did in fact impact decision-making in a
> variety of ways:

1) Directly: Parents in China gave direction about the specific route they felt their children should take whether it be to pursue higher education (PhD) or pursue medical qualifying exams to become a doctor.

2) Indirectly: By questioning the choices made by their children, making them second-guess their decisions.

3) Being supportive: Some parents did what they could to offer support by coming to Canada to assist with childcare so career goals could be prioritized. Offering support in China for those that briefly returned to get additional training. By understanding the barriers their children face.

4) Being unsupportive: Some parents used guilt, disappointment, judgement, pressure, rejection and estrangement to advance their agendas for their children.

3.7.5. Confirmability

Effective credibility, dependability, and transferability with an audit trail leads to confirmability of the data (Lincoln & Guba, 1985). According to Speziale & Carpenter (2007) "the objective is to illustrate as clearly as possible the evidence and thought processes that led to the conclusions" (p.49). They also raise the complexity of confirmability in regards to saturation since it is up to the researcher who is intimate with the data to determine when saturation is achieved. Morse (1989) further states that the nature of qualitative research could mean that a second researcher may not arrive at the same conclusions the original researcher arrived at. Sandelowski (1998) argues that only the original researcher can ultimately confirm the findings because of their knowledge of the data. It is up to the researcher to be as transparent as possible, leaving evidence for others to verify which confirms the processes that were used to arrive at conclusions were valid.

3.8. Ethical Considerations

Before beginning any research, the University of Calgary's procedures for conducting research were followed. An application was submitted to the Conjoint Ethics Board for approval. The application included an overview of the ethical considerations that were proposed in undertaking the research process. Once participants identified a desire to participate, they would have the opportunity to read and sign informed consent which outlined the study, what expectations and risks were entailed with participating and explained that participants could withdraw from the study at any time without penalty. They were given the opportunity to select a pseudonym to be used throughout the study. All electronic files kept by the researcher would only have the pseudonym attached. Their participation in the study would be confidential and any documents created by the researcher would be kept in a locked cabinet until they reached a time to be destroyed under the University standards.

It is understood that qualitative research can have ethical consequences because the participant is involved in the research process. They could be vulnerable to suffering distress as a result of re-counting their personal stories or be left with feelings of inadequacy if they believe the researcher is judging them. All participants were informed of counselling services that could be arranged if they desired; the services operate on a sliding scale.

An amendment to the ethics application was submitted in December, 2008 to ask permission to compensate the participants; recognizing their time and effort as having value. The participants who had already been interviewed were contacted to extend the same offer to them.

3.9. Conclusion

Chapter Three outlined the methods used in the study. An overview of what the qualitative research paradigm is and why it was chosen was provided. Next to follow was an outline of how a strategy for choosing a qualitative paradigm, I outlined how I located a strategy for using grounded theory methodology was located. Giving an overview of the various grounded theory perspectives to choose from ontology, epistemology, axiology, and methodology were integrated to validate an alignment with the constructivist perspective. Special consideration was made to include a section on ethical issues before describing the procedural route that was taken in data collection, selecting research participants, research questions, and in-depth interviews. The use of Atlas-ti as a data analysis system was the introduction to how coding was done and a preliminary look at data analysis. Finally, to showcase the rigor of the study, trustworthiness, credibility, transferability, dependability and confirmability were addressed.

The next chapter to follow is the chapter on data analysis. This chapter presents the themes that emerged from the in-depth interviews and the commonalities and differences between participant's experiences.

CHAPTER FOUR
RESULTS

This chapter introduces the four categories that emerged as a result of the data analysis and provides a detailed description of each primary category, as well as the subcategories that make up the foundation of the primary categories. The first primary category is demographic and historical context and it is comprised of the following subcategories: marital status, gender, age, children, family in China, and political, economic, cultural conditions in Canada and in China. The second primary category is adaptation and the subcategories underneath it are hopes and motivations and pre-migration preparedness. Systemic factors and informal influences make up the formal and informal factors third category. The attitude category is the fourth category which explores the participants' attitudes towards their IMG peers, ethno-cultural influence on attitude, and their own shifting professional identity. These descriptions will be complimented by direct quotations from transcribed interviews.

4.1 Demographic and Historical Context

The demographic and historical context category refers to the individual demographic features that had an impact on the participants' professional re-integration (e.g. marital status, gender, age, children, and family in China, see Appendix A) as well as the historical context (e.g., political, economic, cultural conditions in Canada and in China at the time they left). These micro and macro factors had significant implications for the manner in which the participants approached re-entering their profession in Canada.

4.1.1. Demographic Context

Exploring the participant's stage in life including their age, marital status, gender, children and family in China to understand what impacted their transition into becoming licensed in Canada formed the basis of the category. "Family in China" emerged as being an important consideration that was not anticipated prior to the interviews beginning. Despite being back in China, family members wielded significant influence over my participants from afar. In the initial interview guide knowledge was sought on the role of the basic demographic features listed above however the choice to inquire about family in China as the interviews went on added a new dimension to the data analysis.

Beginning with age, in seeking to determine if it was a factor in the participant's decision-making, it was surprising to learn that age was not only an informal factor but the participants shared that there are regulatory processes in place in China which support the notion that you can be "too old" to enter a career. They explained how in China Universities restrict entrance based on age and marital status, which prohibits career changes later in life. Adults do not have the liberty to return to school as they do in the West to pursue new options. Also, the participants shared that due to intense competition in China there is not the opportunity to delay when it comes to career decisions, people are quite young when their path is chosen and they must commit whole-heartedly to achieve their goals. There is not the opportunity to leave a job to explore new options. Therefore older Chinese IMGs who immigrate to Canada face a completely new reality when they have to take survival jobs or jobs in related fields as they begin the process of studying for licensing exams.

> In China I can't pick...like everything is it is set up in a way you can't have options. Because in China for undergraduate you cannot be over 30 years old and you must be single. Yeah so this is the hardest part. They make it really strict for the master's student too. You must be under 35, single. If you're married you can't be a master's student. [Lloyd]

Kally (40) was encouraged by peers to pursue licensing but she was unconvinced.

> She just told me but at that time I didn't want to do it, I'm too old. [Kally]

Her co-workers attempted to convince her as well by sharing personal stories of success.

> Everybody I work with they really encourage me, they said to me "I think you could be a really good physician" I say "well I'm very old" and they say "don't say that, my mom went to school when she was 40 and she did medical school and residency so in Canada age is not..." and I say "is that right?" [Kally]

Alice felt like age was a liability in Canada because an older physician with lengthier experience overseas would be seen as having too many bad habits to undo to fit within the Canadian system.

> Because each country has a different protocol so they want the doctor to work as a Canadian doctor so that's why they choose the doctor the international doctor want it new. They have life experience, they don't want. They have too experienced (laughing). [Alice]

Marital status was the next element that was explored and Lloyd was unique amongst the participants in that he was single and without children. He found settlement agencies of little value to him since they seemed more focussed on delivering services to families. Therefore he had to navigate through Canadian processes on his own or with the help of friends.

> I went to them but they are more for daycare, family stuff. I am single. It's a little bit like I'm on the side. [Lloyd]

He also went on to address how he did not have the benefit of having a spouse to rely on for financial support which added an additional burden. He shared an example of a Chinese IMG that he knew at Concordia who was studying for the licensing exams.

> He studied for it. He told me his full time job is to study while his wife work I say it's good on your side because at least you have the support. Well on my side, I can't do that because I'm single. I have to do both. [Lloyd]

The other participants were all married; Alice was the only married participant without children. Each of them were asked about the role their spouse played in their decision-making, wanting to understand the influence they had in the course that was chosen. John expressed that his family was supportive of him yet he also felt additional pressure from his wife and child to speak English at home as they too were trying to learn English. John was already putting the effort in to speak English with his IMG group which was difficult. John also indicates that his spouse wants him to "succeed".

> My family very support me. Also they want me to be a Canadian doctor because if I can become a Canadian doctor I succeed. At home I talk in Mandarin. Sometimes my wife wants me to talk in English. It's very difficult because at home it should be comfortable and talking in English is not comfortable. [John]

Mary spoke of the sense of obligation she felt towards her husband and child, the desire to be successful for their sake. A lot of her motivating factors for pursuing licensing came from them.

> When we got married I think he do support me. You know in China we have a lot (thinking of a word) some more conservative and he doesn't have a good major and I got a 5 year education. He always support me when I quit my job, he say nothing. Here I think he does well in his working, he worked in Chinese Superstore now he is head of department and he get paid a lot and he hopes me get a better job in my medical field and on one hand I also don't want to make him disappointed. I should pay, I should learn positive, should learn hard, working hard. In China everything work, work, work. I didn't pay a lot of attention to my

husband and my son but here I pay more attention to them and I pursue my goal, my personal career. [Mary]

Kally spoke about the gender roles in a marriage in China when it comes to career ambitions. The role of work for women also influences their power and position in a marriage.

> You know in China we try to be independent, you don't want to be a housewife because it's a culture thing; you have to be independent otherwise at home you under some pressures right? It doesn't matter how much money you make if you want to have equal with your husband you have to do something. [Kally]

Her husband had influence in deterring her away from pursuing a Ph.D. after he unhappily completed a Ph.D. in a field he was not interested in. He understood the pressure from family in China to pursue a Ph.D. but valued having choice in Canada to choose your own destiny. Kally later greatly appreciated his advice as it kept her on track with her ambition to become a physician.

> Then I talk to him seriously and said "ok. It's my turn now I need to get my Ph.D." but he said to me Ph.D. which is a piece of paper, that's not very important. The thing is you interested in, you like to do that right? He said something I can't remember what exactly but he convinced me not doing Ph.D. [Kally]

Gender roles, parental obligations, workplace flexibility, work life and personal life balance were dramatically different for Lucia in Canada. She learned that women had the opportunity to have their careers as well as have children, which was different than her experience in China.

> In Canada just basic living situation is way better. In China we married early too, tradition. Yeah at the beginning when I tell my co-workers that I left my son with my parents for 6 years they couldn't believe it. That's impossible to Canada right? That's against the ethic affect parent-child relationship. Here whatever you say, I have to take care of my child, I can't work this hour or that hour. I need a manager to adjust my working hours. They all understand! They try to change everything to fit your, but

in China no! No they don't think you need time to look after your child. And here you can work part-time, working ok only 4 hours a day it's ok! They have this kind of position. In China no, all is full time. Here lots of women after they have child they probably stay home for many years until they grow up but in China it's impossible. After you finish school you don't work done. Definitely Canadian system is better. At least you can choose, have choice! (laughing). Pretty sure that I can see lots of kids, our culture's my son or daughter is sick nobody say anything. Back home you can't say that (laughing) you're fired! [Lucia]

Kally addressed gender role differences in Canada and China in the context of doing her residency and sharing her friend's story. Her emotion was evident as she explained how cultural differences impact decision-making for female IMGs because of the values they were raised with in China.

That's very interesting question too because at a party one of the neurology ask me oh you live in Canada so long so what's the most important thing you learned from our culture. I said I learned family first from Canada. Not in China. Like still you can see if I have a friend in residency can you imagine this past week Tuesday we started orientation, she had her son stay at home with her husband *only 3 weeks old*. The program director offered her one year maternity leave, we'll keep your spot you can start next year, she said no (speaking softly and pausing). In Canada it's about me, my decision, I'm the mother of the children, family come first. Offer one year maternity, great. In China we have to more look at...it's hard for me to explain but we were taught career first and family last. [Kally]

All of my participants agreed that career comes before family in China, which is partly why the strong familial support networks exist, so that everyone can achieve their career goals first without worrying about the care of their children. This is significant for women in particular when they choose to immigrate to a new country without their support networks. Understanding that the Canadian workplace system is more flexible for families was a tremendous relief to the female participants.

Spousal support and the role spouses play in work life was an adjustment for Mary after she moved to Canada.

Family concept here I think is used very often but in China, no. Parties here-family, husband, kids, but in China no. When my institution had party, only myself. Go to restaurant, only myself, no kids, no husband. But here I think families always get together and I also realize the couples support each other. Important. Some couples from China, they have a lot of high expectations but in fact they didn't get that point. Maybe this wife complain of the husband, the husband complain wife, they don't care, the kids grow. I dislike that situation. [Mary]

Closely tied to the role spouses play with regard to support and direction is the role children play. Kally spoke of a cultural tendency to pressure children to fulfill their parent's unfulfilled dreams in China. She chose not to give up her dream instead aspiring to realize her own goals.

That's the other reason I did my exam, our culture, we tried all that, couldn't achieve our goal-we have hope, we try to pass our goal to our kids, put some pressure on them to be somebody , something we couldn't reach. Lots of my friends from medical field, they couldn't be a family doctor so they push their kids to be a family doctor. [Kally]

Straddling two cultures, the old and the new, the participants felt a strong desire to have their children succeed and to be strong role models for them. They identified a steep cultural learning curve in learning to allow their children some freedom to chart their own course and beginning to prioritize family over work.

Kally's husband helped her come to the realization that she needed to achieve her own goals and not put her dream on her kids. This was a significant reason why she decided to go back and try writing the exams despite her reluctance due to her age.

The other reason is my kids. They quit everything, they not interested, they say I don't care what kind of future I have, that's what you want-you go for it. You know I said I want to be doctor. They said, that's what you want you go ahead, we don't want to be a doctor why you push us to do this to do that? When I talk to my husband, there's one point the relationship is really bad, don't want to talk to each other. Then my husband told me "every time you're at home we have really tense, nobody feels this is home, this is family, you acting like step-mother". But he said the way you did it is not maybe they don't understand at this age, they

thinking you just put pressure on them or you try to put your dream on them right and you couldn't be a doctor you want them to be a doctor. That's not fair to them either. That's why we're in Canada, in Canada you want them happy, healthy, choosing their own things they want to do in the future. No necessary to be a doctor, whatever they want to be but you have to be independent already. Well, he convinced me. [Kally]

I do try to give more time to my kids. If I'm on call and I already promised my kids to be with them something of course I will tell them I'm sorry I can't I have to go to the hospital and I think they understand. They say "Oh you on call, ok". They know me. I don't know inside of them how they feel but they know that's their mom. So that's the culture thing...I told my kids whenever in the future if you need me-no because if you said I'm going to fly to Las Vegas relax and have fun could you take care my kids I would say no-but if you said ok I have my exams coming up and I have to try something new for my career could you help me-oh 100% support back no problem. [Kally]

Mary also felt support from her husband and son to pursue her dream of becoming licensed in Canada. With her changing priorities in Canada, valuing her family life as well as her career, she had to achieve a work life balance to accommodate both needs.

My husband gave me a lot of support, even more here. He supported me to learn English, to pass examinations. I also transfer my focus on my friends and my husband and my son. You know Chinese kids come here a lot of culture shock, maybe they don't keep the Chinese advantage, they learn some bad things here so I focus on my son growing-that some time with him and family is important. In my opinion that's important. [Mary]

It was anticipated that knowledge would be gained about the role spouses and children played in the participant's professional re-entry. However, the role family back in China would play was not anticipated. The role of family in China emerged in the interviews and it shed some light on how the participants were in the process of evolving in their new lives in Canada. Even though they had a new life in Canada, they were still attached to Chinese traditions via their family connections. There were compelling effects to that relationship, affecting the attitudes of the participants and their decision-making.

> In China they think my husband's an Eastern teacher and I'm a doctor, it's at the top of the career and why we choose to come to Canada to come to immigrant? Come to Canada to make fries? My husband do the computer technician, why do we do this? They don't understand. They will never understand but I told them why I chose to come to Canada-because everyone only have one life. You want to go outside the country to know the world more opportunity. My mom still don't understand. My mom hope I will become a doctor next year. I told her no. I couldn't. Tell you the truth I couldn't. I can study hard but not guarantee I can become a doctor. [Alice]

Kally felt such overwhelming pressure and disappointment from her parents that she only returned to China twice in eighteen years to visit (once was to take an English course before her TOEFL).

> They're really upset. That's one reason I didn't go back to China that often because my parents always pushing me to get PhD...I couldn't face them, they will say "how..." I was really good in University and also 5 years training program in China-I was really good, I got lots of work, "you could be this, you could be that" but since I'm in Canada I've been nothing. I didn't have...at least if I go back "Oh I got my PhD" everybody "oh you're great". Ten years in Canada, what did you do? I have two babies. Well nobody look you. I feel so embarrassed. [Kally]

Lucia was unique in stating the support provided by her parents:

> They understand right? Circumstance. Not because I didn't work very hard on that. Not everyone can get in, they understand that. I really appreciate it. They always encourage me, doesn't matter what happened, I already do my best. [Lucia]

Having a lack of support from familial ties in China, a lack of support in Canada from traditional support networks for child rearing, disassociation from local Chinese networks, associations, internal pressure to be successful for spouses and children, language and systemic barriers to entering their career in Canada all result in a level of disenfranchisement for the participants. The fact that they still persevere towards their original goal is a testament to the adaptation skills, attitudes, and formal/informal supports in their lives.

4.1.2. Historical Context

The time period in which the participants decided to immigrate is relevant because it provides the context for the political, economic and social circumstances that they faced as they began their professional re-entry journey. Kally and her husband were desperate to find a way out of China and were willing to try get scholarships in Canada or the U.S. Her husband in particular felt very oppressed in China and maximized the opportunity presented by protests in Tiananmen Square.

> At that time, if you don't have scholarship you cannot go because the embassy won't give you a visa to come over. U of S gave his {her husband} scholarship, he came over, then that year Tiananmen square June 4 it happened and he couldn't wait-he said I have to go out now. Tiananmen Square thing gave all students from China status. Hard for you to understand that's the situation. [Kally]

He was able to obtain a scholarship which resolved the political issues around immigration but Kally had to enter the workforce, which presented challenges due to the economic circumstances of the time. The faltering economy in Saskatoon took precedence over her settlement needs, delaying language instruction for a service-industry job.

> I was a waitress in a Chinese restaurant and I worked about 17 months. At that time very hard to find job, even that job. My friend who worked there, one guy quit just gave the notice I'm not coming tomorrow so the boss kind of saying we need somebody and my friend said ok I have a friend and I can train her very quick, she called me and I was studying English at the college open house society-like help immigration immigrants and she called me so I quit my study because I had to find a job. [Kally]

Lucia immigrated shortly after Kally in the early 1990s for the same reasons, wanting to escape communism and desiring freedom. Unfortunately Lucia and her

husband came to Calgary for employment, not to study at a time when the economic situation was not stable.

> At that time the economy in Calgary was really bad, 1995, lots of people got laid off so that's why I decided to go back to school so I went to SAIT. [Lucia]

A sluggish economy prevented the luxury of having choices for employment resulting in choices being made out of necessity rather than long-term best interest. Lloyd immigrated around the time of September 11, 2001.

> At that time in Montreal it is Sept. 11 too so it was quite difficult to find full time job, very difficult in Montreal, very, very difficult. [Lloyd]

Like Lucia, Lloyd decided to return to school as a means of opening up more job opportunities. At the time, computer science seemed to be a booming field so he chose potential employment opportunities over his original dream of becoming a certified physician in Canada.

John, Mary, and Alice immigrated to Calgary during the economic boom (2004, 2005, and 2006 respectively) so they faced a whole new set of challenges. They shared stories of skyrocketing prices and a lack of affordable rental housing, making circumstances quite dire for the trio. Mary and Alice were able to obtain employment; John chose not to work so that he could dedicate himself to licensure, studying full-time. Even though they were able to obtain income quicker than Mary, Lucia and Kally felt it did not materialize into any kind of advantage because it was barely sufficient for housing.

> Actually it's very stressful, it's stress because my husband and I we're immigrant here not at a good time. The housing market goes up crazy. We wait, wait, wait and then we decide we have to buy a house otherwise we couldn't afford it. We bought house in 2006 August, the highest part. Highest per year then that time my husband is working at Future Shop,

computer technician, his job couldn't cover everything, the mortgage, monthly spending so I have to go to work so it's really stressful. [Alice]

The first problem is house. You know house is very very hard to find a good house or apartment. My friend helped me. My friend in Vancouver talk me she said a friend in Calgary and move to Calgary and stay at his home. Also friend help me find an apartment in downtown. House problem is a first problem. It's really difficult to find a living place. [John]

Lucia and Kally addressed the advantages younger Chinese immigrants have over those that immigrated at an earlier time period due to the historic circumstances of the time. Lucia attributes greater success for younger Chinese generations to globalization as a result of Chinese parents now knowing the value of learning English and the increased presence of Westerners in China.

Right now the new generation they speak English way better than us. Better than my time. They have lots of foreign west people go to China to teach English. The parents know the importance of English too right. The new generation speak much better than me. [Lucia]

Kally expressed how the political influence of Chairman Mao permeated her upbringing and affected what she was taught. The influence of Mao came up several times in her interview, usually in the context of how she felt hindered by his regime.

In China in revolution, you know the Chinese revolution, Chairman Mao that time they don't really like people with high education and lots of university studying-go to countryside to be educated over there with farmer. Like we translate lost of Chairman Mao's whatever he wrote or said into English but some is not bad like he said in Chinese they serve people heart and soul. I don't know if you ever heard speak English like that (laughing) but that's the kind of English we learn. [Kally]

4.2. Adaptation

Adaptation is the second major category. There are two sub-categories within it, 1) hopes and motivations; and 2) pre-migration preparedness. It was hoped to understand a sense of the participant's reasons for leaving China, the "push/pull factors", and what

they hoped to gain by moving to Canada. These early hopes, dreams, and ambitions were a good marker to measure from their post-migration circumstances. Their current situation was gauged from their original intent as part of my analysis to better understand the path they chose, to build a model for understanding their professional re-entry. The second sub-category explored pre-migration preparedness, inter-provincial migration, and the pursuit of related fields/higher education.

4.2.1. Hopes and Motivations

It seems as though the participants' motivation to leave China was a combination of push and pull factors; the combination of wanting to leave China as well as wanting to experience new opportunities.

> Almost all hospital is for profit hospital so the competition between the hospital is very fierce so my department have total is 41 bed in my department but we actual only 5 doctors, see I'm a tiny doctor. I have to work night shift every, no any holiday, sometimes a public holiday what we do we work 24 hour and we get 3 or 4 days off. It's very hard work because the cardiology department we have CCU together every night nightshift. I never have any minute to go to bed, oh my God I don't have life there. My husband is a teacher in the institute, he went on vacation, I went to the hospital. I feel the life is so hard...so you know the funny thing is I working in McDonald's I feel so happy. Only the labour. Laborious job, no psychiatry, no mental stress, yeah. I been here 2 years, I think 3.5 almost, the first 2 years I have dreams to rescue patients (laughing). It's like that I feel life's too stressed. [Alice]

> At that moment I heard Canada is very good for country and it's democratic country too and at that time China still under the communist party. There was no much freedom that's why...At the moment that's the only chance go abroad to open our eyes. That was a really good opportunity for me. [Lucia]

> In China I was so busy, no time to think about my personal things. At that time I only think if I can survive here, it's ok (laughing) it's ok! Even cleaning - even selling something, it's ok. [Mary]

The initial hopes of basic survival in Canada evolved early on to become goals of furthering education and pursuing medical licensure.

> Before I came here, I also did research so at that time I kind of call it a dream to learn further to get high education so at that time I wanted to go to U of C or U of A for public health. [Mary]

> Before I immigrated here I think becoming a doctor the hope is very low. Then I went to some immigrant association, I found AIMGA then I found the other doctors, international doctors doing the same way. They want to reach their goal so I found hope. Yeah each other they encouraged each other, such as here a few immigrant doctors that got residency so that's really encourage that. [Alice]

There are many cultural differences between Canada and China; these social factors are relevant because they shape the participants' outlook as they navigated through their professional re-entry endeavour.

> Know the customs, know the people, the way they're thinking. Sometimes when I talk to my co-worker I can see the different view. We have a different idea when I talk to my co-worker I can see the different view. We have a different view. [Lucia]

> Actually we only know a little about Canadian culture, Canadian background, Canadian people, customs, habits, all of them I think not easy for us to know. [Mary]

> Also I found people's here their mind is simple. I don't know if that's the right word. I'll explain what I mean by that, if we have a different opinion, we argue, like really badly like enemy the next day we together as friends. That sometimes happens right? Here? I know in our lab there's two old ladies, not old, in 50's then they say (in a harsh voice) "you should do this patient, I already did that heart patient an hour ago, you go to that sick place and do that patient" they kind of argue then the next day they go together as very nice friends, have a lunch together. In China that's impossible. If you already said that it means you're enemies. It's like the string already broken even though you reconnect it, it's not there already so we really don't say that until we really want to broken up. It's like marriage too. In China if you divorce you're enemy, you don't really go to separate until the last but here you see lots of people divorce-they're good friends, they can go for lunch, in China if you're not at that stage you're not divorced. [Kally]

> In China you lived for somebody else, not for yourself. Because you more cared about how your neighbour see you, but here who cares? I'm happy, that's more important. In China, you're living somebody else's life. [Kally]

During the interviews, the participant's motivation behind the goal of pursuing the licensure process as well as the influence of Western culture and values on that decision was explored. Lucia described her transition from working in a research lab in Calgary to pursuing medical licensing. She describes the prestige associated with research in China but how she soon learned that the West does not place the same value in that profession in Canada. Lucia desired to be part of a profession that was seen to be prestigious to Westerners.

> In China we saw the research is much higher than doctor...even right now that's different here. I can see the doctor more prestige, general research, they also make more money than can general research work but in China it's opposite way. Gradually I know here Canada doctor is much more prestigious than research...I feel this society more respect a doctor and let's be honest another thing is research job is much stressful; you have to update knowledge all the time. I can see that, when I was young probably is ok but when I finally, probably is another reason I want to settle down little bit...lots of respect, say "oh he or she is a doctor, oh!". [Lucia]

Lloyd describes how he initially intended to pursue licensing but felt discouragement at the status of his counterparts in Canada. It was one of the factors that led him to pursuing financial stability first and putting his dreams of being a licensed physician in Canada on hold.

> Yes, at the beginning I thought I'm going to do the licensing stuff here and when I arrived in Toronto they have a group, same as in Alberta, but the group is at that time, is like not so strong. I have been to the group. Because I went to the group and I was surprised like most of them do pizza delivery or I don't know... [Lloyd]

4.2.2. Pre-Migration Preparedness

There was not a lot of pre-migration preparedness amongst the participants. Landing points were chosen without having very much knowledge about the provincial economic status or housing costs. Sometimes they migrated as a result of their spouse gaining a job offer or an opportunity to study in a Canadian University. Few had any friends or supports in their new destination aside from John who benefited from having a friend to help with settlement. All of the participants stated that English was a barrier and that in hindsight; they should have done additional language training in China prior to migrating. Arriving with weak English skills significantly impacted their ability to further their education in Canada, obtain professional jobs, and function in everyday society.

> I came to U of C to go to nursing department to go to public health department to ask for some information, actually the people are very kind, giving me a lot of information if I want to go their program they need a lot of requirement and at that time I think English is a big problem really. I need time to learn further in nursing or public health so in order to support life I had to find work. [Mary]

Mary also described how she had extensive experience running HIV clinic trials in China in partnership with American researchers, using American standards yet she felt intimidated to pursue anything beyond a volunteer position at Aids Calgary because of her low levels of English. Lucia was able to obtain a job in a lab in 1999 where she was constantly reminded of her language skills being insufficient which had a psychological impact of making her feel insecure and incapable of pursuing another job. As a result, she remained at that lab for ten years.

> I learned English in China but not really good (laughing). I had a very hard time at the beginning. Even so far, English is still my weakness. You know for me, I'm an immigrant right? So it's harder for me to move

> around. Just I thought of move, looking for another job but I'm afraid. Be honest I'm afraid. I know this job is really secure. [Lucia]

> The first 4 years I just really scared. I can read and write simple things I can read not too bad especially with the dictionary I can understand. But oral English is really bad. Even now I feel mixed up most of time I realize it I can correct it but at that time I couldn't speak and listening not very good either. [Kally]

Being in such vulnerable positions, decisions were being made out of fear rather than what is in their best interest resulting in delays with their professional re-entry. Alice had a leg up on my other participants in the sense that she was the only one to have a master's degree, as well as extensive cardiology experience in China. Yet she ended up in the same situation as the others post-migration due to her English skills.

> In Canada, the first job I found is McDonald's to do the fries, French fries. That's really really terrible job because the basket of the fries is so heavy but at that time my English is very low level and the manager or most of the managers they are from Pakistan or India, they have strong accent. Actually my English not *that* slow but I just couldn't catch what they ask me to do so they think my English is really zero level so I did fries about half year. [Alice]

In moving through the path the participants took in their professional re-integration, the participants began with a dream in China that led to their migration to Canada, followed by obtaining survival jobs due to the lack of pre-migration preparedness, context of their immigration time, their age and family commitments, and systemic barriers which led to the decision to pursue further education and the consideration of working in a related field for all but John. He remained steadfast in his dedication to his original goal and was able to do so by obtaining funding from the government to study for licensing at home. The education or related field pursued by each participant is as follows:

> Lloyd: Concordia to study computer science.

> Mary: Nursing or public health
> Lucia: SAIT, medical technologist program to do lab work.
> Alice: Cardiovascular technologist program, nursing.
> Kally: Technician in biological science.

While they were pursuing these interim occupations, all but Lloyd wrote the exams for licensure in the hopes of one day securing residency positions. Lloyd purchased the textbooks to study but was uncertain about giving up his insurance company job.

4.3. Formal and Informal Influences

This category captured the nuances of the formal licensure process which identifies strengths and weaknesses in the system as perceived by the IMGs. This provided an opportunity to also acknowledge the role informal factors played as a compliment or contrary measure to formalized processes.

4.3.1. Systemic Factors

There are many systemic factors that the participants had to contend with as they navigated through the licensure process. None of the participants had any knowledge about the licensure process prior to immigrating. Nor did they recognize the provincial differences in the process. Lloyd realized afterwards that immigrating to Quebec would push him further from licensing due to the language requirements Quebec stipulates for their exams.

> For me to switch from English to French I say I cannot switch it in one year and before taking that exam you have to take the French exam. You have to pass the language exam before taking-say this is impossible. I think the French clause is really unfair. If you want to apply your French from you apply but don't apply to everybody. [Lloyd]

As a result of the provincial requirements, Lloyd ended up pursuing a new career in computer science because the province offered incentives to study.

> The Quebec government, I was surprised, that's what pushed me also because when I work in the supermarket I was paid like $7/hour you have to remove the taxes, CPP, EI it comes to $5.50 or $5.00. But if I go to school in University of Concordia, the Quebec government give me from $12,000-$15,000/year. Yeah! When I do the maths it comes out the same kind, the same price. So why should I go working? I'd rather go to school. [Lloyd]

The Quebec government did not provide financial support to study for the licensing exams. So if Lloyd remained at his supermarket job he would receive less money, be studying at night, with no guarantees of passing the exam. It became a safer option to pursue a new field where the government would provide support.

> I don't think the government should pay 100% for us. At least a loan, a student loan. I think if they have this program in place at the very beginning it could be I would have chose a different way. I would not go to computer science, taking the place of someone else and taking the government money for 3 years, it's a waste. It's a waste of resources. If they have this loan, I think I will go to the field I'm going to go. [Lloyd]

In addition to providing financial support, Lloyd felt the government could do a better job at providing information to new immigrants on the licensure process. Although he accessed the non-profit services for IMGs in Ontario, Quebec, and Alberta, he felt the government could play a stronger role.

> I guess what I think right now, I think that they government don't give too much information and support on first exam. How do we take it? Or at least a group study or do something like that...the process, there is no, you have to look by yourself in each process. [Lloyd]

Alice also felt that systemic issues within the medical system wasted resources that could be better utilized. Her sentiments advanced the ethical arguments that came across in my literature review about certain countries being given preferential treatment in the licensure process and the "raiding" of developing nations for their medical professionals.

> They find doctors in England and South Africa, let come to Canada, let work right away. They work in the hospital right away, they don't wait any time. Then they don't need to pass all the exams, they take their time to pass the exams. Then last November I attend my exam and a guy beside me we chat then I found out he's working in the hospital!!! He's from England. He just take this exam while he's working. That's unfair. We have a resource here, why don't use it? And they go to other countries to dig other people's resources (laughing mockingly). The opportunity is not equal. Alberta has lots of immigrant doctors. [Alice]

Alice recognized that some IMGs were able to benefit from government programs to help expedite their transition into Canada's medical system, but critiqued their limited availability. She felt AIMGA was able to do a better job accommodating IMGs.

> Yeah, some doctor we got help from government programs. There's a program in foothill actually it's in U of C, it's called MCAP. Yeah (quietly) but you know the place is so limited. A lot of immigrant doctor they applied but some of them got admitted and others refused. It's not like this one {AIMGA} we want to go-we can go. That one {MCAP} they say no, now this time you got wait so... [ALICE]

Alice, John, and Mary each noted systemic differences between China and Canada's medical systems. Because Mary had been part of medical trials in partnership with U.S. researchers she was aware that SOP's (Standard Operating Procedures) were used in North America but it was new to her in China. Standardizing medical processes and testing were new concepts she recognized she would have to learn in Canada. Alice had to adapt to the fact that China has no equivalent to a family doctor or social workers.

> In Canada education-centered health system. In China it's doctor-centered. In China mostly it's the doctor decide you need to do it. So, some ethics problem, it's different. So I think this is different, we should learn ethics? We don't have a social worker. We don't, we never have. Just a nurse. The doctors decide everything. If a patient no money, you're out because China has a 1 billion population so the government couldn't cover everything so if the patient have no money then we have to stop care. Feels bad. Really feels bad. When the patient is so poor, feels so sad, wait, wait, wait until the end, end of stage, so bad. Health system is not developed, it's developing. We don't have family doctor. We don't.

> Patient need to see doctor they don't need a follow-up. They want see they see don't need from young to old. [Alice]

> Cultural barriers such as different countries have different law. It's a big problem for example in China, medical doctor deal with something a little bit different from Canada. Not because of knowledge, because of law. So I think it's also a barrier so I know about Canadian law. In my book Toronto Notes, they incorporate some such as concerns such as moral issues, ethical issues. In China there are no Jehovah Witnesses such as in U.S. or Canada and these kind of people often refuse to receiving blood but in China not the case.

The one systemic issue raised by all six participants was the availability of residency spots. Knowing that passing all of the exams is not sufficient and that residency spots may never be available was a tough pill to swallow.

> I passed the Canadian qualification, qualifying passed. So right now I'm applying to resident's position. That's tough. Really tough. I think in Canada they still have big barrier, limited seat for us. Even I know lots of international doctors they pass all the requirement and just because no position available for them, they can't get in. [Lucia]

> It's very hard to match. About 10%-20%. Very hard, it's a low rate. Resident in Canada have higher rate to become doctor, they have 80-90%. They have a much higher rate to become doctor but IMG have a low rate. [John]

> But so not enough (laughing). I went to my group {AIMGA} about two and a half years. I heard the residency they got maybe in two and a half years-10 or something. Not much right? That's for the doctors. They pass all the exams. They couldn't work in the medical field. [Alice]

Kally was the only participant in the residency program. She stated that she was able to get in via a new provincial program that funded 60 position for IMGs whereas previously there would have only been four or five spots through CARM. She also noted provincial differences in being able to apply for CARM with Ontario, Saskatchewan, Manitoba and British Columbia candidates being able to apply after passing the evaluation exam.

> Really difficult and before you have to go through Canadian Matching Services, they call CARM. They have two, the first one called First Match. Is only allowed Canadian graduate and after first round they will have a few spots left in different Universities and the foreign graduate could apply- yearly maybe 4 or 5 spots in each University and there's not all discipline you can apply to. There's mainly family medicine, paediatricians, could be a few internal medicine, could be pathology. Then we're allowed to apply but there's thousands of people apply, it's across Canada. [Kally]

With the availability of new residency spots, Kally stated 240 people applied for clinical exams, 140 passed which left 60 spots for 140 people.

> That's great, for every 2.5 one get in. That's how I feel so lucky I got in. [Kally]

The participants used a variety of formal support systems as they settled in Canada. All had accessed services through AIMGA and they all reported positive feedback about the service they received.

> I also want to thank AIMGA; I'm a member of AIMGA. This year every 2 weeks we went to study at Superstore, it's the Country Hills Superstore. Also we have a group, we can discuss many problem, discuss some difficult case. It's very important. [John]

> Yeah they help us a lot. They provide all the information all the necessary book. I'm really appreciate AIMGA, give us lots of support, otherwise I can't go back. First, they kind of understand what we think. They can represent us to talk to media and even government. Try to like, Canadian society to understand and know better. [Lucia]

AIMGA was helpful in providing career-specific assistance to my participants but they also accessed services from settlement agencies and language courses from educational institutions. The common complaint with the English courses were that they did not seem adequate for what they required.

> I took a couple of evening courses through U of C because I know English already, that kind of class mostly for newcomer, most of them even don't know any English so whenever I get in that class I kind of at the top so it doesn't help me. Yeah not good level. [Lucia]

> I learn in Mt. Royal college for 3 months. I think I was excellent, my mark is high 80%, 90% but when I went to bank, when I went to government, went to some agencies I couldn't understand what they said. They say fast. Quickly. So I was frustrated really. How do you say? Some problem here (pointing to her face where she appears to have some redness). I see my doctor he said because of stress. Easy for me to handle the learning in college, good mark. I also learn hard but difficult to communicate in society. [Mary]

Learning medical terminology in English was an additional barrier to overcome. John tried teaching himself medical words using Toronto Notes. Alice used it as well but also took the medical terminology course at Bow Valley College. She found it helpful but inadequate on its own. Lucia commented that it was like starting at the beginning, learning all of the terminology over again. Learning conversational English as well as professional calibre English proved to be an enormous challenge that was not anticipated prior to immigration. They spoke of high quality English programs in China and made the assumption that the same programs would be available in Canada. Kally even returned to China to enrol in a 18 day course to prepare herself for the TOEFL exam.

4.3.2. Informal Supports

It became apparent, early in the interviews, that a lot of the information that the participants acquired about their professional re-entry came from informal sources such as friends, peers, other people from their cultural community, co-workers, other IMGs, physicians. This was an interesting discovery since part of the motivation for beginning this study was to better understand the complexity of re-entering a profession in Calgary, developing a model that could be used by social workers in service delivery and advocacy. Learnings about formal support services can be operationalized, learnings about informal supports are more difficult to put into practice.

> There was one girl who did PhD, she's from China, she told me that I could do this. I work with physicians, I'm really open, I don't hide anything, whatever they ask what were doing in China I just tell them everything and then after a little while they said "Oh I think you could be a very good physician in Canada too, why don't you try?" I got lots of encourage from the Canadian doctors. So everybody I work with they really encourage me, they said to me I think you could be a really good physician. [Kally]

In many circumstances, the word of mouth information that the participants received had to do with failed attempts of other IMGs to re-enter the medical profession. These cautionary tales served to discourage and dishearten my participants. There was variation between the "factual" information that was provided to them with respect to the range of successful candidates to receive residency spots (anywhere from 10%-25% success rates).

> A lot of people from other countries they passed one or two or three or four examinations, they got interview but they recently waiting for the result. I feel they are very unsure, sometimes they are very disappointed. My one friend told me even though we passed 4 or 3 examinations, we only have 10% opportunity to be doctor here. I don't know why. You know only we communicate once when we joined the group study so I only talk with him several sentences. Now I know a lady, 2001 she came here, she passed 3 examinations, only have 10% to go to hospital to get Match program. Only general information-I could not make sure if it is right. [Mary]

Mary tried several times to try reach out to Chinese physicians here for guidance with little success in connecting. Alice was able to successfully connect with a Chinese physician through the help of a counsellor and she found the connection mutually beneficial.

> There's a Chinese counsellor, she give me the information about AIMGA and I found organization. The other doctor, Chinese doctor, he moved from BC and that counsellor introduced him to me. Then he found the organization (laughing) so I feel that's really help, yeah. [Alice]

To better understand any informal support that the participants received from the Chinese community in Calgary and any participation in any cultural associations, they were asked to share their involvement; none of them felt like they were a part of the Chinese community in Calgary, stating that Calgary has a higher Hong Kong population, therefore making it difficult to fit in.

> You know here most Chinese people they come from south part of China. They speak Cantonese. We could not speak Cantonese. We came from North or the middle part of China. Maybe they also dislike people from North part, maybe. I don't have any friends from the south of China who speak Cantonese, no. [Mary]

> Yeah, yeah, I go there {Chinatown}. But in China most of people from mainland China speak Mandarin. Other generation speak Cantonese, that's a totally different language. Yeah specially in Chinatown. That's the area right they mostly speak Cantonese. I totally don't understand (laughing). [Lucia]

Kally and Lloyd stated no affiliation with the Chinese community in Calgary; Kally stated that she was too busy with work and Lloyd stated:

> I don't know it could be my situation is a little bit different, I went to Montreal first and the company send me here so when I came in Calgary the company send me here so when I came in Calgary the company has set up everything so I just come for work and is not like a person, like in Montreal I have a small group like you will find your own group because you don't have work to do or you will look for something. And in Alberta, when I came in Alberta, things are different because things are set up for me.

4.4. Attitude

Attitude warranted its own category as the IMGs shared their outlooks about their own situations as well as their perspectives about their fellow IMGs in Canada and those yet to come from China. The literature tends to be quite saturated with concrete factors that influence professional re-integration (e.g., credential recognition, language

acquisition, etc) but the role of attitude emerged in the first interview with John and it was pursued to see what role it played with the other participants.

4.4.1. Attitude about other IMGs

Each of the participants was asked a question about advice that would benefit a new Chinese IMG coming to Canada and there were consistent themes in their answers. The first piece of advice the participants had was to try get information before immigrating - information about the licensure process, including understanding variations between provinces, the economic situation in the province they intend to land in, and cultural information. The participants struggled to find this information after they had already migrated which subsequently resulted in additional relocations throughout Canada, lengthy periods at survival jobs and settling for employment in related fields.

> I think they need information. Information is very important. When I was in Vancouver I had no information to become a doctor so I took survival job so I felt a little bit upset, and then when I moved to Calgary I got the information. So far I think information is very important. [John]

Trying to obtain information post-migration depended heavily on the quality of the immigrant-serving agency they contacted and informal means such as through word of mouth and peer's experiences. Lloyd initially began seeking information about licensure in Quebec and found an organization like AIMGA in Alberta:

> Yes, but not too strong there. Each one has to do their own thing so they got together one Sunday or Saturday and the president there because he has his own things to do so he don't have too much time to take care of the group. [Lloyd]

The second piece of advice concerned language, which was a significant issue the participants advised new IMGs should ameliorate prior to migration. They all expressed

disappointment with how little their English had improved post-migration compared to what they envisioned it would be.

> I told everybody the same thing, improve English. That's the main barrier, the language. Could be formal classes, could be especially oral English, we're really weak and in China there's lots of good English institute teaching facilities. That's the lesson I learned, my husband said {he immigrated before Kally} he found out that should I do, he said improve English. I was really busy in hospital. I know lot of my friends if they know they're going to Western country, they try to improved English but we work six days at a time Monday-Saturday 8 hours, we have 2 hours break, start at 8 end at 6 so 1 hour to work place back home so how can you study right? Some of my friends they fake they're sick, they pretend they're sick and they got doctor's note and they just give to and say they're sick, I need one month leave, well you still get paid, you study. I told my husband I cannot do that, it's not my thing. He said why don't you just stay home two weeks and say you're sick. I said no, I cannot do that. Because if I did that, I put lots of pressure on my colleagues. We were really busy, only two residents in emergency we take 24 hours, like you 24 hours- I do 24 hours for half a year, for 6 months. If I'm sick, who's going to do that? You will be by yourself like 7 days a week? That's not fair right? I'm not really sick, I'm never sick actually so I couldn't do that. He said "oh, it's very important you should improve your English" I said, "well I'm going to an English-speaking country, my English will improve no doubt about it." No, that's not true. No. I went some English classes, the way you teaching English here is, I know language is not overnight you can pick it up, take a long time. I think that's the approach here. You read more, you practice more, take your time, you will gradually improve over time. In China they have really intense training, you can really improve English in a short time, here I couldn't find that program. But you have to pay big bucks. It's one to one, they provide everything, everything, speaking, writing. They just storm your brain. You can see big change in very short of time. I don't know how long it can last (laughing) you could forget. But here we couldn't find it. That's why you ask lots of Chinese people it they take some English classes like continuing education most of them say I don't think I learned anything. But in real, no. They couldn't. So then I found I speak less English even though I'm here because I only have friends from China. I speak more Chinese in Canada than China (laughing). [Kally]

In addition to advocating for the improvement of oral English skills, Alice also advocated studying medical terminology in advance. Attempting to start learning medical terminology post migration appeared to be primarily independent, using

dictionaries, "Toronto Notes" a guidebook for IMGs, medical terminology courses through Bow Valley College or Sait. They all felt strong in their knowledge of medicine but weak in the knowledge of English terminology.

> I would advise to study English. Study terminology because it is most Chinese doctor weakness. If they prepared, they won't have this much barrier. [Alice]

Getting information about their professions and enhancing language abilities were pieces of advice about professional preparedness, but there was also advice about preparedness on a personal level.

> I would say anything can happen; he should be open to new ideas, that's it. I can adapt, can be for a few days I'm not happy but after a few while I'm open, but I understand that some of them, because I only two years practice in my field, cannot do something else. [Lloyd]

> Before come here, I think they have to be prepared that it's not easy to get in this medical field so I'd be prepared for long term. Not just to think of the short term, think long term. [Lucia]

> I want to say step by step have a good attitude. It's also very important. Even though I passed all the stages it does not mean I can become a Canadian doctor. I understand that and now I have many barrier to overcome but a positive attitude is very important. I know some immigrant very stressful, very upset, they also having think to survival, they don't have long term goal so it is very difficult for them. [John]

4.4.2. Ethno-Cultural Influences on Attitude

There are a couple of reasons for the participants to have the attitudes that they did based on their testimonies: 1) fear of stigma/appearing weak; and 2) China's lack of recognition for mental health issues such as depression. Kally sums up both of these issues in her interview.

> Also Chinese people are really shy, if they're not sure they won't say it, they're afraid they make mistake. They don't like people to correct them so they have no face. I know Canadian people, if they want to learn they don't mind, they practice, you correct them, they're very happy. But for

us we feel really embarrassed, we try to practice and practice until we think it's perfect and then we'll say it. Most of us anyway. Not as hard for the young new generation who born 1990 but age 30 or 40 older. That's why we're very quiet because we try to hide, we don't want people to know our weakness. This is the culture different, we have a special face we say don't talk. If you talk you're very surprised, everybody will admire you that's the special face, Chinese. Don't talk, if you not you cannot surprise people, people admire you right away, don't even talk, that's the face in Chinese. [Kally]

Psychiatry which is my weakness, we never learn. It's really new for me because years ago in China we don't have depression, it's not psychiatry at all. Nobody, not disease, not exist in China, there is only psychosis at that time. Psychiatry for me is totally new, read lots of books, try understand, ask people. [Kally]

Often the participants described their own professional re-entry circumstances as "a little bit stressful" or feeling "a little bit upset" for very brief periods yet they described their IMG peers as being "very stressful, very upset". Mary was the only participant that really acknowledged the extent of her personal hardships.

Still difficult to find a job. One day I went to 4 or 3 places to find job-no. And at that time I really frustrated and depressed and I went to the hospital to get counselling from the psychologist and I cried and gradually with the help of my friend and introduce me to this work or that work-only general work. It's ok, when I see a little improvement I was happy. I think because of that experience I maybe mature or grown up. [Mary]

One participant portrayed other IMGs as having an opinion that she did not share, yet in a later portion of the interview she displayed the same viewpoint.

Not like other IMGs, are complaining a lot. They think we qualified, they over qualified, they complain here the doctor they didn't do a good job, they misdiagnose. The rate of misdiagnosis is very high so they think when they can't become a doctor, they have lots of years experience, they pass all exams... [Alice]

I think Chinese doctor and other international doctor have more experience learned than the doctor here...so I feel here the population is not bigger as in China, each day we in the clinic we see patient every 5 minutes and it's really serious because in China we don't have insurance covered. Most they pay out of the pocket and the patient's wait, wait til

it's really serious, they couldn't endure, they couldn't wait, then they go to see a doctor. [Alice]

4.4.3. Shifting Professional Identity

The participants oscillated between describing their employment skills in China versus Canada, which manifested into a shifting professional identity. In addition to the content, the descriptive adjectives used by the participants to describe their professional identity exemplified the great disparity between their status in China compared to Canada. They describe their patients in China as being "severe" cases, having to take multi-disciplinary roles in their careers, working long hours with little relief, seeing many patients. They received accolades for their job performance in China and were socially rewarded for holding prestigious jobs. In Canada, their professional re-entry experiences have been undermining, demoralizing, and they feel that their skills are being under-utilized. This can, in turn, affect their morale and ultimately determine if they will continue to pursue their goal or not. This has not only personal consequences for the IMGs, but systemic and economic consequences for Canada as well.

> Every time I go for seminar I hear those doctors talk, I think in China I be in that position (laughing) but not in Canada. I was in China that person probably is me. [Kally]

> I finish all the paper exam. The paper exam for Canadians, they only need to take part 1 and for the immigrant we have to take evaluation exam "Oh you not an idiot! You can take part 1" (in a mocking voice, laughing)...they don't want doctor too experienced. They want wash our brains (laughing). They think the foreign doctor they didn't follow their procedure protocol. They want to wash our brain. [Alice]

> When I was in Vancouver I was a little bit upset because I have my profession, I have many skills and I couldn't use it so I was a little bit upset. [John]

In real world I work with all the Canadian people so my English is not good enough to communicate with them efficiently. My company sent me to study English couple times. Always pushing me, pushing me a lot. My company pushing me lots because my co-workers sometimes they complain right? I understand. They complain because my pronunciation, my speak, the way the grammar. [Lucia]

I don't think I'm totally success...I don't think I'm totally successful. I'm ok I think...wish I can enter doctor. [Lucia]

I try several times to send my resume to Calgary Health region-no any response. I understand different system in different country and they don't match, also I think language is a big obstacle so sometimes I can say I don't have enough confidence to apply for this kind of job related to my major. I don't have strong education here, only experience. But I don't know if you believe, I think some people don't believe people from developing countries. I think it is best, it is understandable. [Mary]

Mary maintained the pride she felt for her work in China despite the fact that she could not apply her skills in Canada.

I am confident. You know when I did HIV research in China, even though China is a developing country but you know there are a lot of development in recent years and we did the research according to U.S. requirement...I have the ability even though my education is not recognized in U.S. or in Canada. I have the ability. I also got feedback from U.S. sponsor when I left...the professor said when I left the work isn't the same as I were here, she said she valued my work and my contribution. I admit I did a lot. [Mary]

Lloyd was not the only participant to feel a sense of obligation to be grateful for his circumstances, no matter how disheartened any of them felt. Hope and determination ultimately prevailed with all of them. He described feeling shocked every time he was granted a job interview but saw the opportunity as a learning experience to better his interview skills. With that motivation, he was able to leverage himself up the ladder through multiple employment endeavours to a successful career as a medical advisor for an insurance company.

There's a trade off inside. I should be happy. I would say, what I have right now, I'm very happy. It can be I gave up what I've learned, the skill I have...but on the other hand I got something else. Success, it can be on professional level, it can be on relax side too. I guess it's both. Whatever you do-you do it well. It is a success. [Lloyd]

Yeah, because we go this far already, yeah we just one step, distance, reach it, we couldn't give up. [Alice]

Guess you have to have your goals right? You try to reach your goals although if you never reach that goal I would consider it a success. I mean, you tried. Sometimes not in your hands. Like if Alberta does not offer this program I probably never be a physician but I tried my best. I passed my examinations, used all the resources, I have, everybody tried to help me out I couldn't get it- I still think I'm successful. [Kally]

But I am positive person. Everything I think is a way to success, like I think of success...it's possible for me to achieve my goal. [John]

I also agree that to be a doctor not for money...not for prestige...maybe for your soul or your mind want. [Mary]

The unfortunate consequence that Lloyd had to face by choosing to use his medical knowledge for an insurance company was a breach of his morals and ethics. He was put in a position to work against the patient to maximize profit for the company.

In the beginning was difficult (speaking softly) at the beginning is ethics. The beginning when I was a claims agent I used to. The insurance company will try to hold as much as they can. So I got the pressure from above, they told me to control the cost but on the other side patients want it. I tried to balance it. But in the end you will go with the evil. You will go with them. You will be on the dark side. It is very tough. Because at the beginning you will say no but in the end you will go with the dark side. The worst thing is, I know what to look for to answer them, to give them an explanation because I understand their report but there are loops inside I can find the holes inside and I give an explanation of why I declined. Some of them bring their lawyers or whatever; it's not going to work. [Lloyd]

The role of "luck" in re-entering their professions came up in Alice's interview. Since they were all successfully moving through the written exams but in limbo about the

likelihood of ever obtaining a residency position it seemed as though "luck" was the deciding factor.

> It depend on the chance, you lucky you got it. You not lucky you won't got it even you pass all exams...I know it's not depend on what you do or how hard you work; it depends on how lucky you are. [Alice]

4.5. Summary

This chapter explored the four primary categories that emerged as a result of commonalities amongst the themes in the code families. The demographic and historical context category showcased the micro factors that impacted the participant's viewpoints such as age, gender, marital status, children, and family in China and paired it with macro factors such as political, economic, and social conditions that make up the historical context. Following that section, the adaptation category demonstrated the reasons behind leaving China to mark the evolution of the participant's perspectives and the subsequent decisions that were made that optimized or hindered their likelihood of obtaining licensure in Canada. Further to that, formal and informal influences on the IMGs were investigated to assess the role they played in the profession re-entry process. Lastly, the final category on attitude covered the perspectives of the participants on their own situation as well as their perspective on their fellow Chinese IMGs.

Chapter Five to follow introduces the model of profession re-entry for Chinese IMGs, based upon this chapter's results. Practical applications for social workers can be derived from this model and will be outlined in a section about relevance for social work. A comparison of the findings to existing literature will be tied into the strengths and limitations of this study with recommendations for future research directions.

CHAPTER FIVE
DISCUSSION

This chapter integrates the four categories that were introduced in the previous chapter into a model of professional re-entry for Chinese physicians. In keeping with grounded theory practices, the findings that emerged out of my participants' interviews were compared back to the literature for further analysis. Furthermore, any differences or similarities to the existing knowledge base have been highlighted. The resulting conclusions are discussed in the context of social work practice both from the lens of front line operational requirements as well as from a systems-level perspective. Correspondingly, recommendations for social work education are included. Any gaps that have not been answered by this study will be outlined as future research opportunities. As part of a commitment to rigor, trustworthiness, and validity, the final portion of this chapter concludes with an overview of the study, including an assessment of the research process.

5.1. The Model of Professional Re-Entry for Immigrant Chinese Physicians

The following model (Figure 5.1) evolved out of an exploration of the professional re-entry process. It visually depicts the four primary categories and the relationship between them. An explanation of the components follows, including an analysis of the model.

Figure 5.1
A MODEL OF PROFESSIONAL RE-ENTRY FOR IMMIGRANT CHINESE PHYSICIANS

DEMOGRAPHIC AND HISTORICAL CONTEXT
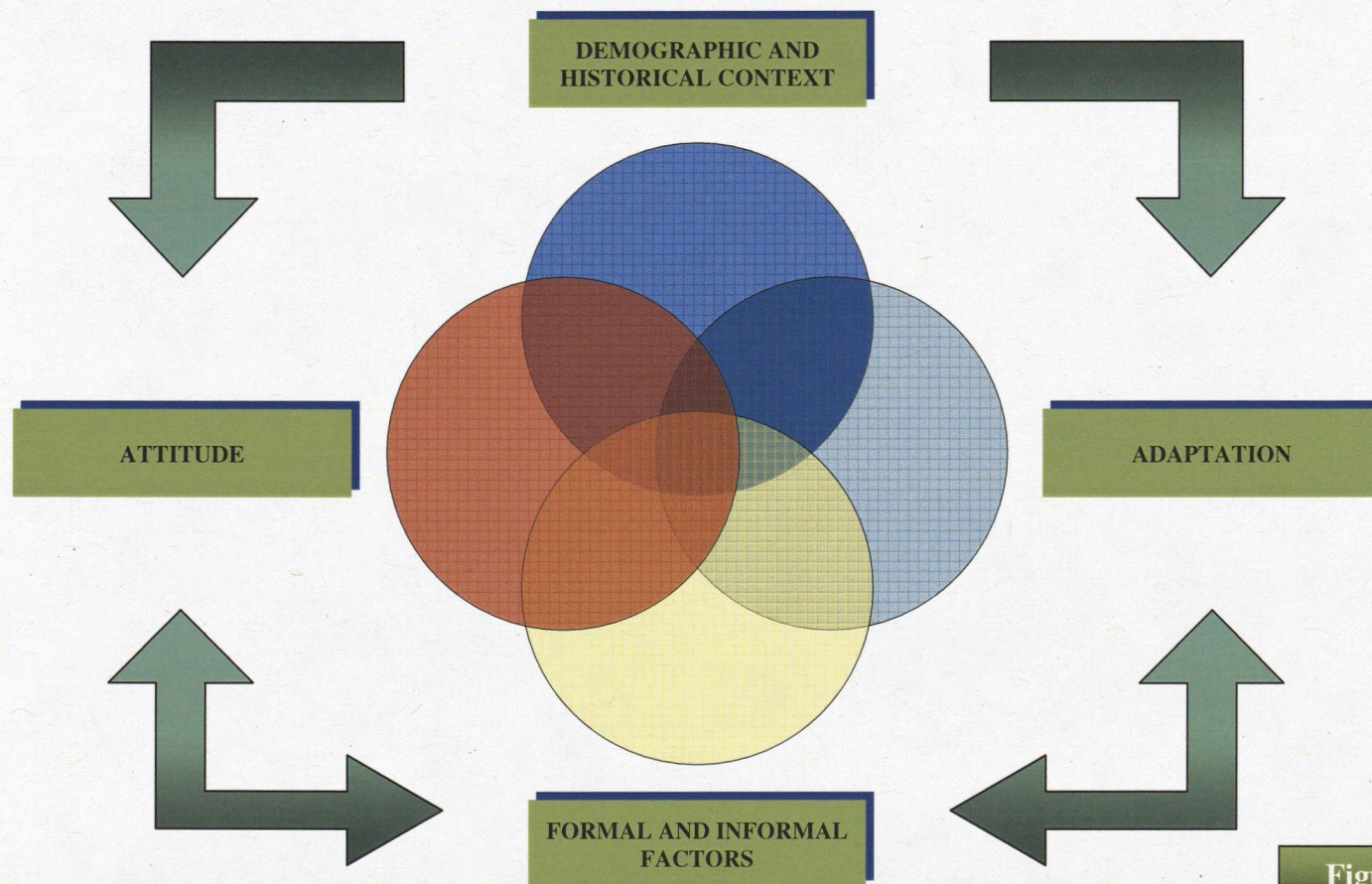
ATTITUDE

ADAPTATION

FORMAL AND INFORMAL FACTORS

Figure 5.1.

The four categories are inter-related, as demonstrated by the linked circles but there is also a hierarchy amongst the elements as demonstrated by the directional arrows. The hierarchy refers to the top of the model which houses the demographic and historical context category which has an over-arching influence on the attitude and adaptation categories. The attitude and adaptation categories are reflexive with the formal and informal factors category, each dynamically influencing each other to change.

The historical context represents the macro factors that the IMGs faced at the time of immigration, leading up until they are licensed. The economic, political, and social circumstances that the IMGs have no control over impacted the climate in China as well as Canada which affects the immigrant's "push/pull" factors. Their transition into Canadian society had hardships attached to it as a result of these larger forces.

The demographic portion of the category represents the micro factors of age, gender, children, marital status, and family in China. Also unchangeable, these demographic factors independently as well as in combination with each other, influenced the path the IMGs took in their professional re-entry.

The second category, adaptation, referred to the choices made by the participants which optimized or hindered their professional re-entry and it explored their reasons for leaving China.

The third category, found at the lower part of the model, is formal and informal factors. This category encompassed the licensure process, systemic factors, immigrant-serving agencies, and informal supports such as friends, peers, people from their cultural community, co-workers and Canadian physicians. These external influences played a key role in the process.

Lastly, the fourth category in the model is attitude. Both the attitude towards other IMGs and attitude towards their own situation were explored.

5. 2. Analysis of the Model

Historical factors both in the home and receiving country that were in place during the time of immigration set the foundation for the participant's attitude and adaptation. As the circles indicate, there is overlap amongst all categories but attitude and adaptation were placed in the middle of the diagram because they are the personal manifestations of the external forces around them. As changes occurred at either pole of the model, a subsequent ripple-effect impacted the center causing a change of course.

Peppered throughout each of their testimonies was evidence of how pervasive historical factors were in impacting all other facets of their lives. From accounts of hardships due to political regimes, tightened economic circumstances and social pressure from family and society to stories about the positive effects of economic booms, physician-shortages creating new opportunities, and the benefits of Canadian social priorities; the historical context both positively and negatively affected the attitude and adaptation categories in the model. The social, political, and economic circumstances that the participants left in China shaped their initial attitude during emigration; setting expectations about their new life in Canada. Post-migration, historical factors in Canada dominated and their attitude and adaptation shifted to building a foundation for a future in Canada; moving inter-provincially from their landing point, pursuing higher education, exploring licensing, and working in related fields.

Their demographic factors are closely linked to historical factors, particularly in China. With age and marital status being tied to accessing education and the fierce

competition associated with economic success prohibiting career changes later in life, my participants arrived with an attitude about what would be possible in Canada. The combination of experiencing Canada's historical context and the influence of the informal supports (friends, peers, physicians, and members of cultural community) changed some of those pre-conceived notions resulting in the formation of new attitudes and new adaptive processes thereby changing their course of action.

As the participants began to learn about the context of demographics in Canada and the new liberties associated with them, it broadened the possibilities that they thought were available to them. The female participants began forming new attitudes about having children and the role of their spouse in relation to their career. Lloyd began exploring the opportunity to return to school, something he could not do in China because of his single status.

The influence of formal supports also impacted attitude and adaptation in relation to the demographic factors of gender and children. Systemic accommodations for women to take maternity leave and flexibility to structure work schedules around parenting needs were formal processes that had dramatic impact on my female participants' attitudes and adaptation. Their attitude shifted to recognize that they could pursue their career objectives without compromising their parenting role, a new concept from what they had experienced in China. They adapted their lifestyles in absence of their customary support networks and began the pursuit of their professional ambition.

Other formal supports such as immigrant-serving agencies and provincial financial aid made it easier for the participants to cope with their circumstances by creating peer support networks and alleviating financial burdens. Some formal supports

were not as beneficial, such as the language courses, but nonetheless the experience affected adaptation and attitude because new alternatives needed to be explored.

The demographic and historical factors set the overarching tone for the IMGs at the onset of their migration. Post-migration, the IMGs were faced with adapting and shaping their attitude as they navigated through their initial settlement period. Formal and informal factors then began to play a role in influencing decision-making. The relationship between the adaptation and attitude categories and the formal and informal factors category is reflexive. As new external influences impact the IMG, their attitude and subsequent adaptive choices affect the professional re-entry process and vice-versa.

5.3. Comparing the Findings with Existing Literature

This study examined micro and macro influences on Chinese physicians' professional re-entry from their perspective. Sakomoto, Wei, & Truong (2008) conducted a grounded theory study where they examined how organizations and social policies 'acculturate' to immigrants. It is the adaptive processes of the immigrants that are frequently explored in the literature without delving into the receiving country's responsibility to adapt as well. This is despite the fact the concept of acculturation "was originally proposed as the mutual change of both parties" (Redfield, Linton & Herskovits, 1936). Sakomoto's (2008) study examined service providers working with mainland Chinese skilled immigrants in Toronto. His study has two parts; the first examines the perspectives of the immigrants and the services available to them at their time of immigration (1994-2001). He found that services received by the participants were primarily in English & "Cantonese (reflecting the earlier demographics of the Chinese

community) as opposed to Mandarin, the language spoken by most mainland Chinese immigrants" (p.345).

The second phase of the study focussed on service providers and their ability to adapt to changing needs. There were several findings of interest that emerged, which demonstrated the "acculturation" of agencies to their immigrant client base. They hired mandarin-speaking staff and were flexible about staff credentials as recognition that social work as a profession was non-existent in China until recently. They identified challenges such as "Chinese services were only offered on a failure-basis when clients could not communicate fluently in English...workshops in Mandarin were seen as a side service...ethno-specific community services may be stereotypically perceived as lower quality...despite being hired for their cultural knowledge and language skills, ethnic service providers are faced with the expectation of using English as the first service-language... service providers may attempt to survive the Canadian workplace by avoiding behaviours that mark them as too "foreign" and reducing features that differentiate them from the majority staff of the organization" (p.348-349).

Because this thesis explored an issue from the perspective of a service user as opposed to a service provider, it was able to gain new and different information than Sakomoto's (2008) study. The participants shared their experiences with English language courses that failed because they lumped all newcomers together without effectively recognizing that newcomers have different strengths and weaknesses with respect to language. The knowledge that China emphasizes good reading and writing skills but is lacking on instructing adequate oral English is beneficial to service providers in Canada. The information that the participants provided about not feeling challenged in

their ESL courses in Canada, receiving excellent grades but not improving their oral English at all and the inability to find ESL courses for professionals that addressed career-specific language, is valuable information for service-providers looking to evaluate the success of their programs from the perspective of their users. Sakomoto et al's 2008 paper on the efforts of service-providers provides a different lens on the same issue so the studies are complimentary.

This thesis had similarities to Sakomoto's (2008) in that a better understanding of the role of the receiving country was sought, to better determine if Canada needs to alter current practices to better accommodate new Canadians. The receiving country has an ethical responsibility in integrating newcomers for the betterment of the nation.

Zhu's (1997) doctoral dissertation explores "the assimilation and the issues relating to such assimilation of approximately 50,000 Chinese scholars who were granted immigrant status or citizenship by the Canadian government on "humanitarian and compassionate grounds" arising from the political incident that occurred in Tiananmen Square on June 4, 1989" (p.iii). Since two participants who were directly impacted by the Tiananmen Square incident took part in this thesis Zhu's study warranted exploration in relation to the historical factors and adaptation categories.

Zhu (1997) discusses the theoretical aspects of adjustment as "a person's interaction with his or her environment. Interaction implies mutual bearing or influence. Every person is influenced by his or her surroundings, and each has some affect on the particular environmental settings of which he or she is a part" (p.35). Coe (1972) describes how that relationship is dynamic and Arkoff (1968) ties in the affect of attitude, in particular motive, frustration, conflict, anxiety, defence, and learning (p.30). The

findings in this thesis advance the findings of these early researchers. The participants shared experiences of settlement and professional re-entry that demonstrated their adjustment/adaptation processes and the corresponding changes that occurred within those systems over time. From the policy level with the creation of the Internationally-Trained Workers Initiative or changes to the number of residency spots available to IMGs; down to the front-line service delivery with the creation of MCAP or similar NGO versions, systems were responsive by changing to adapt to current needs of IMGs. In support of Arkoff's (1968) six aspects of attitude, this study found evidence of each aspect. Motive was present in the desire to obtain a profession with "prestige" in Canada; frustration was apparent throughout as a result of the systemic barrier of fewer residency spots being allocated to IMGs; conflict resulted out of perceived failed expectations from family in China; anxiety was prevalent because of historic circumstances causing economic and social hardships; defensive perspectives were taken for self-preservation, choosing to pursue related fields or furthering education; and finally learning came as a result of formal and informal factors. The body of knowledge that exists broadly on the subject of adjustment has become more refined over time, gradually building on the initial theories to gain a better understanding (Arkoff (1968); Coe (1972); Magnussen, Duner & Zetterblom (1975); Barocas, Reichman & Schwebel (1983); Haber & Runyon (1984) Miller, Yahne & Rhodes (1990); Miller (1990)).

Zhu (1997) found that most mainland Chinese immigrants who decide to stay in Canada will keep a low-profile in China to avoid any potential embarrassment as a result of choosing a life in Canada. The participants in this study were living that very scenario, only returning to China sporadically, expressing embarrassment at their "lack of success

in Canada". They shared a lack of understanding on the part of their families as to why they would choose Canada over China when in China they had higher status. Zhu (1997) found psychological adjustment and education have influence on cultural assimilation. Since all of the participants had the same educational backgrounds, no exploration on the impact of education on the re-entry process was warranted.

Sayegh & Lasry (1993) look at acculturation, adaptation, and assimilation experiences of immigrants. They advise that further exploration of non-European, non-Western immigrants is merited and "more careful attention to the historical, political, and social forces that shape the migratory experience" (p.100). They also advocate for exploring the reasons why the migration occurred in the first place. These reasons affect attitude and subsequent decisions post-migration. This study addressed these gaps by exploring the participant's experiences according to the historical, political, social, and economic circumstances both in China and Canada. These factors provided highly relevant information that shaped the context for the participant's actions. In addition to looking at the circumstances behind the original migration, as any inter/intra provincial migration that occurred once in Canada's borders were studied as well.

Like Sakomoto et al (2008), Sayegh (1993) emphasizes the role structural and contextual factors play in the receiving country. These factors affected my participant's settlement and professional re-integration; from provincial differences related to licensure, regional economic boom and busts and quality of services available to IMGs in different municipalities. Where they choose to land and eventually settle impacted their adaptation. Since Canada has unique structural and contextual factors according to region, regional differences in Canada in the professional re-entry of immigrant Chinese

physicians is an area of study that could be explored in greater depth in another study. This thesis did not go into great depth in this subject area but there is value in further exploration.

When looking at the literature in the realm of implications for policy, there are relevant examples at the provincial and national level that could be compared to this study and its recommendations. Crutcher, Banner, Szafran & Watanabe (2003) have studied the characteristics of IMGs who applied to the CaRMS 2002 match to gain further knowledge about that population which "could lead to better alignment of IMGs and Canadian health system needs...the published literature lacks comparative data on Canadian and immigrant IMGs" (Szafran, Crutcher, Banner & Watanabe, 2005, p.1245; Crutcher, Banner, Szafran, & Watanabe, 2003). Their web-based survey uncovered that:

- Immigrant IMGs were older, had more post-graduate experience, and were more likely to be married and have children than Canadian IMGs.
- Forty-five percent of both immigrant and Canadian IMGs chose family medicine compared with 30% of Canadian medical school graduates.
- Only 11% of immigrant IMGs were accepted for any residency; 34% of Canadians were accepted in residency (p.1243).

They established that Asia was the primary location where medical training was obtained (35% of participants). The quantitative discovery that there are demographic differences between immigrant IMGs and Canadian medical school graduates substantiates my model for professional re-entry of Chinese IMGs because it takes into account those demographic factors. If immigrant IMGs are more likely to have age, marital status, and children play a role in their professional re-entry, further exploration into structural processes within the professional re-entry process are warranted. Szafran et al. hypothesize that "the older age of IMGs could in part, contribute to the preference

for the shorter training period that family medicine has to offer" (p.1249). This quantitative study provides evidence of trends within the IMG community that could be complimented by further qualitative analysis. They also raise the issue that:

> "some ethnic communities may be better served by physicians of similar ethnic backgrounds (Barer & Stoddart, 1992; Koehn, Fryer, Phillips, Miller & Green, 2002; Pugno & McPherson, 2002). IMGs bring a rich mix of cultures, skills, and attitudes to medicine that can benefit both patients and the medical community. Given current physician shortages in Canada and the increasing diversity of the Canadian population, integrating the skills and potential of unlicensed IMGs currently residing in Canada within the context of pan-Canadian workforce planning would appear to make sense" (Crutcher, Banner, Szafran, Watanabe, 2003, p.1122)

Dr. Nasmith (1993) has done research on pre-residency programs in Canada that prepare immigrant IMGs for practising medicine in the Canadian health care system. She identifies IMGs from United Kingdom, Ireland, South Africa, Australia, and New Zealand as having unique status. In an article she wrote in 2000, she demonstrates the problems associated with the "special status":

> "The Human Rights Commission of British Columbia recently ruled in favour of 5 IMGs who felt they were discriminated against; the commission stated that no individual could be prevented from having access to the training required to obtain a medical licence on the basis of his or her country of origin. This has indeed been the case in some provinces, where only IMGs educated in countries where training was known to meet "accepted standards" were considered" (p.796).

In this thesis, Alice noted in her interview that she found it highly unfair that a British IMG she encountered in a waiting room was given a conditional licence to practice without completing all of the stages she had to complete. Policies such as this can be divisive amongst the IMG population. The recommendation to service providers to use peer-support models in group-study situations should take this factor into consideration.

To further advance previous evidence of scarce resources theory and contact theory in the literature, this study uncovered new examples for the body of knowledge. The scope of this study was to establish learning's from the viewpoint of the participants, filling a gap in the literature. There were certainly examples presented by the participants that indicate support for scarce resources theory through systemic barriers. It was felt that the necessity for immigrants to write an additional medical exam to prove "oh you not an idiot" was an unnecessary exertion of power. Likewise, the limited opportunities for IMGs to obtain residency spots despite passing all of their medical exams in a time of family physician shortages, the "preferential" treatment some IMGs receive as a result of their country of origin, and the perception that foreign experience is harmful (referring to Alice's comment that the West wants to "wash our brains"). There are reasons for each of these systemic policies but the lived reality of those who are prohibited from entering their profession is one of exclusion. At the individual-level between the participants and physicians there was no indication of scarce resources theory.

With respect to contact theory, all of the accounts from the participants that speak of encounters with Canadian physicians are positive, supportive, and encouraging. It seems at the individual level there is support for contact theory. There were no instances reported that indicated negative relations as a result of an encounter.

5.4. Implications

5.4.1. Practice Implications

Within any organization that is looking to implement this theory (from front-line immigrant-serving agencies to the medical community involved in the licensure process) there are practices that can observed to address the elements in the model. The practical

application of the model is twofold; firstly there is an element that needs to be implemented with the IMGs themselves. Secondly, an element that needs to be implemented at the systems level, between organizations.

Recognizing that some or all of the aspects of an organization utilize a top down approach (particularly within government), accommodations need to be made to incorporate at least one bottom up approach. Service providers cannot effectively deliver services without understanding the clientele they are working with. Mechanisms need to be built in to regularly gather participant's wealth of knowledge. Too frequently organizations focus on satisfaction with service (to appease funders) rather than assessing other valuable aspects such as participant's knowledge of barriers to access (both systemic and individual) and soliciting feedback on the organization's communication model (are they effectively getting information to the stakeholders? Is it quality information?). Participants in this study clearly articulated barriers to access, problems with communication and access to information, and insights of the nuances within their cultural group that could inform service providers as to how to improve their quality. Unfortunately, all too often that *type* of information is never gathered and agencies develop policies and programs in isolation from their clientele.

At the systems level, in the professional re-entry process for international medical graduates there needs to be a shift in thinking to see all relevant service providers as connected and part of a continuum. If the front-line settlement agency does not do an effective job in communicating then perhaps the IMG may never even have contact with the licensure process if the factors that were raised in the model are not addressed (e.g., age, marital status, language barriers, etc). Organizations in the immigrant sector

(including government) need to build in formalized processes to share information and learnings amongst each other.

Specific to the social work profession, this study explored the professional re-integration of Chinese physicians which encompasses issues of settlement, service provision, and support networks. Within these areas, the participants identified barriers as well as successful courses of action that social workers can employ in their service delivery.

The implications for social work practice vary for direct service practitioners compared to social workers employed in advocacy, policy or funder-level positions. Those working in direct service delivery are in a difficult position in the sense that they are at the whim of funders' "priorities" and legislated immigration processes. As a result, they do not always have the ability to be reactive to changing circumstances and respond to immigrant needs. There are however, certain processes that could be put into place to mitigate the social, economic, and political changes that occur throughout the course of a year to be responsive to immigrants during their settlement period. Creating and enhancing mentorship opportunities for skilled immigrants to connect with members of their professional field from their cultural background who are already established in Canada is one action that would allow enough flexibility for the IMGs to get assistance with current issues. Connecting them with professional assistance from within their ethno-cultural group would also help to address some of the cultural-specific issues the IMGs face.

The second thing that front-line service providers can do is build strong networks of support amongst their clients who are from the same profession. Calgary is fortunate

to have AIMGA serving IMGs, who by all accounts is doing a lot of things right. The participants all reported positive experiences with the work AIMGA is doing to assist IMGs. They build on the strengths of their members by linking them together for support and study groups. They are also more widely accessible than some of the government-run programs designed to assist IMGs. A learning that came out of this study that could enhance their service delivery is that the IMGs rely too strongly on word of mouth information through informal sources for information about the formalized licensure process. If the agency can also assist in delivering relevant information about the licensure process and clarifying any misnomers about "success" rates in obtaining residency positions, it would be beneficial for the IMGs to have accurate information. As discovered in this study, IMGs find it very discouraging to hear about the negative outcomes of their peers without knowing for certain if their experience is likely or unlikely to happen to them as well. For the participants that had experienced organizations similar in structure to AIMGA in other provinces, their reports were that AIMGA did the best job.

Immigrant-serving agencies that focus on general settlement need to be cognisant of the relevance of demographic factors for new Chinese immigrants. The participants learned that age, gender, and marital status are not deterrents for pursuing their careers through informal sources such as friends, co-workers, and Canadian physicians long after they settled and were working in related fields. Perhaps having that knowledge when they migrate might help narrow the gap for achieving income parity.

For those social workers who are working at the macro level, this study revealed considerations to be taken at that level as well. Advocacy is a key role social workers

play for those that are marginalized in society and one of the participants even identified the importance of AIMGA advocating for them to the government and the media. There is a lot of bureaucracy with IMGs re-entering their profession in Canada. The federal government largely controls immigration, provinces can identify employment sector deficits thereby making accommodations for some immigrant populations, and professional associations and regulatory bodies add yet another layer of standards and requirements.

The immigrant's voices need to be heard at all of those levels as decisions are being made that affect the Canadian health care system and social workers are perfectly situated to represent them. Whether it is in the public forum via media sources, in immigrant-serving agencies that do advocacy, or within their own organizations since many social workers work for influential agencies.

For social workers who work for funders of social agencies, bringing an awareness of the issues skilled immigrants are facing and the flexibility the agencies require to effectively work with them is essential. Advocacy for policy changes within their own agencies can create a domino effect for other agencies, then it should be done.

5.4.2. Implications for Social Work Education

First and foremost this study contributes to the social work knowledge base. Additionally, it has a multi-disciplinary context benefiting those in the health field as well. It touches on issues of settlement, integration, and professional re-entry; all of which are relevant for social work educators in the realm of courses that touch on immigrant experience. Many social workers go on to work a combination of front-line service and macro-level social work throughout their careers which will inevitably

involve cross-cultural knowledge since immigrants are woven into the fabric of our society. To equip future social workers to effectively work across cultures, they need to have a solid understanding of the complexity around immigrant issues. There is a tendency to place a lot of emphasis on the actions taken by the immigrant but caution needs to be exercised to look at the broader systemic barriers in the receiving country to fully understand their circumstances. Conversely, factoring in the demographic characteristics of my participants such as age, gender, marital status, children, and family in China resulted in a multi-faceted approach to better understanding their professional re-entry; emphasizing the importance of examining micro factors as well. This study provided a model that demonstrates how inter-related micro and macro factors are when working with social work clients.

Social work educators should also be diligent to instil in their students the value of learning from a qualitative study such as this without generalizing findings. Although this study's target group was Chinese immigrants there are regional, cultural, and class differences within ethno-cultural groups that prevent the findings from being generalized due to the small sample size and the nature of the study. As noted in the literature review, there have been studies that have attempted to isolate for some of these factors, but social work students should understand that qualitative studies such as this add to the knowledge base because of the rich detail of the participant's accounts and not representative sample sizes. It is an example of grounded theory methodology being applied in a local context.

Strauss and Corbin (1998) describe the context of such a study:

> We are not suggesting that a substantive theory (one developed from the study of one small area of investigation and from one specific population) has the

explanatory power of a larger, more general theory...However, the real merit of a substantive theory lies in its ability to speak specifically from the populations from which it was derived and to apply back to them. (p.267)

5.4.3. Further Research

This study explored the professional re-entry of Chinese physicians in Calgary but it did not explore the experiences of Chinese physicians who chose to give up their profession in Canada. That population merits study to establish what determinants impacted their decision to pursue a different course of action. If their reasons were primarily due to systemic issues such as the unavailability of residency spots, perhaps in light of recent changes to that system the attrition rate will decrease over the coming years. If the reasons were based on micro demographic factors then it would further support this study's notion that demographic factors impact attitude and adaptation thereby warranting further attention by social work practitioners.

Although this study was open to ethnic Chinese participants from abroad, only inquiries from mainland Chinese citizens were received. This circumstance provided an opportunity to get a rich, in-depth knowledge of the experiences of mainland Chinese immigrants but it also presents an opportunity for further research to ascertain unique regional characteristics amongst Chinese IMGs. Since it was also raised by the participants that they felt Cantonese-speaking Chinese are more connected to each other in Calgary, there could be secondary knowledge gained about the role of culturally-based support systems in the professional re-entry process.

A third recommendation for further research is to gain a better understanding of the Chinese IMGs who are successful in re-entering their profession. This study focussed on people who were in the professional re-entry process therefore they contributed

knowledge of a portion of the journey. The remaining leg of the journey could fill a gap in the research community for this population.

5.5. Assessment of the Study

5.5.1. Assessment of the Research Process

There is extensive commentary available on the subject of criteria for evaluating qualitative research (Altheide & Johnson, 1994; Ambert et al, 1995; Bradley, 1993; Elder & Miller, 1995; Ferguson & Halle, 1995; Fitch, 1994; Charmaz, 2006; Silverman, 2004; Chiovitti & Piran, 2003). The third chapter on methodology, describes the steps that were taken to ensure trustworthiness, credibility, transferability, dependability and confirmability in the research. This section will supplement that by exploring the adequacy of the research process and the empirical grounding of the research. Strauss & Corbin (2008) outline eight conditions that foster the construction of "quality" research and they identify ten criteria for judging the quality of research.

5.5.2. Eight Conditions that Foster the Construction of "Quality" Research

1) Methodological consistency (Flick, 2002; Morse, Barret, Mayan, Olson, Spiers, 2002)

This condition refers to consistency throughout the methodological process without variance in procedure. Baker, Wuest, and Stern (1992) refer to variances as ""method slurring" or combining philosophically different qualitative methods, and if researchers use only some but not all of the major procedures that are part of a method, then they are likely to lose some of the credibility associated with that method" (Strauss & Corbin, 2008, p.302). There are many versions of grounded theory, each with their own methodological implications linked to their philosophical underpinnings. It was made clear that the application of constructivist grounded theory according to Charmaz

(2006) was used throughout the study. Where there were features that were unique to constructivism according to Charmaz such as conducting a literature review prior to data collection, and the divergence from classic grounded theory with respect to initial coding and pre-conceived concepts, allegiance to Charmaz's (2006) methodology and reasons for it were carefully documented.

2) Clarity of purpose

This condition refers to the researcher being "clear at the onset of a study whether the aim is description or theory building" (Corbin & Strauss, 2008, p.303). Throughout this study, the purpose of generating theory and building a model to further inform social work practice has been committed throughout. Having supervisor de-briefings were influential in determining whether the study would examine experiences in a phenomenological context or generate theory in a grounded theory context.

3) Self-awareness (Hall & Callery, 2001)

This condition refers to "the researcher (as interpreter) is such an integral part of both the research process and the findings, it is important that a researcher remain aware of his or her biases and assumptions" (Corbin & Strauss, 2008, p.303). In the chapter on methodology any potential biases that could implicate perspective were identified. Checks and balances were put in place and noted in that chapter to help mitigate the impact of those biases.

4) Training to do qualitative research

"Doing quality qualitative research requires a sound educational foundation in methods, data gathering, and analysis-just as quantitative research does" (Corbin & Strauss, 2008, p. 304). The Faculty of Social Work provides a solid foundation in

qualitative research methodology at the master's level. Additionally having undergraduate degrees in sociology and social work provided further research methods courses. Any uncertainty that was encountered in the research process was flagged and discussed with supervisors and fellow peers in social work.

5) That the researcher has "feeling" and sensitivity for the topic, for the participants and for the research.

"A cold and distant researcher may serve to enhance the "validity" of qualitative research from developing the sensitivity, empathy, carefulness, respect, and honesty (Davies & Dodd, 2002) needed to accurately capture the viewpoint of participants (Corbin & Strauss, 2008, p.304). Being forthright, a potential bias that may have impacted the research process early on is having a personal connection to immigrant issues. There is no question that empathy and respect are felt for the participants in this study, recognizing the great challenges that immigrants face.

6) A willingness to relax and get into touch with the creative self

"Getting out of your conceptual ruts (Wicker, 1985) means being willing to brainstorm, turn things upside down, make theoretical comparisons, and think about things in new ways" (Strauss & Corbin, 2008, p.304). A lot of time was spent analyzing the data, both on paper and it Atlas-ti, trying to visualize different patterns and combinations within the themes. The qualitative research paradigm lends itself to greater creativity as the researcher plays a role in assessing and interpreting data.

7) Methodological awareness

Indicating that the researcher should be aware of the implications of decisions he or she makes throughout the process (Seale, 2002, p.108). This encompasses preparing

for any potential criticisms. By justifying any methodological choices as they were made it helped to stay on track personally as well as for the oral exam. Making notes throughout the process as things arose helped to identify things that needed additional consideration.

8) To do research for its own sake

Corbin (2008) cautions about students undertaking research projects to fulfill graduate program requirements without having a passion to do the research. MSW students have the option of choosing to do a case study or a thesis and the decision to choose the thesis option was tied to a desire to conduct a larger research study with a research topic and target population that were genuinely interesting which helped to sustain a commitment to the longevity required. Witnessing some fellow graduate students struggle because they did not feel attached to their projects was motivation to stay close to research without any time lapses to minimize any chance of feeling disengaged.

5.5.3. Ten Criteria for Judging the Quality of Research

1) Fit

"Does the study ring "true" to professionals and the participants who took part in the study?"(Lomberg & Kirkewold, 2003; Strauss & Corbin, 2008, p.305). This study consistently integrated the testimonies of the participants to demonstrate themes that emerged. As such very little paraphrasing was used, wanting the participants to see their own words so that the similarities and differences amongst their stories would be evident and "ring true". For the academic audience, the rigor that was built in to the process

should instil confidence in the results. The logical sequence depicted in the model speaks to a relationship between the primary categories.

2) Applicability

"Can they be used to develop policy, change practice, and add to the knowledge base of a profession?" (Corbin & Strauss, 2008, p.305). In the sections titled "Implications for social work practice" and "Implications for social work education" examples are cited as to how this study contributes to learnings for social work practice and the profession's knowledge base. This study has multi-disciplinary benefits; practitioners & educators in the health field can also apply the learnings to their policies and practices.

3) Concepts

"What is important is that findings have substance, or that they must be something more than a mass of un-interpreted data that leave the reader trying to figure out what to make of it" (Corbin & Strauss, 2008, p.305). The fourth chapter introduced the major categories and showed the supporting evidence from each of the participants that led to the creation of the categories. Chapter five introduced the model of professional re-entry for Chinese physicians; giving the reader not only a visual depiction of the theory but a section following that interpreted the model and its fitness.

4. Contextualization of concepts

"Findings devoid of context are incomplete" (Corbin & Strauss, 2008, p.306). It has been demonstrated throughout this study that context is everything. The unique characteristics within each of the concepts, both at the micro and macro levels,

cumulatively make up the overall context. Social science concepts are not black and white; they should be couched in the relevant context.

5. Logic

"Are methodological decisions made clear so that the reader can judge their appropriateness for gathering data and doing analysis" (Corbin & Strauss, 2008, p. 306). Constructivist grounded theory according to Charmaz (2006) provided the guidelines and foundation for the study. Justification for positions taken were provided at every step, recognizing that there is a divergence within grounded theory philosophy and methodology.

6) Depth

"While concepts provide a common language for discussion and give organizational structure to the findings, it is the descriptive details that add the richness and variation and lift the findings out of the realm of the ordinary" (Corbin & Strauss, 2008, p.306). By using direct quotes from the rich data that was collected, the emotion that the participants conveyed in their interviews was shared. That emotion translated methodological categories into real human experience, giving depth and an opportunity for connection to the reader.

8) Creativity

"Does the research say something new or put old ideas together in new ways? It is not that the topic needs to be new, but that new understandings of that topic are brought forth" (Corbin & Strauss, 2008, p.306). Charmaz (2006) also writes about refining existing ideas. This study dealt with existing concepts but delved into defining new

relationships between them. The relationships helped to explain the professional re-entry process as participants fluctuated back and forth between the categories in their journey.

9) Sensitivity

"Were the questions driving the data collection arrived at through analysis, or were concepts and questions generated before the data were collected?" (Corbin & Strauss, 2008, p.306). There were no concepts that were pre-defined before data collection. After data collection began, the initial stages of data analysis followed which consequently resulted in a new interview guide. As the interviews proceeded and themes emerged through the coding process, categories were formed.

10) Memos

"Since a researcher can't possibly recall all of the insights, questions and depth of thinking that goes on during analysis, memos are among the most necessary of all procedures" (Corbin & Strauss, 2008, p. 307). The entire thesis was handwritten in a large coiled notebook that contained notes written in the margins throughout. As thoughts arose, memos would be noted to return to for analysis. In addition, during the interviews notes were taken deemed necessary to clarify any language difficulties that could pose as a problem in transcription. As the participants were sharing their stories, notes were made as prompts to pursue certain topics they introduced through the course of disclosure.

5.5.4. Evaluation of the Model for the Professional Re-Entry of Chinese Physicians

The roots of grounded theory with Glaser and Strauss' (1967) outline of applying grounded theory as a guideline were revisited to assess the model. The four principles they identify are as follows:

1) That the theory must fit the substantive area in which it will be used
2) It must be readily understandable by laymen concerned with this area
3) It must be sufficiently general to be applicable to a multitude of diverse daily situations within the substantive area
4) It must allow the user partial control over the structure and process of daily situations as they change through time.

The model complies with each of these areas. It fits within the substantive area in which it will be used; the model is applicable for social work and health practitioners. The model has been developed in such a way that laymen from either discipline can easily understand it. Because the categories that were analyzed were broad, they are general enough to be applicable to a multitude of diverse daily situations within the substantive area. The model is flexible to adapt over time, recognizing that immigrant issues are not static.

5.6. Concluding Comments

This study was relevant for multiple reasons; personal interest in the Asian culture in Calgary, professional experience working front-line as well as at the policy level in the immigrant sector, the trend in demographics that demonstrate increased numbers of Asian immigrants to Canada, and the perplexing issue of physician shortages in the health care system despite having many immigrant physicians within Alberta's borders. After reviewing the literature there was an opportunity to build theory that could assist both service practitioners as well as social workers operating at the macro level.

The study revealed examples of systems and structures that are working well in Alberta; conversely it also showed systems that could be strengthened. Further qualitative and quantitative research with different immigrant populations is merited to uncover new learnings for IMGs re-entering their profession in Calgary.

Hopefully, the social injustice of skilled immigrants not having an equal opportunity to re-enter their professions in Canada will one day be absolved. They are compliant with demonstrating their skill and knowledge in their area of expertise via Canadian means testing. If successful, they should have access to the same opportunities Canadian-born medical graduates have. As a small nation that cannot sustain itself due to declining birth rates, resulting in a dependence on foreign labour pools; Canada needs to adapt processes that hinder immigrants' successful integration into the labour force. It is fiscally and ethically responsible to nurture the resources we currently have within our borders before we look to harvest resources from other nations.

REFERENCES

The Government of Alberta (2005). Supporting Immigrants and Immigration to Alberta. (Human Resources and Employment, Economic Development, Advanced Education, International and Intergovernmental Relations). Retrieved on November 3, 2006 from http://www.hre.gov.ab.ca/ documents/WIA/WIAIM_policy_framework.pdf

Alberta International Medical Graduate Association. http://aimga.tripod.com/

Alberta International Medical Graduate Program. http://www.aimg.ca/index.php

Alberta Physician Link. http://www.albertaphysicianlink.ab.ca/requirements/ licensing.html

Altheide, D.L. & Johnson, J. (1994). Criteria for assessing interpretive validity in qualitative research. In N.Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (p.485-499). Thousand Oaks, CA: Sage.

Ambert, A.M., Adler, P.A., Adler, P., Detzner, D. (1995). Understanding and evaluating qualitative research. *Journal of Marriage and the Family, 57,* p.879-893.

Arkoff, A. (1968). *Adjustment and mental health.* USA: McGraw-Hill Book Company.

Baerlocher, M. (2006). The importance of foreign-trained physicians to Canada. *Clinical and Investigative medicine, June, vol.29, issue 3,* p.151-153.

Baker, C., Wuest, J., & Stern, P. N. (1992). Method slurring: The ground theory/ phenomenology example. *Journal of Advanced Nursing, 17* (11), 1355-1360.

Barocas, H., Reichman, W. & Schwebel, A. (1983). *Personal adjustment and growth: A life span approach.* USA: St. Martin's Press.

Bennet-AbuAyyash, C.W., Esses, V.M., & Dietz, J. (2007). The role of religious prejudice in the evaluation of foreign-trained job applicants. In J. Dietz, C. Joshi, & D.D. Stone (Chairs), *Employment discrimination against immigrants: antecedents and the complexity of remediation.* Symposium to be conducted at the annual meeting of the Society for Industrial and Organizational Psychology, New York, N.Y.

Blumer, H. (1969). *Symbolic intervention, perspective and method.* Englewood Cliffs, NJ: Prentice Hall.

Bourgeault, I.L. (2007) Brain Drain, Brain Gain and Brain Waste: Programs

aimed at Integrating and Retaining the Best and the Brightest in Health Care. *Special Issue of Canadian Issues/Thèmes canadiens.*p.96-100.

Boyd, M, & Schellenberg, G. (Winter 2007) Re-accreditation and the Occupations of Immigrant Doctors and Engineers. *Canadian Social Trends; Issue 84,* 2-10.

Bradley, J. (1993). Methodological issues and practices in qualitative research. *Library Quarterly, 63,* 411-430.

Bryant, A. (2002). Re-grounding grounded theory. *Journal of information technology theory and application, 4(1),* 25-42.

Bryant, A. (2003). A constructive/ist response to Glaser. FQS Forum for Qualitative social research, 4(1).Retrieved from www.qualitative-research.net/fqs/.

Busing, N. (2007). Managing physician shortages: We are not doing enough. *Canadian Medical Association Journal. 176 (8).* p. 1057.

Charmaz, K. (1995). *Grounded theory.* In J.A. Smith, R. Harve, & L. Van Langenhowe (Eds.), *Rethinking methods in psychology.* p. 27-49. London: Sage.

Charmaz, K. (2000). *Constructivist and objectivist grounded theory.* In N.K. Denzin & Y. Lincoln (Eds.), Handbook of qualitative research 2nd ed., p. 509-535. Thousand Oaks, CA: Sage.

Charmaz, K. (2002). Grounded theory: methodology and theory construction. In N.J. Smelser & P.B. Baltes (Eds.), International encyclopedia of the social and behavioural sciences. p. 6396-6399, Amsterdam: Pergamon.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Sage publications: London.

Charmaz, K. (2006). *Constructing grounded theory.* Thousand Oaks, CA: Sage.

Charmaz, K. (2006). *Grounded theory.* In G. Ritzer (eds.), Encyclopedia of sociology. Cambridge, MA: Blackwell.

Chiovitti, R.F., & Pirin, N. (2003). Rigour and grounded theory research. *Journal of Advanced Nursing, 44*(4), p. 427-435.

Citizenship and Immigration Canada, (2005). *Government of Canada announces internationally trained workers initiative.* Retrieved October 12, 2006 from http://www.cic.gc.ca/english/press/05/0513-e.html

Citizenship and Immigration Canada. (1998). *Medium term research framework.* Retrieved on October 18, 2006 from http://www.cic.gc.ca/english/research/papers/framework.html

Citizenship and Immigration Canada (2008). *Facts and Figures 2008. Immigration overview: Permanent Residents and Temporary Residents.* Table: tab290p.canada: Permanent Residents by category and source area 1999-2008.

Citizenship and Immigration Canada (2008). *Facts and Figures 2008. Immigration overview: Permanent Residents and Temporary Residents.* Table: tab130p.canada: Permanent Residents by category 1999-2008.

Citizenship and Immigration Canada (2009). *Facts and figures 2009. Immigration overview: Permanent and Temporary Residents.* Retrieved from http://www.cic.gc.ca/english/resources/statistics/facts2009/permanent/01.asp

Citizenship and Immigration Canada. 2010. *Enhanced Language Training.* Retrieved from http://www.cic.gc.ca/EnGLIsh/department/partner/elt-spo.asp

Citizenship and Immigration Canada. 2010. Provincial Nominees. Retrieved from http://www.cic.gc.ca/english/immigrate/provincial/index.asp

Clarke, A.E. (2003). Situational analyses: Grounded theory mapping after the post modern turn. *Symbolic interaction, 26,* 553-576.

Clarke, A.E. (2005). *Situational analysis: Grounded theory after the post modern turn.* Thousand Oaks, CA: Sage.

Coe, W. (1972). *Challenges of personal adjustment.* USA: Rinehart Press.

College of Physicians and Surgeons of Alberta. http://www.cpsa.ab.ca/Services/Registration_Department/Alberta_medical_licence/Overview.aspx

Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology, 13,* 3-21.

Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research 3e.* Thousand Oaks, CA: Sage.

Creighton-Kelly, A. & Dachsel, M. (2004). A survey of skilled immigrants with long-term attachment to the labour market, Retrieved November 1, 2006 from http://www.ecdev.gov.bc.ca/ProgramsandServices/IQU/resources/

p018-2_ymca.pdf

Creswell, John. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Sage publications: London.

Crutcher, R., Banner, S., Szafran, O., & Watanabe, M. Characteristics of international medical graduates who applied to the CaRMS 2002 match *Canadian Medical Association Journal,* Apr 2003; 168: 1119 - 1123.

Crutcher, R., Banner, S., Szafran, O., & Watanabe, M. Canadian and immigrant international medical graduates. *Canadian Family Physician.* 2005 Sep;51:1242-3.

Crutcher, R. (2007). The Alberta international medical graduate program. *Canadian Issues,* spring, p.90-95.

Dauphinee, D. (2005). Physician migration to and from Canada: The challenge of finding the ethical and political balance between the individual's right to mobility and recruitment to undeserved communities. *Journal of Continuing Education in the Health Profession. 25,* p.22-29.

Davies, D., & Dodd, J. (2002). Qualitative research and the question of rigor. *Qualitative Health Research, 12*(2), p.279-289.

Denzin, N.K. & Lincoln, Y.S. (1994). *Handbook of qualitative research.* Thousand Oaks, CA: Sage.

DeVoretz, D.J.,& Zhang, K. (2003). *Triangular human capital flows: some empirical evidence from Hong Kong. Host societies and the reception of immigrants,* ed. J.G. Reitz, p.469-92. San Diego: Center for U.S.-Mexican Studies, University of California

Dietz, J. Esses, V.M., Bhardwaj, A., & Joshi, C. (2005, April). Employment discrimination against ethnic immigrants: The role of foreign credentials. In J. Dietz, A. Bhardwaj, &C. Joshi (Chairs), *U.S., German, and Canadian perspectives on employment discrimination against immigrants.* Symposium conducted at the annual meeting of the society for Industrial and Organizational Psychology, Los Angeles, CA.

Ehman, A.J. & Sullivan, P. (2001*).* South Africa appeals to Canada to stop recruiting its MDs. *Canadian Medical Association Journal. 164 (3).*

Elder, N.C., & Miller, W.L. (1995). Reading and evaluating qualitative research studies. *Journal of Family Practice, 41,* p.279-285.

Esses, V., Dietz, J., & Bhardwaj, A. (2006). The role of prejudice in the

discounting of immigrants skills. In R. Mahalingam (Ed.), *Cultural psychology of immigrants* (p. 113-130). Mahwah, NJ: Lawrence Erlbaum.

Esses, V.M., Dietz, J. & Dixit, R. (2006, June). The role of subtle prejudice in perceptions of skilled immigrants. In R.Mahalingam (Chair), *Immigrants, social marginality, and psychological well-being: An intersectionality perspective.* Symposium conducted at the biennial meeting of the Society for the Psychological Study of Social Issues, Long Beach, CA.

Esses, V., Dietz, J., Bennet-Abuayyash, C., & Joshi, C. 2007. Prejudice in the Workplace: The role of bias against visible minorities in the devaluation of immigrants' foreign-acquired qualifications and credentials. *Canadian Issues Spring Edition,* p.114-118.

Ferguson, D.L. & Halle, J.W. (1995). Consideration for readers of qualitative research. *Journal of the Association for Persons with Severe Handicaps, 20(1),* p.1-2.

Fitch, K.L. (1994). Criteria for evidence in qualitative research. *Western Journal of Communication, 58(1),* p.32-38.

Flick, U. (2002). *An introduction to qualitative research* (2nd ed.). Thousand Oaks, CA:Sage.

Fooks, C. (2003). Moving towards national resource planning in Canada: Still looking for a home. *Canadian Policy Research Networks.*

Froschauer, Karl, and Lloyd Wong. Understanding immigrants' initiatives in the new economy: The case of Western Canada. *Canadian Ethnic Studies Journal 38.2* (Summer 2006): 86(18).

Gibson, Margaret A. (2001). Immigrant adaptation and patterns of acculturation. *Human Development, 44(1),* p.19-23.

Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory: strategies for qualitative research.* Chicago: Aldine.

Glaser, B. & Strauss, A. (2006). *The discovery of grounded theory: strategies for qualitative research.* Aldine Transaction: New Brunswick.

Government of Canada. Human Resources Social Development (2005). *The internationally trained workers initiative.* Retrieved on October 18, 2006 from http://www.hrsdc.gc.ca/en/cs/comm/ hrsd/news/ 2005/ 050425bg.shtml

Graham, J., Swift, K., & Delaney, R. (2003). *Canadian Social Policy: An introduction.* (2nd Ed). Toronto: Prentice Hall.

Gregoire, Lisa. (2003). Alberta steps up recruitment of foreign professionals. *Canadian Medical Association. Journal, 168(4),* p.474.

Grinnell, R. & Unrau, Y. (2005). *Social Work research and evaluation: Quantitative and Qualitative approaches. (7th ed.)* NewYork: Oxford University Press.

Guba, E.G. (1981). Criteria for accessing the trustworthiness of naturalistic inquiries.*Educational Communication and Technology Journal,* 29, p.75-92.

Guba, E. & Lincoln, Y.S. (1988). *Do inquiry paradigms imply inquiry methodologies?* In D.M. Fetterman (Ed.), *Qualitative approaches to evaluation in education* p.89-115. New York: Praeger.

Guba, E. & Lincoln, Y.S. (1994). *Competing paradigms in qualitative research.* In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* p. 105-117. Thousand Oaks, CA: Sage.

Guo, S. & DeVoretz, D. (2005). The Changing faces of Chinese immigrants in Canada, (Working paper series, No. 05-20), Vancouver Centre of Excellence, Research on immigration and integration in the metropolis. p.1-34.

Guo, S. & DeVoretz, D. (2006). Chinese immigrants in Vancouver: Quo Vadis? (Working paper series, No. 05-20), Vancouver Centre of Excellence, Research on immigration and integration in the metropolis. p. 1-23.

Guo, S., DeVoretz, D.J.(2006). The Changing Face of Chinese Immigrants in Canada. *Journal of International Migration & Integration. 7 (3),* p.275-300.

Haber, A. & Runyon, R. (1984). *Psychology of adjustment.* USA: The Dorsey Press.

Hall, W.A., & Callery, P. (2001). Enhancing the rigor of grounded theory: Incorporating reflexivity and relationality. *Qualitative Health Research,* 11(2), p.257-272.

Hawthorne, L. (2007). Foreign Credential recognition and Assessment: An Introduction. *Canadian Issues Spring Edition 2007,* p.3-13.

Health Canada, (2005). Health policy and Communications Branch. *Health*

human resources: Balancing supply and demand. Ottawa: Cesa & Larente. Retrieved on March 12, 2010 from http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2004-8- hhr-rhs/intro-eng.php

Holosko, M. (2001). Chapter 14, Overview of qualitative methods. In B. Thyer (Ed.), *The handbook of social work research methods,* p.263-272. Thousand Oaks, CA: Sage.

Hou, F., & Beiser, M. (2006). Learning the language of a new country: A ten-year study of English acquisition by South-East Asian Refugees in Canada. *International Migration. 44* (1), p.135-165.

Human Resources and Employment Economic Development Advanced Education International and Intergovernmental Relations. (2005). Supporting Immigrants and Immigration to Alberta. Retrieved from http://employ ment.alberta.ca/ documents/WIA/WIA-IM_policy_framework.pdf

Hunter, A., Lusardi, P., Zucker, D., Jacelon, C., & Chandler, G. (2002). Making meaning: The creative component in qualitative research. *Qualitative Health Research, 12*(3), p.388-398.

Hutchinson, S. (2001). *Grounded Theory: The method.* In P.L. Munhall (Ed.), *Nursing research: A qualitative perspective* p.209-243. Sudbury, MA: Jones and Bartlett.

Hyndman, J., Schuurman, N., & Fiedler, R. 2006 (winter). Size matters: Attracting new immigrants to Canadian cities. *Journal of International Migration and Integration,* 7(1), 1-26. Retrieved August 22, 2007, from Soc INDEX with Full text database.

Inter-Cultural Association of Greater Victoria. (2004) *Defining the Challenge: Skilled immigrants and labour market access in the capital region.* Retrieved on October 25, 2006 from http//: www. Ecdev.gov.bc.ca /ProgramsAndServices/ IQU/resources/exp020.ica.pdf

Khan, C. (2007). The Closed Door: Credentialized Society and Immigrant Experiences. *Canadian Issues Spring Edition 2007,* p.63-66.

Labonte, R., Packer, C., Klassen, N. (2006). Managing health professionals migration from Sub-Saharan Africa to Canada: A stakeholder inquiry into policy options. *Human Resources for Health.* p.4-22.

Li, P. (2005). The rise and fall of Chinese immigration to Canada: Newcomers from Hong Kong Special Administrative Region of China and mainland China, 1980-2000. *International Migration, 43,* p.9-32.

Li, P. S., & Chunhong, D. (Feb. 2007). Earnings of Chinese immigrants in the enclave and mainstream economy. *The Canadian Review of Sociology and Anthropology 44*.1: 65(35).

Lomberg, K., & Kirkevold, M. (2003). Truth and validity in grounded theory- A reconsidered realist interpretation of the criteria: Fit, work, relevance and modifiability. *Nursing Philosophy, 4(3),* p.189-200.

Magnusun, D., Duner, A. & Zetterblom, G. (1975). *Adjustment, a longitudinal study.* Sweden :Almqvist & Wiksell Uppsala.

Man, Guida. (2004). Gender, work and migration: Deskilling Chinese immigrant women in Canada. *Women's Studies International Forum, 27*, p.135-148.

Mead, G.H. (1964). *George Herbert Mead on social psychology.* Chicago: University of Chicago Press.

Medical Communication Assessment Project: An Alberta Project for International Medical Graduates. (2010). Retrieved from http://www.m-cap.ca

Medical Council of Canada. http://www.mcc.ca/en/IMGs.shtml

Miller, D. (1991). *Handbook of research design and social measurement.* New York: Longman Inc.

Miller, W., Yahne, C. & Rhodes, J. (1990). *Adjustment: The psychology of change.* USA: Prentice Hall, Inc.

Morse, J.M. (1994). *Designing funded qualitative research.* In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* p.220-235. Thousand Oaks, CA: Sage.

Morse, J.; Barrett, M.; Mayan, M.; Olson, K., & Spiers, J. (Dec. 2008) Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods, North America, 119*

Mulder, M. & Krahn, H. (Nov, 2005). Individual and Community-level Determinants of Support for Immigration and Cultural Diversity in Canada. *Canadian Review of Sociology & Anthropology,* 42 (4), p.421-444. Retrieved August 22, 2007, from Academic Search Premier Database.

Nasmith, Louise. (2000). Licence requirements for international medical graduates: Should national standards be adopted? *Canadian Medical Association Journal, 162(6),* p.795-6.

Patton, M. (2002). *Designing qualitative research studies*. In M. Patton, *Qualitative research and evaluation methods*, p.230-246. Thousand Oaks, CA: Sage.

Redfield, R., Linton, R., & Herskovits, M. J. (1936). Memorandum for the study of acculturation. *American Anthropologist, 38*, p.149-152.

Report of the Canadian Task Force on Licensure of International Medical Graduates.February, 2004: 1-43. Retrieved from http://www.img-canada.ca/en/pdf/img3.pdf

Sakamoto, I. (2006). Employment Challenges, Access to Services and Resiliency: Experiences of "Earlier" mainland Chinese skilled immigrants in Toronto Retrieved on November 6, 2006 from http://www.ceris.metropolis.net/ Virtual%20library/rfpreports/sakamoto2004.pdf

Sakamoto, I., Wei, Y., & Truong, L. (2008). How do organizations and social policies 'acculturate' to immigrants? Accommodating skilled immigrants in Canada. *American Journal of Community Psychology. 42*. p.343-354.

Sandelowski, M (1998). The call to experts in qualitative research. *Research in Nursing and Health, 21*, 467-471.

Sayegh, Liliane, & Lasry, Jean-Claude. (1993). Immigrants' adaptation in Canada: assimilation, acculturation, and orthogonal cultural identification. *Canadian Psychology, 34(1)*, p.98-109.

Seale, C. (1999). *The quality of qualitative research*. London: Sage.

Seale, C. (2002). Qualitative issues in qualitative inquiry. *Qualitative Social Work, 1(1)*,p.97-110.

Shi, Y. (2004). The impact of Canada's new immigration act on Chinese independent immigrants. *Canadian journal of urban research, 13, issue 1*, p.140-154.

Silverman, D. (2004). *Doing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

Speziale, H. & Carpenter, D. (2007).*Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins: Philadelphia.

Statistics Canada. (2003). Longitudinal survey of immigrants to Canada: Progress and challenges of new immigrants in the workforce. *Social and Aboriginal Statistics Division*. Ottawa: Chui & Tran.

Statistics Canada. (2003). Earnings of immigrants in the 1990s. *Canadian Social Trends.* Ottawa: Chui & Zietsma.

Statistics Canada. (2004). Immigrants in demand: staying or leaving? *Canadian Social Trends.* Ottawa: Dryburgh & Hamel.

Statistics Canada. (2005). Enriching the cultural mosaic. *Canadian Social Trends.* Ottawa: Chui, Tran, & Flanders.

Statistics Canada, 2006 Census of Population, Statistics Canada catalogue no. 94 -577-XCB2006004

Statistics Canada. (2007) Immigrants' perspectives on their first four years in Canada: Highlights from three waves of the Longitudinal Survey of Immigrants to Canada. *Social and Aboriginal Statistics Division.* Ottawa. Schellenberg & Maheux.

Statistics Canada. (2008). Canadian Demographics at a Glance. *Demography Division.* Ottawa. Retrieved from http://www.statcan.gc.ca/pub/91-003-x/91-003- x2007001-eng.pdf

Statistics Canada. (2009). The 2008 Canadian immigrant labour market: Analysis of quality of employment. *Labour Statistics Division.* Ottawa: Gilmore.

Statistics Canada. (2010). Immigrants working in regulated occupations. *Labour Statistics Division.* Ottawa: Zietsma.

Stilwell, B., Diallo, K., Zurn, P., Vujicic, M., Adams, O., & Dal Poz, M. (2004). Migration of health care workers from developing countries: Strategic approaches to its management. *Bulletin of the World Health Organization. 82 (8).*

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage.

Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* Sage publications: London.

Stringer, E.T. (1999). *Action research (2nd ed.)* Thousand Oaks, CA: Sage.

Sullivan, P. Canada a prime destination as MDs flee South Africa. *CMAJ 1999, 160 (11);* p.1615-6.

Tan, J., & Patricia R. 1985. *The Chinese in Canada.* Ottawa: Canadian Historical

Association.

Taylor, K. (1991). Racism in Canadian Immigration policy. *Canadian Ethnic Studies, 23(1),* 1. Retrieved Friday, February 09, 2007 from the Academic Search Premier database.

Walton-Roberts, M. (2005). Regional Immigration and Dispersal: Lessons from Small and Medium-sized urban Centres in British Columbia. *Canadian Ethnic Studies, 37 (3),* 12-34. Retrieved August 22, 2007, from Academic Search Complete database.

Wang, S. & Lo, L. (2005). Chinese immigrants in Canada: Their changing composition and economy performance. *International migration, 43,* p.35-69

Wicker, A. (1985). Getting out of our conceptual ruts: Strategies for expanding conceptual frameworks. *American Psychologist, 40(10),* p.1094-1103.

Winnemore, L. (2005). Federal Settlement and Integration Programs and Civic Participation in Canada. *Canadian Issues, Summer 2005.* p.49-51. Retrieved on August 22, 2007, from CBCA Reference database. (Document ID: 880803981).

Zhu, N.S. (1997). The assimilation and adjustment of Chinese scholars in Canada after the 1989 Tiananmen Square incident. (Doctoral Dissertation, the University of Calgary). Retrieved from: http://dspace. ucalgary.ca/bitstream/1880/26939 /1/31084zhu.pdf

APPENDIX A

NAME AND AGE	COUNTRY OF ORIGIN	MARITAL STATUS AND NUMBER OF CHILDREN	YEAR OF ARRIVAL IN CANADA	EDUCATION LEVEL IN HOME COUNTRY	CURRENT OCCUPATION
JOHN DOB 1968	PEOPLE'S REPUBLIC OF CHINA	MARRIED, ONE	2004 VANCOUVER	BACHELOR OF MEDICINE	UNEMPLOYED
MARY DOB 1968	PEOPLE'S REPUBLIC OF CHINA	MARRIED, ONE	2005 CALGARY	BACHELOR OF MEDICINE	LAB
LUCIA DOB 1962	PEOPLE'S REPUBLIC OF CHINA	MARRIED, ONE	1995 CALGARY	BACHELOR OF MEDICINE	LAB
KALLY DOB 1963	PEOPLE'S REPUBLIC OF CHINA	MARRIED, TWO	1990 SASKATOON	BACHELOR OF MEDICINE	MEDICAL RESIDENT
ALICE DOB 1973	PEOPLE'S REPUBLIC OF CHINA	MARRIED, NONE	2005 VANCOUVER	MASTERS IN MEDICINE	COMMUNITY SUPPORT WORKER
LLOYD DOB1973	PEOPLE'S REPUBLIC OF CHINA	SINGLE, NONE	2001 TORONTO	BACHELOR OF MEDICINE	MEDICAL ADVISOR FOR INSURANCE COMPANY

APPENDIX B

Initial Interview Guide

1. Please describe what type of work you were doing prior to coming to Canada.

2. What kinds of employment have you been able to obtain in Calgary since you arrived?

3. Please describe what you have done in the effort to gain employment as a doctor/nurse since coming to Canada?
Probes: What steps have you completed in the effort to obtain employment in your field?

4. What has helped you in your journey to find employment?

5. (a) What barriers, if any, have you encountered in your effort to gain employment?

5. (b) What have you done to overcome these barriers?

6. What services have you found helpful in your effort to gain employment as a doctor or nurse?

7. What other types of support have you found helpful in your quest to resume employment as a doctor/nurse?

8. How have you been impacted by your experience of trying to obtain employment in your profession (or field)?

9. How has your family been impacted by your experience of trying to find employment in your profession (or field)? **(ask only if the person has family)**

10. What words of wisdom would you provide to someone (doctor/nurse) from China who is thinking of moving to Canada and wants to continue his/her career?

11. Is there anything else you would like to share about your experiences in finding employment in your field?

APPENDIX C

Evolving Interview Guide

1. What role has your family played in the decisions you've made in regards to your medical career in Canada? (ask only if the person has family)

2. How would you describe your identity in China compared to now? Why? Do you think your identity as a Chinese person from ... is different from a Chinese person from another country?

3. Have your career aspirations changed from when you lived overseas until now?
   If no: has anything or anyone made you think about changing your aspirations?
   If yes: how have they changed? What impact does this have on you?

4. What role do you think attitude plays on immigrants achieving their career goals? Is there a difference between the attitudes of Chinese immigrants and other immigrants? If yes- does that difference help or hinder Chinese immigrants?

5. What is your vision of success in Canada? Is it different from your pre-immigration attitude?

6. What role does the Chinese community in Calgary play in your life? Does that affect your career aspirations?

University of Calgary
Faculty of Social Work

Profession-entry experiences of immigrant Chinese medical professionals in Calgary.

I am a master's student writing my thesis looking for Chinese citizens who have immigrated to Calgary after 2004, who received training to be a doctor in their home country.

As a participant in this study, you would be asked to participate in one-on-one interviews to share your immigration experiences in regards to entering your medical profession in Calgary.

Your participation would involve 1-2 interviews, each of which is approximately 60-90 minutes in length.

For more information about this study, or to volunteer for this study, please contact:

Lisa Nagy
at
(403) 837-8605
Email: nagy_lisa@hotmail.com

This study has been reviewed by, and received ethics clearance through the Conjoint Faculties Research Ethics Board at the University of Calgary.

APPENDIX E
University of Calgary
Faculty of Social Work

Profession-entry experiences of immigrant Chinese medical professionals in Calgary.

I am a master's student writing my thesis and am looking for Chinese citizens who have immigrated to Calgary, who received training to be a doctor in their home country.

As a participant in this study, you would be asked to participate in one-on-one interviews to share your immigration experiences in regards to entering your medical profession in Calgary.

Your participation would involve 1-2 interviews, each of which is approximately 60-90 minutes in length.

A $50 honorarium in the form of a gift card from Superstore will be issued to each participant who successfully meets the criteria and participates in the study.
For more information about this study, or to volunteer for this study, please contact:

Lisa Nagy
at
(403) 282-8605
Email: nagy_lisa@hotmail.com

This study has been reviewed by, and received ethics clearance through the Conjoint Faculties Research Ethics Board at the University of Calgary.