ORIGINAL RESEARCH

Internationally educated nurses experiences of rural nursing practice in Western Canada

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Received: May 9, 2025 **Accepted:** June 19, 2025 **Online Published:** July 20, 2025
DOI: 10.63564/jnep.v15n8p1 **URL:** https://doi.org/10.63564/jnep.v15n8p1

ABSTRACT

Objective: Internationally Educated Nurses (IENs) are an important component of the healthcare workforce and a contributing solution to the nursing shortage as well as healthcare sustainability in rural and remote areas. The study's aim is to contribute to the discussion regarding IENs' experiences of rural nursing practice to inform practices, procedures, activities, and policies.
Methods: As part of a sequential mixed methods study, individual interviews and a photovoice approach, was used to describe IENs' experiences in nursing practice in rural communities in Alberta, Canada. This paper reports the findings from the semi-structured interviews.
Results: The qualitative findings revealed two themes: (1) Thriving in Rural Nursing Practice and (2) Rurality. The theme of Thriving in Rural Nursing Practice consists of two broad categories: Wider scope of practice and Becoming part of the team. The theme Rurality includes the categories of Challenges of relocating to a rural community and Integrating into the community.
Conclusions: This study highlights practical and unique activities and strategies to enhance the experiences of IENs in rural nursing practice. IENs need to navigate their work environment by utilizing strategies to adjust to a wider scope of practice (e.g., competencies, self-learning, "lifelines", and "IEN work buddies"). Managers, nursing colleagues, and IENs together must facilitate becoming part of the team and addressing the monocultural workplace via mentorship, supportive relationships, acceptance of cultural differences, and recognition of IENs' knowledge and skills. Practical issues, such as housing, connection with community members, and participation in community activities, require careful attention to address relocation challenges and community integration.

Key Words: Immigrant nurses, Internationally educated nurses, Nursing shortage, Overseas trained nurses, Rural and remote nursing

1. INTRODUCTION

Internationally educated healthcare providers (IEHPs) have long been part of the Canadian healthcare workforce with the highest number of registered nurses entering the country between 2019 and 2023.[1] Currently, Internationally Educated Nurses (IENs) make up about 9% of the nursing workforce[2] but remain an untapped resource that could bolster the workforce and provide culturally appropriate care to Canadians.[3]

Recruitment of IENs though is becoming more competitive. To address the nursing shortage and the threat to the sustainability of the rural healthcare workforce,[4] in 2023, Alberta Health Services (AHS, AHS is the largest healthcare provided in the province.) launched a recruitment campaign to attract IEN applicants. The College of Registered Nurses of Alberta (CRNA, CRNA is the regulatory body for licensed nurses in Alberta.) reduced barriers to entering the workforce by streamlining the transition and integration of IENs with

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issuing provisional permits.[5] AHS then assigned successful IENs to specific rural communities based on their experiences and skills. They were provided with an orientation to the organization, the local practice site, and to rural nursing practice. They were also paired with an experienced registered nurse guide/mentor for a minimum of three months. Seventy IENs from 15 different countries were recruited to work in 30 AHS hospitals, community, and long-term care sites across northern and central rural Alberta.[6]

While there is a growing body of literature on IEHPs regarding migration trends and reasons why they migrate[7–9] as well as their integration into the workforce,[10] there continues to be significant gaps in the research that examines the experiences of nurses, specifically IENs practicing in rural and remote areas.[4] The rural literature frequently explores physician experiences or combines multi-disciplinary healthcare professionals' experiences of rural practice.[11] At times, while authors report IENs' experiences, the context is not clearly identified or described as being rural.[12] Lastly, the term "regulated nurses'" is not clearly defined and may include experiences of registered nurses, licensed practical nurses and psychiatric nurses.[13] Hence, many questions about IENs' experiences in rural nursing practice continue to be unanswered.

The aim of this paper is to inform practice, organizational procedures, managerial activities, and policy regarding the recruitment, integration, and retention of the rural IEN workforce in Canada.

2. METHODS

A sequential mixed methods study consisted of individual interviews, photovoice approaches, and a cross-sectional survey. Multiple academic disciplines have utilized a photovoice approach to combine photographs and corresponding words/narratives produced by participants.[14] Before participating in the photovoice approach, participants completed an individual training session with one of the researchers and received digital instructional materials summarizing key training components. Study participants were asked to take photographs on their mobile cellular device of events, people, and objects that represented their experiences of rural nursing and rural life. The photographs and other related questions were discussed during the individual qualitative interview. Findings from the qualitative portion of the study are presented in this paper. The study was approved by the University of Alberta Research Ethics Office (Pro00137602) and received operational approval from AHS for a specific set of rural sites. Written consent, via DocuSign, was obtained from each IEN who participated in the individual interviews. To protect participant privacy and their anonymity and to remain compliant with ethics protocol and requirements, before the interview started, participants were asked to select a pseudonym. Participant quotes are followed by the participant's pseudonym. To further protect participant privacy and anonymity of their responses, their characteristics are reported at an aggregate level.

2.1 Sample

Newly recruited international nurses, screened and assessed by CRNA to ensure they had the skills and experience to work as a registered nurse in Alberta, arrived in groups over several months in 2023-24. As our study received AHS operational approval for only specific rural healthcare facilities in northern and central Alberta, the eligible pool of potential participants in those rural facilities was 23 IENs. Those IENs received the recruitment email via the Chief Nursing Office. Three participants initially agreed to participate in the interview, but withdrew from the study stating they had concerns with taking photographs. Two other IENs expressed interest in participating in the interview, but they did not respond to invitations for the individualized training session. Seven IENs, approximately 30.4% of the eligible pool, agreed to participate in the photovoice and related interview component. Table 1 presents the sampling details.

Table 1. Sampling details

Sampling	Description
Sampling Frame	*Newly recruited IENs who possess the required knowledge, competencies and experience to work as a registered nurse in a rural healthcare facility in Alberta
Sampling Strategy	*Purposeful sampling (Participants who possessed the characteristics described in the sampling frame and met the inclusion criteria received an invitation to participate in the study. As part of the design of the study, we needed to recruit IENs who had similar work environments and duration in their rural nursing practice, and who had participated in similar recruitment and orientation procedures.)
Inclusion Criteria	*Newly recruited IENs participating in AHS' International Nurse Recruitment Initiative, started in 2023, working in a rural nursing practice at one of the operational approved sites.
Exclusion Criteria	* IENs working in rural nursing practice at sites not approved by AHS. *IENs hired by AHS before 2023. *IENs not employed by AHS *IENs working in urban nursing practice.
Recruitment Procedures	*All recruitment procedures for the study were required to follow AHS' approval processes. *Study's sample of IENs generated by AHS. *Chief Nursing Office of AHS distributed recruitment and reminder emails to potential IEN participants between September 2023 to September 2024 as required by the approved protocol.

2.2 Data generation

Two experienced researchers conducted semi-structured, individual in-depth interviews. When available, a graduate student took notes during the interview. Each interview lasted approximately 60 minutes and was recorded using the Zoom platform. Interview processes are presented in Table 2. Table 3 presents the interview guide.

2.3 Data analysis

The researchers independently conducted inductive thematic analysis of the qualitative data, following a multi-step approach to identify patterns and themes (see Table 4).

Table 2. Interview and transcription steps

Interview Steps	Activities
1. Participant Consent Form	1. Review the participant consent form with interviewee 2. Distribute DocuSign form for signatures 3. Outline goals of the study
2. Participant Consent to Record Interview	4. Explain method and purpose of recording 5. Obtain participant's consent to record the interview
3. Participant Pseudonym	6. Explain reason for pseudonym 7. Record participant's pseudonym
4. Interview	8. Start recording 9. Ask interview questions and probing questions
5. Demographic Questions	10. Ask demographic questions
6. Conclusion and thank you	11. Stop recording 12. Thank participant for participating in interview 13. Download Zoom recording to a secure environment
7. Transcribe Interview Recording	14. Digital interview recording transcribed by professional transcriptionist
8. Transcription Review	15. Transcription reviewed by two graduate students to ensure accuracy

Table 3. Interview guide

Questions Regarding Transition to Living in Rural Community

Describe for me what your experience moving to a small rural community has been like for you.

Describe for me what your family's (spouse, children, parents) experience moving to a small rural community has been like for them.

- How were they impacted?
- How were they impacted by your employment?
- Has your relationship with your family changed since the move and if so, how?
- Have their expectations been met? How so?
- Have your expectations been met? How so?

Questions Regarding Nursing Practice

Describe for me what your experience working in a rural hospital has been like.

- Describe for me what has been the most challenging aspect of your scope of practice.
- Describe for me what has been the least challenging aspect of your nursing practice.

Questions Regarding Transition to Rural Nursing Practice

- What steps/actions/behaviours did you take to enhance your resilience (ability to cope/adjust/adapt) while working in a rural nursing practice?

Questions Regarding Integration into the Rural Community

- What steps/actions/behaviours did you take to facilitate your integration and acceptance into the community?

Questions Regarding How Their Experience Could be Enhanced

- What recommendations would you make to enhance/improve your experience of moving to Alberta to work as a rural nurse?

Table 4. Data analysis

Procedures	Steps
Independent Analysis	Two researchers independently followed the analysis process: 1. Read and reread transcripts for overall understanding 2. Generate initial codes 3. Group similar codes into categories and subcategories 4. Refine categories and subcategories 5. Identify and define tentative themes supported by categories and subcategories 6. Analyze themes in relation to study's research questions 7. Repeat each above step after team review and discussion (3 rounds total)
Team Review and Discussion (3 cycles)	Two researchers jointly: 8. Review and discuss their independent findings 9. Reach consensus on emergent themes, categories and subcategories 11. Agree on themes, categories and subcategories: extremely high level of agreement between two researchers 10. Repeat steps 8 and 9
Last Procedure	*Map themes and their definitions, and categories and subcategories with relevant quotes to summary table

3. RESULTS

Table 5 presents participant demographic data. Participants in this study immigrated from several countries. All the participants were married and indicated that their spouse and children had immigrated with them. While there was a range of years of nursing practice experience among the participants, the years of experience did not seem to influence the types of challenges they encountered or how they navigated these challenges. Lastly, all the participants were relatively new to rural Alberta having started their employment within nine months of participating in this study. The qualitative findings presented below may reflect the 'newness' of their transition and integration.

Table 5. Sample size and characteristics

Sample Size and Characteristics	Description
Size of Sample	*n = 7 IENs participated in the photovoice with individual interviews
Sample Characteristics	*Migrated to Canada from: Asia, Africa, and North America *Age range: 25 to 44 years of age *Marital status: all participants were married *Gender: 3 females and 4 males *Nursing education: Baccalaureate degree in nursing or graduate education; completed in English *Years of experience prior to Alberta position: 6 to 20 years *Prior rural nursing experience prior to Alberta position: 2 participants *Length of time in Alberta position: 3 to 9 months

Qualitative data analysis of the interview transcripts, photographs, and photographic statements resulted in two broad themes (see Table 6). Thriving in Rural Nursing Practice presents the participants' experiences of adjusting to rural nursing practice. They discuss the challenges they encountered and the strategies they used to overcome these challenges. The second theme, Rurality, describes the challenges they encountered relocating to the rural community. This section concludes with strategies the participants used to help them integrate into their new rural environment. Each theme is supported by categories and direct participant quotes.

Table 6. Analysis results

Analysis Results	*Two themes with multiple categories and subcategories: *1. Thriving in Rural Nursing Practice* *2. Rurality*

3.1 Thriving in rural nursing practice

Throughout the theme of thriving in rural nursing practice, the categories point to what rural nursing practice is like for the participants. There are two broad categories: wider scope of practice and becoming part of a team. Each category is supported by sub-categories and direct participant quotes.

ISSN 1925-4040 E-ISSN 1925-4059

3.1.1 *Wider scope of practice*

Consistent with the literature, study participants talked about how their scope of practice changed to meet the health care needs of community members.[15,16] For the participants, like expert generalists, this meant working in "in all spaces" (Possible) that is, in multiple patient care areas with patients across the lifespan, who have a myriad of health challenges.[17–19] They also quickly realized that there were limited resources (human and material) which meant they identified "lifelines" (Jason) like telephones, text messaging, and access to paramedics to provide safe patient care. However, because they might not have worked in some patient care areas or their experience was a bit dated, to adjust to a wider scope of practice, the participants explained having to assess their own knowledge and skill level to provide safe patient care.

Scope of practice, how do I say? Here we do lots, we do tons of assessment, we do tons of figuring things out. Whereas back in [my home country], skills, clinical skills, is 90% of your job. The assessments are pretty much the doctor's job. So, somebody's going south, call the doctor right away, he does, pretty much the assessments, give orders, "OK, start this, start an IV, get me this, this, this and that." Whereas here, before you even call the doctor, you have to do your full assessment first before even bothering the doctor. Back in [my home country], you can't do anything without doctor's orders, pretty much. And coming in as a fresh rural nurse, there's this thing in me that, "Do I need to call the doctor now, or do I need to do this first?" So, before I even call the doctor for an opinion, I have to be really sure I've done everything in my scope, I've done all the assessments that I could to say that "OK, this patient needs a doctor right away" (Jason).

To meet the challenge of having a wider scope of practice with limited resources, the participants discussed some strategies they independently used to refresh their competencies like engaging in independent reading, observing how colleagues completed various tasks, and asking questions. They were also very willing and happy to engage in learning opportunities their employer provided to advance their knowledge and competence.

I would say, the main thing I did was go back to my books. I had to read through my books again to enhance my assessment skills, just so that anything I see it is like, "Hmm, this could be this, this could be that do I need to call the doctor now, or do, can this wait?". So, that's what I'm doing right now to really thrive. I sharpen up my assessment skills, critical thinking skills by asking more experienced nurses about their skills, about their experiences, because every day is a learning, every day is a learning process, rural learning process (Jason).

There are some courses I have done online though AHS and then also did a lot of courses through Alberta Mental Health too. It's quite a lot because I have had a lot of things added to my knowledge so far, and I'm still having more. So, I think I've really, really advanced in some other things. I've learned a lot, there are a lot of experiences, a lot of things I've learned (Peter).

[The employer] gave us a lot, a lot of study guides, a lot of websites to check, a lot of guidelines and procedure manuals to check on how to do different things. So once I am done at work, then I come back home to study and watch those videos. I'm more confident, more independent, and I'm versatile because in just seven months now, I've had a lot of training. I can do a lot of things independently now that I wasn't doing back home (Possible).

One participant stated it was essential and helped to bolster her confidence when their work buddies were immigrants who understood the challenges of integrating into the work environment and anticipated her needs.

Everybody I have asked questions to have answered my questions. But these two [referring to colleagues who are also immigrants] are kind of unique, they are willing to explain and still ask you – when you explain something to someone and that person is asking, "Do you really understand it now?" So they give extra time to really explain things in-depth. And they will say, "Oh, don't worry, I know that things might be challenging now, but don't worry, I was once like you." And stuff like that. They were willing to share their experience. One of them came from, I think Jamaica, and the other came from the U.S. So it wasn't easy for them when they first came, and they were able to relate with whatever it is I'm going through, or to foresee things that might happen in some weeks or some months time and to quickly push me through and prepare me on how to overcome some challenges. They have been able to fill the space, to fill the gap. If my mentor is not around, these are the two other people I'm comfortable speaking with and explaining and they will take their time to explain things and push me through. So, I can say they are my work buddies. When you have somebody that has worked in this specific space before, that person has an idea, has the experience of whatever it is you are going through. The Canadians are nice, but they don't have, they might not be able to relate with my present space, with what I am going through because they have never been in that situation. They have never been in that kind of space before (Possible).

Although all the participants recognized the importance of maintaining and/or advancing their level of competency because of the generalist practice required in rural hospitals, they also point out that they come to their role with pre-existing skills and knowledge. Because of that, they can and are, contributing team members.

There are some things that I don't know anything about, and that's OK; I'm willing to ask questions and learn. But there are some things I do know about and for them to be able to recognize and say, "OK, maybe I can go and ask David about this" helps me to feel like I'm still contributing in that way; I think helps a lot (David).

Sometimes though, even if the participant possesses knowledge and skills that can contribute to patient care, the workplace environment does not recognize their competence.

I got hired as a registered nurse in [name of community]. I work in Acute Care and Medicine. So, initially, when I started, it was kind of fun loving, and I really loved what I was doing. But the sad part about it is, I work five months, and I was never independent. They just kept me for on orientation shifts, not really doing anything, not really guiding me but they just never approved me. I am able to work independently. I had almost seven years of experience back in [my home country], so I was familiar with all the procedures, and I did know how to access resources (Lisa).

For some participants where their level of competence was always being evaluated and questioned and where there was limited support from colleagues, the potential to doubt themselves resulted in putting their mental health at risk.

There are some fantastic nurses who ask "[Wendy] have you done it before? Have you done it here before? This is how we do it." [But] you have someone else who knows you don't know how to do it and the next thing they write a report, "She doesn't know what she's doing." [There are] people who were not ready to see that this person actually came with skills. You are not passing knowledge to her. She knows how to handle a patient. And you become stressed, personally gave me so much anxiety (Wendy).

3.1.2 *Becoming part of the team*

Adjusting to cultural norms that were different from their previous experience of being part of a healthcare team was expected although there were some 'professional surprises… when you see people who believe things differently from the way you believe and see things" (Wendy). Against this background, the participants also recognized the importance of establishing good working relationships with their colleagues since becoming part of the team was not a given: it was a process that required support from managers, colleagues, and particularly their registered nurse guide/mentor. Indeed, their guide/mentor seemed to have a significant influence on participants' ability to become part of the team by assisting them to navigate expectations of the nurse's role.

I worked with a guy, and I explained to him the first day, my first day at work, I made it known to him that working back from home, I was working in a very big hospital. I made him know I have a specific unit I was working. Yes, I'm a registered nurse but I wasn't in all the different departments in the hospital so there might be some things I might not know. And he said, "There is no problem." He said, "I am willing to help you, if you are willing to learn." I said, "Learning is not a problem, we keep learning every day." So, what he did was, we are supposed to have five patients each, so he will take two patients and give me three patients. But the three patients he assigned to me, he will still be there to check, to review whatever it is I am doing. But he allowed me to do them, if I make mistakes, not mistake that is harmful to the patient though, maybe I'm supposed to do something first and I'm doing it second or whatever. He will just say, "OK, for now, let me do this and observe me." So, if I do this particular thing to this particular patient, and he took over, maybe he did it, when I'm going to the next person, I will be the one to do it and do it from the beginning to the end. Then after each day, we used to have our review time maybe 15, 30 minutes or one hour before the end of the shift, he would always have the time to sit with me and discuss and have a review of the day. So he really, really, really helped me. I can categorically say that being on my own now it was easy for me, because of the preceptor I had, because of the buddy I had when I came, because he took his time to explain things from A to Z. And if I have any challenge, I just go to him to let him know (Possible).

Along with having a preceptor/mentor, the participants spoke about the importance of connecting with other IENs working in the facility. They explained that these more experienced IENs understood the challenges they were facing and could provide guidance on navigating them.

I can categorically say that my work buddies are simply the best: they sacrifice their time to make sure I'm okay. We all agree that nursing is the same everywhere in the world but the way nursing is practiced, the technologies, and the culture in different countries, differ. My work buddies make integration very easy for me, especially with using some technologies different from what we use in [my home country] Possible.

The participants were also acutely aware that to become part of the team they needed to take initiative in establishing relationships with their colleagues albeit at times, they used

caution: I know that I should open up to the extent that I know [it]will not come back to backfire on me (Possible). Consequently, they were able to clearly identify instances that for them, demonstrated they had become a member of the team.

I have also my own responsibility to try to develop interpersonal relationships with my colleagues. I try as much as possible to make sure I develop work relationship with as many as I work with so that the environment is cordial, and we will be able to work as a team (Wendy).

That was the first time when I felt like they recognize us, they count us as a staff. That was the first time when I saw they had my name on there [referring to a Christmas stocking]. And I was kind of like – because they were hanging the names on there. A few days back I was like "Will be my name be there as well or just their names?" And there is my name as well. And that was like kind of they count us as well. That was the biggest happiness that I felt. But yes, they include us in their culture (Lisa).

Unfortunately, though, the consequences of not being able to become a member of the team could be devastating for the individual and a loss for the hospital and community.

I did not really talk much with people. So, with those I was orientating if the person is kind of talking to me and kind of trying to mix with me, then I am good with that. There are some people who don't want to talk to you and do not feel like talking to you. There were some instances when people make you feel like you don't belong in their community. So at those moments it's like kind of hard to communicate with a person, I felt somewhat like there was kind of like a gap between us, because I felt like, sometimes they were kind of trying to get away from [me], not really want to talk much. And that was – mentally, I did not feel good. It was very devastating. I did not feel good at all, I just wanted to leave. I was not happy at all: for mental health, I was not feeling very good about it. I feel like my mental health was kind of compromising because of that (Lisa).

When you go to the work environment it's like you came to take people away from your position, and it's like, people came, you came to grab, and there was no welcoming from the people you are to work with. For me as a person, it puts me off. It was like, "Did I make the right decision? Should I go back? Because I didn't come because I was poor. I didn't come because I was not settled. I didn't come because I was in danger. No, I moved because I wanted a new thing to try out. I see they were not prepared to have us. I'm talking about one-on-one interaction with colleagues that you work with, as if they were not ready. As if they were not prepared for such a colour and, unfortunately for me. So you have people with their own different perspective and how they view us, some view us as those people [know] nothing, so much knowledge gap. Some even said horrible things (Wendy).

3.2 Rurality

The second theme that was generated is rurality. The concept of rural often includes a combination of geography, culture, population size or density, and qualitative experience.[20] It can also be described as a state of being rooted in relationship because "people, ideas, and goods flow between urban and rural settings, connecting people and places in diverse ways and across a range of scales"(p. 268).[21] For the participants in this study, the experience of being rural included practical aspects like adjusting to the cold weather and dealing with scarce housing to more psychosocial aspects like adjusting to a new environment and community. This theme is supported by two categories: challenges of relocating to a rural community and integrating into the community.

3.2.1 *Challenges of relocating to a rural community*

Relocation challenges varied among the participants, which might reflect the geographical location of the rural community, its size, and available amenities like public transportation (Peter) or not having a Costco (Brad). That said, the most challenging aspect of relocating to small rural communities every participant spoke about, was the scarcity of appropriate housing. The scarcity of housing resulted in one participant having to border with a local family for a time in "order to survive" (Lisa). The scarcity of housing also created financial burdens as well as extensive stress for the participants and their families. If participants were more tentative about permanently moving to the rural community, they quickly found out that finding a rental was very difficult as well as financially stressful especially if they also retained some form of accommodation in the city.

There is quite a bit of difficulty related to housing and general livability just because of the cost of living and things. It is significantly more expensive here. Even if you do the conversion factoring in, it's still a good 15% to 20% more here than back home. When we came in December, housing options were very limited. In my case, large enough for a family of five, which is not always easy. In the actual community that the hospital is in, there was nothing being rented out, there was nothing available. We knew it would be more expensive. So back home, we had three-bedroom 2,400 square feet, half acre place. Very nice. And we were paying 1600 Canadian a month for it. Here, it's $2,700 for a three-bedroom main floor with zero yard, and to rent. So we actually are in the community over from where the hospital is which brings in a whole new scheme of issues of having to have a vehicle. You

can't just bike there, you can't walk there, you have to have something to drive (David).

There's apprehension of like, "Would I be staying there for a long time or, or if it doesn't go well then I can move back." We're kind of anxious if things go well with us, or work for us living here, so we didn't move all our stuff right away. So we're kind of like – as we feel comfortable with our job, we go do another trip to [name of community], pick up some stuff, until we get everything. But it cost us a lot paying for a place there and here – it could have been better if we can do the move one time, but since there's this anxiety, this uncertainty (Brad).

Along with limited housing options, the participants shared challenges related to finding employment opportunities for their spouse either because of language barriers or because employment was only feasible in large cities. These challenges resulted in families living apart from one another.

He's a [name of profession] [referring to spouse]. Back home it is a very, very lucrative job. As it is they have different centres he consults for because we don't have a lot of [specialists] back in our town where we were. I'm in a rural area, for now, even my hospital here doesn't have [this type] of center. If you work in Alberta, maybe it will be somewhere, [name of community] or [name of community]. Although we have submitted applications, when he came, we went round to [name of community], we submitted some applications, and then we submitted some virtual applications in [name of community]. So, we are hopeful that if he finally gets a job, then he will come here permanently. It will be easier knowing that he's in Canada, even if we are not together in the rural community. During my off days me and my kids can go say hello then come back rather than going back to [country of origin]. So that's the plan for now. We are hopeful that something nice will come up soon, then he will join us here in Canada (Possible).

Two participants with young children found the limited number of childcare programs or the time of year they relocated, meant childcare was difficult to secure.

Here in [name of community], we have just one government-funded childcare. Since I've been here, in September, there has been no space. No space, it is full. Even though they said no waiting list at all. So, it's that bad. I need a safe space for them. So how can I get a safe space for the kids? I was fortunate enough to meet with someone that is willing to keep my kids while I'm at work. Although I pay, but then it's part of the sacrifice I need to do to make everything work out so well (Possible).

Our oldest will start kindergarten next year. Coming in the middle of the year they weren't able to jump into anything (David).

Although the harshness of winter is not unique to rural Alberta, all the participants spoke of needing to adjust to a Canadian winter. While they appreciated the beauty of what a winter day can bring, they also spoke of the dangers and possible isolation because of the winter conditions.

[In] my country, I am not sure whether we've even gotten to minus two or minus three. So, it's really a very big adjustment, I will have to run into my room and switch on the heater. And I can't walk on the road for a long time. I remember the first day I tried it, I didn't know it was so cold. I just came out of my house then I had no vehicle. It was not easy. I had to stroll to a very nearby shopping mall to get some groceries. So while on my way my ears were already frozen. I was like – I looked around me, I couldn't see anybody walking on the road. I was like, "Why am I doing this?" (Peter).

The last challenge the participants spoke about regarding relocating to rural Alberta, dealt with being an 'outsider'. As visible minorities, entering predominantly Caucasian Christian communities required patience and fortitude from all family members. For one participant, if at some point in their journey they felt that the community could not accept them, they would leave.

In their school, they are the only Blacks. So, it's a transition for them. My first son has a lot of friends already and he's fitting in very well. But the last two boys, especially the third son, is the one that is still trying to transition. I promised, I said, "If you are not comfortable with and you decide you don't want to stay, then you can come back home, if you want to." I give him [referring to her son] the option that it's not a matter of life and death. If at any point they feel that it is too much on them, then they can go back with their dad, and then I'll finish up my tenure contract I signed and I will join them if it is too difficult for them. So, I gave them that option (Wendy).

3.2.2 *Integrating into the community*

The participants in this study were committed to making their move to rural Alberta successful. For at least one participant, the connections they made with professional colleagues was a conduit to creating relationships within the community. Others participated in community events to connect to the community.

You can understand them better is to join them and see how they do their things, to associate with them when they are having their cultural anniversaries, just to be able to integrate properly and see how things are going with them. So, it was very important to me because it helped me to associate

with them, see their culture, the type of things they do, what they like, how they dance. I see it as a way of just having fun, being around people, and enjoying the moment (Peter).

The people are very kind and open. People have taken an interest in me and my family, interest in where we're from, what we're doing, why we're here; these sorts of things. So all the interactions with people have been very positive. We've been able to create friendships within the community. The hospital is my main point of connection in the community. So, we see a lot of communication happening through that for myself. A couple of our friendships have started here and then they've introduced us to other people in the community, is how most of it happened. We've had people over to our house for dinner, and vice versa. So I think there's definitely a process of knowing and being known there (David).

The participants were also quick to point out that two other factors helped facilitate their transition and integration into the community. The first was the support their employer provided them by linking them to key community members who had social capital as well as providing practical guidance for becoming part of the community.

One of the things they [AHS recruiters] encourage us to do is be part of your community. Get engaged in the things they do. Get involved. Be part of the community because that will give you a sense of responsibility, that you are responsible for your action, for the safety of the community and your neighbour. And you will not do things that will put anybody within your location at risk. So they encourage us, "Don't lock yourself inside, go out, interact." (Wendy)

I was able to discuss with the person AHS linked me with, because AHS gave me a contact to say, "Well when you get to this community this is [name of person], he can put you through if you need to buy groceries, if you need to do this, he can explain stuff to you." Then I opened up to him to say, "Well my kids will be a major concern to me." I will say the guidelines AHS provided for newcomers, and then meeting people in the community, I will say are the two major things that helped me settle down fast (Possible).

The second factor that helped them transition and integrate into the community was the support from family and friends who were going through similar experiences.

Honestly, it's really hard to find friends in such a small community. Luckily, I met my friend, and we moved together, she got a position in [name of community] as well and we moved together. She quit the same time I left [but] yes, it was lovely. We stayed together. We did talk about our experiences, and we went through together with all that stuff. We did talk a lot about experience in our hospital and outside the hospital. We used to talk about certain procedures and how we feel about it, and how confident we are, where we stand in perspective of our experiences. And we did have similar experience. She felt the way that some people are feeling, judgment on the basis of their experience, judgment on the basis of their knowledge. So, she was very depressed about knowing that, and she did share a lot to our manager as well regarding those things. It was kind of–sharing with your day with someone is kind of a good experience. We spend lots of memories together, when we were getting emotional missing our family, we shared a bond. We shared some very beautiful memories (Lisa).

So that was the first thing I did to meet with the person that will be taking care of the kids. I did that with the parents of the other three children. And now we are like friends, because we share that in common. All of us, we are new. Although they have been here before me, at least they are not Canadians. So, we shared that in common. And I think I'm OK with their kids, the way they are training their kids as well. So, I'm comfortable that way (Possible).

Although tempered by cold winter weather, the natural beauty that surrounded their local community and how that natural beauty extended into their workplace, impacted the participants' experience of integration into the community.

I like the environment, I like the vibe, it was always wildlife here and there. The drive towards [name of facility] hospital is about 20 minutes, it's just a two-lane highway. On the left you see the Rocky Mountains, on the right you see cattle, you see farms. It's just so relaxing, takes away all that stress that you've accumulated over your shift. On a day shift, it's just me on the highway. There's basically nobody else, aside from trucks hauling their cattle. I can see maybe one or two cars ahead of me, that's it. I just love it. I can't explain the feeling when you go out, clear skies. The people here they keep mentioning, "Big Sky. Alberta has big skies." I'm like, "What does that mean?" Then I got it when I drove up to the small towns. When I'm driving, I'm like, "Yes, there is kind of a big sky here." I don't know, I can't explain the feeling when I'm going out to a rural town, it's really hard to explain (Jason).

Out here in the rural facility I'm used to – well, so back home, if you open the window, usually you're looking at another building, which is awful. Here, we have the most beautiful scenery of the mountains in all the patients' rooms, and big windows, and it's just a much more serene kind of feeling. It doesn't feel like you're always in a hospital setting. It's not so sterile all the time, because you do have that to look out to, which is nice(David).

Wide open spaces, sparse traffic, and fewer people created a sense of physical safety for some participants enhancing the appeal of living in rural Alberta.

Go out, to the forest for a walk, you can do that here. Because first there's no forest there, second there's that fear of getting mugged, right? Here the only fear you have is what if a bear pops up. 100%, yes. I would say 120%, I feel way safer (Jason).

The place is safe. You are not in an overcrowded environment. You know your neighbours. You get to meet people and know them one-on-one. People can be so lenient with you; people can feel free and feel at home with you more than in cities where everybody's like a foreigner. Everyone is afraid of his colleague or his community members because you're like, "I don't know him well" (Peter).

You don't hear whoosh-whoosh-whoosh-whoosh all the time shooting, shooting, shooting. It's [referring to Canada] an organized society. Everybody obeys the rules. Nobody needs somebody to push them around to do it (Wendy).

4. Discussion

Results from the individual interviews highlight two main themes: (1) Thriving in Rural Nursing Practice and (2) Rurality. These themes and their related categories describe mostly positive aspects of IENs' transition to the rural nursing setting and community although one IEN describes negative consequences because of her experiences. For this participant, mental health risks and leaving rural nursing practice and the rural community ensued when their competencies were not recognized. Hence, the participant was unable to become a member of the healthcare team.

The Thriving in Rural Practice theme includes two categories – Wider scope of practice and Becoming part of a team. The category of Wider scope of practice describes what rural nursing practice is like for the IENs and their actions and strategies which echoes much of the extant literature regarding having a broad generalist and demanding scope of practice.[22–24] To adjust to the wider scope of practice and to meet the healthcare needs of their patients "in all spaces," the participants drew upon their own knowledge and skill and learned how to navigate the differences between their home country's healthcare practices and rural nursing practice in Canada. Along with engaging in self-learning, IENs viewed access to professional development and learning opportunities (e.g., organization study guides, procedural manuals), and mentoring[24] as essential for them to be successful in their new employment. According to Mbema et al,[25] information and communications technologies like telehealth have positive impacts on recruitment and retention of nurses to rural practice by reducing professional isolation. Participants in this study describe lifelines (for example telephones) as support mechanisms for the provision of safe patient care. Although professional isolation appears in the extant literature, according to Williams,[26] the concept is poorly described or defined and limited to geographic or social aspects. More recently, Hunt and Hunt[27] described it as the lack of frequent and effective communication between healthcare providers. It would be important therefore, that as part of their onboarding, IENs be provided a structured and comprehensive orientation[28] to the workplace including various information and communication technologies like Connect Care, platforms for secure text messaging, and instructions on how to contact their supervisors, especially when off-duty or off-site.

Consistent with the findings from Alexis, Vydelingum, and Robbins[28] and Omeri and Atikins,[29] participants in this study indicated that their knowledge and skill and at times practice experience were either undervalued or simply not valued at all by managers and other nurses. To enhance IENs' self-esteem and engender confidence in their ability to provide safe patient care in such complex practice settings like rural hospitals, managers, nurse educators, and organizational leaders should take on more proactive responsibility for encouraging the acquisition of nursing competencies. For example, pre-screening IENs knowledge and skill at pre-hire, assessing and reassessing knowledge during orientation, and targeting in-service training to address unique and specific knowledge and skill deficits are some strategies that can help IENs develop a wider scope of practice and may help retain this workforce.[30] Clinical nurse educators should also be encouraged to take a preceptorship course like that offered by the Canadian Association of Schools of Nursing as well as other pedagogical courses focusing on how to teach, mentor, and preceptor healthcare professionals using a culturally sensitive and trauma-based approach.

Another unique finding is the connection IENs sought with colleagues, who are also immigrants (described as "work buddies") because of their reassurance and abilities to relate to their professional challenges and situations. Seeking someone out who has similar experiences may have been in response to what Omeri and Atkins[29] describe as "othering" (p.503) where social and cultural distancing occurs between nurses of the dominant culture and immigrant nurses from culturally and linguistically diverse backgrounds. To help IENs transition to rural nursing practice and to assist receiving facilities in acclimating to a more diverse workforce, it may be helpful for managers to encourage and lead self-reflection sessions with staff members. These sessions could explore attitudes, beliefs, and assumptions about IENs

and the effects these personal views have on interactions with colleagues, patients, caregiving, and healthcare delivery. Employers could also deliberately place newly hired IENs in settings where there are other IENs. This would perhaps create a natural transition bridge for the newly hired IENs.

As part of Becoming Part of the Team, in small rural and remote communities where healthcare teams may be small, team dynamics, everyday practice experiences, and available workplace supports can influence IENs commitment to the organization[31] and overall job satisfaction.[32] In this study, IENs note that the concept of becoming part of the team is not automatic and/or assured; instead, it requires supportive relationships through mentoring, clinical supervision, and preceptoring.[25] Becoming part of the team is also a shared responsibility that IENs need to initiate and that their team members need to acknowledge through a specific action or recognition activity (e.g., in one instance, a participant's name was written on a Christmas stocking displayed in the hospital along with other team members Christmas stockings). To deconstruct the monoculture[29] that exists, and to cultivate a culture of friendliness and acceptance,[29] receiving facilities and communities as well as IENs need to learn about communication norms, engage in deliberate activities that support exploration of cultural practices as well as social activities. Based on the findings of this study, it is apparent the fit of the nurse with the realities of rural practice is important for retention[31] since the negative consequences of not becoming part of the team might result in IENs making the decision to leave the rural hospital and community.

The study's theme of Rurality enriches the concept of "rural" as described above by Chalmers and Joseph[20] and Herron and Skinner.[21] In this study, rurality encompasses two categories – Challenges of relocating to a rural community and Integration into community. The IENs describe various challenges from practical aspects such as scarce housing and limited shopping options to adjusting to extreme cold temperatures, limited childcare options, and limited or non-existent employment for their spouses. Resource limitations plus the dangers and isolation of winter conditions compared to IENs' expressions of the natural beauty of the surroundings of their local communities, the diverse wildlife, and one's sense of physical safety create a juxtaposition and important finding. Indeed, it speaks to the need of recruitment officers, nurse leaders, and community members to provide more detailed information regarding housing, employment opportunities, school schedules, and childcare options to IENs considering immigrating to Canada and in particular rural Alberta. Recruitment officials might also engage in more strategic recruitment regarding the timing of IENs' relocation so that the transition is a bit easier for them and their families.

The category of Integrating into the Community highlights the commitment of IENs to adjust to rural settings in Alberta. Affective commitment (commitment associated with a sense of belonging and emotional attachment) is particularly important in rural settings where professional and personal lives intersect and intertwine, and where the healthcare facility is often a major component of the community.[31] Thus, relationships with professional colleagues, connecting to community members with social capital, and participation in community events may help to create relationships with community members.[23]

Strengths and limitations

The strengths of this study include its rich, deep, and nuanced qualitative data set, findings that are consistent with results in the published literature, and other findings that provide new insights about IENs' experiences, strategies and actions when transitioning and integrating into rural nursing settings. Another important strength of this study is it starts to address significant gaps in the research exploring and investigating the experiences of IENs practicing in rural and remote areas in Canada. The findings from this study most likely will generalize to other rural and remote areas within and outside of Canada. Finally, some of the results from this study add to and expands upon the body of literature regarding nursing practice in rural and remote areas.

This study also has limitations that need to be considered: 1) The sample was limited to seven IENs' experiences working in a sub-set of rural care facilities in Alberta, Canada; 2) Recruitment of participants was allowed in only 15 AHS rural sites through their Chief Nursing Office; and 3) All rural sites were in central and/or northern Alberta which might impact the applicability of the findings to other rural and/or geographical locations. It is possible that rural experiences in southern Alberta are different because there is a higher population density and proximity to urban centers. Although there were two participants who had rural experience in their home countries, it is possible that their previous experience influenced their experience of rural nursing practice in Alberta. Moreover, the sample was limited to registered nurses (RNs). Future research would benefit from the inclusion of multiple perspectives (such as nurse colleagues, mentors, and managers) and multiple levels (such as unit, facility, and organization) to develop a more comprehensive understanding of IENs' experiences (see Figure 1).

Lastly, due to the physical distance between rural locations and the time constraints of participants, we used the platform, Zoom, to conduct virtual interviews. Although virtual interviews might result in the inability to establish rapport with the participants and problems with internet connectivity,

the study's semi-structured interview protocol provided a mechanism to establish rapport with each participant and set the stage for a rich two-way conversation in the virtual environment. We did not experience any internet connectivity issues while conducting the interviews. IENs expressed they used a variety of digital tools to connect with distant family members and to complete continuing education opportunities, which demonstrated their comfort level, familiarity, and use of ubiquitous virtual platforms.

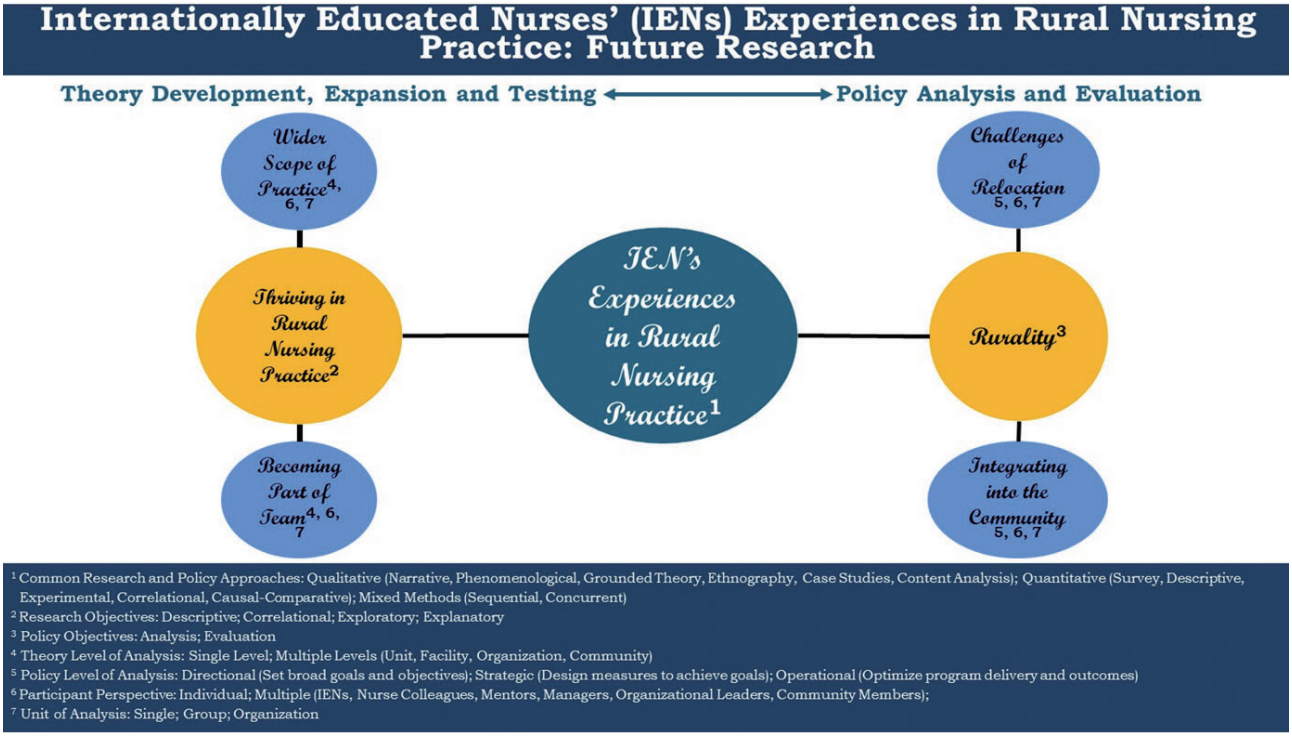

Figure 1. Future research

5. Conclusion

IENs are a valuable resource for the sustainability of the Canadian nursing workforce particularly in rural settings. While this study presents findings that are consistent with the rural nursing literature as well as the literature on IENs, this study also contributes valuable insights into potential actions, activities and strategies for recruiting, integrating and retaining IENs in rural nursing practice. Organizations and their recruitment teams need to develop a strategic approach when recruiting IENs. Careful attention needs to be given to addressing practical issues like availability of housing, employment opportunities for family members, childcare options and school schedules, and detailed information regarding amenities. Policies and procedures that address the monocultural ethos in the workplace and community need to be developed, implemented, assessed for their effectiveness in creating a friendly and accepting environment. Mentoring opportunities and connecting recent IEN immigrants to IEN who have been in the country and working in the workplace would help with IENs' adjustment and transition. Lastly, a comprehensive program for the development of rural nursing practice competencies that recognizes IENs pre-existing skills and knowledge needs to be implemented at the organizational and practice site levels.

Acknowledgements

Not applicable.

Authors Contributions

Dr. Sedgwick and Dr. Kelley contributed equally to the study and were responsible for study design and revising, and data collection. Both Dr. Sedgwick and Kelley drafted, revised, and approved the final manuscript.

Funding

This work was funded by Rural Health Professions Action Plan (RhPAP).

Conflicts of Interest Disclosure

The authors declare they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT
Obtained.

ETHICS APPROVAL
This study was approved by the University of Alberta Research Ethics Office (Pro00137602). The Publication Ethics Committee of the Association for Health Sciences and Education. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

PROVENANCE AND PEER REVIEW
Not commissioned; externally double-blind peer reviewed.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT
No additional data are available.

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