

# Identifying the Perceived Factors Affecting Career Transition Among International Pharmacy Graduates (IPGs) Who are in the Process of Obtaining Their License in Ontario

by

Usama Elbayoumi

A thesis submitted in conformity with the requirements  
for the degree of Doctor of Philosophy

Clinical, Social and Administrative Pharmacy, Leslie Dan Faculty of Pharmacy  
University of Toronto

© Copyright by Usama Elbayoumi 2021

# Identifying the Perceived Factors Affecting Career Transition among IPGs in Ontario

Usama Elbayoumi

Department of Clinical, Social and Administrative Pharmacy, Leslie Dan Faculty of Pharmacy  
University of Toronto  
2021

## Abstract

Every year, Canada welcomes thousands of Internationally Educated Health Professionals (IEHPs), including International Pharmacy Graduates (IPGs). While many IEHPs integrate into their career of choice, many others face challenges that make it difficult to enter the workplace in the profession for which they have qualified. Those in the latter group tend either to accept low-paying jobs or leave Canada to return to their home country. Accepting a low-paying job or returning to the origin country are true examples of “brain waste” and “brain drain” respectively. The cost of brain drain and brain waste is significant. To minimize the economic impact, many initiatives have been launched to support career transition among IEHPs.

The literature discusses many determinants of career transition, yet it falls short on identifying factors that influence career transition among IEHPs who cannot get into the career of their choice.

The purpose of this qualitative research is to identify the factors that affect career transition among IPGs. Twenty-five English-speaking IPGs who are in the process of obtaining their licence and living in Ontario were interviewed.

Participants’ responses were analyzed deductively, using a set of integrated-model-of-career-transition-derived codes, as well as inductively.

Motives and three categories of factors affecting career transition among IPGs were identified. The categories include person/career correspondence, personal factors, and availability of

alternative career. The identified factors appear consistent with the integrated model for career transition. Three new factors—professional identity, culture, and knowledge—were identified. To better theorize the factors affecting career transition among IPGs, a model was proposed to describe these factors and their interaction.

The findings of this research and the proposed model are a step toward building a body of knowledge about factors affecting career transition among IEHPs, yet more studies are needed.

***Keywords:*** Immigrant pharmacists, IPGs, career transition, career change

## **Dedication**

*After Alhamdulillah, this dissertation is dedicated to*

Mona

My amazing Wife

I dedicate this work to you

I could not have done this work without your love, inspiration, continuous support and encouragement, and your sacrificial care for me and our kids

You have been a wonderful partner in every success in my life

I love you and I could not have asked for a better Wife

Ahmad, Lamees, and Kareem

My wonderful kids

You are the reason I never give up.

You always inspired me to do more to give you a good example

Thanks for listening to me always talking about this research. I am sure it was quite boring.

I know you sacrificed lots of the good time we could spend together, and it is now time to have lots of fun again

Mama Fifi

My mother-in-law

Thank you for being a great cheerleader.

I always feel that Allah eases my road because of your doa'a for us.

I am so grateful to have you in my life and you are much more than a mother-in-law for me

Last but certainly not least, I dedicate this thesis to

My wonderful late parents

Thank you for raising me to be the person I am today

You left me before I started this PhD journey, but I know you are always watching over me. I hope I accomplished something today that would make you proud of me.

I miss you so much

## Acknowledgements

This PhD was a journey I never thought I would embark upon. I admit that I joined the program because I thought I would do whatever it takes to secure my teaching position, but I had no idea that I would enjoy research or how much this journey would inspire me professionally and personally. The journey was challenging at certain turns, especially the thesis writing, yet I found it immensely rewarding.

However, I did not go through this journey alone, and I was blessed to be surrounded by many great people who supported me. I would like to take this opportunity acknowledge their contribution and thank them for their support.

First, I would like to thank my amazing supervisor, Dr. Zubin Austin. Dr. Austin was very understanding of the fact that I was a part-time student and he never overburdened me with unnecessary tasks. He was extremely responsive to my questions and I was always amazed by how promptly he would respond to my emails. During periods of turbulence I always found him patient, reassuring, and encouraging, which made a huge difference and always put me at ease. Thank you, Dr. Austin, and I hope our paths will intersect again.

I was also fortunate enough to share this journey with an amazing and supportive Professional Advisory Committee:

Dr. Jillian Kohler, Chair;

Dr. Sharon Switzer-McIntyre;

Dr. Marisa Battistella; and

Dr. Sara Guilcher.

Thank you so much for your guidance, support, ongoing thought-provoking feedback, encouragement, and patience, especially during the thesis writing phase which was pretty challenging. I am forever grateful.

I also would like to thank Dr. Branda Gladstone for her amazing course on qualitative data analysis. The course that changed how I look at data for good.

I also would like to thank my research participants for dedicating the time to take part of this research and for sharing their thoughts.

I also would like to thank Mr. James Cappio for his amazing editing services.

I am also so grateful for the financial support I received from Sheridan College.

I also would like to acknowledge the administrative support of Tammy Chan and Donald Wong.

# Table of Contents

Abstract .....	ii
Dedication .....	iv
Acknowledgement .....	v
List of Tables .....	x
List of Figures .....	x
List of Appendixes .....	xi
 <b>Chapter 1—Introduction</b> .....	 1
Overview of Immigration to Canada .....	1
The Immigration of Internationally Educated Health Professionals .....	2
Integration of IEHPs in the Canadian Workforce .....	3
Barriers to the Integration of IEHPs in Canada’s Workforce .....	3
Impact of Suboptimal Integration of IEHPs .....	5
The Economic Impact of Brain Waste and Brain Drain .....	6
The Objective of This Research .....	7
Organization of This Thesis .....	8
 <b>Chapter 2—Literature Review</b> .....	 9
Part I – Literature Search.....	9
Part II – Migration and Licensing Process for International Pharmacy Graduates.....	11
The Pharmacist Workforce in Canada .....	11
Pathways to Permanent Residence in Canada .....	13
Applying under the Federal Skilled Worker Program .....	13
Coming to Canada as International Students .....	14
Licensing Process for IPGs .....	17
Part III – Literature on Careers and Career Transition.....	20
Definition of “Career” .....	20
Definition of “Career Transition” .....	24
Magnitude of Career Transition .....	25
Typology of Career Transition .....	25
Career Transition Stages .....	28
Determinants of Career Transition .....	30
Attitude Toward Career Change .....	31
Job Satisfaction .....	33
Income .....	37

Self-Efficacy .....	38
Professional Commitment .....	40
Identity, Professional Identity and Ego .....	43
Demographics .....	46
Other Factors Reported in the Literature .....	48
Theories Explaining Career Transition .....	48
Summary .....	52
<b>Chapter 3—Research Methods</b>	<b>53</b>
Research Question .....	53
Objectives .....	53
Theoretical Framework .....	54
The Integrated Model for Career Change (Rhodes & Doering, 1983) .....	54
Description of the Model .....	55
Validation of the Integrated Career Change Model .....	57
The Integrated Model for Career Change in the Context of This Research...	58
Research Paradigm and Reflexivity .....	59
The Context of This Research from a Personal Perspective .....	61
Research Methodology .....	63
Research Method .....	65
Sampling and Recruitment .....	69
Conducting the Interview .....	76
Data Collection .....	79
Transcription .....	79
Data Management .....	79
Data Analysis .....	80
Research Ethics .....	82
Memo Writing .....	85
Subjectivity .....	87
Validation .....	88
Summary.....	89
<b>Chapter 4—Results</b>	<b>91</b>
Overview .....	91
Participants' Demographics .....	91
Factors Affecting Career Transition .....	93
Theme # 1 – Motives to Consider Career Transition .....	94

Theme # 2 – Person/Career Correspondence .....	96
Desire to Make a High Income .....	96
Desire to Achieve Social Status .....	97
Desire to Satisfy Professional Identity .....	99
Theme # 3 – Personal Factors .....	101
Attitude Toward Career Transition .....	102
Age .....	103
Gender .....	104
Culture .....	105
Need for Support .....	107
Perceived Self-Efficacy .....	108
Theme # 4 – Availability of Alternative Career .....	114
Participants’ Knowledge about Alternative Careers .....	114
Attainability of Alternative Careers .....	121
Features of a Desirable Alternative Career .....	124
Summary .....	127
<b>Chapter 5—Discussion</b> .....	128
Overview .....	128
Part I – Factors Affecting Career Transition among Participants .....	129
Motives to Consider Career Transition .....	129
Person/Career Correspondence .....	131
Desire to Make a High Income .....	132
Desire to Achieve Social Status .....	135
Desire to Satisfy Professional Identity .....	137
Personal Factors .....	139
Attitude Toward Career Transition .....	140
Age .....	142
Gender .....	143
Culture .....	145
Need for Support .....	147
Perceived Self-Efficacy .....	149
Availability of Alternative Careers .....	150
Participants’ Knowledge about Career Change.....	150
Attainability of Alternative Careers .....	153
Features of a Desirable Alternative Career .....	153
Summary .....	158



Part II – Proposed Model for Factors Affecting Career Transition among Participants .....	161
Critique of the Integrated Model for Career Transition .....	161
Description of the Proposed Model for Factors Affecting Career Transition among Participants .....	163
Limitations of the Research .....	169
<b>Chapter 6—Conclusion</b> .....	<b>172</b>
Summary of Research .....	172
Opportunities for Future Research .....	173
Knowledge Translation .....	174
Conclusion .....	174
Appendixes .....	176
References .....	211

## **List of Tables**

<b>Table</b>	<b>Page</b>
Table 1: Pass rate of the PEBC Qualifying exam	19
Table 2: Pseudonym, age, and home country of participants	93

## **List of Figures**

<b>Figure</b>	<b>Page</b>
Figure 1: Career transition stages	30
Figure 2: Application of Maslow's hierarchy of needs in vocational motivation	36
Figure 3: The integrated model for career change	55
Figure 4: Motives of career transition among participants	164
Figure 5: The "Social Circle" domain of the proposed model	165
Figure 6: The "Self" domain of the proposed model	165
Figure 7: The "self-esteem domain" of the proposed model	167
Figure 8: The "System" domain of the proposed model	168
Figure 9: The proposed model of factors affecting career transition among participants	169

## **List of Appendixes**

<b>Appendix</b>	<b>Page</b>
Appendix 1— Results of the Literature Search	177
Appendix 2— Skilled Worker Federal Program	180
Appendix 3— Breakdown of Duration and Costs of a Pharmacist’s Licence in Ontario	183
Appendix 4A— Research Interview Protocol as of June 2016	185
Appendix 4B— Research Interview Protocol as of June 2017	189
Appendix 4C—Research Interview Protocol	191
Appendix 5—Research Information and Consent Form	195
Appendix 6— Research Participant’s Acknowledgement of Receipt of Remuneration	197
Appendix 7— Research Ethics Board Approval	198
Appendix 8—Research Participants’ Demographic Information	199
Appendix 9—Additional Quotes from Participants’ Responses	203

# **Chapter 1**

## **Introduction**

### **Overview of Immigration to Canada**

Since 2006, Canada, a country that is often referred to as the land of immigrants (Government of Canada, 2011), has welcomed an average of 250,000 new immigrants every year (Health Canada, 2015). Immigration, Refugees and Citizenship Canada (IRCC) projects that the number of immigrants will reach a record high of 330,000 by the end of 2019 (IRCC, 2018a). In the most recent data, 82.8% of the population growth in the first quarter of 2019 was due to immigration (Statistics Canada, 2019).

Increasing the number of immigrants coming to Canada every year is one of many strategic objectives for IRCC as it aims to meet the long-term needs of the domestic labour market and to sustain economic growth (Watt, Krywulak, & Kitagawa, 2008). Another important strategic goal is to enhance the integration of the newcomers into the Canadian work force by funding several settlement and integration programs, such as language training, employment assistance, credential assessment, and integration into Canadian society (Watt et al., 2008).

Canada's immigration policies are always subject to political debate. Even though there is strong and broad support across the country for increasing the number of immigrants (Reitz, 2011a), opposition appears to be on the rise (Graves, 2015). Opponents are concerned about the negative impact the increasing number of immigrants has on the unemployment rate, the social system, the availability of basic services and needs such as housing and health care (McCrank, 2010). However supporters believe that accepting more immigrants is crucial to maintain the country's prosperity, living standards, and Canadians' quality of life (Watt et al., 2008).

## **The Immigration of Internationally Educated Health Professionals**

Thousands of internationally educated healthcare professionals (IEHPs), including international pharmacy graduates (IPGs), immigrate to Canada every year. According to 2015 data from Citizenship and Immigration Canada (CIC), the number of permanent residents who intended to pursue a professional occupation in healthcare in 2012, exceeded 8,100 (Citizenship and Immigration Canada, 2015b).

IEHPs, including IPGs, apply for immigration under the Federal Skilled Worker program (Citizenship and Immigration Canada, 2015a), or Provincial Nominee programs (PNPs) (IRCC, 2019b). Many IEHPs, including IPGs, also come to Canada as international students and later seek permanent residency. Details and information about the immigration process to Canada and the licensing process for IPGs are provided in Chapter 2.

The number of IPGs who immigrate to Canada on an annual basis is not documented in the literature or available on the IRCC website, but it can be estimated to be in the hundreds if not the thousands. This is based on the number of IPGs who challenge the Pharmacy Examining Board of Canada (PEBC) Evaluating Exam. According to the PEBC website, the number of IPGs attempting the Evaluating Exam between summer 2015 and summer 2018 was 4600 (PEBC, 2018a). This means that the total number of IPGs, if we include those who were awaiting the results of their credential evaluation and those who attempted the PEBC Qualifying Exam, is much larger than 4,600.

Like other internationally educated healthcare professionals, the goal of many of the IPGs who come to Canada, as discussed in the next section, is to obtain their pharmacist license and to integrate into the Canadian workforce. For some, this may be an unattainable goal.

## **Integration of IEHPs in the Canadian Workforce**

In 2006, Statistics Canada conducted a study to examine the “match rate”—the extent to which immigrants whose education would typically secure them a job in a regulated profession, such as IEHPs, actually do find employment in their field (Zietsma, 2010). The study showed that the unemployment rate among all internationally educated university graduates was 67% higher than those who received their education in Canada. In addition, the study revealed that the match rate was only 26% among internationally educated immigrants, compared to 67% among those who were educated in Canada. The match rate differed according to the profession, but the study revealed that it was consistently lower for IPGs than Canadians. Among internationally educated pharmacists, the rate was 45%, compared to Canada-born pharmacists who showed a rate of 84%.

As a result of the suboptimal integration of IEHPs, several federal and provincial programs were launched specifically to support the integration of IEHPs into the Canadian healthcare workforce. In 2005, the federal government launched the Internationally Trained Workers Initiative (Government of Canada, 2018). Examples of provincial programs include HealthForceOntario, Health Match BC, and Atlantic Connection. These governmental programs aim to eliminate the existing barriers that may hinder the IPGs’ and other IEHPs’ integration process into Canada’s workforce. These barriers are summarized in the next section.

## **Barriers to the Integration of IEHPs in Canada’s Workforce**

Identifying the barriers to integration has been the objective of many studies (Austin, 2005; Austin & Rocchi Dean, 2006; Hall, Kelly, Dojeiji, Byszewski, & Marks, 2004; McGuire &

Murphy, 2005) and reports (Haley & Simosko, 2006; Jeans, Hadley, Green, & Da Prat, 2005; K. Johnson & Bauman, 2011). The barriers commonly reported in the literature include:

- **Language barrier:** Lack of fluency in English or French hinders the IEHPs' integration during pre- and post-licensing phases (Hall, et al., 2004).
- **Lack of training opportunities:** The insufficient number of training positions represents a challenge particularly for international medical graduates, or IMGs (Canadian Resident Matching Service, 2014). A similar concern shared by many IPGs who have difficulty getting training positions.
- **Lack of information:** Insufficient knowledge about the licensing pathway and the challenges facing IEHPs may affect many IEHPs' ability to make an informed decision before coming to Canada (Covell, Neiterman, & Bourgeault, 2016).
- **Financial issues:** Many of the certification exams are costly. For example, the total fees for the PEBC licensing exams are \$3480 in 2020. The cost factor compounded because many IEHPs must accept low-paying jobs to support their families.
- **Obtaining the required documentation:** Obtaining documents such as transcripts and certificates of registration from other countries can be a lengthy and costly process, and the documents often do not meet Canadian standards. This causes a delay in the certification process. Further delay caused by the process for recognizing foreign credentials (Haley & Simosko, 2006).
- **Difficulty passing the certification exam:** Certification exams commonly focus on the practice culture in Canada, with which many IEHPs are unfamiliar. In one study, internationally educated nurses (IEN) indicated that the multiple choice exam format, which is not the exam strategy in their source country, was confusing—particularly for

those whose first language is not English (Jeans et al., 2005). This is evident from the PEBC licensing exam pass rate for IPGs, which hovers around 40% compared to 90% for Canadian graduates.

- **Limited bridging opportunities:** Bridging programs aim to fill the gap in the practice culture between the countries where IEHPs come from and Canada, as well as “facilitate professional enculturation and connectedness with the professional community” (Austin & Rocchi Dean, 2006). There is a limited number of bridging programs for IEHP in Canada. For example, there are only three bridging programs for IPGs—offered by the University of Toronto, the University of British Columbia, and the Bredin International Pharmacy Bridging Program in Alberta.

The result of these barriers result is suboptimal integration of IEHPs, including IPGs, into the Canadian workforce. The suboptimal integration has important implications as described below.

### **Impact of Suboptimal Integration of IEHPs**

The suboptimal integration of IEHPs results in the loss of highly skilled immigrants. Research by Statistics Canada (Statistics Canada, 2006), using tax filing behaviour and census data, estimated that one of three immigrants will leave Canada within 20 years of landing and 6 of 10 who leave Canada will do so in the first year. The study also found that 40% of those who belong to the skilled worker class (IEHPs typically apply for immigration under this category) and business class leave the country within the first 10 years of landing. Lofters and colleagues (Lofters, Slater, Fumakia, & Thulien, 2014) found a similar trend of outmigration among IEHPs.

The outmigration of skilled workers and the acceptance of low-paying jobs to support their families result in “brain waste” and “brain drain” respectively. According to *Merriam-Webster’s Online Dictionary*, brain drain is defined as “a situation in which many educated or



professional people leave a particular place or profession and move to another one that gives them better pay or living conditions.” Brain waste, on the other hand, can be described as a situation in which the brain is used in a way that is not appropriate or effective (Lofters et al., 2014). The “Brain Drain” and “Brain Waste” result in significant loss to the Canadian economy.

### **The Economic Impact of Brain Waste and Brain Drain**

The cost of brain waste and brain drain is significant. In 2013, Jason Kenney, then Citizenship, Immigration, and Multiculturalism Minister, described the declining economic welfare of immigrants as “a huge problem,” stating that “it’s impossible to calculate the opportunity cost of productivity, the cost to our economy, represented by the unemployment and underemployment of immigrants” (McMahon, 2013).

Jeffery Reitz (Reitz, 2001a), from the University of Toronto, used census data from 1996 to quantify the economic impact of underutilization of the skills of highly trained immigrants such as physicians. Using human capital earning analysis, he estimated the annual immigrant earning deficit to be \$15 billion. Reitz later re-evaluated the cost of the underutilization of immigrants’ skills using 2006 census data (Reitz, 2011a). The more recent study found that “the value of immigrant skills has not shown significant improvement over time.” The study also found that the gap between the proportion of highly trained immigrants working in a low-paying job and native-born Canadian workers has doubled.

In addition, IEHPs who struggle to get their licence can negatively affect the economy in other ways. First, unemployed IEHPs may receive social assistance, which puts pressure on provincial resources. Second, IEHPs may accept low-paying jobs, making their monetary contribution to the economy (such as taxes) less than that of the average Canadian even though they utilize resources at a similar rate. As a result, their net contribution to the economy can be

negative. Third, when IEHPs leave Canada to work overseas, their families in Canada continue to utilize resources at a rate similar to an average Canadian family. Finally, the unemployment and underemployment of IEHPs have a negative effect on the immigrants' overall well-being (Lofters et al., 2014).

### **Keeping Skilled Workers in Canada**

Considering the economic impact of brain waste and brain drain, keeping skilled workers in Canada becomes of great importance. One way to do it is to promote career transition among IEHPs who have difficulty getting into the career of their choice. Several initiatives have been launched to help integrating IEHPs into alternative careers. One example is the Alternative Career Pathway Initiative. This initiative was launched by the National Association of Career Colleges (NACC), and it aims to collaborate with organizations that serve new immigrants in order to help them identify alternative career paths (National Association of Career Colleges, 2015). Another is the HealthForce Integration Research and Education for Internationally Educated Health Professionals (HIRE IHEP) initiative, a collaboration between HealthForceOntario, the Ontario Ministry of Health and Long-Term Care, and the University of Toronto that aims to help IEHP to explore career options. However, the success of such initiatives requires a thorough understanding of the factors that can deter or motivate IEHPS to enter the workforce through career transition.

### **The Objective of This Research**

The purpose of this research is to build a body of knowledge around the perceived factors affecting career transition among IEHPs in Ontario. To achieve this goal, I conducted an exploratory qualitative study to identify the perceived factors affecting career transition among a

group of IPGs who live in Ontario and who are in the process of obtaining their pharmacy licence.

### **Organization of This Thesis**

I begin this dissertation by providing a thorough literature review about the career path of IPGs in Canada and the notion of career transition in Chapter 2. In Chapter 3, I introduce the research methods used, including the development and refining of the interview protocol, sampling and recruitment, conduct of the interview, and data collection. In the fourth chapter, I describe the results of the research using a factor-based approach, and provide illustrative quotes from the participants. Then, in Chapter 5, I discuss the results of the research by elaborating on each factor, describing how factors may intertwine, and, finally, describing the proposed model of the factors affecting career transition among participants. In chapter 6, I draw out the research implications and offer some concluding thoughts.

## **Chapter 2**

### **Literature Review**

This chapter is divided into three parts: i) the details pertaining to the literature search conducted for the literature review ii) a description of the migration and licensing Process for International Pharmacy Graduates and iii) a thorough review of literature on Careers and Career Transition.

#### **Part 1 - Literature Search**

Before starting the database search, I consulted Karen Lents, the Academic Skills Librarian from Sheridan College, to help identify the most relevant databases for the factors affecting career transition among IPGs, as well as to develop an effective search strategy. Eight databases were identified: SAGE Publication Premier, Social Index, PsycArticles, and CINHALL Complete focus on social and life sciences literature; Medline focuses on biomedical sciences literature; Business Source Complete, Vocational Career Collection, and ProQuest Central focus on business, social sciences, education, and humanities literature. The data search went through two phases: i) a search for literature on career transition and ii) a search on International Pharmacy Graduates. As a result of the search, a gap in literature was found.

#### **Phase 1. Search for Literature about Career Transition**

The first phase retrieved data about career transition, using the terms “career change,” “career transition,” “occupation change,” “occupation transition,” “profession change,” “profession transition,” “vocation transition,” and “vocation change.” To broaden the search results, the Boolean operator (OR) was used to capture any literature that contained any of the search terms. The search field was “anywhere” in literature. A total of 2983 titles were retrieved.

All the titles were uploaded to EndNote. These titles were screened to eliminate duplicate titles, non-English titles, editorials, letters, etc.

The remaining 1883 titles were considered for final screening. Titles that were clearly irrelevant were eliminated. The abstracts for the titles that appeared to be relevant or ambiguous were screened to assess relevance. None of the retrieved literature examined factors affecting career transition among immigrant pharmacists not only in Canada; but, in other countries such as, Australia, United Kingdom, and the United States which are common destinations for immigrating pharmacists.

## **Phase 2. Search for Literature about International Pharmacy Graduates**

The second phase of data search focused on retrieving literature about IPGs. The search strategy was to search for the words “international pharmacy graduate,” and “foreign pharmacy graduate” and searching for the word “pharmacist” within 2 words from “foreign,” “overseas,” and “internationally”. The objective was to capture a wider range of literature about immigrant pharmacists. A total of 520 titles were retrieved. All the titles were uploaded to EndNote, a citation management software. These titles were screened to eliminate duplicate titles, non-English titles, editorials, letters, etc.

The remaining 324 titles were considered for final screening using the same strategy described above. Seven titles that were specific to international pharmacy graduates in Canada were retrieved. The first two titles focused on examining the hurdles IPGs face during the licensure process (Crandall & Mohr, 2007) and the barriers to integration of IPGs into pharmacy workforce (Hogan, 2008). The third title described how IPGs who successfully complete the PEBC qualifying exams are often unable to secure training positions in institutional settings (Patel, 2019)

The fourth title was about credential recognition for IPGs (Umut Riza, 2018).

The fifth title described the bridging opportunities for IPGs in Ontario (Austin & Dean, 2004). The sixth title discussed how bridging programs, including the bridging programs for IPGs, accommodate diverse learning styles of program attendees (Lum, Bradley, & Rasheed, 2011). The seventh title compared the “testwiseness” of IPGs to senior-level Canadian pharmacy students (Mahamed, Gregory, & Austin, 2006)

None of the retrieved literature examined factors affecting career transition among immigrant pharmacists. None of the retrieved titles examined the factors affecting career transition among IPGs.

Appendix 1 describes the search strategy and results of the literature search. Amongst the results obtained from the data search was the discovery of a gap in literature.

### **Gap in literature**

There is no literature found describing the factors affecting career transition among IPGs who are in the process of obtaining their license in Canada. The lack of literature describing career transition among skilled immigrants, including IPGs, was noted in the literature (Malik, Manroop, & Singh, 2017) and scholars have urged researchers to explore career transition among skilled immigrants to attain a better understanding of this phenomenon (Zikic, 2015; Al Ariss, 2010).

## **Part II– Migration and Licensing Process for International Pharmacy Graduates**

### **The Pharmacist Workforce in Canada**

According to the National Association of Pharmacy Regulatory Authorities (NAPRA) *National Statistics* (NAPRA, 2019), as of January 2019 there were about 42,600 pharmacists in

Canada. Approximately 16,600 of these pharmacists worked in Ontario and practiced in approximately 4,800 community and hospital pharmacies.

IPGs represent a significant proportion of the pharmacist workforce in Canada.

According to the Canadian Institute for Health Information's (CIHI) 2016 *Pharmacist Workforce Report* (CIHI, 2017), in 2008 IPGs represented 21.5% of the pharmacist workforce; this percentage has been steadily increasing, reaching 31% by 2016. Two-thirds of all IPGs in Canada graduated from five countries: Egypt, the United States, India, the United Kingdom, and the Philippines (CIHI, 2013). More IPGs practice in Ontario than in any other province.

According to the Ontario College of Pharmacists' (OCP) 2018 annual report (OCP, 2019), IPGs (excluding pharmacists who graduated from the United States) represent 40% of the pharmacist workforce in Ontario. IPGs represent an even larger proportion than that of new pharmacist registrants—more than 50% from 2015 to 2018. Egypt is a major source of IPGs in Ontario. It was estimated that in 2012, 25% of all IPGs in Ontario graduated from Egypt (CIHI, 2013).

This influx of IPGs appears to meet the needs of the labour market with an estimated 25% of all pharmacist job seekers expected to be immigrants (Government of Canada, 2017). The Canadian Occupational Projection System (COPS) estimates that the unemployment rate among pharmacists in Canada was 1.4% in 2018, well below the national average (Government of Canada, 2017). IPGs will likely continue to help meet labour market needs. However, integration into the labour market will become more challenging due to the anticipated surplus. COPS forecasts that between 2019 and 2028, there will be 12,500 new positions for pharmacists, arising from both retirement and market expansion, and 16,600 new job seekers. The surplus will limit training and employment opportunities, may compel IPGs to migrate to underserved area, leave Canada for their home country or possibly consider a career change.

There are two main pathways IPGs commonly use when coming to Canada; the immigration pathway, or coming to Canada as international students. These two pathways will be described below.

### **Pathways to Permanent Residence in Canada**

IPGs commonly come to Canada in two different ways: i) by applying for immigration under the Federal Skilled Worker (FSW) program, or ii) by attending school in Canada as international students, which qualifies them to obtain a work permit and to subsequently apply for permanent residency.

#### **Pathway # 1: Applying under the Federal Skilled Worker Program**

There are three federal immigration programs described under Immigration, Refugees and Citizenship Canada's Express Entry program (IRCC) (IRCC, 2018b):

- **Federal Skilled Trades (FST) program.** In this program, candidates are selected based on their qualifications in a skilled trade (IRCC, 2020b).
- **Canadian Experience Class (CEC) program.** Candidates for this program are those who have work experience in Canada and wish to become permanent residents (IRCC, 2020a).
- **Federal Skilled Worker (FSW) program.** Skilled workers are a category of immigrants who are selected based on their experience, education, ability to speak one of Canada's official languages, and ability to settle in Canada. IPGs commonly immigrate to Canada as skilled workers (IRCC, 2018c).

Prospective immigrants who wish to apply under the FSW program must start the process by creating an online Expression of Interest Profile through the Express Entry System. The Express Entry System is an online application management system used to manage applications



from all three federal programs. The online profile gathers information about the applicant's (and, if applicable, the applicant's spouse's) age, work experience, education, language proficiency, ability to settle in Canada, arranged employment in Canada, proof of funds, and admissibility to Canada. The first six criteria are used as selection criteria. They are included in a 100-point grid system that assesses the candidate's eligibility for the FSW program. A minimum score of 67 out of 100 is required to qualify. The candidates who score 67 points or higher under the FSW program point system enter a pool that also includes applicants who qualify under the CEC and FST programs. Each candidate in the applicants' pool is assigned a different score generated by the Comprehensive Ranking System (CRS). The CRS score is based on a scale of 1200 points. The first 600 points, known as core points, are calculated based on the candidate's skills, experience, and skills transferability and the spouse/partner's language skills and education. The second 600 points, known as additional points, are calculated based on having a valid job offer, relatives in Canada, Canadian credentials, strong French language proficiency, and being nominated by a provincial program. All the candidates in the pool are ranked according to their CRS score (IRCC, 2019).

IRCC holds rounds of invitation in which the top-ranking candidates in the pool are invited to apply for permanent residency in Canada. The number of invitees differs from one round to another, and so does the cut-off CRS score (IRCC, 2019a). A detailed description of the application process and the scoring system is provided in Appendix 2.

## **Pathway # 2: Coming to Canada as International Students**

### **Overview**

In 2017, the *Times Higher Education Magazine*, a leading United Kingdom publication on higher education, considered Canada the most popular destination for international students in

the world. In a survey conducted for the International Student Admissions Services (ISAS), more than 60% of the students polled said they considered Canada as their first choice of destination (Bhardwa, 2017). Their top reasons for selecting Canada were its reputation for a good education system, its non-discriminatory society, and safety (Canadian Bureau for International Education, 2018).

A recent IRCC monthly update showed that in 2018 there were 356,000 new study permit holders in Canada. The total number of study permit holders (new and extended) in Canada in 2018 exceeded 570,000 (IRCC, 2019c). In the first half of 2019, the study showed that there were 147,600 new study permits in Canada. According to a survey by the Canadian Bureau for International Education (CBIE), the two major countries of origin for new international students in 2018 were India (30%) and China (25%) (CBIE, 2018).

The CBIE International Student Survey for 2018 found that 87% of these international students were enrolled in post-secondary programs. There were no specific data for the number of internationally graduated pharmacists who come to Canada every year with a study permit among those international students; however, 35,000 of the study permit holders pursue education in health science–related fields. For most students, studying in Canada is only the first step in a longer-term plan. About 60% of international students plan to apply for permanent residence after completing their studies in Canada (CBIE, 2018).

International students' desire to come to Canada is not the only reason for the increasing number of study permit holders; there is also a governmental effort to attract more international students. For example, in 2015, federal Immigration Minister John McCallum announced \$150 million over five years to attract more international students to Canada (CICNews, 2016). This strategic goal can be attributed to the significant economic impact of international students in

Canada. As shown by the *Global News Report*, international students in 2016 invested \$15.5 billion into the Canadian economy. While the higher tuition fees paid by international students play an important role in strengthening Canadian academic institutions, they also allow institutions to offer a broader range of programs (Blatchford, 2019).

However, the federal government does not just allow international students to study and support the Canadian economy; it aims to encourage them to reside permanently in Canada by easing their immigration process. As Minister McCallum put it, international students are great candidates for permanent residency because they are “young and intelligent” and have the “means to assimilate” (CICNews, 2016).

### **International Students’ Application Process for Permanent Residence in Canada**

Upon completion of the academic program, graduates may apply for permanent residence under the FSW program as discussed above, the CEC program, or the Provincial Nomination program.

#### **CEC**

International students who graduate from a Canadian institution qualify to apply for a work permit for up to three years. If the holder of the work permit is able to work with an employer in Canada and accumulate work experience that is equivalent to one year of full-time employment (1,560 hours) over the three years’ validity of the work permit, they qualify to apply for immigration under the CEC (IRCC, 2020a).

#### **Provincial Nomination Program**

International students who completed their education in Canada may apply for immigration under one of the provincial nomination programs. The Ontario Immigrant Nominee Program (OINP) offers multiple streams to allow international students to apply for immigration (Ministry of Labour, 2020):

- **Masters Graduate Stream.** International students who complete their masters in an Ontario university may apply for immigration under this stream without the need for a job offer.
- **Doctorate Graduate Stream.** International students who complete their PhD in an Ontario university may apply for immigration under this stream without the need for a job offer.
- **Employer Job Offer Stream.** International students who graduated from a full-time program lasting a minimum of one year from an eligible Canadian university or a college may apply under this stream within two years of graduation. The graduate must have a full-time job offer of undefined length in one of the NOC skilled occupations from an eligible employer. The prospective applicant must demonstrate ties to Ontario such as family ties, social connections, or lease agreements.

Prospective candidates must apply online through the OINP e-Filing Portal. Candidates approved by OINP will receive “notification of interest” from the OINP.

Candidates approved by OINP and those who wish to apply under FSW or CEC must complete an online Expression of Interest profile using the Express Entry System, and those who qualify enter the applicants’ pool, as previously discussed.

Many of the IPGs who immigrate to Canada and many of the IPGs who attend school in Canada engage in the process of obtaining a Canadian Pharmacist licence. This process is described in details in the following section.

### **Licensing Process for IPGs**

IPGs, who seek a licence in Canada, must follow the following process (Pharmacists' Gateway Canada, 2014a):

1. Enrollment in and submission of all required documents to Pharmacists’ Gateway Canada;

2. Document evaluation by the Pharmacy Examining Board of Canada (PEBC);
3. The PEBC Pharmacist Evaluating Exam (for IPGs who have graduated from a non-US and non-Canadian Council for Accreditation of Pharmacy Programs (CCAPP)-accredited program);
4. The Pharmacist Qualifying Exam (for IPGs who have successfully completed the Pharmacist Evaluating Exam). This exam consists of two parts: Part I (MCQ exam), and Part II (Objective Structured Clinical Exam);
5. Other registration requirements as mandated by the provincial regulatory authority.

### **Time and Cost of the Registration Process**

The time it takes to obtain the pharmacists' license varies among IPGs. Several factors affect the process. Failing an exam will result in a six-month delay in registration, due to the fact that exams are offered twice a year only. In addition, the widely varying training requirements between provinces can cause further delay. For example, in Alberta, applicants for registration must complete a Structured Practical Training (SPT) for 1,000 hours or more. In Manitoba, the SPT requirement is 600 hours but Manitoba only accepts a maximum of five IPGs to be assessed per month. This results in a queue, causing further delay. In Ontario, the traditional lengthy internship is replaced by the Practice Assessment of Competence at Entry (PACE) which takes a total of 3-4 weeks if completed successfully. Finally, the requirement of bridging programs, such as the IPG program at the University of Toronto, may also contribute to a delay in registration (Pharmacists' Gateway Canada, 2014b). Pharmacists' Gateway Canada provides IPGs with a calculator to estimate the cost and duration of the licensing process. The process can take as little as 12 months and cost as little as \$5,500 for candidates who pass the PEBC Evaluating Exam and both parts of the PEBC Qualifying Exam on the first attempt. On the other hand, it can take as

long as 53 months and cost as much as \$30,000 for candidates who only pass all the exams on the fourth attempt. Appendix 3 provides a detailed description of the pharmacists' licensing process in Ontario as well as the duration and costs of the process (Pharmacists' Gateway Canada, 2014b).

The length and cost of the process correlates with the candidate's ability to successfully pass the exam, in the first, second, third or fourth attempt. In the following section, the performance trends of IPG in the PEBC exams are examined.

### **Performance Trends of IPGs in the Evaluating Exam**

The PEBC Evaluating Exam is administered only to graduates from non-US-, non-CCAPP-accredited programs. Between summer 2015 and summer 2018, 4600 IPGs attempted the exam for the first time; 2400 IPGs repeated the exam. The pass rate among the first-time exam takers was 47%; that among the repeat exam takers was 44% (PEBC, 2018).

### **Performance Trends of IPGs in the Qualifying Exam**

Table 1, adapted from the PEBC website, describes the actual number of exam takers and the pass rate of the reference group—those who graduated from Canadian and US pharmacy programs—and the IPGs group between spring 2016 and spring 2018.

**Table 1: The pass rate for the PEBC Qualifying Exam**

Pharmacist Qualifying Exam	Part I – Multiple Choice Questions (MCQ)		Part II – Objective Structured Clinical Examination (OSCE)	
	Exam Takers	Pass Rate	Exam Takers	Pass Rate
Graduates from Canadian and US pharmacy schools	2683	91%	2681	94.1%
IPGs first-time exam takers	2156	41.1%	1901	47.2%
IPGs repeat exam takers	1886	50.5%	1587	56.4%

Source: Adapted from [https://www.pebc.ca/index.php/ci\\_id/3150/la\\_id/1.htm](https://www.pebc.ca/index.php/ci_id/3150/la_id/1.htm)

In summary, IPGs represent a significant proportion of the pharmacy workforce in Canada. IPGs may come to Canada by applying for immigration under the Federal Skilled Worker program, or by applying for residency after completing post-secondary education in Canada and gaining Canadian work experience. IPGs who wish to obtain a licence as a pharmacist must go through a registration process that may be lengthy and costly, depending on the applicants' performance. IPGs, like other IEHP, may experience challenges such as not passing the licensing exam, or challenges obtaining the necessary documents from the home country (Haley & Simosko, 2006).

The next part of this literature review discusses the existing literature on careers and career transition. As stated previously, very little literature was found on the factors that can affect career transition among IPGs. However, the literature search showed that literature on factors affecting career transition among other groups do exist.

### **Part III– Literature on Careers and Career Transition**

This part of the review begins by defining the key terminologies of career, career transition, and the magnitude of career transition. Next, the types and the process of career transition will be described. Following that, the determinants of career transition, including the theoretical background for each of the determinants when relevant, will be discussed. Finally, I will provide a brief overview of important career development theories.

#### **Definition of “Career”**

The definition of “career” has evolved over the years and varies according to the researcher's standpoint (Baruch, 2003). An early definition appeared in the work of American sociologist Everett Hughes. Objectively, Hughes described a career as “a series of status and clearly defined offices,” a definition that assumes a firm and stable work environment that allows a flawless

transition from one status to the next and a similar intergenerational experience. Because the definition did not take into consideration one's ambition and freedom to create one's own position, Hughes also proposed a subjective definition of career as "the moving perspective in which the person sees his life as a whole and interprets the meaning of his various attributes, action, and the things which happened to him" (Hughes, 1937).

Years later, a new definition emerged. In the 1960s, American sociologist Harold Wilensky defined career as "a succession of related jobs, arranged in a hierarchy of prestige, through which persons move in an ordered (more-or-less predictable) sequence" (Wilensky, 1960), a definition that assumes a structured work environment and predictable career paths (Arthur & Rousseau, 1996). Following Wilensky's definition, Donald E. Super defined career as "a sequence of positions held during the course of a lifetime, some of them simultaneously" (Super, 1980). This definition assumes the flexibility of career paths and takes the possibility of changing jobs and roles during one's lifetime into consideration.

In 1996, R. V. Dawis defined "career" in terms of vocational psychology, as a "carrier" that the individual uses to navigate their own course of life (Dawis, 1996). This definition makes room for a more flexible work environment that continues to evolve as a result of many factors such as globalization, more diverse consumer needs, the remarkable increase in use of technology (Arthur & Rousseau, 1996), the restructuring and downsizing of business firms (Ibarra, 2004), and the shift from "industrial economy to knowledge-based economy" (Poulsen, 2006).

This idea of a flexible work environment has brought about the new concept of boundaryless careers (Arthur & Rousseau, 1996). According to Arthur and Rousseau, a boundaryless career is a career that allows some freedom from traditional hierarchical structures,



encourages individual initiatives, and promotes a “sense of community through voluntary association and networks” (Arthur & Rousseau, 1996). It also releases the organization from the responsibility to continually supply talented employees with higher positions. In the era of boundaryless careers, there is no guarantee that a person will spend his entire life in one career/field/profession. As well, the meaning of success varies from one person to another and it is no longer exclusively associated with vertical career growth (Poulsen, 2006).

The concept of boundaryless careers has pushed Arthur and Rousseau to rethink their older definition of career as a “course of professional advancement” that assumes progress in a hierarchical structure. Instead they proposed that a career is an “unfolding sequence of any person’s work experiences” (1996), a definition that considers the individual’s choices and experiences while maintaining the connotation of growth and advancement over time. Even though this definition has been widely accepted (Arthur, Inkson, & Pringle, 1999), Paul Phifer argues that career is a much more important part of the individual’s life than the various jobs a person holds. Thus, Arthur and Rousseau’s definition falls short of taking the effect of career on the individual’s decisions and the effect of personal decisions on career into consideration. For example, an individual who pursues a career in pharmacy will make certain decisions before, during, and after the university years in order to fulfil that career goal. Likewise, the decision to have children may affect the individual’s career. Phifer thus argues that Arthur and Rousseau’s definition does not “capture the actual meaning of a career.” To overcome this flaw, Phifer proposes that a career is “the sum total of decisions that direct your educational, social, economic, political, and spiritual endeavours and reflect your unique personality characteristics and basic life values” (Phifer, 2003).

The terms “career,” “occupation,” and “profession” are commonly used as synonyms; however, they do not carry exactly the same meaning (Super & Knasel, 1981). “Occupation” is defined as an “identifiable and specific line of work that an individual engages in to earn a living at a given point in time” (Lee, Carswell, & Allen, 2000), and an occupation can be either a professional or nonprofessional occupation (Greenwood, 1957).

Kerr, Von Glinow, and Fulk defined a profession as “a special type of occupation” (1977). Social scientists have described six attributes that set professions apart from other occupations (Hammer, 2000). The first attribute of a profession is the mastery of a specialized body of knowledge and high skills that require extensive training. The second attribute is the need for a licensing or certification process to demonstrate the mastery of the aforementioned skills. The mastery of the specialized knowledge, which is not likely available to the layman, provides the basis for the third attribute of profession: authority. In a professional setting, the service recipient will depend on the professional, who has the specialized knowledge and training to make decisions. For example, the patient will depend on the physician, who has the required knowledge, to make an accurate diagnosis. The fourth attribute is the public trust symbolized by conferring the power of self-regulation upon the profession. Fifth, the profession must provide a vital service to the community. Due to the specialized knowledge and the vital service the profession offers, the public grants the profession social prestige and a high level of autonomy. Finally, to ensure that the power and prestige conferred upon the profession will not be misused, the profession must have a code of ethics that dictates ethical duties toward clients and society (Greenwood, 1957; R. H. Hall, 1968; G. Strauss, 1963; Wilensky, 1964).

### **Definition of “Career Transition”**

The previous definitions commonly see career as a “sequence” of activities. Allen and van de Vliert argue that every sequence comprises transitions (1984). Every transition serves as a “breakpoint” (Van Maanen, 1977) during which the individual disentangles from the established relationship with the former role or position and forms a relation with a new one (Allen & van de Vliert, 1984; Van Maanen, 1977). Weick describes these sequences as discontinuities that open the door for new opportunities (Weick, 1996). Barbara S. Lawrence defines career transition as “movement to a new occupation that is not part of a typical progression” (Lawrence, 1980). A more detailed definition was proposed by Daniel C. Feldman, who defined career transition as the “entry into a new occupation which requires fundamentally different skills, daily routines, and work environments from the present one” (Feldman, 2002). I argue that these definitions have a narrow scope in two ways. First, they focus mainly on transitions that involve a deviation from a current career path to pursue a different occupation, without considering career transitions that take place within the same occupation. Second, they focus on the interface between the old and new occupation without considering the circumstances surrounding the transition. Meryl R. Louis proposes a broader definition for career transition. Rather than focusing on a radical change of occupation, Louis included the change in roles within the same occupation. According to Louis, career transition can be defined as “the period during which the individual is either changing roles or changing orientation to a role already held” (Louis, 1980).

Rhodes and Doering (1983) and Carless and Arnup (2011) differentiate between job transition and career transition. All of these writers suggest that job transition is a part of career progression that happens more frequently, and that it entails a change within the same job line where most of the current skills and competencies are applicable. On the other hand, career

transition is a less frequent event, an interprofessional transition in which the individual departs the current occupation and enters a new field where new competencies, skills, and responsibilities are required (Carless & Arnup, 2011).

### **Magnitude of Career Transition**

The magnitude of career transition can be defined based on: how radical the transition is perceived to be and how similar or dissimilar the new role is to the old role (Nicholson & West, 1989); the need to acquire new knowledge or demonstrate new competencies to undergo the transition (Defillippi & Arthur, 1994); or the extent to which the individual can apply the knowledge and the skills acquired from the previous job to the new one (Ebaugh, 1988; Louis, 1980). The magnitude of the transition, which is not commonly discussed in transition literature (Bruce & Scott, 1994), can be viewed as a spectrum. At one end of the spectrum are the transitions associated with minimal changes. For example, if a licensed pharmacist leaves his job in a corporate environment such as Wal-Mart and lands a job at another corporation in a similar role in the same province, the magnitude of change and the transition period will be minimal, due to familiarity with the new role and ability to apply most of the established skills.

At the other end of the spectrum are drastic career transitions. For example, an IPG who is unable to obtain a license in Canada will likely make a drastic change of exiting their desired occupation and entering a new one. The greater the magnitude, the longer and more challenging the transition becomes (Ibarra, 2004).

### **Typology of Career Transition**

Louis developed a typology for career transition (Louis, 1980). He identified two major categories of transitions: intra-role transition, when an individual changes their orientation to a

role they already hold, and inter-role transition, when an individual assumes a new or a different role.

**Intra-role Transition.** There are four types of intra-role transition: intra-role adjustment, extra-role adjustment, role/career-stage transition, and life-stage transition.

- **Intra-role adjustment** is adjusting to internal changes in circumstances, such as the management style of a new supervisor, or a change in orientation due to the accumulation of experience.
- **Extra-role adjustment** includes adjusting the occupational role in response to changes in non-occupational roles, such as becoming a parent.
- **Role/career-stage transition** is the transition resulting from career progression.
- **Life-stage transition** includes changes in role orientation arising from human psychological development.

**Inter-role transition:** According to Louis's typology, there are five types of inter-role transition: entry/re-entry transition, intracompany transition, intercompany transition, interprofession transition, and exit transition.

- **Entry/re-entry transition** is individuals entering the labour market for the first time.
- **Intracompany transition** is a change of role within the same company, such as moving from one department to another or assuming a new role (e.g., a managerial role).
- **Intercompany transition** involves moving from one company to another.
- **Interprofession transition** occurs when the individual changes occupation; for example, when a pharmacist takes up medicine or when a community pharmacist takes a position in academia.

- **Exit transition** is typically a planned and brief transition, such as a maternity leave or sabbatical, or a planned and long term or even permanent transition such as retirement. It can also be an unplanned transition, e.g., a retirement imposed by the organization or a job loss due to organizational restructuring. In an exit transition, the transitioner will search for an alternative role to replace the exited one. For example, a senior manager in a company after retirement may dedicate more time to their other roles, such as the role of grandfather. Failure to find a satisfying alternative role may result in depression, social withdrawal, and even death (Clark, 1966).

Louis's typology was revisited by Bruce and Scott (1994); they critiqued it in two ways. First, some transitions fall under more than one type. For example, promotion to a managerial position within the same company can be seen as a role/career-stage transition (an intra-role transition) and as an intracompany transition (an inter-role transition). Second, Bruce and Scott found that Louis's model focused on the objective aspect of transition and did not take its subjective aspect into consideration. While the objective aspect focuses on the type and sequence of the transitional event (Van Maanen & Schein, 1977), the subjective aspect takes the transitioner's beliefs, needs, ambitions, self-assessment, and mindset into consideration (Bruce & Scott, 1994; Hall, 1976; Van Maanen & Schein, 1977).

To address the shortcomings of Louis's model, Bruce and Scott suggested a new typology that consists of five types of transitions based on the events the individual experiences: entry events, promotion events, lateral move events, resignation, and retirement. They also assessed the perceived magnitude and desirability associated with each type of event (Bruce & Scott, 1994).

Career transition, as previously defined by Louis (1980) is “period” during which the transitioners will change their role or change their orientation to the role already held. This period, however, can be challenging, causing some transitioners to go through several psychological and cognitive changes, until they settle in the new role. This leads us to the following discussion about career transition stages.

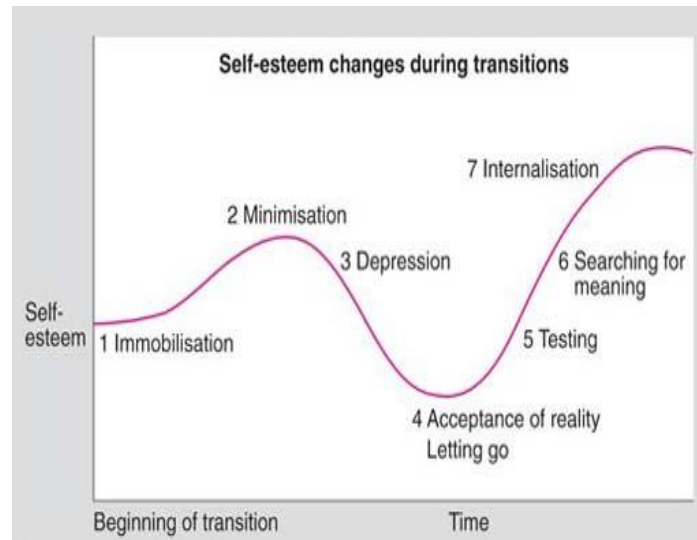
### **Career Transition Stages**

An early model that describes the stages of transition was proposed by Hopson and Adams in 1976. The model described the stages of transition, including but not limited to career transition and it focuses on the psychological and cognitive aspects of transition and how they affect the individual’s self-esteem. Parker and Lewis (Parker & Lewis, 1981) later tested the applicability of the model to career transition in their fieldwork. They found it to be in need of some modification. According to Hopson and Adams’s model as modified by Parker and Lewis, the transitioner goes through seven stages (figure 1):

1. **Immobilization.** During immobilization, the transitioner realizes that reality does not measure up to their expectations. As a result, the transitioner is shocked and overwhelmed while trying to understand what is happening. This phase can grow longer and become more intense if the transition is associated with perceived negative outcomes.
2. **Minimization or denial.** When the transition is perceived as a crisis that is difficult to confront, the transitioner goes through a phase of denial as a coping strategy. The transitioner refuses to believe that the transition is real, and treats it as unimportant. Ideally, this phase should be short; otherwise it can become disabling. Support from social and professional circles is critical to shorten this phase.

3. **Depression or incompetence.** When the transitioner accepts the reality that change is inevitable, they may go through a phase of frustration and depression before beginning to think of ways to deal with the implications of the change. Parker and Lewis argue that this is a very important phase of transition, because without recognition of the change moving on becomes impossible.
4. **Acceptance of reality.** In this phase, the transitioner will accept the new reality, leaving behind past comfortable beliefs, attitudes, and behaviours, becoming more optimistic, and being more willing to investigate new options.
5. **Testing.** As the individual accepts the reality of transition, they will start investing lots of energy to adapt new attitudes and beliefs to cope with the new situation and examine new options. Anger, frustration, and disappointment are common during this phase.
6. **Seeking meaning.** This is a phase of internalization and reflection, during which the transitioner tries to understand the reasons and the extent to which the situation has changed.
7. **Internalization or integration.** During this final phase, the individual gets engaged in the change, understands the new situation, and becomes more involved in the new career. The transitioner constructs a new sense of self and starts to find ways to excel in the new job and to gain self-esteem.





**Figure 1: Career transition stages**

Source: Hopson and Adams (Hopson & Adams, 1976)

The previous discussion focused on career definitions and on describing career as a process. However, it is important to understand that career transition does not happen in vacuum. The decision to change one's career is affected by many factors, determinants, or antecedents. In the next section, the determinants of career transition that appear in literature will be discussed.

### **Determinants of Career Transition**

In this section, the determinants affecting career transition, that appeared during the literature review will be discussed. These determinants include attitude toward career transition, job satisfaction, income, self efficacy, professional commitment, and identity and personal demographics such as age, gender and marital status. The discussion of each determinant will start by describing the theoretical foundation. Then, the effect of the determinant on career transition, as found in literature, will be summarized.

It is worth noting that despite attempts to find more recent literature, some of the literature used in this section goes back to the 1980s. Another observation is that the more recent research cited

below, such as Carless & Arnup (2011), Van der Host and colleagues (2017), and Kidd & Green (2006), cites this older research to establish the theoretical foundation for its work.

### **Determinant # 1: Attitude Toward Career Change**

In 1934, Cantril described attitude as “a more or less permanently enduring state of readiness of mental organization which predisposes an individual to react in a characteristic way to any object or situation with which it is related” (quoted in (Allport, 1935), p. 804). Thirty years later, Krech, Crutchfield, and Ballachey (1962) proposed that attitude was an “enduring system of positive or negative evaluations, emotional feelings, and pro or con action tendencies with respect to social objects” (p. 139). In 1989, Fazio and colleagues (Fazio, Chen, McDonel, & Sherman, 1982; Fazio, Powell, & Williams, 1989) described attitude as “an association between a given object and a given evaluation” (p. 341). More recently, Petty and Cacioppo defined attitude as “a general and enduring positive or negative feeling about some person, object, or issue” (1996, p. 7). Perloff (2003) then amalgamated these definitions and described attitude as “a learned, global evaluation of an object (person, place, or issue) that influences thought and action” (p. 39).

### **Importance of Studying Attitude**

Social psychologists study attitude because they assume that attitude shapes how an individual may act or behave towards a certain person, object, or issue (Allport, 1935). Gordon Allport, the prominent American psychologist, describes attitude as “the primary building stone” in social psychology (1954, p. 45). He suggests that the notion of attitude is “probably the most distinctive and indispensable” concept in social psychology and that “no other term appears more frequently in experimental and theoretical literature” (1935, p. 798).

### **Controversy over the Relationship Between Attitude and Behaviour**

For the first few decades that attitude was studied, it was assumed that there was a relation between the individual's attitude and their reactions and behaviours. This belief shaped the early definitions of attitude (Fabrigar & Krendtser, 2013). The assumption of an association between attitude and behaviour remained untested until psychologist Richard LaPiere published his landmark study on attitude and action, which seriously challenged the association (1934). During the Great Depression, American citizens became frustrated and angry with minorities such as Asians. Taking notice of this anger, LaPiere sent a questionnaire to restaurant and hotel owners across the United States asking whether they would accept members of the Chinese community in their establishments. More than 90% of the business owners rejected the idea. To test whether this attitude was predictive of behaviour, LaPiere accompanied a friendly Chinese couple to hotels and restaurants across the nation. Surprisingly, the couple was welcomed and served by all but one establishment. As a result of LaPiere's work, Wicker (Wicker, 1969) urged that researchers provide evidence that attitude "corresponds to relevant behaviour" or otherwise to "abandon the attitude concept in favor of directly studying overt behaviour" (p. 75).

LaPiere's study, despite its several limitations (Perloff, 2003), has triggered more research on the attitude-behaviour association, leading to strong findings on the correlation between attitude and behaviour. For example, Fishbein and Ajzen (1974) examined the relation between attitude toward religion and 70 religious-related behaviours and acts (such as praying, donating to religion-based charities, etc.). The study found a strong and consistent correlation between the attitude and multiple actions on the list. More recently, Kim & Hunter (1993) examined the correlation between attitude and behaviour by conducting a meta-analysis that included 121 studies grouped into 20 behavioural domains. The results of the meta-analysis confirmed that attitude strongly predicts behaviour.

Scholars have taken three distinctive positions on the relationship between attitude and behaviour. Extreme behaviourists reject any relation between attitude and behaviour. The second group of scholars believe in a strict attitude-behaviour association; the third group of scholars argue that there is a relation between attitude and behaviour, but that it is not universal. They attribute this inconstancy to the presence of many variables, such as situational factors and individual characteristics that influence behaviour (Kim & Hunter, 1993).

### **Effect of Attitude on Career Transition**

Khapova and colleagues suggest “the immediate antecedent of career change behaviour is the intention for such behaviour” (Khapova, Arthur, Wilderom, & Svensson, 2007, p. 585). The concept stems from Ajzen’s theory of planned behaviour (Ajzen, 1991), which is widely used in studying career behaviour (Carless & Bernath, 2007). According to this theory, there are three key determinants of intention: the attitude toward the behaviour, the subjective norms that denote the societal pressure to pursue or refrain from the behaviour, and the perceived behavioural control that refers to perceived self-efficacy. The theory then proposes the general rule that “the more favorable the attitude and subjective norm with respect to a behaviour, and the greater the perceived behavioural control, the stronger the individual’s intention to perform the behaviour under consideration” (p.188).

### **Determinant # 2: Job Satisfaction**

Spector (1997) defines job satisfaction as “the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs” (p. 2). In this section, two prominent theories will be briefly described: Herzberg’s two-factor theory and Maslow’s hierarchy of needs theory. These two theories are useful in identifying the human needs that would lead to satisfaction and motivation.

## **Herzberg's Two-Factor Theory**

According to Frederick Herzberg's two-factor theory (Herzberg, Mausner, & Snyderman, 1959), two interdependent sets of factors influence job satisfaction. Hygiene or extrinsic factors represent basic, lower-level needs. In the context of jobs, extrinsic factors include base income, managerial quality, working environment and conditions, relationship with colleagues, and organizational policies. Positive attention to these extrinsic factors would enhance the working environment, prevent dissatisfaction and unpleasant experiences, and maintain the appetite to work, but without boosting satisfaction or motivation (Robbins & Judge, 2009; Tan, 2013; Zhu, 2012). Motivation or intrinsic factors represent higher-level needs. These job-content factors include recognition, achievement, growth, advancement, and responsibility. Fulfilling these needs provides the person with meaningful work experience and is associated with job satisfaction, better performance, and motivation to excel. On the other hand, inability of the organization to supply these intrinsic factors would result in lack of satisfaction or neutrality toward the job, not necessarily dissatisfaction (Robbins & Judge, 2009; Tan, 2013; Zhu, 2012).

## **Maslow's Hierarchy of Needs Theory**

Another important theory in human motivation psychology is Maslow's hierarchy of needs theory (Maslow, 1943). The objective of the theory is to provide a better understanding of how people become motivated to satisfy certain needs in their lives, as well as how some of these needs take priority over others. The hierarchy of needs is often presented as a five-level pyramid. Physiological need, which represents the most basic human needs such as food, water, housing, and clothing, forms the base of the pyramid. The second level of the pyramid is that of safety needs: personal safety such as freedom from fear, refuge, protection, or social safety such as employment. The third level is the need to belong or fit in, such as the need for intimacy, family,

acceptance, friendship, or sense of belonging. The fourth level is the need for self-esteem, which can be satisfied by prestige, achievement, feeling confident and unique, being respected, and so on. Finally, at the top of the pyramid is the need for self-actualization, such as one's desire to become the most one can be. According to Maslow, the first three levels of needs—physiological, safety, and belonging—are the lower-level needs, whereas the last two needs—esteem and self-actualization—are the higher-level needs. The effect of these needs on one's behaviour follows two basic principles: the deficit principle and the progression principle. The deficit principle places emphasis on an individual unsatisfied need. It suggests that unsatisfied needs affect the individual's behaviour the most, since people continually strive to satisfy their unsatisfied needs. The progression principle suggests that people advance through the hierarchy one step at a time. Individuals must secure the need at one level before they can advance to the next. In fact, needs for the higher levels only surface once the levels beneath them are satisfied; only then is the individual motivated to seek the next need.

Even though Maslow's theory was not created for the occupational field, it has important implications for informing managers and organizations on how unmet needs can affect employees' performance (Ozguner & Ozguner, 2014). Figure 2 summarizes the application of Maslow's hierarchy of needs theory in the vocational motivation field as developed by Schermerhorn (2012) and Daft (1997) and shows how Herzberg's two-factor theory relates to Maslow's theory as described by Mondy, Holmes, and Flippo (1940).

Herzberg (1959)	Maslow (1943)	Daft (1997)	Schermerhorn (2012)
Motivation (intrinsic factors): recognition, achievement, growth, advancement and responsibility	Self-actualization	Growth, allow creativity, career advancement, and more challenging career	More creative/challenging job, and more autonomy
	Self-esteem	Recognition, more responsibility, high status	high status, recognition, enhanced responsibilities
Hygiene (extrinsic factors): Base income, managerial quality, work environment, relationship with workfellows and organizational policies.	Social needs	Job security and benefits	Friendly coworker and supervisor
	Safety needs	Safe workplace	Safe environment, benefits, job security, and salary
	Physiological needs	Base salary, and proper work environment	Breaks, physical comfort, reasonable work hours

**Figure 2: Application of Maslow's hierarchy of needs in vocational motivation**  
Source: Compiled from Herzberg (1959), Maslow (1943), Daft (1997), and Schermerhorn (2012)

### Effect of Job Satisfaction on Career Change

The effect of job satisfaction on career transition is well established in the literature (Arnold & Feldman, 1982; Blau, 2000; Carless & Bernath, 2007; Ostroff & Clark, 2001), and is a central component of career transition models such as the integrated model of career change by Rhodes and Doering (1983), and the revised model of the turnover process by Arnold and Feldman (1982). The relationship goes both ways. For example, Rhodes and Doering (1993) conducted research on a sample of 180 public school teachers and found that career satisfaction was associated with lower intention to leave the current career. Similarly, Donohue (Donohue, 2007) examined the effect of job satisfaction on two groups: career persisters and career changers. The results demonstrated that career satisfaction was associated with more career persistence, while dissatisfaction was associated with career change. Homburg, Heijden, and Valkenburg (2013) examined the determinants of career transition among 318 nurses working in a general hospital, finding that satisfaction with pay, benefits, and supervision quality was associated with less transition. Blau and Lunz (1998) found that medical technologists, who were less satisfied with

their jobs, appeared to have more intent to leave their career. Gaither (1999) found a similar relation between high level of job satisfaction and low desire to change career among pharmacists in the United States.

On the other hand, other researchers came to different conclusions. For example, Breeden (1993) examined the relation between job satisfaction and job transition among 4,400 adults who attended career counseling. The results demonstrated that job/career satisfaction was not a determinant of job/career transition at intake for the study. After two years' follow-up, it appeared that enhanced job satisfaction was an outcome of job/career transition and the changers were more satisfied than the non-changers.

### **Determinant # 3: Income**

Household income is one commonly used measure of an individual's economic status. Household income provides a direct measure of one's incoming cash flow; however, other measures, such as savings, ownership of a home or a car, and inherited wealth also measure economic reserves, one's ability to handle financial emergencies, and economic security (Berkman & Macintyre, 1997).

### **Effect of Income on Career Transition**

The prospect of making a higher income is a determinant factor in career transition (Carless & Arnup, 2011). For example, unsatisfactory income was found to be a reason for career transition among research scientists' leaving a career in science (Kidd & Green, 2006) and among engineers and scientists (Lewis & Thomas, 1987). Other researchers reached similar conclusions (Grissom & Mitani, 2016; Chapman & Hutcheson, 1982; Markey & Parks, 1989; Rhodes & Doering, 1993).



The prospect of a higher income affects not only career transition but also professionals' process of selecting an alternative career. For example, in a survey that included Canadian medical students, 68% of the respondents reported being motivated by income, prestige, and parental pressure to get admission into medical school (Glauser, 2018). Another study that analyzed the influence of income on career selection is a systematic review by Wu and colleagues (Wu, Low, Tan, Lopez, & Liaw, 2015). This review examined the factors that influence the career choices of healthcare students. It found that they steered clear of nursing because they considered it low income. Other literature found a similar influence of income on the selection of pharmacy (Silverthorne, Price, Hanning, Scanlan, & Cantrill, 2003) and dentistry (Nashleanas, McKernan, Kuthy, & Qian, 2014) as careers.

#### **Determinant # 4: Self-Efficacy**

Albert Bandura (1977) describes self-efficacy as the individual's belief in their ability to perform a given task required to achieve a specific accomplishment. According to Bandura's model there are four sources of self-efficacy. The first and most important source of self-efficacy is personal accomplishment. Successful previous experiences give an individual a strong sense of self-efficacy and build confidence, driving them to attempt to replicate the experience. (The contrary also holds true. Having unsuccessful previous experience is associated with low self-efficacy.) Accumulation of successful experiences has two more effects in addition to boosting self-efficacy. First, it alleviates the negative impact of occasional unsuccessful experiences. Second, it broadens the spectrum of self-efficacy to include different situations than the ones previously faced.

The second major source of self-efficacy is vicarious experience. Bandura and Barab (1973) suggest that individuals may consider themselves capable of performing a specific

activity when observing others who are capable of doing it. They also suggest that perception of personal capabilities based on others' experiences is less reliable than the person's own experience.

The third source of self-efficacy is verbal persuasion. Verbal persuasion is widely used to affect human behaviour. It is based on the ability of influential social and professional contacts to instill the belief that "you can do it." Being persuaded that one has the skills and capabilities needed to achieve an outcome will strengthen self-efficacy and encourage the individual to make the effort to overcome obstacles. Verbal-persuasion-induced self-efficacy appears to be weaker than, and can be invalidated by, unsuccessful personal experience.

The fourth source of self-efficacy is emotional stimulation. Facing a challenge commonly triggers emotional arousal. Positive emotional arousal is associated with higher self-efficacy. On the other hand, the more intense and negative the emotional reaction, the greater the association with lower self-efficacy.

In addition, Bandura (1977) argues that the individual's belief in their ability to take control of a situation is an important determinant of the individual's perception of self-efficacy. The sense of control over transition arises from the individual's feeling that the transition is planned and deliberate, not unplanned and forced.

### **Effect of Self-Efficacy on Career Transition**

M. C. Higgins (2001) examined the effects of social context on career transition among students from the top 20 MPA (master of public administration) programs in the United States. The findings demonstrated that individuals with high self-efficacy were more likely to undergo career transition, because they appeared to be more psychologically stable and more likely to seek a different career. R. D. Caplan and colleagues (Caplan, Vinokur, Price, & van Ryn, 1989)

discussed similar relations between self-efficacy and engagement in career-seeking behaviours. They believed that self-efficacy in career transition is associated with better coping strategies and less stress and anxiety. As a result individuals are better able to handle transition (Heppner, Multon, & Johnston, 1994). Self-efficacy is also associated with better career planning (E. A. Locke & Latham, 2002), effective career decision-making (Betz & Klein, 1996), and establishing well-defined career goals (Erez & Judge, 2001).

### **Determinant # 5: Professional Commitment**

Douglas T. Hall (1971) defined professional commitment as “the strength of one’s motivation to work in a chosen career role.” Aranya, Pollock, and Amernic defined it as “the strength of identification with and involvement in the profession” (1981). The terms “career commitment,” “occupational commitment,” and “professional commitment” are used interchangeably (Aranya et al., 1981), even though there are some differences between the terms. While the term “professional commitment” excludes non-professionals, the term “career commitment” is more inclusive (Blau & Lunz, 1998; Mueller, Wallace, & Price, 1992). Also, the individual’s commitment to a profession entails three obligations. First, the professional is committed to continue as a member in the professional community. Second, the professional must believe in the profession and accept its ideals and goals. Third, the professional must be eager to make an effort on behalf of the profession (Porter, Steers, Mowday, & Boulian, 1974). Whether we use the term “professional commitment” or “career commitment,” Hall recommends that these terms should be distinguished from the term “affective organizational commitment” (Hall, 1971), which describes “the employee’s emotional attachment to and involvement in the organization” (Meyer & Allen, 1997).

## **Factors in the Development of Professional Commitment**

According to Osinsky and Mueller's model (2016), factors contributing to the development of professional commitment include instrumental factors, such as compensation, career advancement, and constrained alternative opportunities, and non-instrumental factors such as responsibility, cultural capital, and intrinsic rewards.

### **Instrumental Factors and development of career commitment**

The first instrumental element of professional commitment is remuneration.

Remuneration is the “money reward received for doing the work” (Reynolds, Masters, & Mosers, 1986). Even though researchers could not find a strong association between remuneration and professional commitment (Finley, Mueller, & Gurney, 2003; Wallace, 1995), Osinsky suggested that a high-paying job contributes to the individual's loyalty to the career (Osinsky & Mueller, 2016).

The second instrumental element of professional commitment is career advancement.

Career advancement can be defined as “the upward mobility usually associated with an internal labor market” (Osinsky & Mueller, 2016). Unlike manual occupations, professional careers serve as a vehicle for career advancement.

### **Non-Instrumental Factors and development of career commitment**

The first non-instrumental element of professional commitment is responsibility. Being a pharmacist confers a social position that, as Pearsons (1951) suggests, has a set of roles and expectations embedded in it.

The second non-instrumental component of professional commitment is cultural capital—the non-financial social assets that promote social status. The concept of cultural capital was introduced by the French psychologist Pierre Bourdieu. There are three forms of cultural capital:

embodied, objectified, and institutionalized. Embodied cultural capital encompasses the knowledge and skills that the individual accumulates over time and that are established in an individual. Individuals going through pharmacy education invest years of their lives in an intensive process of learning and the pursuit of an intellectual life. Their educational investment includes not just the time and effort put into their university years, but goes back to their high school years. This learning process results in embodied cultural capital. Objectified cultural capital refers to physical objects, such as books and instruments, which the individual acquires using economic capital. Institutionalized cultural capital refers to academic credentials that bestow a status upon individuals that others may respect—for example, earning a pharmacy degree (Bourdieu, 1977, 1984, 1986, 1993; Bourdieu & Passeron, 2000). The time the individual invests in acquiring this intellectual, intensive learning, as Osinsky and Mueller (2016) argue, results in “lasting cognitive predispositions that attach persons to their vocations.”

The third non-instrumental component of professional commitment is intrinsic rewards. The intrinsic rewards of a career are pleasures, incentives, or motivations inherent in the work (Deci, Koestner, & Ryan, 1999). Professionals, like pharmacists, are privileged workers who enjoy a high level of intrinsic reward (Osinsky & Mueller, 2016).

### **Effect of Professional Commitment on Career Transition**

In the context of this research, the importance of professional commitment arises from the fact that it can influence career transition. As previously discussed, emotional attachment to a career may be a barrier to transition. This hypothesis was tested in several studies (Aryee & Tan, 1992; Blau & Lunz, 1998; Bline, Meixner, & Duchon, 1991; Smith & Hall, 2008; Wolf & Hoerst, 2007). These studies showed that strong professional commitment was negatively related to intention to leave the profession. Other studies found that professional commitment was

associated with job satisfaction (Cooper-Hakim & Viswesvaran, 2005; Wolf & Hoerst, 2007; Yang, Yang, Chen, Chang, Chiu, Chou, & Cheng, 2012) and better job performance (Baugh & Roberts, 1994; Jauch, Glueck, & Osborn, 1978; Somer & Birnbaum, 1998).

## **Determinant # 5: Identity, Professional Identity and Ego**

### **What Is Identity?**

Identity, a key concept in social psychology (Howard, 2000), refers to “who the individual thinks he or she is” (Charon, 1992). There are many other definitions (Hogg & Abrams, 1988; Jenkins, 1996; Wendt, 1992), but they all revolve around answering the question “Who are you?”

Building on Sigmund Freud’s work, Erik Erikson, a prominent German psychologist, introduced the “eight stages of man” theory, one of the most influential theories in human development. Unlike Freud’s focus on psychosexual stages, Erikson’s theory was the first developmental theory that focused on human psychosocial life as a whole. The core concept in Erikson’s psychosocial theory is the development of identity during adolescence—what he calls stage five. Erikson argues that the development of identity during adolescence is critical for an individual’s psychosocial development. He also emphasizes that during the ages of 12 to 18 years, the individual should be able to answer the questions “What do I want to be?” and “Who am I?” However, identity development is not a spontaneous life event but rather a long and active process of identifying oneself (Erikson, 1968). The evolution of identity does not take place in solitude, but through interactions with peers, significant others, and role models, as well as through the influence of parents’ aspirations, conformity to peers’ expectations, and feedback from the individual’s social circle (Erikson, 1968; Slay, Taylor, & Williamson, 2004). When answering the question “Who are you?” the individual may provide different answers based on the context and the ground of identity—ethnicity, gender, religion, sexual orientation, political

orientation, and so on. This reveals two important points about identity. The first is that individuals may have multiple identities and may describe themselves differently depending on the situation. The second is that because the ground of identity represents oneself, if it changes the person's social status, role, responsibility, and images will change. (Howard, 2000).

Professional identity can be defined as “the person's sense of ‘who they are,’ or self-concept, in relation to their work” (Elvey, Hassell, & Hall, 2013). Karl Weick defines professional identity as “self-definition based on skills and process knowledge” (Slay et al., 2004). Developing an identity in relation to a social or professional group is associated with a feeling of belonging (Pendergast, Kimberlin, Berardo, & McKenzie, 1995), of being worthy and valuable. It creates a general sense of competence and self-efficacy and promotes one's feeling of true self (Burke & Stets, 2009, 2014). Even though professional identity is one of many identities, it is particularly cherished and commonly used when the individual introduces themselves, not only in the occupational setting but in the social setting. Individuals use it as a way to imply the social status they possess (Bulei & Dinu, 2013).

However, the process of the development and maturity of the professional identity is much more complex than merely taking an interest in a specific field. Developing a professional identity involves acquiring attitudes and beliefs, as well as understanding the role of the profession at interest, which typically takes place during the years of studying at the pharmacy school. Moreover, professional identity evolves even more as the year goes by and the individual begins to practice in a pharmacy setting (M. Johnson, Cowin, Wilson, & Young, 2012). While practicing, job satisfaction, career ambitions, memberships in professional organizations, participation in professional development activities, professional specialization (such as becoming a certified diabetes educator), and role perception (for example, whether a

pharmacist sees themselves as a bill counter or a drug expert) all continue to shape their professional identity (Bulei & Dinu, 2013).

There is a strong relation between the development of professional identity and the development of ego (Landine, 2016). According to the *Cambridge Online Dictionary*, ego is defined as “the idea or opinion that you have of yourself, especially the level of your ability and intelligence, and your importance as a person” (2019). While identity concentrates on “who you are,” ego concentrates more on “what you think about your intelligence and importance” as a person (Bell, 1960).

### **Effect of Professional Identity on Career Transition**

Professional identity appears to be a challenge for career transitioners. For example, Whannell and Allen (Whannell & Allen, 2014) found that professional identity was cited as a challenge to career transition among postdoctoral fellows transitioning into a teaching career. Similarly, several studies have demonstrated that professional identity was a challenge facing professional athletes who experienced an unplanned retirement (Martin, Fogarty, & Albion, 2014) and that it contributed to serious psychological struggle (Erpič, 2001; Grove, Lavalley, & Gordon, 1997), lack of planning for life after professional practice (Erpič, 2001), and difficulty adjusting after retirement (Slay et al., 2004). Other studies have linked professional identity to other aspects of career transition. For example, Donohue (2007) found an association between professional identity and job satisfaction. Tremblay, Wils, and Proulx (2002) found a strong relation between professional identity and career commitment among Canadian engineers. Lee, Carswell, and Allen found that organizations that adopt policies that promote professional identity experience low turnover rates (Lee et al., 2000). Other studies suggested that professional identity is an important element of career commitment (Carson & Bedeian, 1994; Kidd & Green, 2006;



Morrow, 1983; Stryker & Burke, 2000), and it can affect one's attitude toward career transition (Khapova et al., 2007).

### **Determinant # 6: Demographics**

Several demographic characteristics appear to be factors in career transition, including age, gender, and marital status.

- **Age.** Several studies linked career transition to youth. For example, Harper (B. Harper, 1995) examined occupational mobility among a sample of males in Britain; the study showed that younger individuals are more likely to undergo career change and that the likelihood decreases with age. A similar relation between age and transition was found by Parrado, Caner, & Wolff (2007), who examined trends of occupational mobility in the United States between 1969 and 1993. They attributed this inverse relation between age and the likelihood of career transition to young individuals' relative lack of cumulative experience and human capital. Blau and Lunz (1998) examined the intent to leave the profession among 457 medical technologists; they found that younger technologists expressed more desire to leave the profession. Breeden (1993) found a similar inverse relation between age and career transition, attributing this observation to the fact that young individuals may have invested less in their career and developed fewer attachments. Markey and Parks (1989) and Carless and Arnup (Carless & Arnup, 2011) had similar results. Van der Horst and colleagues (Van der Horst, Klehe, & Van der Heijden, 2017) examined career adaptability among 3400 workers facing a looming career transition and found that age is inversely related to career adaptability. Carson and Bedeian (Carson & Bedeian, 1994) found that age is associated with more career commitment, career identity, and career resilience.

- **Gender.** Gender was also identified as a potential determinant of career transition, yet with mixed results. Blau and Lunz (Blau & Lunz, 1998) found that men had more intent to change careers than women. Parrado, Caner, and Wolff (2007) found that men reported more career change than their female counterparts. On the other hand, Kidd and Green (2006), who studied career change among biomedical research scientists, found no difference in career commitment between men and women. Another study by Carless and Bernath (2007), who used a self-reporting questionnaire to examine career change among Australian psychologists, found no difference in career planning, resilience, and satisfaction between men and women. Similarly, no difference was reported by Markey and Parks (1989) and Carless and Arnup (2011).
- **Marital status.** Studies of marital status on career transition have had inconsistent results. Markey and Parks (1989) found that married people report less career change. A similar relation between marital status and career change was reported by Breeden (1993) and Parrado, Caner, & Wolff (2007). On the other hand, Kidd and Green (2006) found no association between marital status and career commitment. Other studies by Carless and Bernath (2007) and Blau and Lunz (1998) found no relation between marital status and career change.

The number of dependent children also appears to have mixed effects on career transition. Carless and Arnup (2011) found that those who stay in a career have more children. Neapolitan (1980) found that lack of dependants was associated with more career transition. On the other hand, a meta-analysis by Griffeth, Hom, and Gaertner (2000) found that the number of children is a meaningful predictor of job turnover; having more children is correlated with more turnover, having fewer children with less.

## **Other Factors Reported in the Literature**

The literature and turnover models found that availability of alternative jobs is positively associated with the intention to search for a job and turnover (Arnold & Feldman, 1982; Mobley et al., 1979; Steers & Mowday, 1981). In addition, certain personality traits appear to affect career transition. For example, creativity (Donohue, 2007; Kanchier & Unruh, 1989) and independence (Blau, 1985; Kanungo, 1982; Mowday, 1979) appear to enable career transition. Those with more openness to experience tend to accept major career changes (Carless & Arnup, 2011; Mignonac, 2008). Being an extrovert and more social were found to facilitate career transition (M. C. Higgins, 2001), since extroverts appear to rely on their social and professional networks when finding a new job (Carless & Arnup, 2011; Doering & Rhodes, 1989; Lewis & Thomas, 1987; Zippay, 2001).

## **Theories Explaining Career Transition**

In this section, I will describe key theories that are commonly used to explain career transition. These theories include the lifespan development theory proposed by Donald Super, the transition cycle theory of Nigel Nicholson, the transition model formulated by William Bridges, and the transition theory of Nancy Schlossberg.

### **The Lifespan Development Theory (Super, 1980)**

In the lifespan development theory, Super suggests that one's choice of occupation depends on their "self-concept." During one's lifetime, the individual goes through different consequential "life stages" that affect the choice of career. The five stages described by Super include:

1. **Growth Stage:** This stage takes place from 0 to 14 years of age. During this phase, an individual is introduced to the concept of occupation. The individual starts to have various experiences and starts to develop their own self-concept.
2. **Exploration Stage:** From 14 to 24 years of age. During this phase, an individual refines the knowledge they gained during the growth phase about “work” and starts aligning their abilities and interest to specific occupations that reflect their self-concept concerning work.
3. **Establishment Stage:** From 25 to 44 years of age. During this phase, the individual’s concerns are progress in the career of their choice and achieving a stable work environment.
4. **Maintenance Stage:** From 45 to 65 years of age. During this phase, the individual’s concern is to keep their current job status and self-concept. If there is an imbalance between satisfactory and unsatisfactory domains of the current job, the individual may face the challenge of whether to continue or change their occupation or employer.
5. **Decline or Disengagement Stage:** Over 65 years of age. During this phase, one’s main concern is job retention.

### **Transition Cycle Theory (Nicholson, 1984)**

According to this model, transition in work/role/career goes through four stages:

1. **Preparation:** This stage takes place before taking a new job; it is characterized by fear, anticipation, and unrealistic expectations.
2. **Encounter:** This stage takes place at the beginning of the new role/job; it is characterized by sense-making, regrets, and shocks.

3. **Adjustment:** During this stage, the individual gets accustomed to the new role, with a subsequent reduction in job-related stress. Adjustment consists of four modes: replication, absorption, determination, and exploration. Inability to adjust may lead to failure, which means the individual will not progress to the stabilization phase and may also not be ready to start a new preparation phase.
4. **Stabilization:** During this phase, as the individual becomes familiar with the job, they reach a situation of stability and also start to experience negative feelings such as boredom. As a result, the individual may start looking for the next transition cycle.

### **Transition Model (Bridges, 1980)**

The transition model focuses on helping individuals discover, accept, and embrace their new roles when a change occurs. The theory also differentiates between transition and change. While “change” is used to describe a situation, “transition” is an inner psychological process to help an individual cope with the change. According to this theory, an individual goes through three phases to gradually accept the life change:

1. **Ending:** During this phase, the individual lets go what they are used to and starts discovering a new identity.
2. **Neutral Zone:** This is an intermediate zone between the Ending and New Beginning phases. During this phase the individual starts exploring opportunities, which can be somewhat stressful.
3. **New Beginning:** During this phase, the individual accepts the change, starts dealing with the new situation, and embraces a new identity.

## **Transition Theory (Schlossberg, 1981)**

According to the transition theory, transition is defined as “any event or non-event that results in changed relationships, routines, assumptions, and roles” (M. Anderson, Goodman, & Schlossberg, 2012). Transitions can be classified into three groups: anticipated, unanticipated, and non-event transitions. Anticipated transitions include expected and sometimes even scheduled events, such as marriage, graduation, or retirement. Unanticipated transitions include unpredictable events; additionally, non-scheduled events are always unanticipated. Unanticipated transitions commonly arise due to a crisis or a provocative event (Pearlin, 1980). Non-event transition happens when an anticipated event does not occur.

In the context of this research, IPGs may experience any of several types of transition while seeking their licence. For example, when IPGs come to Canada, at a certain point they begin pursuing their career of choice. As they work toward fulfilling the licensing requirements, the IPGs are in an anticipated transition. When the expected event, in this case obtaining the pharmacy licence, does not occur, the IPG may go through a non-event transition. Finally, the realization that they must find a job to support their family, and hence abandon their career of choice, is an unanticipated transition.

According to the transition theory, an individual’s ability to cope with the transition depends on the interaction of four complex sets of variables: Situation, Self, Support and Strategies. This is known as the 4S model. Each factor can be either an asset that facilitates coping with the transition—such as strong family support—or a liability that reduces the ability to cope with the change—such as lack of family support. One’s ability to cope with the transition depends mainly on the individual’s assets-liabilities ratio. Individuals with more assets than

liabilities will likely cope with the transition more easily than those with more liabilities than assets.

### **Summary**

International pharmacy graduates commonly come to Canada by applying for immigration under the Federal Skilled Worker (FSW) program or as international students. IPGs represent a significant proportion of the pharmacist workforce in Canada.

A thorough literature search was performed to retrieve data concerning factors affecting career transition among IPGs who are in the process of obtaining their license. The literature described several aspects of career transition, such as the definition, types, and stages of career transition, as well as the determinants of career transition among other populations. These factors include attitude toward career transition, job satisfaction, income, self-efficacy, career commitment, professional identity, and demographic factors such as age, gender, marital status, availability, and personality traits. Literature describing career transition theories, such as lifespan development theory, transition cycle theory, transition model, and transition theory was also retrieved. There was, however, no literature describing the factors affecting career transition among IPGs who are in the process of obtaining their licence.

## **Chapter 3**

### **Research Methods**

This chapter opens by presenting the research question and outlining the objectives of this research. Next, the chapter will provide a description and explanation of the Integrated Model for Career Change, which is used as the theoretical framework to inform the research. Following the detailed explanation of the Integrated Model for Career Change, a description of the relativist research paradigm is offered, as well as a description of the research from personal perspective. Then, I will provide a detailed description of the research methods. This will start by outlining the qualitative descriptive methodology employed for the research. I will then describe the selection of the research method, the development and refinement of the interview protocol, sampling and recruitment of participants, the conduct of the interview, data collection, and management, and finally data analysis. The rituals of memo writing and adhering to the research ethics will be described, and at the end of the chapter, I will describe the subjectivity and the planned validation.

#### **Research Question**

The research question for this study: What are the perceived factors affecting career transition among IPGs who are going through the licensing process in Ontario?

#### **Objectives**

1. Identify the perceived factors affecting career transition among IPGs who are going through the licensing process in Ontario;
2. Explore how these factors may interact.



## **Theoretical Framework**

A theoretical framework is composed of interrelated concepts and theories that inform the research process (Trigueros, 2018). The utilization of a theoretical framework is critical for this dissertation. It serves as a “foundation from which work is constructed” and provides structural support for the purpose and significance of the research (Grant & Osanloo, 2014). Using a theoretical framework increases the meaningfulness and acceptance of the research findings (Adom, Hussein, & Adou Agyem, J., 2018).

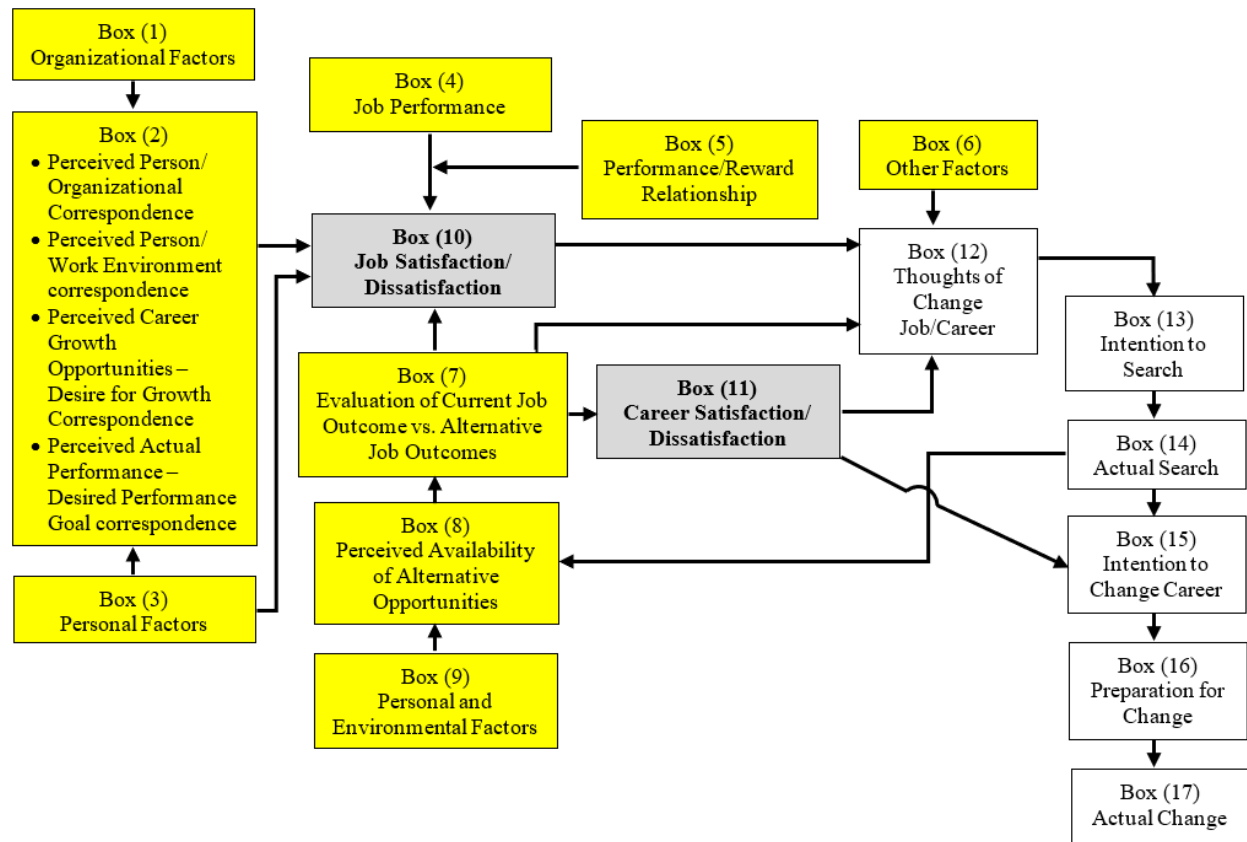
In this section, I will describe, in more detail, the integrated model of career change proposed by Susan Rhodes and Mildred Doering, used as a theoretical framework for this research.

### **The Integrated Model for Career Change (Rhodes & Doering, 1983)**

The integrated model for career change was introduced by Rhodes and Doering in 1983.

Twenty-five years later, Blau (2007) described it as “the only general psychological model of voluntary career change found in the literature.” The model is presented in figure 3.

The model is called “integrated” because, unlike other models, it combines voluntary and involuntary career transition research; offers a comprehensive listing of personal, organizational, and environmental factors of career change and integrates the factors affecting/leading to career change (boxes 1-6 and 7-9, the yellow-shaded boxes in figure 3); and describes the withdrawal process the individual undergoes when changing careers (the unshaded boxes) (Rhodes & Doering, 1983). Figure 3 describes the integrated model of career change.



**Figure 3: The integrated model for career change**  
 Reproduced from Rhodes and Doering (Rhodes & Doering, 1983)

## Description of the Integrated Model for Career Change

### Determinants of Career Change According to the Model (Yellow-Shaded Boxes)

According to the model, the factors affecting career change are antecedents of job/career satisfaction/dissatisfaction (boxes 10 and 11 in figure 3). The centrality of job/career satisfaction/dissatisfaction is based on the turnover model of Mobley and colleagues (Mobley et al., 1978).

According to the integrated model for career change, the factors affecting career transition are classified into the following categories:

- Organizational factors (box 1): These include factors such as pay, integration, and availability of growth opportunities.
- Perceived person/organization and person/work correspondence (box 2): This refers to the individual's perception that their needs are met by the organization/work environment. This perceived correspondence is influenced by the organizational factors (box 1). It is also determined by employees' ability to achieve their desired performance as compared to actual performance and their ability to achieve their desired upward mobility compared to the available opportunities.
- Personal factors (box 3): These include age, gender, education, and tenure.
- Performance/reward relationship (boxes 4 and 5): The hypothesis is that performance itself is not a determinant of job satisfaction/dissatisfaction, but rather that job satisfaction/dissatisfaction is determined by the reward level and the individual's perception that the reward is equitable or inequitable.
- Perceived availability of alternative opportunities (box 8): This can refer to other opportunities in the same career (which will result in a job change rather than career change), or an alternative career (which may entail further education, training, and need for financial support). Within the context of this research, the focus will be on the availability of alternative careers. Several factors affect the individual's perception of whether an alternative career is or is not appealing (box 9). These factors include age, income, and job opportunities.

The availability of other careers triggers a comparison between the outcome of the current and the alternative career as well as a comparison between the means, such as education, training, and so on, required to attain the outcomes.

- Thoughts about changing careers can also be initiated by other factors (box 6), such as anticipated or unanticipated job loss.

### **The Withdrawal Process (Unshaded Boxes)**

This part of the model describes the practical steps the individual takes when changing career modifies the withdrawal decision process described by Mobley, Horner, and Hollingsworth (1978). According to Rhodes and Doering, the process starts with thoughts about changing jobs or career. These thoughts are elicited by dissatisfaction with the current job or challenges by unforeseen circumstances such as job loss. Subsequent steps include the intention to search and the actual search, which provides more clarity about the alternatives available and the training/skills/competencies required for the new career. Performing a search and obtaining knowledge about possible alternatives evidences an intention to change career. This is followed by the preparation phase, during which the individual pursues any necessary training for the new career. The preparation process may precede or happen simultaneously with the actual change. It can also stop due to personal constraints, loss of interest, or change in the labour market landscape. The final stage is the actual change. The transitioner may not follow the model sequentially. For example, dissatisfaction with the current job may trigger an intention to change career without going through the thoughts and search phases.

### **Validation of the Integrated Model for Career Change**

Due to its complexity, the integrated career change model has never been tested in its entirety (Carless & Arnup, 2011). An earlier study that used the model to investigate career change was that of Doering and Rhodes (Doering & Rhodes, 1989), who examined the causes and processes of career change among twenty public school teachers. The findings suggested that the career

changers had different reasons and underwent different processes of career change, in conformity with the integrated career change model. Another study to test the validity of the model by the same authors (Rhodes & Doering, 1993) used path analysis to investigate the determinants and the processes associated with the intention to change careers among 180 school teachers. The findings provided “modest support” for the model, which “performed better in explaining the withdrawal process.” A relatively recent study by Carless and Arnup (Carless & Arnup, 2011) tested the model on a group of career changers to discover the actual determinants and outcomes of career transition. The researchers collected data from a longitudinal survey known as “Household, Income and Labour Dynamics in Australia.” The findings provided “a general support for the model.”

Additionally, McGinley and colleagues (McGinley, O’Neill, Damaske, & Mattila, 2014) used Rhodes and Doering’s integrated model of career change to develop a comprehensive career change model for the hospitality industry, by interviewing 12 young hotel professionals to identify the key determinants of their decision to change career. In contrast to other research, this study found that dissatisfaction with career growth and work-life conflict are more important determinants of career transition than job satisfaction and professional identity.

A more recent study by Singh and colleagues (Singh, Zhang, Wan, & Fouad, 2018) used the integrated career change model as a framework to examine career transition among female engineers who changed profession.

### **The Integrated Model for Career Change in the Context of This Research**

In this research, the integrated model for career change was used as a theoretical framework.

This research concentrated on examining the determinants of career transition among IPGs who are in the process of obtaining their license in Ontario. The determinants described by the model

were used to inform the data collection and analysis. However, the research deviated from the model in three ways. First, we will not examine the withdrawal process, because it is beyond the scope of this research. Second, the relation between the determinants of career transition and job satisfaction/dissatisfaction will not be explored, because the participants were in the process of obtaining their license and did not practice as pharmacists in Canada; thus they cannot speak of job satisfaction/dissatisfaction. Thus, the themes of person/job and person/organization correspondence will not be examined. Third, considering the exploratory nature of the research, the data analysis will not be limited to the factors described in the model, but will include other factors described in the literature (as recounted in chapter 2) as well as any new emerging themes. More details about the data analysis approach is provided later under “Data Analysis.”

### **Research Paradigm and Reflexivity**

A research paradigm can be defined as a set of beliefs or a philosophical standpoint about the nature of the world that influences how a researcher approaches the research question and the method the researcher would apply to generate or obtain knowledge (Rubin & Rubin, 2011). It is commonly viewed as the analytical lens through which the researcher views and interprets the data (Kivunja & Kuyini, 2017).

My theoretical orientation is relativism. This is the analytical lens with which I viewed and interpreted the comments shared by the research participants. As a relativist, I believe that knowledge is subjectively perceived and that it can have a different meaning in different worldviews (Schwandt, 2000; Ward, Hoare, & Gott, 2015).

From my own personal and professional experiences, I came to realize that the perception of right and wrong and true and false depends on many factors, such as culture, religion, education, and available scientific evidence. For example, as an immigrant to Canada, I found

that the difference in cultures blurs the definition of right and wrong. Back home, men often greet each other with a hug and possibly kisses, whereas in Western culture showing such affection is only acceptable in an intimate context. As a pharmacist, I observed the rise and fall of hormone replacement therapy (HRT). The drugs that were commonly prescribed to postmenopausal women to improve the quality of life and offer cardiovascular protection were actually found to increase the risk of myocardial infarction, strokes, and breast cancer and are rarely used nowadays (Rossouw et al., 2002).

In the end, I believe that there is no absolute truth or right answer. Therefore, I deal with what I know as the relative truth, only based on my current knowledge. I should remain prepared and willing to accept changes and cope with them.

The relativist paradigm fits well with the qualitative descriptive methodology that was used in this research; it is commonly used when reporting the findings of qualitative descriptive researches (Bradshaw, Atkinson, & Doody, 2017). In qualitative descriptive research, the participants share their personal views and experiences concerning the subject of the research question. These views are subjective and influenced by many factors and thus commonly vary from one person to another. Thus, the findings of the research would also be influenced by and reflective of the worldview of the participants (Parahoo, 2014).

## **Reflexivity**

Reflexivity is essential for qualitative research (Doyle, 2013), yet finding an accurate definition for reflexivity is not an easy task (Colbourne & Sque, 2004). Generally speaking, reflexivity is an ongoing reflection of the researcher's background that includes the researcher's own values, beliefs, perceptions and actions. Jardine (1992) argues that the researcher is a product of their own background, which, as suggested by Malterud (2001), will affect what the researchers

“choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions.” Reflexivity is described as “an examination of the filters and lenses through which you see the world.” (Freeman, 2014) Thus, different researchers may generate different outcomes that are equally valid when dealing with the same research situation. This variation in preconceptions, which leads to different outcomes, is often confused with bias and might be seen as a reliability issue (Cohen & Crabtree, 2006). However, Malterud (2001) suggests that “preconceptions are not the same as bias, unless the researcher fails to mention them,” and thus fostering reflexivity is an important method to validate research practices (Cutcliffe & McKenna, 2002; Pillow, 2003).

Cohen and Crabtree (2006) describe different methods to foster reflexivity in qualitative research. The first is to provide a detailed description of the researcher’s background, positions, values, and beliefs, which is provided below. The second, which was employed in this research, is to keep a reflexive diary, also known as a reflexive journal, of the methodological decisions made during the research and the rationale for these decisions. The third is to engage multiple researchers in order to obtain multiple understandings of the research situation and to identify hidden meanings.

### **The Context of This Research from a Personal Perspective**

In 1997, as a fresh pharmacy graduate, I was full of hope and ready to apply my knowledge. After a brief experience as a community pharmacist back home, I came to realize that my knowledge would have no use there. As a result, I decided to leave community pharmacy and join a pharmaceutical company as a medical representative. For the second time, I realized that knowledge does not play a major role in succeeding in the Big Pharma world, which resulted in



significant job dissatisfaction. This was compounded by two other factors: the company's management style and the looming political instability in the Middle East. At this point, I made the decision to leave the Middle East permanently. After briefly researching for a new country to call home, I found Canada to be the best choice for me.

I settled in Canada in 2003. As an IPG, I worked as a pharmacy technician, but I was determined to obtain my Canadian pharmacy license. Pursuing an alternative career path was not an option for me. Failure to become a registered pharmacist would mean returning to my home country. I managed to pass my exams within 10 months after landing and 9 months later, I obtained my license as a pharmacist in Ontario. For the first time since graduation, I was able to apply my knowledge. This encouraged me to expand this knowledge by enrolling in a PharmD program. With the exception of getting used to the new country and culture, my journey was enjoyable. It is important, however, to note that the landscape of the pharmacy profession was substantially different back then. The demand for pharmacists was very high, wages were reasonable, training requirements were less demanding, and there were plenty of training opportunities even though fewer resources were available. Therefore, pursuing a pharmacy career was not a big challenge at the time. However, in the following years, as I was establishing my career as a pharmacist and as a pharmacy manager in a community pharmacy, I began to observe a transformation in the profession. This was evident from the scarcity of jobs, the lower wages, and the looming two-tier credentials of the PharmD and bachelor's degrees that force IPGs to compete with graduates who have more credentials. Due to the significant changes in the industry, I have taken my career into a different path by pursuing higher education and I am now more involved in academia.

Currently, as a professor at Sheridan College I work with a wide range of IEHPs in my classroom, so I am always interested to learn how my students ended up in the pharmacy technician program despite their experience in other healthcare professions. Many of my students are internationally trained pharmacists, mainly from Southeast Asia, who came to Canada with the objective of working as pharmacists, not as technicians. I usually discuss how the pharmacy profession has changed and will continue to change with these students. I inform them of the many challenges they will face while trying to start their career as pharmacists; however, they seem to accept these challenges.

As a result of these experiences, I have become particularly interested in this research. These experiences also explain how I am capable of exploring and discovering the factors affecting career transition among IPGs. I come to this research with a belief that every IPG has their very own set of circumstances and personal, social, cultural, and economic factors that influence the decision to undergo career transition. I also believe that these factors are not static and may change over time.

### **Research Methodology**

Research methodology is defined as “a way to systematically solve the research problem.” It “not only deals with the research methods but also considers the logic behind the methods” (Bucholtz, 2000).

In this research, I use qualitative descriptive methodology. This methodology was revived and described by Margaret Sandelowski in her article titled “Whatever Happened to Qualitative Description?” (Sandelowski, 2000). Sandelowski argues that it is a fundamental and distinctive research methodology of equal standing to other, more popular methodologies. She states that it is considered “one of the most commonly used methodological approaches” (2000), and it

continues to gain in popularity (Caelli, Ray, & Mill, 2003). It is also considered the methodology of choice when straight description of phenomena is desired (Sandelowski, 2000). However, it is underacknowledged among researchers, who prefer to describe their work using a more theory-based methodology, such as grounded theory, ethnographic theory, and so on (Sandelowski, 2000). The qualitative descriptive methodology differs in many ways from other qualitative research methods, such as ethnography and phenomenology.

To begin with, compared to other methodologies qualitative descriptive methodology is the least theoretically sophisticated (Stanley, 2015), releasing researchers from the commitment of having to use an underpinning theory or philosophy (Sandelowski, 2000). This feature offers some advantages. First, it allows the researcher to examine the phenomenon using a naturalistic perspective (H. Kim, Sefcik, & Bradway, 2017) that draws from the participants' accounts (Bradshaw et al., 2017). Second, the researcher gains flexibility in choosing whether to begin with a theory that explains the targeted phenomenon, to adhere to a theory, or to take the theory in a different direction (H. Kim et al., 2017).

Next, despite the name, this descriptive methodology is not interpretation free (Sandelowski, 2000). However, compared to the amount and level of interpretation required by other qualitative methodologies such as phenomenology and grounded theory, the qualitative descriptive methodology requires a low-inference interpretation that is likely to create consensus among researchers (Sandelowski, 2000), making it an attractive research approach for new researchers (Stanley, 2015).

The qualitative descriptive approach fits the purpose of this research for several reasons. First, it is particularly useful in answering the “who, what, or where of events or experience” research questions by obtaining the relevant insights and perspective directly from the participants

(Stanley, 2015). This is consistent with this research question, which aims to identify the “what” factors affecting career transition among IPGs.

Also, considering its exploratory nature (Bradshaw et al., 2017), this methodology is well suited to investigate inadequately studied phenomena (H. Kim et al., 2017; Stanley, 2015). The career transition among IPGs in Canada is a poorly investigated topic and there is very little, if any, research addressing this phenomenon.

Finally, at a personal level, as this research is my first endeavour in the qualitative research realm, I found the qualitative descriptive methodology less complicated and with a less steep learning curve compared to other methodologies.

### **Research Method**

I conducted an exploratory qualitative research project using a series of semi-structured interviews with a sample of IPGs who live in Ontario and who are in the process of obtaining their licence.

Qualitative inquiry suits this research well. As I tried to understand the perspective of the interviewees toward career transition, I anticipated that they would share their beliefs, values, attitudes, and feelings, and that the data would carry meanings and experiences that are not necessarily countable or measurable (Berkwits & Inui, 1998; Hammarberg, Kirkman, & de Lacey, 2016).

Qualitative research serves as a good starting point when very little is known about a given topic, as in this case. Qualitative inquiry allows the researcher to learn directly from the subjects about what matters most to them; as well, by sharing their perspective, the participants identify variables and the context that is essential to design future quantitative and qualitative research (Berkwits & Inui, 1998).

The use of semi-structured interviews fits well with the qualitative descriptive methodology. Even though other methods can be used (Bradshaw et al., 2017), the use of in-depth semi-structured interviews has been described as the primary source of data in qualitative descriptive researches (H. Kim et al., 2017; Sandelowski, 2000)

The interview method offers some advantages for this research. It encourages participants to express themselves freely (Sandelowski, 2000). It allows the researcher to collect richer, more in-depth data (Bradshaw et al., 2017), conduct a flexible, more personalized interview, and clarify ambiguous spontaneous information using a set of open-ended and closed-ended questions (Alshenqeeti, 2014). Compared to the group interview and focus groups, the one-on-one interview allows more anonymity, which is more suitable for this research considering the personal nature of the information.

The semi-structured approach was preferred over a structured approach because it allowed for more flexibility, enabling the interviewer to deal with unanticipated responses from the participants and to clarify ambiguous data using a set of open-ended and closed-ended questions (Tod, 2006). This was particularly useful considering that participants had varying degrees of command of the English language (Berg, 2007). Because every participant had a unique perspective on career transition, semi-structured interviews allowed them to share their individual views rather than answer a series of rigidly structured questions (Ryan, Coughlan, & Cronin, 2009).

### **The Development of the Interview Protocol**

The literature suggests that researchers employing qualitative descriptive methodology should use a protocol or a framework to guide the conduct of the interview, share specific

information about the topic to be discussed, and help keep the interview more focused (Bradshaw et al., 2017; Sullivan-Bolyai, Bova, & Harper, 2005).

An interview protocol was developed to guide data collection. For the preliminary interview protocol, see Appendix 4A. The development of the interview protocol was guided by the following principles (Jacob & Furgerson, 2012):

1. The protocol started with a standardized script. This script included an introduction to build rapport, outlined the research objectives, and highlighted the rights of the participants during the interview, including a reassurance of confidentiality.
2. The interviews started with easy questions about basic demographic information and the participants' journey in Canada. Starting with easy questions served as a warm-up and a tool for engagement.
3. The interviews used expansive, open-ended questions, allowing participants to pursue any direction they wanted and share details; they offered room for new and unexpected responses. The use of expansive questions was better than asking many small open-ended questions that affected the flow of the interview.
4. Every question was followed by probes that served me as reminders to enrich the data and prompt the participants to talk about any missing information.
5. The protocol ended with a standardized script that focused on acknowledging the contribution of the participant, exchanging contact information, and obtaining permission to contact the participant in the future if needed.
6. Questions were formulated with clarity in mind and arranged logically so that the answers to a given question would inform the next question.

## **Refinement of the Interview Protocol**

After the development of the interview protocol, it was important to be put it into action to gain sense of the proper execution of the interview protocol and to ensure that:

1. the questions were clear and not vague;
2. no important information was missing;
3. the questions elicited rich data; and

To achieve this goal, a set of three pilot interviews was conducted with three IPGs in April and May 2017. These three interviews were transcribed, and analyzed to test the richness of the data, but they were not included in the results. The findings from these three interviews were discussed with the research committee in June 2017. Based on these findings, the interview guide was refined for the first time. Please see Appendix 4B for the refined research protocol. After this initial revision, protocol refinement became an ongoing process and the transcripts of the previous interviews were constantly reviewed to identify ways to improve the protocol.

In November 2017, after finishing the first 11 interviews, two issues demonstrated the need for more refinement. These needs were discussed with Dr. Austin and the suggested modifications were approved by him.

The first issue was that the participants' lack of knowledge about alternative careers could affect transition. Thus, two questions were added: the first question was posed to assess the interviewees' knowledge about alternative careers, and the second question asked how having such knowledge would affect career transition. The second issue was that interviewees did not specifically talk about the resources they would need to facilitate career transition. A specific question was added to address this gap in the data. The changes were approved by the research

committee in December 2017. (Please see Appendix 4C for the third version of the research protocol.). An amendment of the interview protocol was submitted to the Research Ethics Board.

In addition to modifying the questions, I constantly reviewed the transcripts and my research memos to improve how the questions were communicated and how the interviews were executed. This reflective process also helped me to identify missed opportunities for further questioning.

The completion of the pilot interviews along with the subsequent refinement of the interview protocol and obtaining the necessary Research Ethics Approval (REB), signaled the beginning the process of sampling and recruitment. In the following section, the inclusion and exclusion criteria were described along with the sampling strategies, sample size, and recruitment. The influence of the qualitative descriptive methodology on these processes was outlined.

### **Sampling and Recruitment**

In qualitative descriptive researches, the researcher must seek participants whose qualities allow them to provide rich insights about the phenomenon being studied (Bradshaw et al., 2017). Using this principle, specific inclusion and exclusion criteria were developed.

**Inclusion criteria.** Subjects had to be English-speaking IPGs, defined as those who completed their pharmacy education outside of North America, who lived in Ontario, and who were actively engaged in the process of becoming licensed pharmacists in Canada. Participants had to be Canadian citizens or permanent residents of Canada at the time of the interview.

**Exclusion criteria.** Canadians who studied abroad were excluded, since they appeared to have a better opportunity to integrate (Zietsma, 2010). Graduates from pharmacy schools in the United States were also excluded, because they are exempted from writing the PEBC Evaluating Exam



and directly qualify to write the PEBC Qualifying Exam, like graduates from Canadian pharmacy schools.

## **Sampling**

Using an appropriate sampling strategy was critical for collecting data that were most relevant to the research topic (Bernard, 2002).

For researches using qualitative descriptive methodology, the two most commonly employed sampling strategies, commonly used in combination, are purposeful and convenience sampling (Bradshaw et al., 2017). Purposeful sampling helps to obtain rich data and in-depth insights by enrolling participants who have knowledge or expertise about the phenomenon being studied (Neergaard, Olesen, Andersen, & Sondergaard, 2009); convenience sampling, by enrolling those who are available and interested in a specific timeframe and geographical area, is a more pragmatic approach (Stanley, 2015).

In this research, I used a combination of convenience sampling and purposeful sampling, which is common in research using qualitative descriptive methodology. At the convenience level, I interviewed the IPGs who showed interest in participating. Mechanistically, this sampling approach can be described as convenience sampling or availability sampling. This is a subtype of non-probability or non-random sampling, the sampling technique in which members of the population being examined do not have an equal chance to be selected (that is, they are not randomly selected) (Thompson, 1999).

In convenience sampling, the researcher uses data sources that are readily available and accessible (Etikan, 2016) and are willing to participate in the research (Dornyei, 2007).

Convenience sampling offers advantages, such as saving time, effort, and money (Marshall,

1996). The subjects' willingness to participate reflected a commitment to take part in the research and to share a more in-depth vision of the phenomenon being studied (Sharma, 2017). Convenience sampling comes with inherent disadvantages, because the researcher uses subjects who are available and willing to participate. Subjects who are not readily available or accessible do not have an equal opportunity to participate (Etikan, 2016), resulting in data that may not represent the general population. This explains why convenience sampling may offer poor external validity; the study conclusion may not be extrapolated to the larger population (Suen, Huang, & Lee, 2014).

As for purposeful sampling, the sampling technique meets the following characteristics:

- It is non-random sampling, which is consistent with purposive sampling (Etikan, 2016).
- The subjects who met specific criteria based on the research question and objectives were selected (Palys, 2008).
- Only participants who had experience (Bernard, 2002), were knowledgeable about the topic, and able to share information about the phenomenon being studied were interviewed (Suen et al., 2014). In this research, IPGs working toward a pharmacy licence were interviewed. This was the group that might undergo career transition and thus might share important insights about it.
- Sample size in purposive sampling is not predetermined; rather the primary emphasis was reaching thematic saturation (Miles & Huberman, 1994). In this research, sampling continued until thematic saturation was reached.
- The technique was not strictly convenience sampling, because it was not limited by geographical boundaries; IPGs were interviewed in Toronto, Mississauga, and Ottawa.

Etikan (2016) suggests that it is “compulsory for the researcher to describe how the sample would differ from the one that was randomly selected.” To address this suggestion, I believe that the sample interviewed in this research, regardless of the name used to label the sampling technique, is diverse. Subjects from both genders, aged 28 to 51, from eight countries and three continents, were interviewed. The interviewees varied in marital status, number of children, and household income in Canada. They had different levels of pharmacy education and varied work experience before and after coming to Canada. The duration of residency in Canada ranged from 8 months to 11 years.

### **Sample Size**

The sample size in qualitative descriptive research is typically small because the objective is getting knowledge about the phenomenon rather than achieving generalizability (Bradshaw et al., 2017). In this research, the sample size was not established in advance; the sampling and interviewing continued until a thematic saturation point was reached, when no more themes were identified (O'Reilly & Parker, 2013). Reaching data saturation is often used as an end point to determine the sample size in qualitative descriptive research (Fusch & Ness, 2015).

Saturation is viewed as the point in research when “no additional data are being found” (Glaser & Strauss, 1967) and examples of the same codes are mounting, but no new codes emerge (Urquhart, 2013). Saturation is widely used in qualitative research to indicate the point in the research when further data collection is unwarranted (Saunders et al., 2018) or, as suggested by Urquhart (2013), when data analysis should be stopped, or, as suggested by Sandelowski (2008), when “informants redundancy” is reached. According to these definitions saturation occurs at a discrete moment in time, but others view it as a process rather than an event (Etikan, 2016). For example, Nelson (2016) rejects the concept of saturation because it implies some sort

of “completion.” Others, such as Corbin and Strauss (Corbin & Strauss, 2008), argue that new codes will always emerge but saturation is only reached when they either do not enrich the overall data or have diminishing effect, as suggested by Mason (Mason, 2010).

Reaching saturation is usually viewed as an essential step in qualitative inquiry and the most reliable method for determining sample size (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs, , & Jinks, 2018), and it is an important indicator and guarantee of the robustness of the research (Morse, 2015). To ensure that thematic saturation is reached, the following process was followed:

1. As suggested by Bryman (Bryman, 2012), sampling, data collection, and data analysis were conducted synchronously rather than in successive stages.
2. After every interview or two, data were transcribed and the coding process was completed. Sampling and setting up the next round of interviews were done at the same time.
3. After coding was completed for the next round of interviews, the new codes were compared to the codes generated from the analysis of the previous interviews.
4. This process of conducting and transcribing interviews, coding data, and comparing codes to earlier codes continued until thematic saturation was reached.
5. In this research, as will be described later, a mixed deductive/inductive analysis was used.

Thus thematic saturation was measured at two levels: deductive and inductive. At the deductive level, thematic saturation was reached when emerged codes appeared to represent a previously determined set of codes and themes driven by the literature and derived from the integrated model of career change. At the inductive level, thematic saturation was reached when no new codes were identified in the data (Etikan, 2016).

In this research, saturation was reached after 19 interviews, yet interviewing continued to confirm that saturation was actually reached and that no new code would emerge. This feeling of uncertainty, resulting in sampling beyond saturation, is not unusual, and has been described in many studies (Jackson et al., 2000; Jassim & Whitford, 2014; Vandecasteele, Debyser, Van Hecke, De Backer, Beeckman, & Verhaeghe, 2015). In addition to confirming saturation, this approach of continuing sampling beyond reaching saturation helps the researcher to fill in gaps in the data (Poletti et al., 2007), attain in-depth understanding (Naegeli, Flood, Tucker, Devlen, & Edson-Heredia, 2013), and allow the researcher to become more immersed in data (Tutton, Seers, Langstaff, & Westwood, 2012).

## **Recruitment**

Recruitment started after receiving ethics approval from the University of Toronto Research Ethics Board (REB). Initially, recruitment was planned to be conducted in collaboration with HealthForce Ontario and the International Pharmacy Graduate Program at the University of Toronto. No response was received from HealthForce Ontario despite multiple attempts to contact them by email and phone. The IPG program declined to participate in the research over a concern that it would be perceived by the students as promoting career transition.

I then approached a company that offers PEBC Qualifying Exam preparation courses to IPGs. The company has a large pool of students and accepted the invitation to take part in the research. The research information and participants' consent form (see appendix 5) were emailed to the company, which circulated the information to the students who were attending the company's ongoing course at that time (April 2017). The company did not share any student's contact information with me, but instead directed those who were interested in participating to contact me directly using the University of Toronto email on the research information and

consent form. The company also agreed to allow me to use its office in Mississauga to conduct the interviews when necessary.

Within 24 hours after sharing the research information and consent form with the company, I started receiving emails from interested subjects. However, most respondents asked to postpone the interview until after the qualifying exam in May 2017.

From June 2017 to December 2017, 25 interviews were conducted. More IPGs showed interest in being interviewed, but were excluded. Five IPGs were living outside of Ontario, six IPGs were not residents of Canada but held a work permit, and eight IPGs showed interest but never replied to emails to set up interview appointments. In addition, a thank-you email was sent to three respondents after reaching saturation.

Recruiting participants through an exam preparation course provider raised several concerns about the subjects. The first concern was whether those who attend an exam preparation course were struggling more with process than those who did not take preparatory courses. Thus their views toward career transition could either be more accepting—out of desperation—or more stubborn—out of concern over failure. However, the diversity of the subjects alleviated this concern. The participants were at different stages of the licensing process: some were writing the exams for the first time, others were preparing for their fourth and last attempt, and the rest were somewhere in between.

The second concern was whether subjects recruited through an exam preparation course provider were better able to afford the fee (\$1,500) than the average IPG. Being more affluent is a cushion that could affect the participants' views to career transition. This concern was alleviated when I became aware that the company offered installment payment options for those

who could not afford the course and that this installment option was commonly used by the course attendees.

The third concern was overrepresentation of certain ethnic or cultural groups that share the same ethnic or cultural background as the course instructors. This concern was alleviated by ensuring that the participants were diverse.

The first interview was conducted upon recruiting the first participant and the interviews continued side-by-side along with sampling, data analysis, and ongoing interview refinement. In the following section, a detailed description of the execution of interviews was provided

### **Conducting the Interview**

IPGs who were interested in participation and met the inclusion criteria were invited for the interview. The invitation included some suggestions in terms of day and time; each participant selected the day and time that was convenient for them. All the interviews were conducted face to face and one on one. Interviews took place in three cities: Mississauga (12 interviews), Toronto (7 interviews), and Ottawa (6 interviews). No IPGs from any other cities showed interest in participating in the interviews, so distance was not a reason to exclude any applicant. In Mississauga, the interviews were conducted in the office of the collaborating exam preparation provider. In Toronto, they were conducted at Leslie Dan Faculty of Pharmacy, and in Ottawa in a meeting room at a public library. Each participant received a \$25 gift card from a retail outlet for sharing their time and insights.

The duration of the interviews varied from 25 minutes to about one hour, which is consistent with the literature (Rose, 1994). The interviews were not timed; participants were allowed all the time they required to share their thoughts. Moving to the next question was only

done after the participant stopped answering the previous question. Each interview adhered to the following format:

1. Introduction: At the beginning of each interview, I introduced myself to the participant. In doing so, I only said that I was a researcher, without mentioning that I am a pharmacist. The objective was to eliminate any fear of being negatively judged by a professional colleague if, for example, the subject decided to transition into another career. However, it is noteworthy that I could not guarantee that none of the participants were aware that I am a pharmacist, especially since I was and still am engaged in educating IPGs.

2. Stage-setting: Following the introduction, I went through a list of points (Rose, 1994) that included:

- Signing the informed consent form (appendix 5) and answering participants' questions about the consent and the research. It was critical to ensure that the interviewee was fully informed before proceeding. For this reason, I would summarize the information from the consent form even though it was in the package the interviewee received from the exam preparation provider, giving them a chance to read the form beforehand;
- The objective of the research and how the interview would contribute to the development of new knowledge;
- The format of the interview, including the approximate time it would take;
- Assurance of confidentiality;
- Encouraging the subject to ask for clarification if any question should be unclear;
- Explaining the participant's rights, such as the right to refuse to answer any question, the right to stop the interview at any time if they did not feel comfortable, and the right to



withdraw consent to participate at any time (and how this would eliminate the data from analysis).

- Getting permission to record the interview.

3. Question-and-answer period: After setting the stage for the interview and collecting basic demographics data, I followed with a series of open-ended questions (Please see appendixes 4A, 4B, and 4C for the interview protocol). During the interviews, I used the following techniques:

- Probing techniques were used to encourage participants to share more insight into how they felt about career transition. These techniques included pausing, verbal agreement (such as “yes” or “okay”), nonverbal agreement (such as nodding), using “tell me more,” echoing the participant’s point, and sometimes asking lengthier questions to suggest to the participant that a detailed response was needed (Bernard, 2000). The probing continued until I felt that the interview had reached saturation and that the participant had fully shared their perspective (Råheim, Magnussen, Sekse, Lunde, Jacobsen, & Blystad, 2016).
- Making on-the-spot revisions and adjustments to ensure that the interview remained on track without limiting the participant’s freedom to speak.

4. Closing: After reaching the point when the participant felt that there was nothing more to add, the interview would come to an end. During closing, the interviewee was asked whether they would like to add anything else or whether they wanted to ask the interviewer any questions. Finally, I obtained permission from the interviewee to contact them if I needed to clarify any information.

5. The interviewee then received a \$25 gift card from a retail outlet and signed a receipt for it (see appendix 6).

The completion of the first interview was the first step in data collection and it signaled the beginning of data management, interview transcription, and analysis.

### **Data Collection**

Data collection took place between June and December 2017, preceded by the three pilot interviews in April and May 2017. The evolution of themes and refinement of the research protocol were discussed with the research committee in June 2017 and December 2017.

### **Transcription**

Interviews were transcribed verbatim. I transcribed the first three pilot interviews and the first actual interview myself to get a sense of how rich the data were. I acknowledge that transcribing the first three interviews immersed me in the data, created connections with the interviewees' stories, and helped me identify ways to improve my interviewing style. For the remaining 24 interviews, I used a professional transcription service. Initially, audio files were securely uploaded to the transcriber server using a password-protected online portal. The proofread and completed documents were saved and encrypted, and then uploaded to the password-protected portal. I then downloaded the complete file onto a password-protected computer.

### **Data Management**

The use of Nvivo data management software was considered as the research progressed. This did not affect the analytical process described above. The use of software has several advantages and disadvantages. The advantages include improved validity of research, saved researcher's time thanks to reduced dependence on manual tasks, and the ability to handle large amounts of data. The disadvantages are that the software can be time consuming to learn and that it puts pressure

on the researcher to focus on the volume rather than the depth of meanings (St John & Johnson, 2000).

### **Data Analysis**

In this research, interviews were recorded and transcribed verbatim, as previously described.

Analysis was conducted concurrently with sampling and data collection.

The data analysis approach was originated by the work of Margret Sandelowski (2000).

Sandelowski suggests that in qualitative descriptive research, the researchers should “stay close to their data and to the surface of words and events” when analyzing data. She then explains that this does not refer to superficial interpretation, but rather to the depth and degree of interpretation required for this methodology. The goal of qualitative descriptive research is not to provide an in-depth interpretation of data that reads above, beyond, and in-between participants’ responses, as in the case of philosophically based methodologies. It is rather to provide low-inference interpretation (Neergaard et al., 2009), a “faithful description or interpretation of the participants’ input” and to provide meanings, using a simple language, that other researchers would readily agree to (Sandelowski, 2000).

Two approaches to data analysis are commonly used in qualitative descriptive research; content analysis and thematic analysis (Neergaard et al., 2009; Sandelowski, 2000); they are different, but erroneously used interchangeably (Bradshaw et al., 2017). Content analysis is a preferred method when the goal of analysis is either straight description of data or quantification of qualitative data, by looking for frequency of codes (Sandelowski, 2000; Vaismoradi, Turunen, & Bondas, 2013). Thematic analysis is the preferred approach when analyzing larger amounts of data such as interview transcripts (Stanley, 2015). Both analytical approaches entail data coding

and grouping similar codes into themes (Bradshaw et al., 2017). In this research, the thematic analysis approach was used.

There are two main approaches for thematic analysis: inductive and deductive (Elo & Kyngäs, 2008). In this research, the data was analyzed using a mixed deductive and inductive approach.

The deductive approach is more dominant in qualitative research (Woiceshyn & Daellenbach, 2018). It is commonly used for model testing and refining, or when the data analysis is based on a theoretical framework (Holloway & Biley, 2011)—which in this case would be the integrated model of career transition. However, the deductive approach is critiqued for falling short of adequately explaining how people think (Ormerod, 2009; Woiceshyn & Daellenbach, 2018).

In deductive analysis, the objective is to move from the broader scope of the theoretical framework to the specifics of the studied phenomena (Holloway & Biley, 2011). The deductive analysis in this research started by developing a set of theory-driven codes. These codes are used as a sensitizing concept that guides the data analysis (Miles & Huberman, 1994).

Inductive analysis focuses on identifying new themes in the raw data obtained from the interviews (A. L. Strauss & Corbin, 1998; Thomas, 2006) and formulating new theories (Locke, 2007). Inductive research is useful when little is known about the phenomenon being studied (Locke, 2007). While the determinants of career transition in general are described in the literature, very little is known about career transition among IPGs, making an inductive approach appropriate. The inductive approach is viewed as a new means to advance knowledge and develop a conceptual framework (Locke, 2007).

Deductive and inductive approaches to data analysis are not mutually exclusive (Kondracki, Wellman, & Amundson, 2002); in fact, the two approaches appear to be

complementary (Woiceshyn & Daellenbach, 2018), and researchers recommend combining them (Suddaby, 2006; Woiceshyn & Daellenbach, 2018). The decision to use a mixed analysis depends on the richness of the data, which cannot be determined at the outset of the research.

### **Data Coding**

Coding is the beginning of the analysis; it opens up the data and allows for interpretation. The objectives of coding are to identify key themes and patterns, to generate concepts, to set the stage for analysis, and to allow for generalizing conclusions (Coffey & Atkinson, 1996). In this research, I used the coding process described by Coffey and Atkinson (1996). In the first step, the researcher must become more familiar with the data by careful reading. Second, the researcher identifies, interprets, and labels/codes the most meaningful segments of data. Third, codes that share some meanings are clustered into a larger category or theme. Fourth, the interpretation phase aims to generate meanings and to examine the relation between the codes and themes.

This process highlights three important features of codes. First, codes and themes are strongly related. This linkage represents the cornerstone in qualitative data analysis. Second, codes and coding can serve as bridges that link segments of data that are “not found neatly bundled together at exactly the same spot in each interview.” Third, coding should not be viewed as rigid; it is a dynamic process that requires decision making when selecting data segments, choosing labels, generating themes, and the like (Coffey & Atkinson, 1996).

### **Research Ethics**

The research protocol had received ethics approval from the Research Ethics Board (REB) at the University of Toronto. Initial approval was received in May 2016 (see appendix 7) and it was

renewed in May 2017. As with any other study, this research implicated some ethical issues. The REB application outlined the potential ethical issues that could surface while conducting the research. The foreseeable risks I anticipated pertained to privacy, emotion, and power difference.

The first potential ethical issue was the privacy of data and anonymity of the participants. While the risk of breach of confidentiality was small, several steps were taken to ensure that the interviewees would remain anonymous. All data were anonymized. Participants' names were removed, and pseudonyms were used instead. Research team and committee members had no access to participants' identifiers; they could only access the de-identified data. The de-identified data with pseudonyms were uploaded to Nvivo, a data management program. The software was password protected and was installed on password-protected laptops. Transcription was conducted by a company with experience in handling confidential data. Data that could not be de-identified, such as signed consent forms, were kept under lock and key. Storage of digital data on electronic devices was minimal; stored data was encrypted using Microsoft BitLocker software and secured using password-protected laptops. All digital data will be securely destroyed immediately upon the completion of the study. All paper records (including field notes, consent forms, and the like) will be stored in a locked cabinet in a secure office for two years following the conclusion of the study.

The second potential ethical issue was the emotional vulnerability of the interviewees. While IPGs are not necessarily a vulnerable group, some of the interviewees may have faced social or financial obstacles going through the licensing process or have had difficulty passing the exams. Interviewees were expected to share personal experiences, and this could have triggered feelings such as discomfort, embarrassment, or even more intense emotions such as sadness. However, this concern was expected to be minimal because any personal experiences

they might disclose would be about their professional lives. During the interview, I was vigilant to spot these emotional outbreaks. If one occurred, I would provide empathy and support and use a checkpoint, such as asking the participant “Do you feel comfortable continuing the interview?” In addition, I would stay calm, maintain tone level, use a combination of listening and pausing to allow the interviewee to cope with their own feelings, and use distracting questions to draw the attention away from the emotional issue.

Participants who exhibited symptoms suggesting intense emotional involvement would be referred to their family physician for further investigation. During the interviews, a mild emotional reaction was encountered once, was very brief, and did not result in any deviation from the interview protocol.

The third concern was the power difference between the interviewee and the interviewer. This is an inherent ethical problem in qualitative research, particularly in research that involves interpersonal interactions, such as interviews (Råheim et al., 2016). This power imbalance is evident in every step in the research design. The researcher develops the interview protocol and selects the questions to be asked. The interviewer sets the agenda of the interview and can lead the conversation to steer the interview toward meeting their agenda. During the interview, the researcher will ask the interviewee to share personal stories without sharing anything about themselves in return. After the interview, the researcher will have exclusive power over the data and will decide to include or exclude specific segments of the interviewees’ stories in whatever way fits their purpose (Hesse-Biber & Leavy, 2007; Karnieli-Miller, Strier, & Pessach, 2009; Oakley, 1981; Råheim et al., 2016; Stacey, 1988).

While being attentive to the concern of power difference, the best strategy to address the issue remains controversial (Råheim et al., 2016). I used several strategies to minimize the power

difference during the interview. I tried to create a reciprocal environment by sharing some information about myself at the beginning of the interview. I made the research rationale and objectives very clear, including how the data would be used. I reassured the interview subjects by giving them a brief description of the methods used to maintain confidentiality and anonymity. Finally, as described, I would give interviewees the opportunity to read and comment on the transcribed data and data analysis before a conclusion was drawn. Not only did this serve as a validation tool, as described later, but it also helped mitigate the power difference (Hesse-Biber & Leavy, 2007; Karnieli-Miller et al., 2009; Oakley, 1981; Stacey, 1988).

### **Memo Writing**

Using memos, which provide an audit trail of the methodological decisions made during the research, is an important strategy to establish rigor in qualitative descriptive research (Stanley, 2015).

Throughout the course of the research, I maintained the ritual of writing memos. Memos are “a snap-shot of thought processes at a given stage of the research.” (Birks, Chapman, & Francis, 2008). Writing memos, especially for new researchers like me, is critical because it helps to avoid the “analytic paralysis” that makes the researcher reluctant to start an analysis out of a fear of making mistakes (Clarke, 2005). Charmaz (1999) described the importance of writing memos in qualitative research. Memos accentuate the researcher’s voice when analyzing data. Memos serve as a reflective break that generates ideas. They also help to identify gaps in data, enabling the researcher to make decisions on how to improve data collection to fill these gaps. Memos serve as threads of thoughts that link data collection, coding, and analysis and allow theory generation by giving the researcher fresh ideas on how to group and categorize codes.



I started writing memos at the time of sampling. The first was an operational memo written when the IPG program at the University of Toronto declined my request to participate in the research. In this memo, I documented my decision to start searching for other recruitment venues and some possible options. The operational memos continued throughout the research. On a regular basis, I would document my thoughts about the conduct of the research, ways to improve things such as my interviewing style and the wording of questions, and to justify decisions to ensure they were not arbitrary or subjective.

Another important type of memo I used was coding memos. After every interview, I would document my thoughts about the interview, such as what was new and whether it was trivial or worth further investigation, what was repetitive, what I expected to see but did not, and what meaning could be generated from my results. I also would go back to the coding memos from the previous interviews and compare them, amending or extending the old memos if the need arose. I would also jot down my thoughts on whether the new and old codes could be grouped into themes. Coding memos served as a mini-analysis and a road map when cruising the crude data. As codes emerged from the data, I started writing analytical memos, recording my observations on how the codes could be grouped into themes. I also used memos to describe and explain how themes appear to correlate and interact. I did not necessarily generate three distinctive types of memos, but the use of this classification is advocated by Strauss and Corbin (A. L. Strauss & Corbin, 1998).

Thinking reflectively by creating memos allowed me to engage with the data, helped me retain ideas, and represented a decision-making trail. Memos allowed for ongoing reflexivity and allowed me to constantly examine the data from my different viewpoints—as a former IPG, a PhD student, an educator, and a registered pharmacist (Primeau, 2003). Using memos, I was able

to create conceptual diagrams and algorithms. By using these diagrams as visual maps, I deconstructed the integrated model for career transition and re-entangled the factors affecting career transition to construct the revised model described in Chapter 5.

Writing memos was not a scheduled task; I generated memos whenever there was a need to do so, regardless of how trivial my thoughts appeared to be at that time. Memos were written casually, and they were not necessarily proofread.

I used different ways to generate memos: pen and paper, data-management software, and voice recording. All memos had a title, were dated, and were cross-referenced to the interview and to other memos. Participants' anonymity was preserved during memo generation by using pseudonyms.

### **Subjectivity**

As a relativist researcher, I laid out my interpretation of the data to the reader and this made my presence “unavoidable” (Holloway & Biley, 2011). Frost and colleagues (Frost, Nolas, Brooks-Gordon, Esin, Holt, Mehdizadeh, & Shinebourne, 2010) further elaborated on subjectivity and described the researcher's reflexivity as “psychological meaning-making of the individual.” Several factors may influence the researcher's meaning-making capacity. For example, Doyle (2013) suggests that researchers' values and experiences shape their views and influence how they approach the data. As a result, the researcher will draw upon their knowledge when analyzing the data and constructing meanings (Frost et al., 2010). This, however, must be done while maintaining a “delicate balance” between using their personal knowledge of the subject and being excessively emotional or self-absorbed (Holloway & Biley, 2011). This delicate balance allows the researcher to preserve the voice of the participants while explicitly

acknowledging the researcher's role in shaping the research (Mauthner & Doucet, 1998).

However, the means of maintaining this delicate balance is not well understood (Doyle, 2013).

Does our presence bring subjectivity into how we generate meaning? Frost and colleagues (Frost et al., 2010) admit that such a debate exists. They argue that subjectivity is not something fixed; rather linked to the researcher's inner world; this remains unknown to others and may not even be fully understood by the researcher. Mauthner and Doucet (1998) suggest explicitly acknowledging the "critical role" the researcher plays in generating and interpreting the data. As a researcher, I made my presence clear, explained how I am connected to the data, and how this connection may have influenced the choices I made during the conduct of the research and the analysis. Explicit reflexivity, as described earlier and memo writing improved transparency and helped alleviate concerns of subjectivity.

### **Validation**

To validate the study's findings, I planned to apply the member-checking technique. Member checking, also known as participant verification (Rager, 2005), was first described by Lincoln & Guba as a process that involves the key informants in testing the data, themes, interpretation, and conclusion of a piece of qualitative research (Lincoln & Guba, 1985). This process is commonly seen as a quality control measure that the researcher can use to ensure accuracy and inclusiveness of the data (Cohen & Crabtree, 2006), in turn improving the validity and the reliability of the research (Byrne, 2001; Doyle, 2007; M. Harper & Cole, 2012). The member-checking technique was critiqued in several studies (Angen, 2000; M. Sandelowski, 1993). One of the drawbacks is the possibility of disagreement between the researcher's interpretation and the participant's view due to different goals and agendas. This raises the question of which interpretation should take priority. Another challenge is the fact that when reading the

interpretation the key participants may change their mind or regret sharing a specific story or forget the information they shared. A third concern is the ability of interviewees to read and interpret research data (Cohen & Crabtree, 2006). Member checking can be done at one or more steps while conducting the research (Creswell & Creswell, 2007; Lincoln & Guba, 1985). In this research, feeding the outcome of the thematic analysis back to the participants to ensure that it was a true reflection of their perspective was planned. There was, however, no response, as will be explained later on page 181.

Another strategy that was used to ensure rigor was peer debriefing: presenting the research progress and findings to a diverse group of audiences, and making presentations to more experienced researchers (Stanley, 2015). During the course of this research, the progress and findings were presented annually to a diverse group of graduate students during the monthly department seminars. The research work was also presented twice to graduate students from all departments during the Graduate Research in Progress (GRIP) event. The progress and findings were also presented at least once a year to the research committee.

### **Summary**

This research was an exploratory qualitative research that aimed to explore the perceived factors affecting career transition among IPGs who are in the process of obtaining their license in Ontario. The Integrated Model of Career Change by Rhodes & Doering (1983) was used to inform the research. The qualitative descriptive methodology was used to inform the research design and it has shaped the selection of the method, sampling technique, and analysis approach. In this research, semi-structured interviews were used as a research method. The interviews were conducted using a standardized script and an interview protocol that was refined multiple times

during the research. Transcription and data analysis were conducted concomitantly along with the interviews. The findings of the ongoing analysis were used to refine the interview protocol and to decide whether thematic saturation was reached. Throughout the research, participant's confidentiality was maintained and careful attention was paid to possible emotional lability during the interviews. Writing research memos was an important ritual of the research process.

In the next chapter, chapter 4, the results of the data analysis will be introduced.

## **Chapter 4**

### **Results**

#### **Overview**

The chapter will start with a biographical depiction of the participants involved in the interviews, followed by a description of the themes revealed by analyzing the participants' input.

#### **Participants' Demographics**

Twenty-five English-speaking IPGs—sixteen females and nine males—were interviewed between July and December 2017. Interviews were conducted in Toronto, Mississauga, and Ottawa, all in person. Participant recruitment was done in collaboration with a company that offers PEBC exam preparation courses for IPGs.

The participants came from eight different countries; India (7), Egypt (5), Iran (4), Iraq (2), Pakistan (2), Palestine (2), the United Kingdom (2), and Kenya (1). Their average age was 34.5 years (the age range was 28 to 51 years). At the time of the interviews, most participants (14 out of 25) were married with children (the range was one to three children), six participants were married with no children, and five participants were single.

All the participants held a bachelor's degree in pharmacy—the entry-level degree required for licensing in Canada—from their home country or elsewhere. Four of the participants held a Doctor of Pharmacy degree (PharmD) and eight participants held masters degrees.

Before coming to Canada, eleven participants worked in the pharmacy setting for varying periods of time, assuming different roles such as staff pharmacist and pharmacy manager; three participants were pharmacy owners. Nine participants had careers in different sectors of pharmaceutical companies (marketing, sales, production, human resources, and inventory

management). Three of these nine reached managerial positions. Two participants worked in research, one in academia, and three had no work experience before coming to Canada.

Their duration of residence in Canada ranged from eight months to eleven years, but most of the participants (22 out of 25) had been living in Canada as permanent residents for less than five years. At the time of the interview, fifteen participants had some pharmacy experience in Canada and worked in a pharmacy in a full time, part time, or volunteer position. Three of those who worked in a pharmacy completed a pharmacy technician program in Canada, and one was practicing as a registered pharmacy technician at the time of the interview. Six participants had work experience outside the pharmacy setting, two of whom volunteered in pharmacy before switching to the non-pharmacy job. The remaining four participants did not have any work experience in Canada.

The participants' household income ranged from \$18,000 to \$85,000. Two participants claimed to be making no income in Canada. One of them, who had been in Canada for four years, claimed that he was living off the money he saved before coming to Canada. The other indicated that she was living off her parents. Four participants refused to declare their income.

At the time of the interview, participants were at different phases of completing the PEBC Qualifying Exam. Some participants were waiting for the results of their first attempt at part 1 of the qualifying exam. Other participants were going for a second, third, or even a fourth attempt at part 1 or part 2 of the qualifying exams.

Table 2 lists the pseudonym, age, and home country of the participants. Appendix 8 provides more detailed background information about them.

**Table 2: Pseudonym, age and home country of the participants**

<b>Name</b>	<b>Age</b>	<b>Home country</b>
Anjali	32	United Kingdom
Atefah	40	Iran
Dimple	28	India
Galal	30	Iraq
Ginan	30	United Kingdom
Hala	31	Iran
Humira	43	Pakistan
Keyuri	31	India
Lydia	43	Iran
Maher	49	Egypt
Marwa	35	Egypt
Muniza	29	India
Niveen	37	Egypt
Nora	32	Iraq
Parakash	28	India
Rahman	51	Pakistan
Ramy	38	Egypt
Rushi	40	India
Sai	28	India
Sameer	41	Palestine
Sarah	34	Egypt
Shafia	32	Kenya
Suhail	25	India
Warda	37	Palestine
Yasmin	33	Iran

Source: Data collected by author

### **Factors Affecting Career Transition Among Participants**

Four themes were identified in the analysis, based on the integrated model of career transition:

motives to consider career transition, person/career correspondence, personal factors, and availability of an alternative career.

Exemplary quotes from participants' responses are provided for each theme. Appendix 9 provides more examples.



## **Theme # 1 – Motives to Consider Career Transition**

Participants were asked to identify a time or a life event that would push them to consider an alternative career. Their responses can be divided into three groups:

- Inability to pass the PEBC exams
- Family-related pressure
- Ability to pursue pre-immigration career

**Inability to Pass the PEBC Exams.** Exhausting the PEBC exam attempts was the most commonly cited reason for considering an alternative career. Sameer, for example, was going to the third attempt of the Qualifying exam and he linked career transition to exhausting all his attempts:

If the PEBC examining board [doesn't] want me to have the second try, for example. At that point, yeah, I will think to do a career shift.

Other participants, like Maher, implicitly referred to exhausting the trials:

I am not the kind of person to change the career as long that the career itself is achievable.

Clearly, a pharmacy career is no longer achievable if the candidate does not pass on the fourth attempt at one or more of the PEBC exams.

**Family-Related Pressure.** Participants talked about family pressure as a trigger of career change. Their comments revealed that the longer it took to complete the registration process, the greater the family pressure.

Dimple, who was married but had no children, felt that the longer the registration process took, the more it would compromise her plan to grow her family. Dimple felt she might need to seek an alternative career if it took longer than anticipated:

Maybe if [the exams take] too much [time] like I feel this is not worth doing exams and it's taking too much time for me, then yeah, I can think about changing. I already been

here [for] one and a half year. If two more years pass like this, then I have to think [about career change] because I cannot develop our family until [I am] done with this, right? Because career and family [at the same time] it's very risky.

Nora talked about time and family pressure from a different perspective. Nora was confronted by her spouse's concern about how long it could take her to get her licence:

Most important [is] the duration. I think if I try [the exams] once or twice and [if] I didn't pass the exam maybe I will change.

Nora explained that her husband gave her an ultimatum:

I took two years preparing and got the first one done but I did not pass. My husband [will] say "that is it" if I do not [pass] the second exam.

Like the other participants, Hala felt that family issues could trigger her to switch careers. Unlike the others. Hala did not believe that time was a problem; her issue was her guilt toward her family's sacrifices.

In this journey, we have money to lose, we have time to lose, losing money and time is not important, but if there is family sacrificing, maybe I will go for [career transition]"

**Ability to Pursue Pre-Immigration Career.** Many participants discussed their careers before coming to Canada. Some of them, like Shafia, stated the only other career they would choose was the one they had before coming to Canada. For example, Shafia would consider changing her career if she could find a better job in supply chain management, the career she had before coming to Canada:

[If] I manage to like really focus and get a better job in supply chain, then I'm [going to] give up [pharmacy].

Not only would a better job sway her to leave a pharmacy career, but it would also cause her to question the value of that career:

Yes, I would give up [pharmacy if I get a good job] . . . because sometimes you are like, is [pharmacy] worth it? Like working in a pharmacy is really stressful and all the legal

issues, you don't want. You might spend so much in just getting there and then you're not sure, right? How [working as a pharmacist] goes.

## **Theme # 2 – Person/Career Correspondence**

Participants described how they perceived the pharmacy career to match their desires and needs.

The needs/desires they described include making a high income, attaining high social status, and satisfying their professional identity.

### **Person/Career Correspondence: Desire to Make a High Income**

Income was one of the most commonly cited needs of the participants. Their perception that pharmacists make a good income in Canada was evident in their comments. Here are some examples.

Keyuri likened becoming a pharmacist to winning the lottery. The income would allow him to pay his debts and bills for necessities:

Driver insurance is almost \$300 here and rent is high and everything. But, I have in mind . . . like if I [become] a pharmacist, even if I have debt of \$10,000, [it] would [be] probably like finish in three months and then I would be okay. It's really like. . . kind of Lotto Max, you win Lotto Max. For me right now [I am] at this position.

Sameer indirectly described how living in Canada affected his economic status. He explained that he exhausted all of his severance pay and reserve money while trying to obtain a licence and thus having a high-paying job could be a reasonable return on investment:

I put all my—let's say all my reserve money, all my compensation money that I took from the company when I left them in that—in that project. So, I lost like—not lost. I invested like around—yeah, around 30, \$30,000.

Rahman, who was a manager in a large pharmaceutical company and who described his life back home as “so comfortable,” was making minimum wage in Canada. Rahman feared that his low income was affecting his ability to provide a comfortable life for his daughters:

My daughters are growing and we go over to my friends and they see their big houses, and a lot of things with them. So, when they [come] home, and I am living in a basement, so they feel that father you should do something. But two rooms are not enough for us . . . and because my eldest daughter is 14 years old, I'm a little bit worried about their marriage [too]. After three, four years, I should have enough money to spend for them.

The perception that pharmacists earn a high income can be a barrier to career transition because it may mean accepting a job that pays less. Rahman gave an exemplary account of his logic when he compared the pharmacist's income to other jobs, causing him to reject career transition:

Even when I get to any profession here in Canada, the amount of increment per year is almost 25 cents or 50 cents or even \$1.00. So, even [if] I went for the fourth attempt [to pass the pharmacy exams], even then I will be good, because if I join some profession at a salary of \$20, after two years, I will be getting \$21 or \$22. But if I go for the pharmacy profession, after even [the] fourth exam, like after one or two years, I will be getting minimum \$35.

### **Person/Career Correspondence: Desire to Achieve Social Status**

The participants were very conscious of the social status of pharmacists in Canada. For example, Yasmin believed that becoming a pharmacist earn her the respect of the society:

[pharmacists] have a dignity, like if you are pharmacist, wow, you are a pharmacist, they respect you.

Even though Yasmin was disappointed that Canadians do not refer to pharmacists as doctors, as Iranians do back home, she nonetheless appreciated the pharmacist's status.

You are a professional, you feel the difference when you talk with other people.

Anjali admired how Canadians respect and trust pharmacists and how they may share information with the pharmacist that they would not share even with other family members.

People turn to you and they look at you with respect and they are ready to tell you their own personal problems in the hope that you can help and they do, they put a lot of trust in you. You know, things they probably wouldn't share with their own family members.

Participants expressed their fear of losing that public respect if they left the pharmacy profession. Here are some examples of how they associated career change with loss of social status and public respect.

Lydia rejected career transition because she saw the pharmacist as someone people respected and she believed that she could not find another job that offers the same respect:

I cannot go for the job [if it] is not [a] very [respectable] job, I try to find a job that is respectful based [on] the view of the people.

Lydia also feared that her peers would judge her negatively if she could not become a pharmacist:

I have some friends. They are pharmacists. They [are registered] as pharmacists here, and for me, it's very hard to have a communication with them after changing my career, because they consider [me] a [failure]. You couldn't pass through this—this process. And we are not living alone, and some people judge other people. This is not easy.

Like Lydia, Galal feared that others would view him differently if he were to change careers.

Galal feared that “society” would disrespect him for becoming less than what he could have been:

I don't like this look of society and all the fields, all colleagues that you are less than you should—less than what you should to be.

Sameer explicitly talked about how the loss of social status could affect his mental well-being:

To accept that. Yeah, to accept that okay. You are having a social status in your country and now you became like completely different with the—when you start a survival job, like any kind of job, and yeah. It has the impact on your mentality. Let us be frank on that. You see. So yeah, this is the most challenging part of all the—of all the, let's say, the procedure that we are—

Even though most participants had some Canadian work experience in the pharmacy setting, the majority rejected transition into a pharmacy-related job, such as pharmacy technician or assistant, since they saw this transition as a loss of social status.

Sameer, who volunteered in a pharmacy, described the intense psychological struggle he would

go through if he accepted a job other than as a pharmacist in a pharmacy:

I will always have this thinking. I shouldn't be [a] pharmacy technician. Not because pharmacy technicians are less than pharmacists, no. [I] would always have this internal feeling that I should be a pharmacist.

Rushi, who had no pharmacy experience in Canada, and who was otherwise not too resistant to the idea of career change, rejected the idea of working as a pharmacy technician because she saw it as a downgrade.

It is hard. It is, of course – I would feel bad. Like I could have become a pharmacist but now I am going down to the technician's role.

### **Person/Career Correspondence: Desire to Satisfy Professional Identity**

Participants were asked “What does it mean to you to be a pharmacist?” Their answers reflected their attachment to becoming a pharmacist in two ways: the emotional attraction to the idea of becoming a pharmacist, and their view of pharmacists as healthcare professionals, public servants, knowledgeable persons, and so on.

**Emotional Attraction to Becoming a Pharmacist.** To some participants, their attraction to becoming a pharmacist developed as early as their teen years. It appeared to be emotional in nature, given that their responses to the questions were based on fascination rather than on logical attachment to a specific career trait. For instance, Nora first dreamt of becoming a pharmacist when she was only 12 years old. She described how she was amazed by the pharmacist and how she looked up to the pharmacist as a role model.

Becoming a pharmacist was my dream [since] I [was] a little kid. When I was like 12, 13 years old. When I go [to] any pharmacy and I see the pharmacist, like he is my model, really. I just look at him, he is just amazing. I don't know why.

Like Nora's, Niveen's interest in a pharmacy career started at an early age. Her bond to the profession not only made her determined to become a pharmacist, but also pushed her away from other healthcare careers:

Okay, I choose this career from I think I was 12 or 11, back home. I love this career and that's why I'm telling you [if I have to change] I have to change [to] anything that is not related to healthcare because I don't like any branch of healthcare except pharmacist.

Warda spoke about being a pharmacist with a sense of entitlement. She used the language of ownership when she described how she decided to study pharmacy at the age of 18:

This is my profession. I love to be a pharmacist, like when I was, when I was 18 years old, when I decided to study something, I go directly to the pharmacy college.

Shafia's definition of the role of the pharmacist, on the other hand, was more holistic. It combined both the emotional and rational components of the description:

Oh, my God, [becoming a pharmacist means] everything. I loved pharmacy, that's why I did it and it means . . . it represents what I have been for the last few years, me knowing what I am, right? As a grown up. The status and family and money and everything that you need to be—to survive, especially in Canada, right. Yeah, but it's basically just me—a definition of who I am. I have known myself as a pharmacist for so long and I just want to be able to practice, right.

**Attraction to a Specific Trait of the Career.** While the previous comments show an emotional commitment to the idea of becoming a pharmacist, other participants shared other rationales for their attachment to the profession.

Marwa defined the role of the pharmacist in terms of accessibility. She described the meaning of becoming a pharmacist as being able to offer a free-of-charge service and knowledge to the public. She believed it was important for a pharmacist to help patients to reach their health goals:

Becoming a pharmacist means to me. . . . means. . . it is [an] affordable service to the community because anyone [who has] a question, he cannot [go to the physician], the physician will not be accessible all the time, so the pharmacist is one who give his advice

or his recommendation without any money, without paying back for him. Help the community to have awareness, awareness about their health and that's it.

For Sameer, becoming a pharmacist in Canada was a personal accomplishment as well as allowing him to be more engaged in helping patients:

It means many things. The major one is that you want to achieve something in your life. Believe it or not, but you feel that you have to achieve something and to [become] a pharmacist in Canada is an achievement for me. This is number one. Number two, you are . . . I am a kind of a guy who likes to engage in helping people, you know. So, this career would be like a sort of – sort of dream for me to continue my aspirations to help people in terms of their health issues.

Lydia's desire to become a pharmacist in Canada was established during her 25 years of experience in the field. Her attachment to the profession was a matter of her long career and the knowledge she gained as a pharmacist over the years.

I am pharmacist for 20—more. Twenty-five years I am a pharmacist. And you know, this penetrate in all of myself. I enjoy studying as well, I'm a very knowledgeable pharmacist.

Sai was proud to be a pharmacist because he saw himself as a doctor. As a pharmacist, he believed he was very knowledgeable about medication, which he argued gave him some autonomy and authority while fulfilling his responsibilities toward his patients:

To be a pharmacist, you are first of all you are next to the doctor. Becoming a pharmacist in Canada is actually a proud moment because you are the only one who knows like maximum about the drugs and everything. You have to make decision[s] . . . you have lots of responsibilities. You can't like just give the medication as such, you have to clarify to the patient, you have to do the counselling if they have any question, you have to be there every time. They can ask you on the phone, fax, everywhere, so it's a lot of responsibility and yeah.

### **Theme # 3 – Personal Factors**

Participants' comments revealed how personal factors may affect career transition. These personal factors include attitude toward career transition, age, gender, culture, need for support, and perceived self-efficacy.



## **Personal Factors: Attitude Toward Career Transition**

In view of the potential influence of attitude on behaviours and actions, the participants were asked how they felt about career transition. Their comments reflected an initial negative attitude toward career change, as well as an overall negative psychological impact when discussing the idea of career change. For example, Muniza described how career transition would be devastating for her, especially after investing years in studying pharmacy:

I would be devastated. I would want to move home. It would be hard for me, for sure, because I spent so much time in this. Like it's been seven years I've been studying pharmacy and so—and then now if I have to change my career, it would be difficult to accept.

Galal described the transition as an “emotional shock” and, like Muniza, linked this to the time investment in the career:

It would be like an emotional shock for me because I worked all my life for this field, and I couldn't find myself in any other field.

For Sameer, career transition would be a disappointment:

It will be quite a disappointment for me actually after investing in all this project and then you shift to another career. It will be disappointing.

Sameer elaborated:

You want to appear in front of your kids that you didn't give up the middle of the road. So, now you are like giving them a good example that you, okay. You—and the kids are aware, even though they are children now and a young age. But they see . . . they monitor how you deal with all these challenges.

Despite the negative attitude and the resistant language participants used to describe their feelings toward career change, they said they would still consider career transition if it became unavoidable. When the participants were asked “What will you do if you come to a point when you cannot be a pharmacist in Canada any more?” they retracted their initial rejection of

changing careers as well as their emotional response to the thought. Muniza believed that if career transition became inevitable, she would be able to adjust and it would work out fine.

Accepting change would be difficult but at the end, I think anybody would adjust because at the end of the day, whatever God has set for us, it will work out. So, if it's not [pharmacy], it would be something else. At the end of the day, things work out.

If career transition became inevitable, Galal would have no problem changing his career:

I'm an adaptive person so I don't have a problem moving to another field. So, it's not like a big issue for me.

Sameer not only changed his mind, he indicated that he was preparing himself mentally to accept career transition if it became inevitable. This is probably because he was going to attempt his third qualifying exam and was close to reaching the point of exhausting all his exam attempts:

Mentally, I am working to accept that because I don't want to go through depression and through other like mental issues, but on the reality, yeah, it will be quite a disappointment.

### **Personal Factors: Age**

The interview subjects were divided over how age might influence their decision—not aging, but other aspects such as the cultural perception of age, vocational lifespan, the difficulty in grasping new knowledge, the desire to grow, and how age enriched their life experience. Age was a barrier to some participants and a facilitator to others.

**Age as a Barrier to Career Transition.** Maher, who was one of the oldest subjects, believed that transition at his age was nonsense:

I don't think that a person of 45 years old now can tolerate that. I wouldn't be actually taking the risk of studying all over again when I'm 49 because it won't be like really worth it for me, I would take what 5 or 6 years and then retire. It doesn't make any sense.

Sameer, as a middle-aged person, believed that because his mind was all set, changing his career would be difficult because of the established bond to the career he already had:

I don't think there's something [that] will motivate me to [change my career] . . . also, let's say, my age . . . no, no, it's not like an excuse, but after you reach like middle of age, you don't think that much to change your career, you know, You are already like completely involved with your career . . . your mind is all—is already set and established in a way that, okay, I like this career.

**Age as a Facilitator of Career Transition.** Niveen was concerned that if she changed career when she was older, she would not have time to grow in that career:

Okay, because when you start a career, you are supposed not to stay in the same position all your working life. You want to [go] up in your position.

She gave herself one year to obtain her pharmacists' license, after which she would consider a new career:

I'm 37, I will try [to get my license] for one more year, if I do not, I will find something else, I will not wait till I am 40 to start another way. Is it logic to start another career at 40? It's not logic. . . . if I keep trying [to get my license] till I am 40 or 45, you are beginning and then you have to study and study and study, you have no time to reach your goals.

Another example was shared by Rahman. For Rahman, who was an older participant, age was a facilitator of his diverse vocational experience, which made him more flexible and able to transition to new careers:

At this age one can learn. . . and actually, after doing so much of the jobs and experience, I became very flexible person and I can join any profession.

### **Personal Factors: Gender**

Gender emerged several times during the interviews as a factor that can potentially affect career transition. Warda was the first to bring it up during the interview. She reflected on the experience of another pharmacist who changed careers. She believed this was acceptable because he was a man and he was responsible for providing for the family. She then extrapolated this experience to her own family:

[My friend] did some business administration, something like that and he got a good job, but he feel something missing inside him, to be a pharmacist. But, you know, because he is a man and he has a good job to pay for mortgage, for his kids. So, he has to get the work, so he accept to change his career, But for myself, my husband, he is working and yeah, he can pay some of the expenses, I should help him, but I can't work anything else other than pharmacist.

Warda saw her responsibility as a mother to the children as a factor that could motivate her to change her career:

I think the woman should spend more time with the kids more than the father. So, change my career to something so I can work during the day and not working during the weekend.

Sarah used the same argument as Warda as a possible factor that could motivate her to change:

Like I guess because a woman, because you know sometimes like there's a shift you have to work sometimes evening. If anytime I feel I need to spend more time with my family, maybe at this point I can change my career to something so I can work during the hour day, not in the evening.

Nora spoke mainly about male dominance in her household. She implied that her husband decided whether she could continue trying to obtain a pharmacy license or would have to seek another career:

Changing? Yes, may be, well, if I do not pass the exam, and my husband tell me I have to stop and like start work or help him, what can I do? I have to find another job.

### **Personal Factors: Culture**

Culture is defined as “the system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning.” (Bates & Plog, 1990). The participants did not explicitly discuss culture as a factor affecting career transition, but several of their comments could be interpreted in cultural terms. Atefah, for example, spoke about how

growing up to be a doctor was culturally motivated and how this mindset would make it harder for her to change careers:

In the Middle East, we were studying so hard to become a doctor. So, I was studying so hard and I was growing with this concept. So, at my age, it's really difficult to change my concept to—I mean become dental hygienist or something like that.

In addition, the influence of culture was also seen in the participants' comments about the effect their family and friends' success stories had on their career selection process. For example,

Yasmin thought about becoming an electrician because of the good experience of her friend:

Something not really good [about becoming a pharmacist], it's better to become an electrician. I have like [a] friend, he did six months electrician job and it's the same as a high paid pharmacist, 50 dollar per hour, yeah.

Maheer's comment about age and life cycle can also be culturally interpreted. Maheer was a pharmacist who came from a Middle Eastern country where the age of retirement is 60. In

Maheer's culture retirement is a sign of concluding the productive years of the individual's life and beginning the sunset phase:

When you pass the 60 years old now, that's [going to] be the end. Our life span back home is approaching 70, so the people after 60 they get retired. So, I don't think that I will be able to start fighting again after 50 years old, it is not worth it.  
[The education needed to get into an alternative career] is a long process in addition to the licence, at 50 years old. So, I would start the career at 55, I don't think that this is an attractive one.

His comment might seem like a concern about vocational lifespan, but when he was prompted to elaborate on what makes starting a new career at age 55 unattractive, the cultural perception of age surfaced:

[Laughing] It is different in Canada, It is OK here . . . but versus my background, it is really hard.

Other examples of the influence of family and friends on decision making are described under self-efficacy.

## **Personal Factors: Need for Support**

Support is critical for improving the emotional burden associated with life transitions, and thus support affects career transition (M. Anderson et al., 2012).

Participants were asked to describe the sources of support they would seek to help relieve the stress associated with the transition. Their comments revolved around two types of support: family support and financial support.

**Family Support.** The participants sought spousal and family support the most by far. However, different participants expected different kinds of support from their families: emotional, motivational, financial, and decision support. Anjali, for example, considered emotional support to be the most important kind she needed—not only from her family in the UK but also from her extended family in Canada:

For me [the most important is] emotional support, I go to my family, that's who I would go to. I have a brilliant family, I've got a brilliant family here and I've got a brilliant family back home, as well, and whatever I need, they are always there and I'm slowly making a few friends here as well.

Keyuri stated that he would seek motivational support from his father. He described how his father motivated him by trusting in his ability to achieve his goals:

My father always says don't worry. Like you can do something as long as you have a strength in yourself, right? You can do anything else that you want [to be].

Nora wanted family support specifically when making the decision to pursue an alternative career:

Of course, family first because if they are not supporting my idea, it would be hard because you are not living alone in this world. You have to [get approval] from all directions.

**Financial Support.** The second most cited type of support was financial. For some, like Prakash, this was a priority:

So, first of all I think the financial support will help a lot to reduce your stress and you can like look for another job. I'm [going to] need it because I have to secure myself financially because sometimes the job search will take one to two months or three months, we don't know, right?

The source of financial support varied among the participants. While some participants expected the family to provide financial support others, discussed applying to financial support programs such as the Ontario Student Assistance Program (OSAP).

Suhail would consider going to OSAP to cover his education expenses:

So, I know that it will cost me like roughly let's say \$5,000 and plus fees. Definitely I will go with the OSAP because the university fees are a lot, around \$60,000 per annum, that's why.

Niveen provided a unique perspective on financial support. She hoped that if and when the time came, her employer would provide financial support to promote her growth within the corporation:

If you take the financial advisor, or some Mutual Fund course, okay, you can go inside institution and this institution can pay for you the other courses so you can complete your career way.

### **Personal Factors: Perceived Self-Efficacy**

**Mastery Experience.** Previous successful experience is an important determinant of perceived self-efficacy. This section will discuss two different kinds of experience: experience with transitions and experience working in a pharmacy in Canada.

**Experience with Transition.** Many participants discussed their previous experience with career transition; they differed over how it would affect what they would do if career transition became imminent. Here, I will give two opposite examples. The first example is Maher, who had

had a successful transition in the past, yet rejected further transition. The second is Rahman, who also had a successful transition and was willing to undergo another transition if needed.

After a brief experience in a community pharmacy, Maher transitioned into a sales and marketing career at an international pharmaceutical company. In this company, he gained 20 years of experience and was promoted to sales manager:

No, [pharmacy] is not my dream job. Since I've been graduated, I didn't like at all to work as a pharmacist and that's why I moved immediately to the pharmaceutical business. I don't see myself sitting in a place and just selling some stuff, that's not my career.

When Maher first immigrated to Canada, he had hoped to continue this career, but when he failed to find a job in pharmaceutical marketing, he turned to seek his pharmacy licence:

When I came to Canada that was not my choice, but once I found the way, there is no opportunity in the pharmaceutical industry, so my second alternative is working as a pharmacist.

In spite of his previous successful transition, Maher did not appear to want to go through another one:

I am very stubborn person, I know that [becoming a pharmacist] is my way, I'm going to follow it, whatever it takes until I achieve my objective.

Rahman moved into human resources management and training in a pharmaceutical company:

For five years I had a job in sales and then I did more sales in business administration and then I do marketing and worked as a product manager and business unit manager. And then I did masters in human resources and went on to become the human resource manager.

Upon his arrival in Canada, Rahman immediately began seeking an opportunity in this field.

Becoming a pharmacist was his Plan B:

[When I came to Canada] I was also a little bit confused to which line to adopt for. So, they guided me to go for the pharmacy because in HR it will be taking longer time and even after you'll want to become the Human Resource Director, even then it's not comparable to that of pharmacy.

Rahman's previous experience with transition encouraged him to plan for another transition if he



could not become a pharmacist in Canada. He has already started the registration process in the United States:

My contingency plan is [to get license] in the USA . . . the reason being the pharmacy profession is well known in Canada and also in US, so that is my first [alternative]. I already passed the Foreign Pharmacy Graduate Evaluating Exam.

**Experience Working in a Pharmacy in Canada.** Seventeen out of 25 participants had pharmacy experience in Canada. In spite of their experience in pharmacy, only five claimed they would consider an alternative career in pharmacy; however, they were not very emphatic in their responses.

Niveen was one of the participants who would consider a career in pharmacy only because this was the only thing she was familiar with:

Okay, my Plan B, one of two, okay. To change, be a pharmacist technician and because the one who is very close to my career or I change the health care at all. For me, for my knowledge, I don't know other option than the [pharmacy] technician.

Rahman would prefer a career in human resources but would not rule out a career in pharmacy:

If it's not pharmacy, I think pharmacy technician is also an option, but I would more prefer HR because, like we tell you, the HR is my more passion toward that side.

The remaining 12 participants rejected pharmacy-related careers altogether, even though they did not describe any unsuccessful experience during their practice. Galal spent two months volunteering in a large chain pharmacy before quitting to become a realtor's assistant for a family friend. He strongly rejected pharmacy-related careers because of concern for losing society's respect:

Technician, I wouldn't say. I don't like this look of society and all the fields, all colleagues that you are less than you should—what you should to be.

Galal then explained another reason for rejecting a pharmacy-related career; the sense of receiving orders from pharmacists who were his peers:

It's not an ego, but I don't need to get orders from one that might be as same as like educational level as me.

Sameer, who volunteered at a large chain pharmacy for four months as a pharmacy assistant, switched to a non-pharmacy job to make some income. When he was asked to rethink the possibility of accepting a pharmacy-related job, such as pharmacy technician, Sameer rejected pharmacy altogether, due to the psychological struggle and the feeling of inner loss he would experience:

If I want to choose something, I will choose something totally different, because I feel I should be a pharmacist. I will always have this thinking. I shouldn't be pharmacy technician. Not because pharmacy technicians are less than pharmacists, no, but because you would always have this internal feeling that I should be a pharmacist, I'm supposed to be a pharmacist, and you have this internal feeling. So, the best of it, change the whole career. Like not to be involved in something in the pharmacy field that you feel that—that keeps reminding you that you used to be a pharmacist, but now you are a pharmacy technician.

Two participants, Sai and Keyuri, were in a position to provide a more insightful analysis about pursuing a career as a pharmacy assistant or technician because they completed a Pharmacy Technician Diploma in Canada.

Sai came to Canada in 2015 to study as a pharmacy technician in one of the colleges in the Greater Toronto Area before becoming a permanent resident. At the time of the interview, he was working as a part-time pharmacy assistant in two pharmacies. When he was asked what he would do if he could not become a pharmacist, he replied:

I have a good background right from the pharmacies from Canada, I have a good knowledge of the chemistry and everything, the microbiology, biotechnology, so you can direct your career into the biotechnology field or the chemical lab technologist course which is going good in Canada . . . and after that even if I, for example, I don't clear [the PEBC exams] or anything, I can still work in a pharmacy as a pharmacy assistant. I don't need a licence to practice.

Even though Sai holds a diploma as a pharmacy technician, this career was not his first choice.

When he was asked whether working a technician was a possibility, he replied:

Yeah, this one as well, that's always open for me if I couldn't go for . . . I cannot do the pharmacist one, then I can also go for the technician one.

Keyuri came to Canada in 2013 as an international student to become a pharmacy technician, becoming a permanent resident in 2015 and a registered pharmacy technician in 2016. Following his education, he briefly worked as a registered technician in a community pharmacy. Despite all this, when Keyuri was asked what he would do if he could not become a pharmacist, he stated:

I really work . . . studying hard this time [to clear the pharmacist exams] . . . but who knows, right? Like we don't know so . . . so I already start thinking like what I'm going to do [if I do not become a pharmacist]. Right now, I'm think . . . because my wife, she works in a pharmaceutical company in laboratory, but I think if I start working as a technician in a community pharmacy, it wouldn't satisfy me maybe.

When Keyuri was asked to elaborate on why he would feel unsatisfied as a technician, he explained:

Like, I do have good experience, right? Like I do have good knowledge . . . I [worked] in a lot of retail pharmacy . . . I don't want to give any negative comments but like they sometimes pretend like you don't know anything, even though I'm a technician, probably they would not let me work all the scope like I do here as a technician. So, I think I will probably have a lot of conflict and . . . and then all the time, I will feel like okay, I didn't make my pharmacist. I should—you know, like feel regret me all the time.

He then rethought the idea of working as a pharmacy technician:

So that's what I'm thinking probably I wouldn't work in a retail pharmacy. If I get to have a chance to work in a hospital pharmacy, then only I will work in a hospital pharmacy [as a registered technician] or maybe in a long-term care pharmacy. But . . . I don't want to face any challenge in retail pharmacy.

**Experiences of Family and Friends.** The participants shared important examples of how the experience of their family or friends can influence transition and career selection. Keyuri, for example, would consider a career in the same field as his wife, because of her positive experience at work and his belief that she could easily facilitate his entry into this career:

I would probably work [in] quality assurance like my wife. She is doing well in the job and because she has good reference probably, she can help me somewhere in good companies.

Muniza agreed that changing her career was possible because her friend, who did not pass her evaluation exam, managed to do it:

I know one of my friends, she couldn't pass her evaluating and then she went to Humber College for pharmacy technician course and she is almost done. So, I know [changing career] can be done.

The opposite is also true. A negative experience of family members or friends may deter someone from engaging in a certain profession. For example, Shafia was discouraged from considering an alternative career in nursing because her friend could not find a job as a nurse:

I thought about nursing but not anymore because there was a shortage, but I feel like now it's very overpopulated because my friend did it and she's not able to find a job right now.

Rahman described how his friend had quit a high-paying job to become a pharmacist in search of job security:

[One of my friends] was in production and he went after a job of production manager and he was earning \$112,000 per year even. And even then he quit the job [to become a pharmacist], reason being he was saying that in Canada the job is not secure.

Rahman then continued to explain how the friend's experience would deter him from transitioning into an alternative career, because the pharmacy profession is better and more secure:

Most companies out there if they lay you off, you won't find any job anywhere. So, getting a licence or having a licence just like a pharmacist, you are safe and you will not be just like laid off by anyone something like that, so this profession is better than doing any job, so that's why I still go for the pharmacy profession.

## **Theme # 4 – Availability of Alternative Career**

### **Participants' Knowledge about Alternative Careers**

The first time knowledge appeared as a factor that could affect career transition was during the interview with Niveen. Niveen stated that:

Yes, [lack of knowledge] is a little bit . . . [it] is the thing that makes me, for me, a problem to decide and I don't know how to search, how to know the other ways, who to ask.

Niveen then disclosed a hidden reason for participating in this research—the hope that she could get some ideas:

So, I came here to have ideas also, because I'm struggling. Some [say do not] complete in your way [to become a pharmacist], stop it and search for another way, okay, but what way, what other ways I can search for, that's what I'm thinking of. I can't determine the right way, even in health care or not.

Niveen's comment about lack of knowledge flagged a new determinant of career transition. Her comments triggered a revision of the interview protocol and the introduction of two new questions to the research. The first question was what knowledge the participants had about career transition, such as what alternative career options they might be aware of or what pathways they might take toward these alternatives. The second question was what resources they might use to obtain such knowledge if and when they decided to switch careers.

The participants' responses portrayed how the availability of appealing alternative careers would affect career transition. In this section, I will discuss the availability of alternative career using three different dimensions: the participants' knowledge about alternative careers, the attainability of these careers, and the traits that would make an alternative career appealing to participants.

## **What Do Participants Know about Alternative Careers?**

When the participants were asked “What knowledge do you have about career change—for example, about alternative careers or the pathways to these careers?” their responses clearly revealed that Niveen’s concern was not unique. All the participants claimed that they had no or very little knowledge about career change, and that they shared Niveen’s concern about the scarcity of information.

Keyuri’s response was simple and clear: he did not have any information about career change and he would not know where to search:

Okay, so I right now, like I don’t have much knowledge about [other careers] like, where I search, search like what work, what field, what profession give good money and good timeframe for the work.

Hala was not only inadequately informed about career transition and other career options, but her lack of knowledge extended to the pharmacy field in Canada. She had limited knowledge on how to become a pharmacist in Canada and she did not sketch out a plan for her professional life in her new country of residence:

I don’t have any information . . . to be honest. . . [when] I came here I wasn’t even thinking to become a licensed pharmacist and I tried, and I gathered information. But I do not have any information [about career transition].

Even though Lydia had some information about how to become a real estate broker or photographer, her answer indirectly indicated lack of information about alternative careers; her information was limited to these two careers. Her knowledge about becoming a broker was acquired from her husband, who was a real estate agent, while she had aspired since childhood to become a photographer. She had not undertaken to gather information about a pharmacy career on her own:

Okay. I know, for example, if I want to [become] a broker I have to sit for one exam. This exam is easier than our exam and I know I can sit, and I can pass it. I know the

reference of this exam because actually my husband passed this exam. And for being a photographer, I have to buy a professional camera.

Some comments revealed that participants chose not to acquire knowledge. Some showed little interest in learning about career transition because they did not want to waste their time searching for information they felt they would not need. There was no need to look at other careers, since they were determined to become pharmacists. Nora was an example of this group:

I don't have any [knowledge about other careers], I do not have because I did not ask [and] I don't want to ask because I love [to be a] pharmacist, so I [am] focusing on this one, so I didn't ask about anything, so I don't know, I have no knowledge about changing career, zero.

Humira had no information about career change and was not interested in gaining it, because her priority was to clear the PEBC exams:

I don't [have any knowledge] at this point, I don't start thinking. Why? I told you, because if I think about the options right now, I cannot concentrate [on] the licensing.

Other participants attributed their lack of knowledge about career transition and other career options to the absence of a counselor. For example, Dimple did not have any contact to speak to and get advice:

I do not really have much [knowledge] because I really didn't get a chance to look for anything. I didn't get any contacts with whom I can talk regarding if any other options are available because anybody I know, they are just doing exams.

Atefah also had no information about career transition, because she did not hear from "anyone" and did not know anyone in career transition:

I don't have a lot of knowledge about career change because I haven't heard from anybody at this point to . . . for example, I don't know any people who quit [the licensing process] and changed career.

But what happens when or if the time comes that information about career change becomes necessary? Will those who chose not to seek it then be able to find it easily? Shafia's answer

gave a good insight into the scarcity of resources. Shafia blamed her lack of information about career transition on lack of accessibility:

I know nothing about other careers. When I came to the airport, they [immigration officers] gave me lots of stuff about how to find a place to live and how to get my son to school, but nothing about how to find jobs, careers, or you know . . . even nothing about how to do . . . get to become [a] pharmacist.

After settling down, Shafia took the initiative. She stated that finding information about living in Canada was very easy and everything was well laid out on the government website. She was able to apply for and acquire government housing. She was also able to find her first job, in a retail outlet, through a government-funded agency. She discussed with pride how she would meet people, living in Canada for 10 years, who were amazed by her ability to find this information:

Well, finding information in Canada is really easy. Everything is outlined with the government and you always go to the website and you can always find information. I meet people who have been here 10 years and they're like, how the hell did you do—I'm like, I just Google it, they're like, oh, you are so good at that.

However, Shafia fell short when it came to finding information about career transition. She described how she wanted to find a “better option,” just like her friend, a physician back home who pursued a nursing career in Canada. Despite her expertise, she found it difficult to find information about career transition.

I could not really find any information [about career transition] . . . not really . . . I was only able to find information about funding but nothing about other options . . . like careers or how long it take[s].

### **Effect of Having Knowledge about Alternative Careers**

When the participants were asked if it would affect their decision to pursue an alternative career if career information were given to them in a formal setting, such as seminars or workshops, they were in favor of the idea.



Some participants indicated that having such information when they arrived in Canada might have affected their professional development. Keyuri, for example, explained that if he had been introduced to alternative careers upon arriving in Canada, and if one of those careers provided an income of more than \$20 per hour, he would have strongly considered switching his career. In fact, he stated that upon his arrival in Canada he tried to defer the pharmacist licensing exams in hopes of finding a job with a decent income. Since he was unsuccessful in finding such a career, he began to pursue pharmacy licensing:

I think [having knowledge] would be fantastic, actually because when I came here, I . . . like, I was thinking like if I even earn \$20 [per hour], I would be so happy here . . . like I was a little bit excusing about the exam because like I was saying, I would be happy with \$20, even if getting in any pharmaceutical company. But then . . . after like I learned from other people, you know like how actually Canada is, there is no such \$20 will give you happiness here . . . I like . . . started the exam. So . . . if such kind of you know introduction, like okay this field give[s] this much and this other field what merits or demerits, I think that give you a good idea, like where you want to be. So, I think it's wonderful [to have the knowledge].

Shafia argued that information about alternative career options would have been beneficial for her because it could have provided her with a chance to open her mind to other opportunities, which might have resulted in a better option:

I would love it. I would love it. I would attend, just [to] open up my mind, just listen to what they have to say and weigh my options because you might say, yes, I want to do this, but then again, this is a different country, it's different opportunities you have. You might have better chances, you never know.

While other participants agreed that receiving such information would be beneficial, some of them emphasized that they would not use it until they could no longer aim to become a licensed pharmacist. Anjali, for example, acknowledged that lack of knowledge about alternative careers would make the decision to change harder, so she would participate in an information session if she needed to:

Yeah, yeah, of course, of course [having the information] does help . . . I find it very confusing here, because I know it's different where you are based as well, so I know if you're in like Alberta, it's different to Ontario. And yeah, not knowing what options are available does definitely make it harder because you cannot plan accordingly. So, yeah, but [attending an information session] is just something that I'm just—I'll think about it when I have to, I suppose.

Of all the participants, Atefah stood alone in her opinion. She completely rejected the idea of participating in any information session. Her rationale was that her selection of an alternative career would be based on what she was passionate about, and not on the knowledge she had about a particular career:

No . . . [attending an information session] is not going to affect my decision at all because, as I told you, I'm not going to go for this career like being a dental hygienist or something like that and the only thing . . . because I want to . . . I want to do some career that I'm . . . I have passion for that. So, I could be first [a] pharmacist, and I will be definitely, but other than [being a pharmacist] maybe working as sales, I mean medical representative, because I have lots of passion for doing sales and working in pharmaceutical companies.

### **Participants' Approaches to Obtain Knowledge about Alternative Careers**

The participants gave varying answers to the question how they would obtain the necessary information when it came time to decide about switching careers. They said that they would use one or more of five information-seeking approaches: asking family and friends, asking others in their professional circle, searching the Internet, contacting newcomers and cultural support agencies, and reaching out to academic institutions.

Anjali said she would use her personal contacts:

Well I think what I would have to do is I would have to do a bit of networking, I would have to speak to friends and speak to a few contacts that I have as well, and just kind of get a little bit of advice from them.

Uniquely, Anjali also suggested shadowing practitioners of the alternative career. She argued that gathering information first hand would be the best way to obtain knowledge:

You only know what it's like truly when you get that first-hand experience. So, I think I would like to get myself into that field or see what it's like or if I can do a bit of shadowing or get my foot into the door somehow and I can judge it accordingly with my own eyes.

Prakash stated that he would rely on the knowledge of his friends who have experience:

So. . . I can ask my friends. Like if someone is working in a particular field, that [is] in my [p]reference, I might ask for his advice that I'm applying to this job and there's a requirement and you know like how can I get the knowledge about this job or [he] can tell me about the knowledge. So, I might contact my colleagues and friends and network.

Prakash, who attended a program at a community college in the GTA, also said he would consider going to college to obtain information on available programs for a new career:

So, another thing like some programs like they have like in [name of the college] . . . like they have some program that is particularly designed for like those job positions.

Keyuri, like Prakash, attended a college program in the GTA; thus he felt that his best choice was to go to an academic institution to explore available options:

Okay, so probably I have to go through some website like the college website, university website. I have to check like what [are] the requirements. Since I started here in [a community college], I think [the college has] good sources to get the information because the college has international centre, right?

Dimple said she would seek information by contacting newcomers' agencies:

I would like to search for the [agencies] that provide education regarding the careers in Canada and I think there are some kind of places like they help the people, immigrants, to provide them knowledge because they don't know anything about here. So, I can take help from them, like cultural centres.

Muniza, like Dimple, would reach out to newcomers' centres because she believed they would provide her with information about career pathways. She had found them very useful in providing her with information on settling in Canada when she first arrived:

I can contact the newcomer centre, and ask them what to do, they have a lot of things—it's actually close to my house. We went there. They gave us a card and everything. So, we can go to the newcomer centre. They give a lot of information about these things, like career paths and changes.

Nora said she would use the Internet as her main source of information, but did not provide details on a specific search approach or what websites she would visit. She also stated that she would ask other pharmacists who have pursued alternative careers about their experiences.

Maybe [I will get knowledge] from the Internet, just searching, yeah. When [we] came here [to] I, I [did not] know anything. I just search[ed][the Internet]. So, maybe the Internet or asking some people that know, they are pharmacists [who are] are now changing. I know they are changing, like become nutritionist, so maybe I will ask them.

Atifah, unlike the other participants, said she would not ask for advice from other people, because they might not provide her with correct information. As a result, she preferred to browse the Internet for the information.

Maybe just by searching. Like browsing on different websites or—that's it. But because by asking from the different people, I—I haven't heard from anybody that cannot continue her education or his education in Canada. So, maybe people could give me wrong information. So, that's not my option to ask them, and probably I could search—searching by Internet and, yeah, just that's it. Because I think it's a new area and I'm not—I'm not very comfortable to ask people about that, yeah.

### **Attainability of Alternative Careers**

While discussing some alternative career options, participants considered certain careers based on the requirements to get into these careers:

**The Time It Takes to Train for an Alternative Career.** Participants who had already spent years trying to get their pharmacist's license preferred a career that did not need prolonged education or preparation. For example, Nora, who previously described how her husband was concerned about the time required to obtain a pharmacist's license, characterized time as the most important factor when choosing an alternative career:

Most important [is] the duration. I don't need it to be long, like pharmacist of course, because I am changing because [it is taking too long]. So, I need it to be easier and shorter, shorter time, yeah.

Similarly, Niveen considered the time to get into the alternative career a priority:

First of all, the easiest way to be fast, to go for a career.

Sameer had rejected some health programs because of the time it would take him to get into those careers. He said:

Number two, it should not take lots of time until you accomplish your degree, for example, to be a nurse, it is three years. To be a doctor you will need like seven years or eight years. I would not pursue these careers.

Sai also preferred a shorter program. He listed specific alternative careers such as chemical laboratory technologist or regulatory affairs associate because of their short program:

I completely agree with [going back to school to become a chemical lab technologist or regulatory affairs associate] and I'm interested in going to study that one because it's just eight months course.

However, uniquely, Sai also linked time with cost:

Yeah, it's just eight months, so you do not need to pay lots of fees and everything. Say if the course is shorter then it's good for you, just one-year course.

**The Cost of Getting into an Alternative Career.** Participants preferred a career that would not be too expensive to qualify for.

According to Sameer:

[The new career] should not overburden me financially.

The participants were aware that they would have to bear some expense; what mattered more was how much. As Niveen put it:

For example, to be a financial advisor, okay, so you have to take some courses like Mutual Funds and for your designation you have four or six courses to [complete]. Okay, so [at] what cost?

Suhail, who came to Canada as an international student before becoming a permanent resident, had heard that tuition in Canada was very expensive:

I know that [getting into another career] will cost . . . to find a place to live, then travelling and purchase some requirements which will cost me a lot . . . but I can manage because from my previous job, I saved some money for that . . . but definitely I will go with the OSAP because the university fees are a lot, my friend told me it is around \$60,000 per annum, that's why.

This misinformation and extreme overestimation of the tuition fee could be a barrier to career transition—even though, in this case, Suhail was aware of financial-support resources such as OSAP.

**Need for Licensing Exams.** The participants were divided on whether they were willing to choose careers that require licensing exams. A few had explicitly indicated that they were not. Challenges such as cost or the impact of preparation and study time on their family and social life could influence their decisions. Nora, for instance, did not wish to write any more licensing exams. She expressed this by sharing how exams have negatively affected her family life:

My husband, he says it takes so long because I did not [pass] the exams. So, my family all is tired, you know, the [feeling] you just studying, you cannot go out and you cannot do anything. Your life is stopped, really, my life is stopped because of exams.

Nora stated that she would search for an alternative career that offered shorter programs and no exams:

I do not want [a career] that [has] exams like pharmacist exams and you know, I want to maybe take one year of college and that's it, maybe.

Marwa preferred an alternative career that only required a maximum of one year of education, without the need to pass exams:

Yeah, I don't want it [to have] exams like pharmacist exams and you know, take the courses and exams, no, I want to maybe take one year of college and that's it. So, it [is going to] be easier.

On the other hand, participants like Rahman were not discouraged by exams, even though they were difficult:

Because I think for doing the job of pharmacy technician, even then I have to go for their licensing exam, something like that. And all the exams are very tough over here.

### **Features of a Desirable Alternative Career**

**High Income.** Income was the primary factor most participants would consider when choosing an alternative career. Participants linked the need to make a high income to their responsibilities to their families.

Nora is an example of a participant who connected her need for a higher income to her family responsibilities. She put it in terms of a trade-off: only if the financial reward was worth it would she work and leave her children to be cared for by others:

I think first [is] money. If you are going to leave your kid, [if you will not] spend a lot of time with them, so it would have to be something worth it, you know. I'm not going to accept [a] job [that is] not worth it to leave my kids or even to spend money to put my kid in daycare. It's not going to be worth it for me.

Others, like Rushi, argued that they needed a good income not only to support their immediate family but also to give back to their parents who supported them in the past:

Money is important, not only for myself, but I know my parents were from [the] middle class. They just did not look for their preferences [or] what they wanted in their life, but they rather saved the money for myself, for my studies. Like you know, they're—all the money they spent on our—my brothers, myself, my education, should not go waste. I should give them back.

For Warda, high income is a means to buy life's necessities and to stay in touch with her family:

Yeah, instead of being a pharmacist, [give me a job] so I have good money, I can buy my

house, I can buy my car, [and] I can visit my family every year. So, I can satisfy myself.

**A Career that Aligns with Their Knowledge and Perceived Skills.** Participants have identified certain skills or traits that they saw as their strengths or weaknesses and in turn have based their alternative career selection on these traits. For example, Sameer excluded alternative careers that required mathematical skill:

I cannot change to a career that deals with mathematics. I am not good at mathematics. So, I'll not go for an engineering, for example. I will not go for accountant.

Similarly, Galal excluded careers based on his perceived personal trait of imagination:

I think [nursing and pharmacy technicians] will limit my imagination. So, I don't like things like put cuffs on my hands.

Ginan would consider careers that would allow her to utilize her problem-solving skills:

I like problem solving so I would rather consider something like medical information specialist or something like that.

Nora did not relate her choice of an alternative career to specific skills of hers, but rather on the general knowledge that she acquired during pharmacy school:

Because you know, part of the pharmacist, there is also part of it like you know [about] herbs and you know [about] medicine, I like these things. I like [this], like [nutritionist] and [herbalist], yeah.

**A Career that Allows Growth.** Although the focus of the question was on factors that made one alternative career more attractive than others, some of the participants considered growth opportunity as one of the criteria for selecting an alternative career.

Niveen, for example, stated that she would only switch to a career that would allow her to grow. She did not want to stay at the same position for the rest of her vocational life:

Okay, because when you start a career, you are supposed not to stay in this position all of your working life. You want to upgrade yourself; you want to study, you want to [go] up in your position and whatever. For example, you start in front office, then I have to start to office manager, then I have to maybe I study then to have a human resource, whatever, it must be there's a break in your life.



Similarly, growth opportunity was the first criterion mentioned by Galal when he was asked about what would make an alternative career more attractive:

First of all, this career has to be like a developing field for example, I wouldn't stay in this position for the rest of my life, I would like taper it up or titrate it up to a higher level, this is the first thing that I would think of.

**A Career that Allows Work-Life Balance.** As with other professions, work-life balance was a concern for the interview subjects. Several described how it might affect their choice of alternative career.

Warda preferred a career that allowed her to spend more time with the family:

You know, because as a pharmacist, it's not, like our job is not easy, you have to work like sometimes evenings, sometimes on the weekend. So, as I told you, if I change my career to something to be work during the day, a few hours and spend most of the time with my family, my friends.

Other participants, such as Maher and Keyuri, also discussed the importance of work-life balance. However, they emphasized the hours and the time of day they could work. Maher, for instance, preferred a job with a predictable schedule that would allow him to have more free time and time for entertainment:

I want a job, like pharmacist, where you know your shifts, from that time to that time and then you go home and enjoy your life. But I'm not the kind of person that compromise of my personal life versus to work at that job, especially at my age.

Sarah also would like a predictable schedule. Her alternative career would be to work as a dental hygienist, which would give her predictable daytime shifts only:

If I switch to another profession, I like dental hygienist, I like it because all the dental clinics close by 5 p.m., so I don't need to spend time till midnight.

## Summary

In this exploratory research, 25 IPGs were interviewed and given the opportunity to share their thoughts about career transition. The goal of this research was to identify factors that influence career transition among English-speaking IPGs who live in Ontario and who are in the process of obtaining their license. The participants' responses to the interview questions presented four themes: i) motives to consider career transition ii) person/career correspondence iii) personal factors and iv) availability of alternative careers. Participants identified several motives to change career that include exhausting the PEBC exam attempts, family pressure, and ability to pursue their pre-immigration career. Each of the other three themes represents a group of factors affecting career transition. Person/career correspondence describes how the participants perceived that a pharmacy career matched their need/desire for high income, social status, and fulfillment of their professional identity. The identified personal factors that appear to affect career transition include attitude, age, gender, culture, need for support, and self-efficacy. The availability of an alternative career appeared to affect transition. Participants' knowledge about the availability of alternative careers appeared to be limited. Attainability factors make an alternative career more appealing, including the time it takes to get into the career, the cost of getting into the alternative career, and the need for a licensing exam. Other traits that make an alternative career more appealing include high income, career alignment with perceived knowledge and skills, availability of growth opportunities, and work conditions that allow work-life balance.

## **Chapter 5**

### **Discussion**

#### **Overview**

Hundreds of IPGs come to Canada every year. According to qualifying exam results released by the Pharmacy Examining Board of Canada (PEBC, 2018), more than 4000 IPGs attempted the qualifying exam for a first or repeated attempt between spring 2016 and spring 2018. This number represents only the IPGs who completed the document evaluation, passed the evaluating exam, and actively trying to pass the qualifying exam. It does not necessarily represent all the IPGs who settled in Canada during this period. Many IPGs share a dream of becoming pharmacists in Canada. However, obtaining a pharmacy licence in Canada is not guaranteed; there have been many cases in which IPGs could not complete their PEBC exams or obtain their licence for one reason or another. Inability to obtain a professional license may trigger IPGs to search for an alternative, which may result in accepting a low-paying job, returning to their homeland, or pursuing an alternative career. This study attempts to identify the factors that may influence career transition among 25 IPGs who were interviewed for this research.

The discussion chapter is divided into two sections. The first section will discuss the themes that evolved from data analysis. The second section critiques the integrated model of career change, and proposes a new model that theorizes the factors affecting career transition among the research participants.

## **Part I – Factors Affecting Career Transition among Participants**

### **Motives to Consider Career Transition**

To briefly re-iterate, the integrated model described several factors such as work-related and organization-related factors, and the evaluation of alternative job opportunities may cause job dissatisfaction that in turn will elicit thoughts to change job/career. As such, the model considers job dissatisfaction/satisfaction as the central determinant for career change. This is not to say that factors other than job dissatisfaction may not provoke thoughts about changing careers, in fact, the model also describes how factors other than job dissatisfaction, such as job loss and work salience, may provoke thoughts about changing careers.

Aslanian and Brickell (Aslanian & Brickell, 1980) define “trigger” as a life event that stimulates individuals to reevaluate and make changes that promote the individual’s “decision to learn at that point in time.”

In this research, the participants identified several motives that could motivate them to consider career transition. These can be divided into three categories: inability to pass the PEBC exams, family-related pressure, and opportunity to pursue a pre-immigration career.

Inability to pass the PEBC exams is not rare. According to PEBC, less than 50% of IPG exam takers pass the evaluating exam and qualifying exam on the first attempt. The pass rate remains below 50% among the evaluating exam re-takers, and barely exceeds 50% among the qualifying exam re-takers.

Eighty percent of the participants were married at the time of the interviews; thus, the influence of family-related pressure on career transition comes as no surprise. The need to grow the family, the need to provide for and support the family, the need to alleviate “sacrifices,” and the need to abide by the spouse’s demands are some examples of family-related pressures.

The third motive was the opportunity to pursue a career in a pre-immigration field. Many participants had successful careers before coming to Canada. Some participants indicated that finding a career in the pre-immigration field was their first choice when they came to Canada. Inability to find such a career in a pre-immigration field compelled participants to pursue the pharmacy licensing process.

A closer look at these motives reveals important observations. First, events that could precipitate career change among the participants, except for pursuing a career in pre-immigration field, were mostly related to external pressure. Many of the participants associated transition with not passing the licensing exams or with family pressure, both external triggers of change. External stimuli of career transition create a sense of loss of control over the transition. Individuals feel control over career transition when it is planned and deliberate; they feel loss of control when it is unplanned and forced (M. Anderson et al., 2012). Involuntary career transition and the sense of loss of control can affect those subjected to them in three ways:

- Loss of control over transition creates a great deal of stress (M. Anderson et al., 2012).
- The individual's belief in their ability to take control of a situation is an important determinant of their perception of self-efficacy (Bandura, 1977); thus loss of control can impair the individual's belief in their ability to change careers.
- Loss of control over vocational decisions can impair the individual's ability to adapt to the new career (Savickas, 2013). Individuals who practice control over their vocational decisions demonstrate self-discipline and become more conscientious and organized, as well as decisive and more engaged in career development. On the other hand, lack of control over career decisions causes impulsivity and confusion (Savickas, 2013). In the

context of this research, lack of control over transition is a barrier that obstructs transition.

The second observation is that financial pressure appears to have little effect in initiating career change. At the time of the interviews, there were respondents who made little to no income at all but did not cite financial pressure as a motive to change career. Instead, they insisted that they would continue to seek their licence until they exhausted all four PEBC attempts. This observation could be interpreted in two different ways. First, participants may have viewed financial hardship as a necessary investment and a small sacrifice to becoming pharmacists in Canada, a career that they believed would financially compensate them in the future. Second, participants may have viewed financial hardship as a temporary hurdle that could be easily mitigated by accepting a temporary low-paying job.

The three motives presented above can elicit thoughts to change career. Once the participant, due to any reason, begins to think about career transition, the participant will engage several factors. Depending on how each participant perceives each factor, these factors may persuade or dissuade the participant from proceeding with career transition. In the next section, the factors affecting career transition will be discussed. There are three themes of factors; person/career correspondence, personal factors and availability of alternative careers.

### **Person/Career Correspondence**

The integrated model of career transition focuses on the effect of person/organization and person/work correspondence on job dissatisfaction, which in turn may trigger an individual to think about career transition. According to the model, correspondence refers to the match between the needs and desires of individuals and the work/organization environment. One way in which this research deviates from the integrated model of career transition is that because the

participants are in the process of obtaining their licence, they lack any Canadian experience as pharmacists. This lack of experience makes them unable to relate to the work or organizational environment. Thus, in the analysis, I used person/career correspondence instead. As pharmacists in their home country, the participants can depict how their career—rather than a job or an organization—matches their needs and desires.

Participants' responses revealed their perception that a pharmacy career meets their needs/desires for high income, social status and professional identity.

### **Person/Career Correspondence: Desire to Make a High Income**

The participants' comments revealed their perception that pursuing a pharmacist career is a means to towards making good income, which affirms the person/career correspondence. The desire for a high income was cited by most participants. The number of comments about the importance of income and the participants' expectation of earning a high income practicing as pharmacists in Canada came as no surprise. The effect of income on career transition is evident in literature (Carless & Arnup, 2011; Kidd & Green, 2006; Grissom & Mitano, 2016). Although money is necessary to acquire the basic human needs, the results from the interviews showed that achieving a high income goes beyond the basic needs (Maslow, 1943). In order to better understand and interpret the reasons behind the participants' interest in a high income, it is necessary to understand their economic background.

First, prospective immigrants must demonstrate good financial standings and have sufficient funds to support themselves and their family during the early phase of settlement (IRCC, 2020b). For example, a husband and wife who are planning to move to Canada must have a proof of settlement funds of \$15,531. The number increase to \$19,093 if this couple has one child and to \$23 542 if this couple has two children (IRCC, 2020b). Participants' narrative

revealed that most participants enjoyed a high financial status before coming to Canada. For example, Rahman worked as the manager of human resources and sales team trainer in a multinational pharmaceutical company in his home country. Before coming to Canada, Maher and Sameer climbed their way to the top of the corporate ladder, as sales managers in multinational pharmaceutical companies in the Gulf countries. On the other hand, Lydia owned what she said was “one of the 10 best pharmacies” in her country. Warda, Sarah, and Hala worked and lived in the wealthy Gulf region before coming to Canada. These participants all had well-paid jobs and high living standards before coming to Canada; to replicate their status in Canada would require a high income.

Second, some participants lived off their life savings during the licensing process. For example, Maher, who had been in Canada for four years at the time of the interview, said that he had no income since his arrival to Canada. Sameer said he spent \$30,000, the severance he received from his previous employer.

Third, some participants are their family’s primary provider. These participants expressed their concern towards an inability to satisfy this role once their economic status changed. Rahman, for example, said that ever since coming to Canada, his daughters silently blamed him for the family’s economic losses. He also believed that they expected him to do more for their future.

Fourth, many participants discussed not only their own economic struggle in Canada but the economic sacrifices of their families overseas. For example, Rushi described her financial obligation towards her parents back home. She commented that after her parents sacrificed their own time and leisure to support her education, she was morally obliged to take care of them.

A few important observations emerged from the interviews:



- The participants believed that becoming pharmacists would provide them with what they perceived as a reasonable financial compensation.
- Even if they did not become pharmacists in Canada, they would still consider high income as the most important factor when selecting an alternative career, as described later under the traits of alternative career.
- The need for high income goes beyond providing basic human needs; high income is a means to achieve other goals, such as:
  - re-establishing the economic status and living standards the participants lost during their studies for their licence and restoring their lost role as providers for the family;
  - rebuilding the financial wealth they enjoyed before coming to Canada; and
  - upholding their ethical obligation to support their families back home, fulfill their family's ambitions, and make their investment worthwhile.
- While income is a logical criterion to consider when selecting a new career, most of the participants who listed it as an influential factor felt it necessary to provide rationalizations for their claim. One possible reason could be a fear of being labeled as materialistic. Materialistic individuals are commonly described as insecure, trendy, selfish, and self-centered (Van Boven, Campbell, & Gilovich, 2010).

Thus, failing to become pharmacists and accepting a lower-income job could jeopardize the goals detailed above. Due to this potential for failure, the need for high income can be a barrier to career transition.

### **Person/Career Correspondence: Desire to Achieve Social Status**

Along with economic status comes the ambition to achieve high social status. Aiming to achieve high social status is a natural human instinct (C. Anderson & Hildreth, 2016) that is not limited to these participants. But their responses showed that the social status and ego satisfaction the profession brings can be another reason for person/career correspondence.

In Canada, pharmacists are regarded as highly respected healthcare professionals (Harding & Taylor, 2001; Pereprlkin, 2011) who have “special power and prestige” because, like other health professionals, they are public servants who have unique technical competences and a body of knowledge that the society needs (Larson, 1977). In 2017, an online nationwide survey showed that 94% of Canadians viewed pharmacists favorably. The survey also showed that more than 90% of Canadians trusted pharmacists’ advice on medications, minor ailments, and healthy well-being (Abacusdata, 2017). In a 2018 survey by the Pharmacy Association of Saskatchewan, 97% of those surveyed had a mostly positive or very positive view of pharmacists. The public also trusts pharmacists’ advice on drug therapy (Law, Okamoto, & Brock, 2008). This positive view of pharmacists is seen both in Canada and internationally (Pereprlkin, 2011), translating into the social status that pharmacists enjoy.

Social status is also an intrinsic reward that contributes to career commitment (Osinsky & Mueller, 2016). The sense of mastery of knowledge is an embodied cultural capital that contributes to career commitment (Osinsky & Mueller, 2016).

Although the participants did not explicitly discuss it, they were very conscious of the social status associated with being a pharmacist in Canada, making many comments about how pharmacists are unique, respected, and trusted by the public. On many occasions they discussed their enthusiasm for their role as public servants and drug experts, but they attributed their

attitude to the altruistic activities of assistance and support rather than the social status these roles confer.

It is difficult to separate the sense of self-importance, or ego, from the social status that the society confers on healthcare professionals (Browning, 1987). There is strong evidence of the association between the individual's socioeconomic status and ego (Hansell, Sparacino, Ronchi, & Strodtbeck, 1984; Loevinger, 1979) and the individual's job and ego development (Hansell et al., 1984).

### **Effect of the Desire to Achieve Social Status on Career Transition**

Many of the subjects aim to pursue a pharmacy career in Canada in order to attain a certain social status they associate with the profession. Not becoming pharmacists in Canada would jeopardize that status. The participants provided explicit reasons for their fear of losing this prestigious status. Some believed that changing careers would cause others to view them as less than they should be. Others equated career change with failure, and they believed that their social circle would do so also.

This fear of losing the respect of the community is evident in the literature. Lucas (Lucas, 2010) suggests that failure to fulfill the designated role leads to societal disapproval. Since the participants associated loss of status and prestige with career transition (M. Anderson et al., 2012), they emphasized that it would be their last resort.

Career transition can also be viewed as an ego threat. Ego threat is commonly described as any perceived threat, implied or real, to one's perception of self-importance or self-esteem (Maurer, 2006; McManus, Waller, & Chadwick, 1996; C. Meyer & Waller, 2000).

People strive to defend their ego because a threat to their ego elicits many negative emotions, such as anxiety (Vohs & Heatherton, 2004), anger and aggression (Bond, Ruaro, &

Wingrove, 2006; Hardy, Beattie, & Woodman, 2007), sadness, helplessness, and feeling depressed (Stucke & Sporer, 2002). Ego threats can also elicit a negative attitude towards the threat (Leary, Terry, Batts Allen, & Tate, 2009), which can explain why participants reacted negatively to the idea of career transition.

The perceived correspondence between the pharmacy career and ability to acquire high social status and associating career transition with the fear of losing social status and the “special power and prestige” (Larson, 1977), and feeling it jeopardize one’s sense of self-importance, would obviously impede career transition.

### **Person/Career Correspondence: Desire to Satisfy Professional Identity**

The participants’ responses to the question “What does being a pharmacist mean to you?” revealed many reasons for their attachment to a pharmacy career. The desire to become a pharmacist, especially during adolescence, along with the time spent in pharmacy school, during which students gain vocational-specific knowledge and skills, are critical for the development and maturation of professional identity (Bulei & Dinu, 2013). Some participants described their emotional attachment to a pharmacy career using language such as “love it” and “my dream job”; others even defined themselves in terms of the career.

In defining who they were as pharmacists, the participants’ primary focus was on the cognitive aspect of pharmacy practice. They identified themselves as trusted healthcare professionals who should live up to that trust as public educators, as valuable servants to the public, and as knowledgeable drug experts. They could be attempting to display their awareness of public expectations toward their role as pharmacists and care providers, and to prove their suitability for this role.

The participants' responses fit the definition of professional identity: identifying oneself in relation to one's profession and using skills and knowledge-based language for self-definition (Elvey et al., 2013; Slay et al., 2004). Interestingly, the entrepreneurial and managerial role the pharmacists play was not mentioned, perhaps because some participants had little or no pharmacy experience in Canada, and could not reflect on the business aspect of the profession.

### **Effect of Professional Identity on Career Transition**

To many participants, becoming a pharmacist in Canada is a dream. Slay, Taylor, and Williamson define "dream" as "one's central identity encompassing the vision of what one will become" (Slay et al., 2004). However, when obstacles prevent or hinder the process of attaining this dream, the subject may experience an identity discrepancy. Identity discrepancy, according to the theory introduced by E. T. Higgins (1987), describes the gap between two selves: the ideal self and the actual self. The ideal self, also known as the self-guide, is how the participants see themselves as well as how others see them, whereas the actual self is the self that the participants achieve.

The participants' ideal self, or the self that they are striving to achieve, is a pharmacist in Canada. This is also the ideal self that the participants believe others, such as their family and social and professional circles, wish them to be. But when the ideal self seems out of reach due to circumstances such as not passing the PEBC exams or family pressure, the participant's ideal and actual selves are divergent rather than unified. This is what Higgins refers to as identity discrepancy; it is the reason that the fear of losing professional identity can be a barrier to career transition for many of the participants.

Identity discrepancy may also occur due to social circle pressures to achieve the ideal self. Many participants' families and social circles have hopes and dreams that they will become

pharmacists in Canada one day, and the participants are aware of their families' aspirations. As a result of perceived social circle pressures, they try to attain this ideal self, a self that reflects their perception of how their friends and families see them. However, when their social circles' dream becomes difficult or impossible to attain, a large gap forms between the actual and ideal self, and identity discrepancy may emerge.

Identity discrepancy makes the participants vulnerable to negative emotions such as sadness, disappointment (Higgins, 1987; Lazarus, 1968; Roseman, 1982), and even depression (Marcussen & Large, 2003; Strauman, 1992). Also, the participants' feeling of disappointing their families creates shame, embarrassment, or even a sense of being disrespected by others (Higgins, 1987). In fact, many participants described their fear of being negatively judged, disrespected, and "looked down" upon by their social and professional circle if they became "less than" what others expect them to become.

If the participants can no longer become pharmacists in Canada, they will have to find an alternative professional identity that will allow them to bring their ideal and actual selves in line once again (Burke, 2006; Slay et al., 2004). However, if the emotional consequences of the identity discrepancy are sufficiently intense, the immobilization phase of the transition process can be longer (Hopson & Adams, 1976).

### **Personal Factors**

According to the integrated model for career transition, personal factors (figure 3, block 3) such as age, gender, and education may affect the individual's perception of person/work or person/organization correspondence and subsequently can result in job dissatisfaction/satisfaction. In this discussion, however, the relation between personal factors and

career transition will be described in direct terms that are not mediated by the perception of person/work or person/organization correspondence. The reasons for doing so are the participants' lack of work experience as pharmacists (meaning that they could not relate personal factors to their work/organization environment) and the fact that most participants' description of how personal factors can affect career transition was made in direct terms without relating these factors to job satisfaction/dissatisfaction.

Six personal factors were identified: attitude toward career transition, age, gender, culture, need for support, and perceived self-efficacy.

**Personal Factors: Attitude Toward Career Transition.** The participants' attitudes toward career transition appeared to be generally negative, though they expressed this in different ways. They described the negative impact of career transition on their psychological and mental health using emotional language such as "shocking" and "frustrating." Many participants rejected career transition, using language such as "no way" or "one-way journey" that also reflected their determination to become pharmacists in Canada.

Expressing attitude in emotional terms is common. Eagly and Chaiken (1998) described attitude as *mostly* emotional judgments that usually express "passions, hates, attractions, repulsions, likes, and dislikes." From the interviews, it was observed that many of the participants formulated their negative opinions on career transition using very little logical thinking. Their attitudes against career transition were not established as a result of data collection or analysis (Dillard, 1993).

Their choice of strong words when describing their attitudes displayed another possible barrier to career transition: stress. Transition is commonly associated with stress, whether direct or indirect, and stress is an obvious barrier to transition (M. Anderson, et al., 2012).

Applying Ajzen theory of planned behavior (Ajzen, 1991) in the context of this research, one can hypothesize that a negative attitude toward career transition would result in less intention to pursue an alternative career. The participants' feelings towards career transition and the significant psychological and emotional stress of career transition resulted in an impulsive rejection of the idea of pursuing an alternative career.

However, their initial rejection changed once they were presented with the hypothetical situation of being unable to become pharmacists in Canada. In fact, they immediately began to revisit the notion of career change with a more analytical mind and started to use less resistant and even accepting language when talking about career transition. This change in attitude revealed two important observations.

The first observation is that an initial negative attitude does not necessarily reflect how participants will eventually act when career transition becomes inevitable. This lack of a causal relationship between attitude and behaviour can be due to the influence of many factors, such as not passing the PEBC exams or the need to find another career to provide for the family. The attitude-behaviour relationship the participants exhibited supports the view of the sociologists who believe that the relation between attitude and behavior may change according to many factors.

The second observation is that attitudes are dynamic and can be learned, as described by Richard Perloff, who argued that people acquire their attitudes over the course of a lifetime. Perloff also argued that attitudes develop through encounters. This was evident with some participants (Perloff, 2003). Living in Canada and becoming aware of Canadian culture caused Maher, for example, to become more open to the concept of career transition.



**Personal Factors: Age.** Individuals have a built-in social clock that links life events, such as marriage or retirement, to a certain age. Career transition is no different from any other life event; individuals use their social clock to decide whether the time is good or bad for such a transition (M. Anderson et al., 2012). Barclay et al. (2011) found that career transition may take place at any age through the life span; however, it is more common during middle adulthood, which is the period between age of 35-45 and 55-65.

In this research, the participants' comments revealed that some saw age as a barrier to transition, while others saw it as a facilitator. This varying effect of age on career transition is evident in the literature as well (Carless & Bernath, 2007; Parrado et al., 2007)

Age became a barrier when participants like Galal linked age to increasing family responsibility and reduced ability to study and recall information. Others, like Maher, linked age to a shorter vocational lifespan and limited growth opportunity; Maher considered studying at an older age a "risk." Similarly, Sameer linked age to maturity and stability in an established career. This effect of age as a barrier to career transition can be attributed to the accumulated human capital. In contrast to younger people, older people may have accumulated a substantial level of experience in a given occupation, which makes departing this occupation a more challenging task (Parrado et al, 2007).

However, not all participants described age as a barrier to transition. To some, getting older allowed them to accept it. Keyuri, for example, believed that since he had accumulated a wide range of experience through the years, age gave him a more diverse experience that would help facilitate transition. Niveen looked at age from the other point of view. She believed that transition at her young age would give her an opportunity to grow in the new career.

**Personal Factors: Gender.** The connection between gender and career transition arose several times in this study, more with the female participants than the male. Some of the women in the study discussed how their gender could have an effect on their decisions to change careers. Their accounts of the relationship between gender and career transition fit with the literature that discusses the relation between gender and job transition (M. Anderson et al., 2012). Three principal observations emerged from the study:

1. Only female participants described a possible relation between gender and career transition;
2. They only spoke of gender in the context of the family and their role in it;
3. One participant specifically discussed the patriarchal makeup of her family and how it would affect her career transition.

First, none of the male participants in the study brought up gender as a possible determinant of career transition. This may be due to the female tendency to be more open and expressive when sharing thoughts and emotions, or due to the male tendency to hide emotions and deny the presence of any problems (M. Anderson et al., 2012).

Second, three of the four female participants spoke about gender in the context of family. Warda, Sarah, and Noha's comments distinguished the social roles held by men and women in the family. For instance, they claimed that they played the role of the primary caregiver in their households. Moreover, Warda explicitly stated that her husband's primary role was to financially support the family, so that if one of them had to switch careers, it should be her husband and not her. Sarah and Noha stated that their priority was to spend time taking care of their children. They spoke about their commitments as mothers and about the responsibilities they hold towards their children. Hence, all three female participants would switch careers if they felt it would

interfere with their ability to care for their families. This can be attributed to the social norms that consider achieving motherhood as an essential life goal (Chrisler, 2013). The social norms also expect mothers to be fully devoted to her role as a caregiver for the children and to demonstrate an altruistic attitude by putting the children's and family's welfare before her own (Liss, Schiffrin, Mackintosh, Miles-McLean, & Erchull, 2012). Fulfilling these social norms is an important antecedent for the affirmation of the social identity of motherhood (Gaunt, 2007), hence affecting females'/mothers' work ambitions and influence career decision (Meeussen & Van Laar, 2018).

In addition, Warda, Sarah, and Noha's gender-related comments were consistent with several theories about the perceived roles of men and women. For example, according to the social role theory, men and women may have different distributions and expectations of social roles. Women's social roles stem from caring for others, while men play roles related to power (Eagly, Wood, & Diekmann, 2000).

Their concern about the role they play in their families shaped the three female participants' concept of desirable and undesirable work conditions. Undesirable work conditions included long working hours, night shifts, and weekend shifts. If such conditions interfered with their commitment to care for their families, they would consider changing to a career with better work conditions.

Third, gender dominance surfaced once in the study. Nora discussed the patriarchal situation of her family and its effect on career transition. She implied that her husband had the power of decision when it came to her career. He would decide whether she could continue trying to obtain a pharmacy licence or would have to seek another career in order to contribute to

the family income. Male dominance had her questioning how long she would be able to strive for a pharmacy licence. She was aware that her husband might ask her to stop pursuing this dream.

Nora's story is common in certain cultures, where male dominance over life-related decisions by women is unquestioned. The father, the older brother, an older male figure in the family, or the husband may influence how women and younger family live their lives.

**Personal Factors: Culture.** The interviewees did not explicitly mention culture as a factor affecting career transition. However, culture was implicit in their comments in several ways.

- *Culture and decision making.* Culture has a significant influence on decision making. Weber and Hsee (Weber & Hsee, 2000) believe that cultural differences influence the mode used by the decision maker when handling a given situation. The influence of culture could easily be observed in the participants' comments. While the rationalistic mode of decision making is more frequent in Western culture, the participants' comments revealed a reliance on affection-based and story-based decision making, which are more common in Eastern culture (Weber & Hsee, 2000). Many participants approached the idea of career transition with an emotional mindset that obscured important aspects of the problem, such as the fact that they had attractive alternatives. This is a typical application of the "affection decision-making approach" in which the decision makers are guided by their emotions (Damasio, 1993; Epstein, 1994). Also, the participants used the story-based decision-making mode (Goldstein & Weber, 1995) to choose an alternative career rather than a reason-based approach, which depends on analyzing the alternative options (Shafir, Simonson, & Tversky, 1993). This was evident when the participants considered possible alternative careers based on the successes and failures of their friends' careers, rather than on an educated analysis of the options.

- *Culture and the role of social circles.* The participants' comments clearly revealed the influence of social circles on career transition. For example, they felt the need to fulfill their responsibility to support their family (both financially and in terms of work-life balance). On the other hand, the fear of being negatively evaluated by their social circle (both family and friends) could be a barrier to career transition. A possible explanation of the influential role of the family and social circle is the collectivist culture of the participants. In collectivist culture, the "we" predominates. In Eastern culture, the individual depends on their social circles of families, relatives, and friends to look after them. The individual's priority is the goals and interests of the group rather than the individual's own interests, and the responsibility towards the group is more important than the individual's pleasure. When it comes to decision making, the collectivist individual collaborates with the group and tends to use a group-decision-making model (Triandis, 1990).
- *Culture and age.* It is known that perception of age differs from one culture to another (M. Anderson et al., 2012). The cultural perception of age was evident in Maher's comment about the age of retirement back home and how it symbolizes the sunset phase, where people from Eastern cultures start preparing for the next life. They become more spiritually engaged, reading scriptures and devoting themselves to prayer (Karasawa, Curhan, Markus, Kitayama, Love, Radler, & Ryff, 2011). This cultural belief explains why Maher described education at his age as "not worth it." Maher's cultural interpretation of age differs from that prevalent in Western culture. In the West, individuals are defined based on their productivity and their own achievements. The elderly in Western culture strive to remain active and independent; they continue to have

a purpose in life. “Retirement” is seen as a new chapter in an individual’s life—an opportunity for people to start enjoying life.

- *Culture and education.* Atefah’s comment about how she was raised to become a doctor shows a cultural mindset. In many developing countries, especially among lower- and middle-class families, getting into a professional college such as medicine, pharmacy, or engineering becomes a means of achieving their goals as well as their families’ goal. Obtaining a professional education can be a way to escape poverty, climb the social ladder, and gain prestige, wealth, and possibly power (Hardaway & McLoyd, 2009)

**Personal Factors: Need for Support.** Career transition can be a stressful experience associated with negative attitudes and emotions, including fear of being negatively evaluated by one’s social circle. There is also a fear that career transition would cause the transitioners to lose the social and economic status that they previously enjoyed. These stress factors may impede career transition unless the transitioner obtains the necessary support. Whether it be emotional or financial, support is critical for alleviating the emotional burden associated with life transitions, including career transition, serving as a facilitator for the transition (M. Anderson et al., 2012).

The “convoy of social support model,” introduced by Kahn and Antonucci (1980), attempts to theorize the delivery and measure the complexity of the support the individual receives from their sources of support. The model consists of three concentric circles, in which the individual occupies the center of the “convoy.” In this inner circle, the individual is surrounded by those closest to them, such as the spouse, immediate family, and close friends. This social circle represents stable support that will likely remain constant over time. The middle circle is occupied by close but less important individuals, such as friends, relatives, and close neighbours. This group represents a source of support that is “role-dependent and may change

over time.” (Kahn & Antonucci, 1980, p. 275). The outermost circle represents sources of support such as support agencies, coworkers, distant family, neighbours, and professionals such as physicians and lawyers. This group is more susceptible to change over the life cycle of the individual. The convoy model also suggests that sources of support are not static and may change during the individual’s lifespan. Each source can offer multiple forms of support that serve different purposes. For example, community agencies can provide financial support, retraining programs, or cognitive guidance, whereas family can provide emotional and financial support (G. Caplan, 1976).

The interviewees described how their family and social circle can provide critical emotional and motivational support. In addition to reducing transition-related stress, motivational support serves as a source of verbal persuasion, an important element of the individual’s self-efficacy (Bandura, 1977). The participants also expect the family and social circle to play a role in their decision-making process when career transition becomes imminent. Seeking their input is a means of relieving the sense of guilt that participants may feel towards the family. In collectivist cultures, families support their children in all possible ways to achieve the collective goal of the individual and the family (Triandis, 1990). Failure to achieve this goal may result in family disapproval and may precipitate a guilty feeling toward the family. Obtaining family support during the decision-making process of changing careers would symbolize the end of the previous collective commitment to becoming a pharmacist and the start of a new collective goal.

Financial support from the inner circle was commonly cited by the participants. While some subjects were aware of public sources of support such as OSAP, many expected their family to support them financially. Financial support from the employer was also cited in this

study. Financial support is needed not just to cover the cost of getting into the alternative career, but also to fulfill responsibilities toward the family.

### **Personal Factors: Perceived Self-Efficacy**

**Participants' Personal Experience with Transition.** An individual's past successful experience is an important construct of perceived self-efficacy (Bandura, 1977), and previous successful transition is an asset that can facilitate more transitions (M. Anderson et al., 2012). However, the results of this study show that this is not always the case. If immigrating to a new country and to a new culture is a life transition, then all the participants had experienced a successful life transition at one point or another. Yet this positive experience did not necessarily appear to promote career transition. Furthermore, some of the subjects had experienced successful career transitions in the past. Participants such as Maher, Rahman, Hala, and Sameer had changed their careers before. Yet they still rejected the idea of career change in Canada—at least until they no longer could become pharmacists.

While a previous successful experience may not promote or impede transition, as evident from the interviewees' comments, it can help those facing change to cope with the negative psychological impact associated with involuntary transition (R. D. Caplan et al., 1989; Heppner et al., 1994).

**Experiences of Family and Friends.** Vicarious experience is the second most important source of self-efficacy (Bandura, 1977). The participants shared important inputs in this regard. They stated that the experience of their family or friends could influence their career selection if they found themselves in a situation in which career change becomes imperative. For example, Keyuri would consider a career in the same field as his wife. Muniza agreed that changing her career would be possible because of her friend's experience. Yasmine's selection of alternative



career was based on the experience of her friend, who worked as an electrician. Inner-circle experiences can also persuade a career changer to reject an alternative career; for example, Shafia rejected nursing because of a concern that it is overpopulated, as suggested by her friend.

### **Availability of Alternative Careers**

According to the integrated model of career transition, the perceived availability of an alternative career (figure 3, block 8) would lead to comparing current job outcomes to the outcomes of alternative careers (block 7). If the outcomes of an alternative career are favorable, this may result in job dissatisfaction/satisfaction and subsequently a career transition. But since the participants were still in the process of obtaining their professional licence in Canada, they were unable to compare alternative careers to their “future” pharmacy career. Another compounding factor that makes comparison unrealistic is the participants’ lack of knowledge about alternative career.

#### **The Availability of Alternative Careers: Participants’ Knowledge about Alternative Career**

**Participants’ Lack of Knowledge.** The participants lacked a concise and detailed plan for what they would do if they could not obtain their pharmacy licence in Canada. Many said that if they had to change careers they would not know where to begin.

The reasons for this lack of knowledge varied. The first group was disturbed by not having the information despite trying to find it. This group was exemplified by Niveen, who opted to participate in this research in order to obtain some knowledge about career transition. The second group was exemplified by participants like Nora, Yasmin, Humira, and Anjali. Those in this group postponed their search for the necessary information on other career options until career transition become inevitable.

The third group lacked information because they had not planned for career transition or even learned much about the requirements to become pharmacists in Canada before immigrating. This group could be exemplified by Hala and Nora.

**Scarcity of Knowledge.** Even though many interview subjects stated that they did not want information on career transition until they needed it, an important question arises: could they find it when the time came? Shafia's comment shed important light on the answer. She had attempted to search for information on career transition in the past, but was unsuccessful despite being able to conduct online searches and obtain information in other situations.

I could not really find any information [about career transition] . . . not really . . . I was only able to find information about funding but nothing about other options . . . like careers or how long it take[s].

Shafia's comment showed that the paucity of information about career transition could be more a systemic problem than one due to the participants: not that the participants failed to find the information they sought, but that it was not there to be found. Thus, when the time comes for career transition, those who chose to remain ignorant may discover that the information they need is not readily available to them. Canadians have access to career information through college and university career centres, governmental databases, advertisements, or agencies such as Manpower. However, it appears that these sources fail to reach new immigrants.

Not only is information about alternative careers scarce; many careers in Canada cannot be pursued in the newcomers' countries of origin. For example, there is no such thing as a dental hygienist in Egypt, where five of the subjects were from. Also, in other countries certain careers are considered low profile, so that participants who had an enviable social status in their countries would not consider these careers in Canada. For example, in Egypt the occupation of pharmacy technician is not a career; it is a job that only requires on-the-job training, not

education. In fact, the only skill required for this job is knowing how to read prescriptions and locate the drugs on the pharmacy shelf. In Ontario, pharmacy technician is a regulated health profession that requires a professional license. To become a registered technician, the individual must complete a two-year diploma from an accredited program, successfully pass the PEBC pharmacy technicians' qualifying exam and OCP jurisprudence exam, and complete extensive training.

**How the Participants View Having Information.** The participants said that information about career transition would be a “big help,” “fantastic,” and a “wonderful idea.”

As is evident from these comments, a formal resource for information about career choices can benefit newcomers in Canada. Most subjects agreed that acquiring the necessary information about career options could positively motivate their professional choices and decisions. For example, Hala indicated that having the relevant information before pursuing her pharmacy licence might have led her to choose a different path when she first came to Canada.

Simon describes decision making as the process of evaluating options and making choices (Simon, 1986). Both activities require knowledge, which is thus at the heart of the decision-making process.

Although most participants acknowledged that information about other careers would be good to have, they still held on tightly to their aim of becoming licensed pharmacists in Canada, and would set the information aside until they could no longer become pharmacists in Canada. Making information on career transition readily available and accessible would not necessarily sway many of the participants to start over, but it would certainly play an important role in making vocational decisions (Billett, 2019).

**Sources of Information.** Describing how they would gather information, the interviewees cited sources including family and friends, professional circles, newcomers' support agencies, and academic institutions such as colleges and universities. In general, the participants' answers on how they would obtain information permitted two observations:

1. Their approaches appeared to be arbitrary—exploratory and based on trial and error. None of the subjects described a structured approach to gather information.
2. They participants had different opinions about different sources. While Hala, Nora, Yasmin, and Suhail would talk to personal contacts, Atefah rejected the use of personal contacts. Atefah reasoned that she would not feel comfortable asking others for information because everyone she knew was able to get into their first-choice career; hence she was afraid they would provide the “wrong information” about changing careers. The participants also presented different views about attending live seminars and workshops. Suhail thought attending seminars would be helpful because it would give him a chance to network and communicate with others. Lydia, on the other hand, believed that these seminars offer options that do not work.

**Attainability of Alternative Careers.** In this study, the participants described their ideal alternative career. The existence of an attractive alternative, as previously described, can elicit a comparison between the “desired” pharmacy career and alternative careers. According to the participants, the features that make a career attainable are:

- **Relatively Short Time to Get into the Alternative Career.** The interviewees would prefer an alternative career that did not require a significant investment of time to qualify. Subjects may spend years trying to obtain a pharmacy licence before coming to the

realization that they will have to pursue an alternative career. This explains why time was critical for many of these participants. A shorter time to get into an alternative career may also indirectly mean a shorter time of being financially dependent and a quicker and more productive start in the new career.

- **Relatively Low Cost of Getting into the Alternative Career.** Participants preferred a career whose cost of entry does not overburden them financially, for several reasons. As discussed earlier, many of the participants were unemployed or were working survival jobs at the time of the interview but may have spent thousands of dollars during their pharmacy studies in Canada. In addition, the concept of paid education may have been new to many of them. We cannot underestimate the fact that most of the interviewees came from countries where public university education is free. For example, in Egypt, the annual tuition fee in a school of pharmacy in a public university is about \$10 per year; in India, it is about \$50. Thus, paying for education in Canada was a concern.

Two points arose repeatedly in examining the participants' concerns about the cost of switching careers. First, they would require some kind of financial support in hopes of minimizing the extra costs that came with learning a new career. Second, many of them had no information or inaccurate information about costs and expenses, steering them away from the idea of pursuing a new career. Muniza, for instance, was reluctant to venture into a new career because, as she explicitly indicated, she had no idea about the financial aspects. Similarly, Suhail was misinformed, as he heard that the tuition in Canada would be "very expensive" and could go up to "\$60,000 per annum."

- **Need (or No Need) for a Licensing Exam.** The third criterion was whether or not a licensing exam would be required to get into the alternative career. Some interviewees,

like Rahman, accepted the necessity of a licensing exam to be admitted into a regulated healthcare profession; others, like Nora, wished to pursue a career that would not require such exams.

**Features of Desirable Alternative Careers.** According to the participants, the features that make a career more appealing are:

- **Income:** To most subjects, as discussed earlier in this chapter, high income was the most important criterion for selecting an alternative career. This was described in more details under the heading “Desire to Make High Income.”
- **Alignment of the Alternative Career and the Subjects’ Perceived Knowledge and Skills:** Participants would prefer an alternative career that aligns with their knowledge and skills. The concept of choosing a career based on linking the individual’s perceived talent to job-specific skills is the earliest framework for vocational selection. In 1908 Frank Parsons, known as the father of the vocational guidance movement (Zunker, 2002), introduced the “trait and factor” theory. In this theory, vocational decision making takes place when an individual:
  - reaches a true understanding of their skills, aptitudes, or interests;
  - acquires knowledge about the career of choice; and
  - makes an objective judgement about the relation between their skills, aptitudes, or interests and the needs of the job.

Parsons’s theory assumes the ability to objectively identify the individual’s skills and the requirements for success in a job, as well as the ability to match skills to job requirements. Parsons suggests that the better the skills and the job requirements match, the more productive the individual will be (Parsons, 1909).

When applying Parsons's theory to the participants' responses, I came to question whether they had properly matched their skills with the career requirements. For example, Sameer explicitly mentioned that he would avoid a career that required mathematical skills; however, he ignored the fact that performing pharmaceutical calculations, which require more than just basic mathematics, is a fundamental skill in practicing pharmacy. Galal excluded nursing and pharmacy technician because they would "limit" his imagination; however, he ignored the fact that pharmacy is a very order-driven job. Pharmacists fill prescriptions written by prescribers and may make recommendations to change the prescription based on objective patients' data and peer-reviewed evidence. Hence, practicing pharmacy leaves little room for imagination.

The participants' rejection of pharmacy-related careers is a more striking mismatch between skills and alternative career selection. In pharmacy school, they developed a considerable body of knowledge about human anatomy and physiology, pharmacology, drug dispensing, and the like. In addition, most participants had some experience in Canadian pharmacies as pharmacy assistants. When taking these skills and this body of knowledge into consideration, pharmacy-related careers such as pharmacy technician or assistant are the most logical choices. This is reflected in the policies of two key stakeholders: the PEBC and Ontario College of Pharmacists (OCP). The PEBC proposes that exam takers pursue an alternative career as a pharmacy technician if they do not pass the exam on their fourth attempt; OCP had a link on its website, which was later removed, advising IPGs to explore the opportunity to become a pharmacy technician. However, this logical alternative was

rejected by most participants. This rejection is another contravention of Parsons's theory.

- **Career Growth Opportunities:** Availability of growth opportunities was another aspect that made an alternative career appealing to participants. Career growth and promotion to a higher-status job are viewed by Schermerhorn (2012) as satisfying the need for esteem, a higher-level need in the hierarchy of needs. At the time of the interview, the participants were still going through the uncertain process of licensing in Canada. It remained unclear to them whether they would be able to secure a pharmacy job or would need to change their careers. Yet participants did state that they would consider the opportunity for career growth as one of the criteria for selecting an alternative career. In fact, to some participants, like Niveen and Galal, this criterion was a priority.

There are several motives for seeking career growth: the desire for more income (such as a raise) or non-monetary financial gain (such as incentive and job-enrichment), and, indirectly, seeking power. As Galal explained, he was not only looking at career growth; he was also seeking a position of authority that allowed decision making.

- **Work-Life Balance:** The concept of work-life balance was first introduced in the 1970s (Vyas, Janji, & Sajjan, 2015). "Work-life balance" refers to the individual's ability to maintain a state of equilibrium between life aspects (such as family, health, and leisure) and career aspects (such as workload and achieving career ambitions and growth) (Delecta, 2011). While the use of "state of equilibrium" focuses on the quantitative aspect of work-life balance (amount of time spent in each domain),



Greenhaus, Collins, & Shaw (2003) define work-life balance as the ability to attain equal satisfaction with the family and at the workplace, a definition that focuses on a qualitative outcome: satisfaction. Achieving work-life balance is associated with enhanced quality of life, and it is becoming an important career determinant. (Greenhaus et al., 2003).

### **Summary**

Participants in this research identified several motives to pursue an alternative career. These motives included exhausting the PEBC exam attempts, family pressure, and ability to pursue a pre-immigration career. Also, some participants suggested that having knowledge about alternative careers when they came to Canada may have swayed them away from a pharmacy career.

The participants believed that a pharmacy career corresponded well with their personal needs and desires. A pharmacy career would offer them a high income, enabling them to provide for their immediate and extended families and to reclaim part of the economic status they enjoyed before coming to Canada. Participants were aware of the social status pharmacists enjoy in Canada, and they believed that pursuing a pharmacy career would be a way to maintain the respect of their social and professional circles. Their identification with the profession was evident, and they used emotional language to describe their attachment to the pharmacy career. They clearly believed that pursuing a career in pharmacy would bring their ideal selves and their actual selves into alignment. This person/career correspondence and the participants' perception that a pharmacy career matched their needs and desires would represent a barrier to career transition.

At the level of personal factors, participants had an overall negative attitude toward career transition, yet they were willing to change their position if career transition became inevitable. The interviewees were divided over whether age is a barrier or a facilitator of career transition. Few female participants expressed their views of how gender may affect career transition. They believed that their responsibility toward the family could facilitate career transition. Male dominance was also described by one participant as a factor determining whether she would continue the licensing process. Participants' culture appeared to have a mixed influence on career transition: cultural norms would affect how participants would engage their family when making decisions about career transition, their commitment to becoming health care professionals, as well as the perception of age. Participants also described the various types of support they need, including motivational, emotional, and financial support from their social circle and financial support from governmental/organizational resources. Despite having successful experience with previous transitions and using their families as a source of self-efficacy, participants were divided on whether self-efficacy would facilitate transition.

Availability of a suitable alternative career would also facilitate career transition. Participants had little information about alternative careers and how to get into them. They believed that having knowledge would be an asset. Participants also agreed that their ideal alternative career should not be costly or take a long time; they divided on whether the need for a licensing exam was an attribute of the ideal career. The alternative career should allow the participants to have a good income, growth opportunity, and work-life balance. It should also align with the perceived skills of the participants.

Although most of the identified factors described above fit well with the Integrated Model of Career Change by Rhodes and Doering (1983), the model fails to illustrate the role of

other factors presented by the participants during the interviews. The next section will critique the integrated model for career transition in relations to this research, as well as propose a model that theorizes the factors affecting career transitions among the participants.

## **Part II – Proposed Model for Factors Affecting Career Transition Among Participants**

### **Critique of the Integrated Model for Career Transition**

This study uses a mixed deductive-inductive approach for analysis. At the deductive level, a set of integrated models of career-transition-driven codes was used to inform data analysis. In the early stages of the study, it seemed that the integrated model of career transition could address the overall factors influencing career transitions among the subjects. However, as more data were gathered and the analysis of the responses completed using the inductive approach, it was clear that the integrated model could not completely depict the factors that may affect career transition among participants. At the deductive level, while the themes shared by the participants appeared to fit well with the antecedents of career transition described by the model, the participants presented in-depth insights about these themes, revealing that some themes were more relevant to them than others. At the inductive level, the participants presented new factors, such as culture, knowledge, and professional identity, that were overlooked by the integrated model of career transition.

First off, according to the integrated model, job dissatisfaction plays a central role in career transition, as the model describes how most factors would or would not contribute to job dissatisfaction. The centrality of job dissatisfaction assumes that the individual has a job and assesses whether or not that job is satisfactory. In this research the participants were in the process of getting into the career of their choice. None of the participants worked as pharmacists in Canada; thus, assessing job dissatisfaction was not applicable. The factors identified in this research directly affect career transition without the mediation of job dissatisfaction. Also, the model takes job dissatisfaction to be the main motive for considering career transition. However,

in this study, with the absence of this motive, finding other motives that can engage participants in career transition becomes necessary.

Second, the integrated model acknowledges how the availability of alternative opportunities may elicit a comparison between the current job and the alternative jobs which, in turn, may cause job dissatisfaction if the outcomes (income, work conditions, and so on) of the alternative opportunity are favorable. However, the meaning of “alternative career” to participants in this research differs from that in the model. The model uses the language of “alternative opportunities,” which describes opportunities in the same career, a different job in the same organization, or a different career altogether. In the context of this research, the language “alternative career” was used instead of “alternative opportunities”. The concept of an alternative job in the same career or the same organization does not apply in this study; participants are trying to get into the career of their choice and failure to do so necessitates a different career, not just a change in jobs or organizations. Changing the career is a transition of significant magnitude that is typically more stressful, since it may entail learning new skills and requires a more careful assessment of the available alternatives. The integrated model also underestimates the significant influence that information has on career transition. Being aware of the availability of alternative opportunities require some knowledge about the job marketplace within the same career; availability of alternative careers requires more in-depth knowledge about the other career options, their attainability, and the job opportunities within the new career. As previously discussed, the participants emphasized the importance of knowledge. Having enough information about alternative careers could affect their decisions to change careers; however, the participants acknowledged that they did not have such information.

Third, when the integrated model was used to understand factors affecting career transition among a group of IPGs in this research, it was evident that the themes developed during analysis aligned with the integrated model in general. But the importance, relevance, and role of these factors in influencing career transition suggest that the integrated model does not necessarily reflect the uniqueness of this group of transitioners, as is evident from their comments.

Finally, as previously explained, the integrated model for career transition considers person/organization and person/job correspondence as antecedents of job satisfaction/dissatisfaction. The participants never practiced as pharmacists in Canada and thus could not speak of how the employer or the job meets their needs. In this research, the term person/career correspondence was used instead.

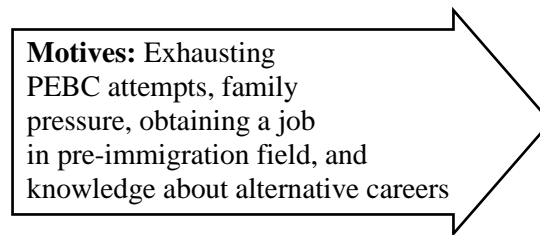
Given these findings about the integrated model's inability to fully account for the nature of the career transition and the factors affecting career transition among participants, a revision of the model that addresses the uniqueness of career transition among participants is needed. In the next section, a proposed model is presented. It attempts to describe the factors affecting career transition among the interview subjects.

### **Description of the Proposed Model for Factors Affecting Career Transition among Participants**

The new model consists of motives and the four interconnected categories of factors: social circle, self, self-esteem, and system.

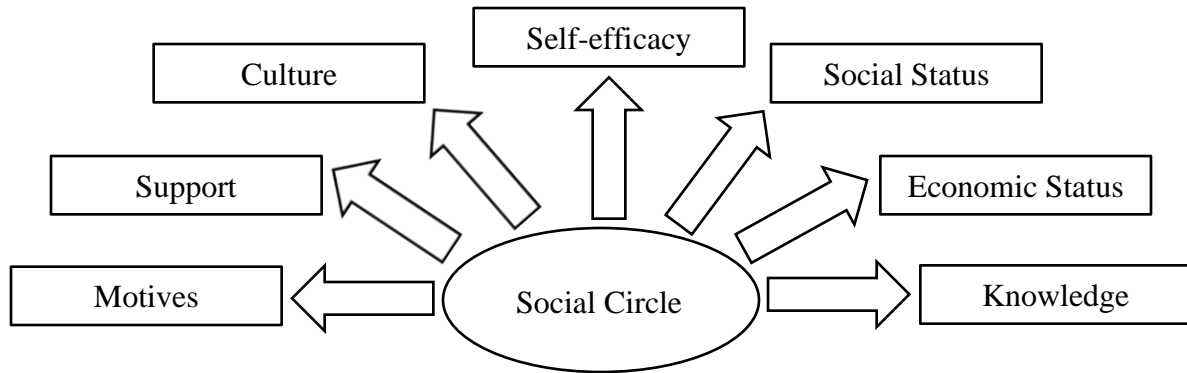
**Motives.** The interviewees described their motives for career transition. While a motive such as family pressure is not unique to them, other motives, such as exhausting the PEBC exam attempts and the chance of obtaining a job opportunity in the pre-immigration career, are unique

to this group. Some participants also indicated that having information about alternative careers prior to being engaged in the licensing process would motivate them to consider options other than pharmacy. The motives in the new model (figure 4) have direct effect on eliciting thoughts about change of career that, unlike the integrated model, do not result in job dissatisfaction:



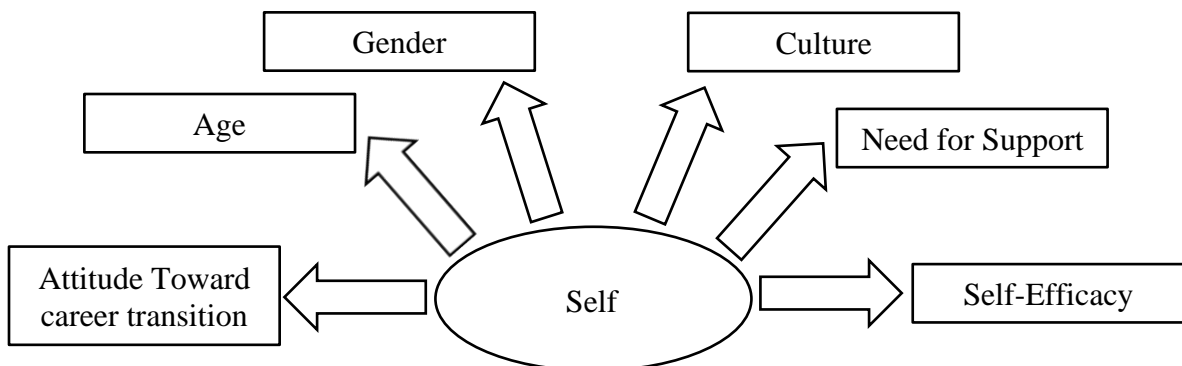
**Figure 4: Motives of career transition among participants**

**Social Circle.** The participants' innermost social circle had a significant influence on career transition, as is evident from their responses. They described the influence of their spouses, family members, friends, and colleagues. Family pressure was one of the motives that could instigate a career transition. Ensuring that their social circle accepted their decision to change careers was vital to proceeding. At the same time, they feared that their social circle would disapprove of them if they were unable to achieve the expected social status of becoming a pharmacist. The influence of the social circle goes even further than acceptance and disapproval. It plays a role in selecting an alternative career, in providing a source of information, and in serving as a source of support as well. Encouragement from family and friends is a form of verbal persuasion: a source of self-efficacy (Bandura, 1977). As a pillar of any career transition decision, the social circle will be one of the categories of factors affecting career transition in the proposed model. Figure 5 depicts the relation between the social circle and factors affecting career transition:



**Figure 5: The “Social Circle” domain of the proposed model**

**Self.** The “self” category of factors in the proposed model represents a group of personal factors that affect career transition, as shown in figure 6. Personal factors play an important part in career transition, since each individual has unique characteristics that can have a different effect on career transition. The subjects’ characteristics, such as attitude, age, gender, culture, need for support, and perceived self-efficacy, affect career transition in one way or another, while interacting with each other and with other factors. Age, for example, had a differential effect on transition, based on how it was perceived by each participant. Gender also had a variable effect on career transition.

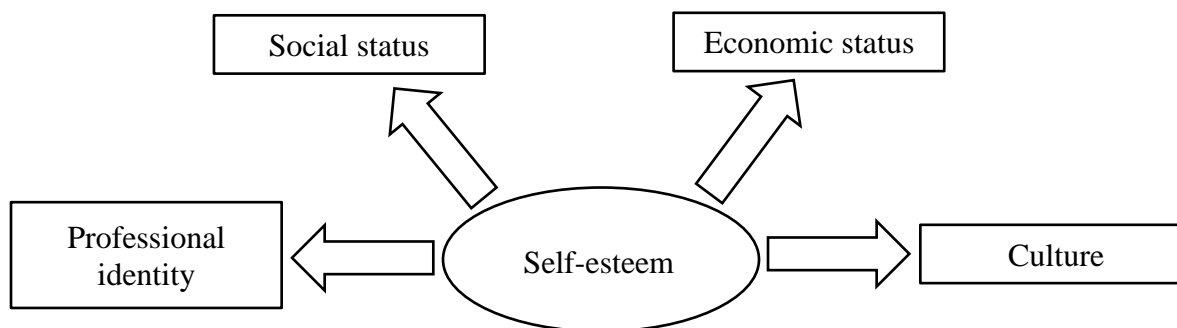


**Figure 6: The “Self” domain of the proposed model**



### **Self-Esteem.**

Self-esteem comes is the fourth level of Maslow's hierarchy of needs (Maslow, 1943) and the need for self-esteem can be satisfied by prestige, achievement, feeling confident and unique, being respected Even though the participants did not mention self-esteem explicitly, they mentioned the elements of the concept so many times during the study that it could not be disregarded. As discussed earlier, the participants had already developed a certain sense of self-worth and personal value before coming to Canada. Moreover, they resisted giving it up when they moved to Canada. They discussed their self-worth in terms of their economic status, social status, and professional identity. As pharmacists in their own countries, they enjoyed a high level of respect from their families, friends, and the society as a whole. Along with respect, they earned an income that allowed them to live comfortably. Both the social and economic aspects of being a pharmacist in their native countries, particularly the sense of being respected by others, contributed to the development of the feeling of self-worth they enjoyed before they moved to Canada. In addition, culture played a vital role in influencing the participants' self-esteem. For example, culture rewards certain professions, such as pharmacy, because of the hard work and education involved in obtaining the degree; this in turn motivated the participants to become healthcare professionals, accordingly contributing to the development of their self-esteem. Therefore, it was reasonable to consider self-esteem as one of the pillars of the proposed model. Using self-esteem as a categorical factor that affects career transition among immigrants is described in literature. Fernando and Patriotta (2020) described how career transition was perceived as "downgrading" by a group of highly-skilled Sri Lankan immigrants and how career transition brought the individuals self-esteem into question. Figure 7 depicts the factors contributing to the participants' self-esteem:



**Figure 7: The “Self-esteem” domain of the proposed model**

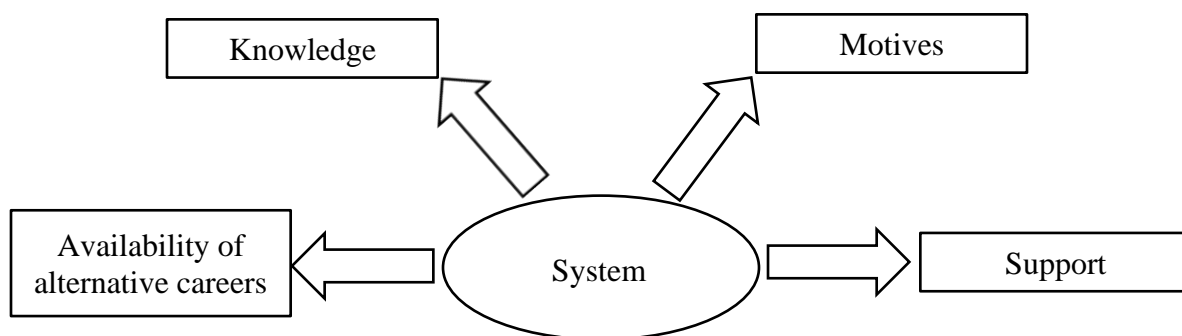
**System.** Aspects of the current licensing system, such as limiting the number of PEBC attempts, contributed to motives that trigger career transition. The participants’ comments revealed that in order for career transition to occur, a clear and concise system needs to exist. An ideal system would offer support. For example, academic institutions and their funding agencies, such as OSAP, should provide participants with sufficient financial support and should also recognize that many of the participants have families that financially depend on them.

The ideal system should also create awareness about career transition among newcomers, even before they come to Canada. Information needs to be more accessible. Many of the participants assumed before coming to Canada that they would only work as pharmacists; once they arrived in Canada, they discovered that career change was a possibility. The system needs to provide information about alternative careers, pathways to these new careers, the incomes those in these careers earn, and so on.

The ideal system needs to make other careers more accessible to new arrivals: for example, by recognizing their foreign credentials or by removing courses they completed before coming to Canada from their new program’s syllabus. Such measures would shorten the time it takes to get into the new career and reduces the financial aid the participants may need.

An ideal system at the level of career counseling should recognize the needs, fears, hesitations, and uniqueness of the participants. The career counselors and newcomer support agencies must provide an individualized approach to address the uniqueness of the participants.

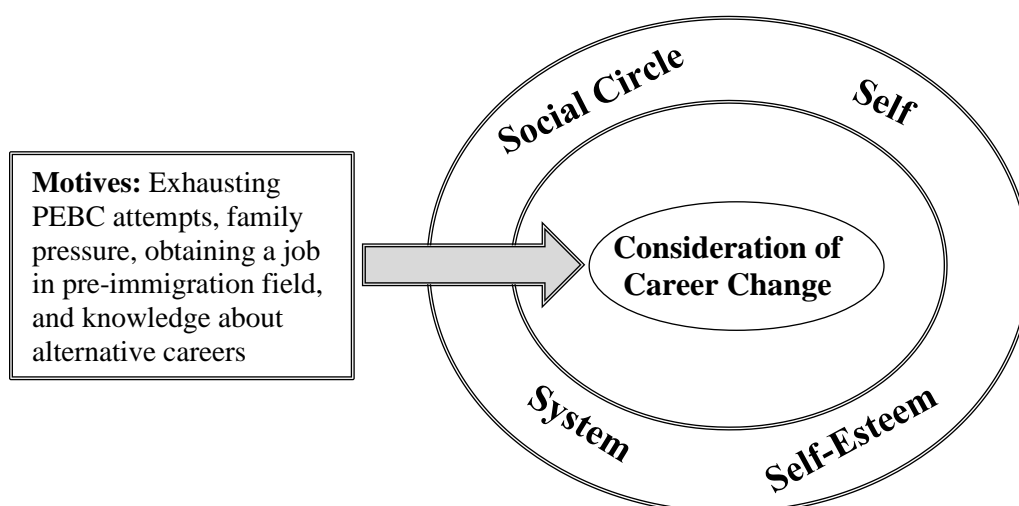
The remarkable effect the system may have on career transition explains why it should be added as a new pillar to the proposed model. Figure 8 depicts the factors that contribute to the “system” domain:



**Figure 8: The “System” domain of the proposed model**

### **The Proposed Model for Factors Affecting Career Transition among Participants**

The proposed model of factors affecting career transition among the participants addresses the factors identified by the 25 IPGs interviewed. The motives represent the entry point into thinking about career transition; the presence of one or more will elicit thoughts about career transition. At that point, the participant would engage a variety of factors that may enhance or impede career transition depending on how each participant perceives these factors. The circumference of the circle represents the four categories of factors: social circle, self, self-esteem, and system. Figure 9 depicts the proposed model of factors affecting career transition among the participants:



**Figure 9: The proposed model of factors affecting career transition among participants**

### **Limitations of the Research**

This research has three limitations: limited generalizability, potential bias, and lack of validation.

The first limitation is poor generalizability. Generalizability of the research findings is limited in several ways. First, the findings cannot be applied to other internationally educated health professionals because the research is profession-specific; participants only represented a small group of internationally graduated pharmacy professionals. Second, the research findings cannot be applied to the larger IPG population because:

1. The research participants are English-speaking IPGs who lived in Ontario, limiting the geographical representation.
2. The use of convenience sampling contributes to poor external validity, because only readily available participants were interviewed (Suen et al., 2014).
3. The findings of this research cannot be extended to the IPG population in other provinces, because provincial support programs may facilitate or impede career transition. For example, in Ontario it is mandatory for IPGs to complete the Canadian Pharmacy Skills program. The program costs \$13,000. Bredin, an equivalent program in

Alberta, is offered to IPGs who live in Alberta for free, and participants receive financial support in the form of subsidies for childcare, transportation, and the like. This difference in provincial programs may affect the findings of similar research among IPGs in other provinces.

I argue that poor generalizability is a concern when generalization is the objective of the research. This applies to this research, because the primary goal was to better understand the factors influencing career transition among participants—not necessarily to extrapolate a conclusion that can be applied to the general IPG population.

The second limitation is potential selection bias arising from the use of convenience sampling. When subjects volunteer to participate, it is unclear whether they represent the actual population or not (Etikan, 2016). In the context of this research it is unclear whether the participants were representative of the IPG population, or represented a group of frustrated IPGs who had difficulty passing their exams and therefore spoke against career transition, or a group of IPGs who believed the system was trying to steer them away from their chosen career.

The third limitation is lack of validation. Member checking (or participants' validation) was planned (despite the critique of the validation process described in the Method section), to ensure that the analysis captured the real meaning intended by participants; but the validation was not conducted as planned. During the interviews, the participants gave me permission to contact them in case I had further questions. However, when they were contacted to validate the findings, no response was received. There could be several reasons they did not respond. Most likely, they passed their exams and possibly got registered: if so, they may have felt that the research was no longer relevant to them, or had no time to reply, since reading and reflecting on

the findings can be time consuming. The second possible reason is that they lost interest in the research due to the time gap between the interviews and reaching out to validate their findings.

## **Chapter 6**

### **Conclusion**

#### **Summary of Research**

The idea of leaving one's career and starting over can be a daunting one, especially when the change is unplanned or forced. This research focused on 25 IPGs working towards obtaining a pharmacy licence in Canada. These 25 participants did not welcome the notion of leaving a pharmacy career, and even refused to consider the possibility at first. However, further into the interviews, the participants realized that they might have to deal with career transition later on. Through one-on-one interviews, the research examined and explored the factors influencing career transition. Motives for career transition and three categories of factors were identified. Categories of factors included person/career correspondence, personal factors, and availability of alternative careers. Identifying and categorizing them into barriers, facilitators, and those with mixed effects. Some of the factors, such as the availability of alternative career, could facilitate transition, while others such as professional identity may hinder career transition. Others, such as age, may have a mixed effect. The effect of these factors, however, may vary from one participant to another depending on their perception to these factors.

By analyzing and exploring these factors, the research proposes a model of factors affecting career transition among participants that incorporates the social circle, self, self-esteem, and system. Participants noted that their social circle was crucial to the decision to change careers. Without the acceptance of their family, friends, spouse, and colleagues, they would not switch careers. The self—specifically attitude, age, gender, culture, need for support, and self-efficacy—also played a large role in the decision-making process of the participants, interacting with each other as well as other factors to shape or influence career transition. The number of

times self-esteem was connected to career transition, through discussions about socioeconomic status, and career commitment, made it imperative to create a new category for the model.

Before coming to Canada, the participants developed a sense of self-worth and personal value that appeared to animate them when it came to career transition. Career transition threatened their self-esteem, and they were not easily willing to give up their current career. Finally, career transition can be discouraging without a clear and concise system to facilitate it. The system should be equipped with accessible resources on alternative careers, should provide financial support to individuals seeking to change careers, and should make other careers accessible by recognizing individuals' existing knowledge. These measures would decrease time and cost, making career transition more appealing and less stressful.

### **Opportunities for Future Research**

Participants in this exploratory research provided important insights about factors affecting career transition. This can pave the road for further research among similar participants, using a variety of qualitative methods:

- This research can be a stepping-stone toward creating a body of knowledge that examines factors affecting career transition, not only among IPGs but also among other internationally educated health professionals.
- The proposed model of factors affecting career transition among IPGs is an attempt to describe the factors affecting career transition among this study's participants. Future studies can be conducted to validate the model among the larger population of IPGs as well as other internationally trained health professionals.



- This research focused on IPGs who are in the process of obtaining their licence. They have been separated from their intended career, which they hope to re-enter after obtaining their licence. It would be beneficial to conduct qualitative research that includes IPGs who are no longer able to pursue licensing (for example, those who exhausted all the PEBC Qualifying Exam attempts). This would provide great insight into the factors that can affect career transition when it becomes inevitable.
- These findings can be used in future research to develop targeted intervention models that specifically address the barriers for IPGs and other internationally educated health professionals to pursuing an alternative career path.

### **Knowledge Translation**

The findings of this research can inform different stakeholders, such as agencies that support newcomers and counselors in academic institutions:

- Agencies that support newcomers, such as the more than 200 members of the Ontario Council of Agencies Serving Immigrants, can use these findings to develop policies and procedures that ensure that IPGs are equipped with the necessary knowledge upon arrival in Canada to make informed decisions about the available options.
- Counselors in academic institutions can better address the unique needs of IPGs when advising them on selecting an alternative career.

### **Conclusion**

This study is one of the first to explore the factors that affect career transitions among IPGs who are in the process of obtaining their license in Ontario. I interviewed 25 English-speaking IPGs who live in Ontario. The integrated model of career transition by Rhodes and Doering was used

as a theoretical framework to inform data analysis. The participants' inputs were analyzed deductively and inductively. The analysis of their comments revealed motives of career transition along with three categories of factors that affect transition. These categories are person/career correspondence, personal factors, and availability of alternative careers. New factors were identified: knowledge, culture, and professional identity. The findings of the research diverged in several ways from the integrated model of career transition, along with the motives and factors identified in this research and how certain factors appeared more relevant than others to participants. As a result, the need to modify the part of the model that describes the antecedents of career transition arose. A model of factors affecting career transition among participants was proposed. The model links motives directly to the consideration of career transition rather than to job dissatisfaction. The categories of factors were dismantled and restructured into four categories affecting career transition among participants: social circle, self, self-esteem, and system.

The findings of this research and the proposed model can serve as preliminaries to inform future research aimed towards developing more rigorous models of factors affecting career transitions among IEHPs. They can also inspire future researchers and stakeholders to develop intervention tools and programs to enhance career transition among IEHPs.

# Appendixes

## Appendix 1

### Results of the Literature Search

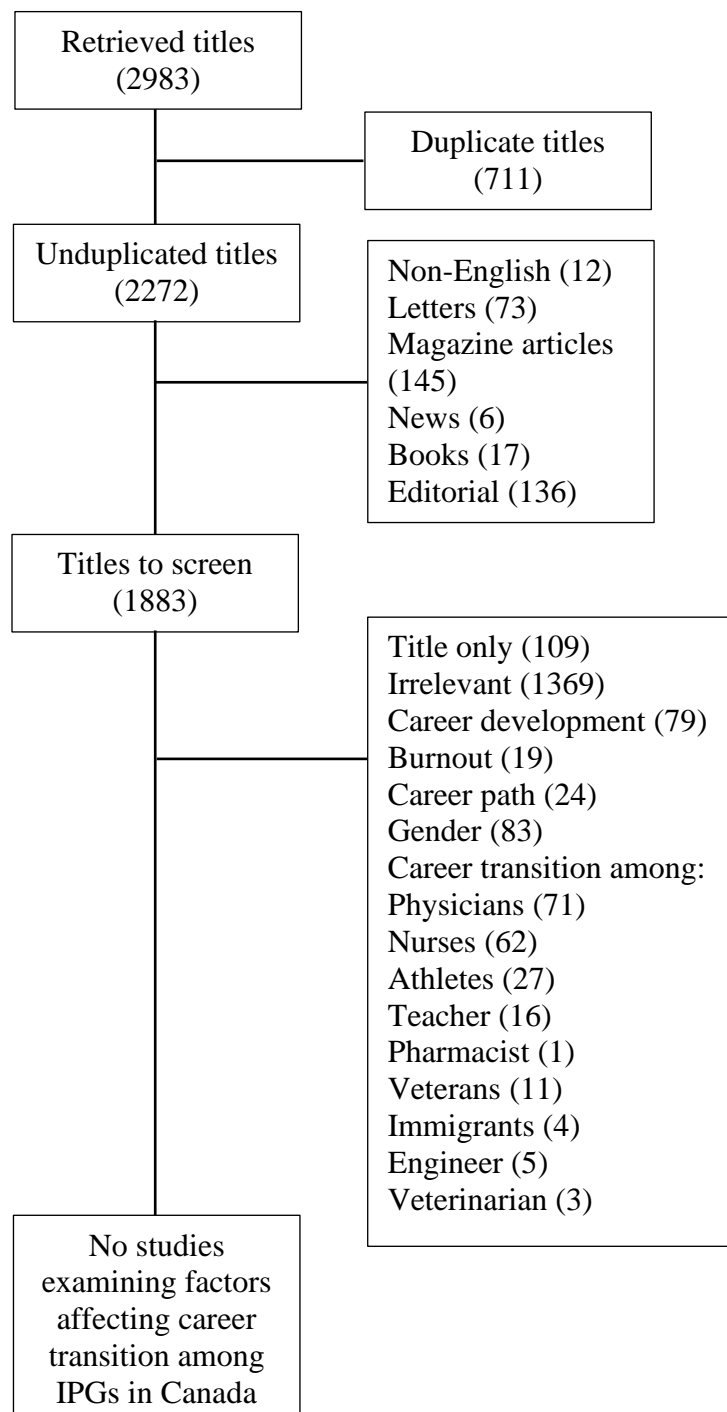
#### Database Description

SAGE Publication Premier	It indexes titles from 600+ SAGE journals that cover disciplines such as social science, humanities, business, humanities, medicine, and science.
Social Index	It indexes more than 860 journal and contains more than 2.1 million titles in sociological field. It is described by EBSCO Information Services as “the world's most comprehensive and highest quality sociology research database.”
PsycArticles	It a source of peer-reviewed scholarly and scientific articles published by the journals of the American Psychological Association (APA) and its allied organizations such as the Canadian Psychological Association.
CINHAL Complete	It indexes more than 1,300 journals and it is described by EBSCO Information Services as the “most comprehensive source” of literature for nursing and allied health journals.
Medline	It is created by the National Library of Medicine and it indexes 5,400 biomedical journals that provides literature on human and veterinary medicine, nursing, dentistry, and health care system.
Business Source Complete	It indexes literature from 1,300 journals including the most important scholarly business journals. It is described by EBSCO Information Services as the “World’s most definitive scholarly business database.”
Vocational Career Collection	It indexes literature from 340 industry and trade-related journals.
ProQuest Central	It is a database agglomerate the provides access to 47 databases that covers 175 subjects. It is described as the world’s “broadest single search source.”

#### Phase 1: Search for Literature on Career Transition

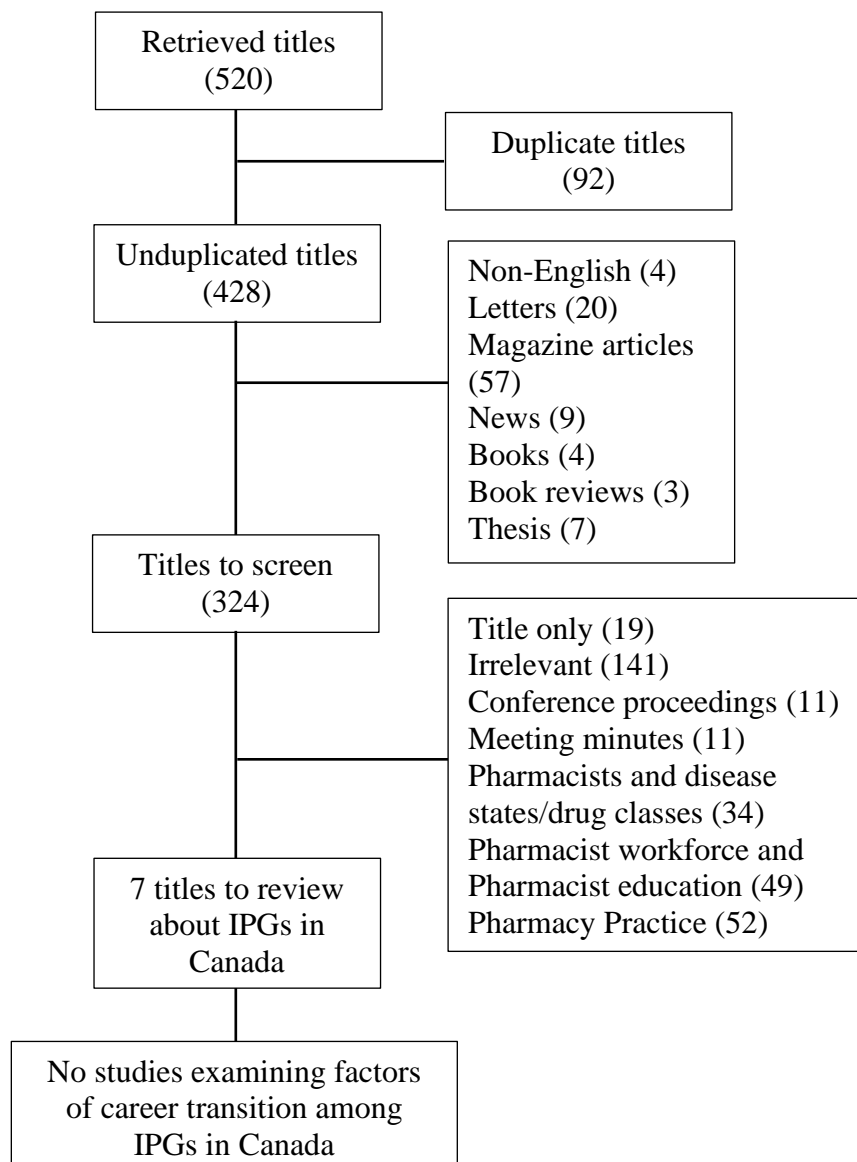
Database	Search terms	Filters	Results
SAGE Publication Premier	“career transition” OR “career change” OR	English	474
Social Index	“profession transition” OR “profession change” OR	English, peer-reviewed contents, 1980 to date	460
PsycArticles	“occupation transition”	Peer-reviewed contents	72
CINHAL Complete	OR	Academic journals	325
Medline	“occupation change” OR	Academic journals	494

Business Source Complete	“vocational transition” OR “vocational change”	Academic journals, 1980 to date	964
Vocational Career Collection		Peer-reviewed journals	163
ProQuest Central		Social, career, vocational, business, and education databases	31



## Phase 2: Search for Literature on International Pharmacy Graduates

Database	Search terms	Filters	Results
Social Index	“international pharmacy graduate,” “foreign pharmacy graduate,” “overseas N2 pharmacist,” “foreign N2 pharmacist,” “internationally N2 pharmacist”	None	16
PsycArticles		None	0
CINHAL Complete		None	45
Medline		None	65
Business Source Complete		None	22
Vocational Career Collection		None	4
ProQuest Central	Same as above but using NEAR/2 instead of N2	None	344
SAGE Publication Premier	Same as above but using ~2 instead of N2	None	24



## Appendix 2

### Federal Skilled Worker Program

#### 100-Point Grid System

##### Age

Age in years	Assigned score
Under 18	0
18 to 35	12
36	11 points. The score drops by 1 point for each year above 36 until age of 46.
46	1
47 and older	0

##### Work Experience

Years of full-time experience (defined as 30 hours per week or equivalent)	Assigned score
1 year	9
2-3 years	11
4-5 years	13
6 or more years	15

##### Education

Credential	Assigned score
High school/secondary school diploma or equivalent	5
One-year post-secondary degree, diploma, or certificate or equivalent	15
Two-year post-secondary degree, diploma, or certificate from a university, college, trade, or technical school or other institutes	19
<ul style="list-style-type: none"> <li>▪ Bachelor's degree with or without area of concentration (three or more years) from a university, college, trade, or technical school, or other institutes</li> <li>▪ Three-year college diploma with or without area of concentration</li> </ul>	21
Two or more certificates, diplomas, or degrees	22
First professional degree, five years or more of professional study, or doctoral degree in law, pharmacy, dentistry, medicine, optometry, veterinary medicine, chiropractic medicine, or podiatry medicine	23
University degree at the doctoral (PhD) level	25

##### Language Proficiency

Prospective applicant can get a maximum of 28 points based on language proficiency in the first and second language

<b>First Language Proficiency Score (maximum 24 points)</b>				
Canadian Language Benchmark (CLB) level	Speaking Scores of approved tests (points)	Listening Scores of approved tests (points)	Reading Scores of approved tests (points)	Writing Scores of approved tests (points)
Less than 7	No points	No points	No points	No points
7	IELTS: 6 CELP-IP-G: 7 TEF: 310-348 TCF: 10-11 (4 points)	IELTS: 6-7 CELP-IP-G: 7 TEF: 249-279 TCF: 458-502 (4 points)	IELTS: 6 CELP-IP-G: 7 TEF: 207-232 TCF: 453-498 (4 points)	IELTS: 6 CELP-IP-G: 7 TEF: 310-348 TCF: 10-11 (4 points)
8	IELTS: 6.5 CELP-IP-G: 8 TEF: 349-370 TCF: 12-13 (5 points)	IELTS: 7.5 CELP-IP-G: 8 TEF: 280-297 TCF: 503-522 (5 points)	IELTS: 6.5 CELP-IP-G: 8 TEF: 233-247 TCF: 499-523 (5 points)	IELTS: 6.5 CELP-IP-G: 8 TEF: 349-370 TCF: 12-13 (5 points)
9 or higher	IELTS: 7 CELP-IP-G: 9 TEF: 371+ TCF: 14+ (6 points)	IELTS: 8 CELP-IP-G: 9 TEF: 298+ TCF: 523+ (6 points)	IELTS: 7 CELP-IP-G: 9 TEF: 248+ TCF: 524+ (6 points)	IELTS: 7 CELP-IP-G: 9 TEF: 371+ TCF: 14+ (6 points)
<b>Second Language Proficiency Score (maximum 4 points if candidate meets all four language abilities)</b>				
5 and above	IELTS: 5-9 CELP-IP-G: 5-12 TEF: 226-371+ TCF: 6+	IELTS: 5-9 CELP-IP-G: 5-12 TEF: 181-298+ TCF: 369-397+	IELTS: 4-9 CELP-IP-G: 5-12 TEF: 151-248+ TCF: 375-405	IELTS: 5-9 CELP-IP-G: 5-12 TEF: 226-371+ TCF: 6+

IELTS: International English Language Testing System – General Training Option

CELP-IP-G: I English Language Proficiency Index Program – General

TEF: Test d'évaluation de français

TCF: Test de connaissance du français

### **Ability to settle in Canada (adaptability)**

Maximum of 10 points by combining any of the criteria below

Spouse or partner language proficiency at CLB 4 level or higher	5
The prospective immigrant or the spouse/partner has completed 2 years or more of full-time education (at least 15 hours per week) in Canada at secondary or post-secondary education level	5
The prospective immigrant has at least 1 year of full-time (or equivalent) past work experience in Canada	10
The spouse/partner has at least 1 year of full-time (or equivalent) past work experience in Canada	5
The prospective immigrant or their spouse/partner has arranged employment in Canada	5

The prospective immigrant or the spouse/partner has relative(s) in Canada. The relative must be 18 years of age and a resident of Canada (Canadian citizen or permanent resident). The relative must be a parent, grandparent, child, grandchild, sibling, aunt or uncle, or niece or nephew of the prospective immigrant or the spouse	5
---	---

### **Arranged Employment in Canada**

A prospective immigrant can get a maximum of 10 points if they have a job offer that was obtained before applying for immigration for at least one year of full-time employment from a Canadian employer.

(IRCC, 2020b)



### Appendix 3

#### Breakdown of Duration and Costs of a Pharmacist's Licence in Ontario

Step	Time frame	Cost
Enrollment in Pharmacists' Gateway Canada	Online application processed immediately	\$335
Document Evaluation	4 weeks to receive an acknowledgement and 8 weeks for the result	\$665
Pharmacy Examining Board of Canada Evaluating Exam	Application must be submitted 3 months (approximately) before the exam date. Results are released after 3 weeks. The exam is offered twice a year.	\$860 per attempt to a maximum of 4 attempts.
Pharmacy Examining Board of Canada Qualifying Exam Part I and Part II	Application must be submitted 3 months (approximately) before the exam date. Results are released after 6 weeks. The exam is offered twice a year.	Qualifying Exam Part I \$805 per attempt to a maximum of 4 attempts.  Qualifying Exam Part II  \$1815 per attempt to a maximum of 4 attempts. Parts I and II must be completed within 3 years of each other.
Registration as student	Up to 10 business days to process the application	\$375
Enrollment in International Pharmacy Graduate (IPG) program (required for IPGs who do not pass Qualifying Exam Part I and Part II in the first attempt)	Two academic terms (total of 30 weeks of full-time studies) with 2-4 weeks (approximately) of break in between.	The cost per term is \$6,825 (total \$13,650)
Registration as intern (optional)	Up to 10 business days to process the application	\$375 + \$94 application fee
OCP jurisprudence exam	Application must be submitted 4-6 weeks (approximately) before the exam date. Results are released 4-5 weeks after the	\$125

	exam. The exam is offered four times a year.	
Practice Assessment of Competence at Entry (PACE)	Up to 10 business days (can be longer during peak periods) after submitting the conflict of interest declarations by the applicant and assessor. The duration of the PACE is 3 weeks (1 week of orientation and 2 weeks of assessment). The results are released in 2 weeks.	No charge for the first PACE. If remediation is required, fee of \$1,000 is charged for every subsequent PACE.
Pharmacist registration	Up to 10 business days to process the application	\$675 + \$94 application fee

## Appendix 4A

### Research Interview Protocol as of June 2016

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Introduction	<ul style="list-style-type: none"><li>▪ Thank you for agreeing to take part in this research.</li><li>▪ My name is Usama Elbayoumi. I am a PhD student at University of Toronto, Faculty of Pharmacy.</li></ul>
Research background	<p>The purpose of this research is to identify the factors that may affect your decision to change your career in Canada in case you face difficulty obtaining the professional certification or securing an employment in your chosen career. So, for example, if you are an internationally educated physician and you find it difficult to obtain your license in Canada, why and why not would you, for example, study to become a physician assistant?</p>
Interview background	<ul style="list-style-type: none"><li>▪ This interview should take <b>45 to 60</b> minutes.</li><li>▪ We will start by first collecting some basic information about you and then we will go through a few questions. The questions focus on your thoughts about your journey in Canada so far.</li><li>▪ This interview will be recorded and the recorded conversation will be transcribed for analysis. I would like to assure you that all the information you will share will be kept strictly confidential.</li><li>▪ During the interview, please do not hesitate to ask for clarification on any question or comments I may make. I will also ask for clarification if I need to.</li><li>▪ During the interview, you have the right to refuse to answer any question and you can ask to terminate this interview at any point. If you do so, data will be destroyed.</li><li>▪ Finally, now that you are informed of the reasons for this interview, may we begin?</li></ul>

Interviewee Information	<ul style="list-style-type: none"> <li>▪ First name:</li> <li>▪ Age:</li> <li>▪ Professional background:</li> <li>▪ Country of origin:</li> <li>▪ Educational background (degrees completed and country):</li> <li>▪ Gender:</li> <li>▪ Family status:</li> <li>▪ How many dependants in your family?</li> <li>▪ What is the overall family income in Canada?</li> <li>▪ For how long have you been in Canada?</li> <li>▪ For how long have you been away from practice?</li> </ul>
Question # 1	<p>Can you please tell me more about your professional journey before coming to Canada and how you ended up here?</p> <p>Can you please tell me more about your professional journey in Canada so far?</p> <p>What part of your journey did you find easy? And what part was not easy?</p> <p><b>What I am looking for in the answer is:</b></p> <ul style="list-style-type: none"> <li>▪ Barriers</li> <li>▪ Motivators</li> </ul> <p><b>Follow-up questions if the above points were not/unsatisfactorily addressed</b></p> <ul style="list-style-type: none"> <li>▪ So how do you feel about your journey so far: was it easy, challenging, or difficult?</li> <li>▪ In addition to [barriers already mentioned in the previous answers], were there other challenges you have faced during your journey? And if so, what are these challenges?</li> <li>▪ In addition to [motivators already mentioned in the previous answers], were there other factors that motivated you to continue on this journey so far? And if so, what are these motives?</li> </ul>
Question # 2	<p>Let's imagine: a few years from now, you are not successful in getting into the career of your choice. What do you think you will do at that point?</p> <p><b>Follow-up question if pursuing an alternative career was not mentioned</b></p> <p>How do you feel about changing your career?</p>

Question # 3	<p>At what point would you say that's enough, I need to find another career or opt out of this career?</p> <p><b>Follow-up questions</b> In addition to [factors mentioned in the previous answer], what other factors may trigger/have triggered your decision to change career?</p>
Question # 4	<p>Your peers who did not succeed pursued other careers such as [name a few]; which alternative careers would you consider?</p> <p><b>Follow-up question</b> What makes you choose [choice from previous question] as an alternative career?</p>
Question # 5	<p>What else would you like to share with me about your thoughts of changing your career in Canada?</p>
Follow-up	<ul style="list-style-type: none"> <li>▪ Would you give me your permission to call you in case I have any question about your responses to this interview?</li> <li>▪ Would you be interested in participating in any follow-up?</li> <li>▪ Would you be willing to support this research by referring your colleagues and professional contacts to participate in the research?</li> </ul>
Closing	<p>Thank you again for taking part in this research.</p>

## Appendix 4B

### Research Interview Protocol as of June 2017

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Introduction	<ul style="list-style-type: none"><li>▪ Thank you for agreeing to take part in this research</li><li>▪ My name is Usama Elbayoumi. I am a PhD student at University of Toronto, Faculty of Pharmacy.</li></ul>
Research background	<p>The purpose of this research is to identify the factors that may affect your decision to change your career in Canada in case you face difficulty obtaining the professional certification or securing an employment in your chosen career. So, for example, if you are an internationally educated physician and you find it difficult to obtain your license in Canada, why and why not would you, for example, study to become a physician assistant?</p>
Interview background	<ul style="list-style-type: none"><li>▪ This interview should take <b>45 to 60</b> minutes.</li><li>▪ We will start by first collecting some basic information about you and then we will go through a few questions. The questions focus on your thoughts about your journey in Canada so far.</li><li>▪ This interview will be recorded and the recorded conversation will be transcribed for analysis. I would like to assure you that all the information you will share will be kept strictly confidential.</li><li>▪ During the interview, please do not hesitate to ask for clarification on any question or comments I may make. I will also ask for clarification if I need to.</li><li>▪ During the interview, you have the right to refuse to answer any question and you can ask to terminate this interview at any point. If you do so, data will be destroyed.</li><li>▪ Finally, now that you are informed of the reasons for this interview, may we begin?</li></ul>

Interviewee Information	<ul style="list-style-type: none"> <li>▪ First name:</li> <li>▪ Age:</li> <li>▪ Professional background:</li> <li>▪ Country of origin:</li> <li>▪ Educational background (degrees completed and country):</li> <li>▪ Gender:</li> <li>▪ Family status:</li> <li>▪ How many dependants in your family?</li> <li>▪ What is the overall family income in Canada?</li> <li>▪ For how long have you been in Canada?</li> <li>▪ For how long have you been away from practice?</li> </ul>
Question # 1	<p>Can you please tell me more about your <b><u>professional experience</u></b> before coming to Canada and how you ended up here?</p> <p>Can you please tell me more about your <b><u>professional experience</u></b> in Canada so far?</p> <p>What part of your journey did you find easy? And what part was not easy?</p> <p><b>What I am looking for in the answer is:</b></p> <ul style="list-style-type: none"> <li>▪ Barriers</li> <li>▪ Motivators</li> </ul> <p><b>Follow-up questions if the above points were not/unsatisfactorily addressed</b></p> <ul style="list-style-type: none"> <li>▪ So how do you feel about your journey so far: was it easy, challenging, or difficult?</li> <li>▪ In addition to [factors already mentioned in the previous answers], were there other challenges you have faced during your journey? And if so, what are these challenges?</li> <li>▪ In addition to [factors already mentioned in the previous answers], were there other factors that motivated you to continue in this journey so far? And if so, what are these motives?</li> </ul>
Question # 2	<p>Let's imagine: a few years from now, you are not able to get into the career of your choice. What do you think you will do at that point?</p> <p><b>Follow-up question if pursuing an alternative career was not mentioned</b></p> <p>How do you feel about changing your career?</p>

Question # 3	<p>At what point would you say that's enough, I need to find another career or opt out of the career?</p> <p><b>Follow-up questions</b>  What else may motivate you to change your career?  What may hold you back from making this decision?</p>
Question # 4	<p>Many of your peers successfully pursued other careers such as [name a few]; which alternative careers would you consider?</p> <p><b>Follow up question</b>  What makes you choose [choice from previous question] as an alternative career?</p>
Question # 5	<p>What else would you like to share with me about your thoughts of changing your career in Canada?</p>
Follow up	<ul style="list-style-type: none"> <li>▪ Would you give me your permission to call you in case I have any question about your responses to this interview?</li> <li>▪ Would you be interested in participating in any follow-up?</li> <li>▪ Would you be willing to support this research by referring your colleagues and professional contacts to participate in the research?</li> </ul>
Closing	<p>Thank you again for taking part in this research.</p>



## Appendix 4C

### Research Interview Protocol as of November 2017

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Introduction	<ul style="list-style-type: none"><li>▪ Thank you for agreeing to take part in this research.</li><li>▪ My name is Usama Elbayoumi. I am a PhD student at University of Toronto, Faculty of Pharmacy.</li></ul>
Research background	<p>The purpose of this research is to identify the factors that may affect your decision to change your career in Canada in case you face difficulty obtaining the professional certification or securing an employment in your chosen career. So, for example, if you are an internationally educated physician and you find it difficult to obtain your license in Canada, why and why not would you, for example, study to become a physician assistant?</p>
Interview background	<ul style="list-style-type: none"><li>▪ This interview should take <b>45 to 60</b> minutes.</li><li>▪ We will start by first collecting some basic information about you and then we will go through a few questions. The questions focus on your thoughts about your journey in Canada so far.</li><li>▪ This interview will be recorded and the recorded conversation will be transcribed for analysis. I would like to assure you that all the information you will share will be kept strictly confidential.</li><li>▪ During the interview, please do not hesitate to ask for clarification on any question or comments I may make. I will also ask for clarifications if I need to.</li><li>▪ During the interview, you have the right to refuse to answer any question and you can ask to terminate this interview at any point. If you do so, data will be destroyed.</li><li>▪ Finally, now that you are informed on the reason for this interview, may we begin?</li></ul>

Interviewee Information	<ul style="list-style-type: none"> <li>▪ First name:</li> <li>▪ Age:</li> <li>▪ Professional background:</li> <li>▪ Country of origin:</li> <li>▪ Educational background (degrees completed and country):</li> <li>▪ Gender:</li> <li>▪ Family status:</li> <li>▪ How many dependants in your family?</li> <li>▪ What is the overall family income in Canada?</li> <li>▪ For how long have you been in Canada?</li> <li>▪ For how long have you been away from practice?</li> </ul>
Question # 1	<p>Can you please tell me more about your professional journey before coming to Canada and how you ended up here?</p> <p>Can you please tell me more about your professional journey in Canada so far?</p> <p>What part of your journey did you find easy? And what part was not easy?</p> <p><b>What I am looking for in the answer is:</b></p> <ul style="list-style-type: none"> <li>▪ Barriers</li> <li>▪ Motivators</li> </ul> <p><b>Follow-up questions if the above points were not/unsatisfactorily addressed</b></p> <ul style="list-style-type: none"> <li>▪ So how do you feel about your journey so far: was it easy, challenging, or difficult?</li> <li>▪ In addition to [barriers already mentioned in the previous answers], were there other challenges have you faced during your journey? And if so, what are these challenges?</li> <li>▪ In addition to [motivators already mentioned in the previous answers], were there other factors that motivated you to continue this journey so far? And if so, what are these motives?</li> </ul>
Question # 2	<p>Let's imagine: a few years from now you are not successful in getting into the career of your choice. What do you think you will do at that point?</p> <p><b>Follow-up question if pursuing an alternative career was not mentioned</b></p> <p>How do you feel about changing your career?</p>

Question # 3	<p>At what point would you say that's enough, I need to find another career or opt out of this career?</p> <p><b>Follow-up questions:</b> In addition to [factors mentioned in the previous answer], what other factors may trigger/have triggered your decision to change career?</p>
Question # 4	<ul style="list-style-type: none"> <li>▪ If you reach the point where you have to change your career for whatever reason, what knowledge do you have about the process? For example, do you know the available alternatives? Do you know where to start? Do you know what resources are available to help you during the transition?</li> <li>▪ What will your approach be to get the knowledge you need to change your career? Where will you get the information from?</li> </ul>
Question # 5	<ul style="list-style-type: none"> <li>▪ Changing careers can be stressful. If you reach the point where you have to change your career, what kind of resources and support will you need to help you cope with this change?</li> </ul>
Question # 6	<p>Your peers who did not succeed pursued other careers such as [name a few]; which alternative careers would you consider?</p> <p><b>Follow-up question</b> What makes you choose [choice from previous question] as an alternative career?</p>
Question # 7	<p>What else would you like to share with me about your thoughts of changing your career in Canada?</p>
Follow-up	<ul style="list-style-type: none"> <li>▪ Would you give me your permission to call you in case I have any questions about your responses to this interview?</li> <li>▪ Would you be interested in participating in any follow-up?</li> <li>▪ Would you be willing to support this research by referring your colleagues and professional contacts to participate?</li> </ul>
Closing	<p>Thank you again for taking part in this research.</p>

## Appendix 5

### Research Information and Consent Form



### Research Information and Consent Form

**Study Title:** Identifying the Barriers and Facilitators of Pursuing an Alternative Career Path among Internationally Educated Health Professionals in Canada

**Supervisor/ Sponsor:** Dr. Zubin Austin, BScPhm MBA MSc PhD  
Professor, Leslie Dan Faculty of Pharmacy, University of Toronto

**Principal Investigator:** Usama Elbayoumi, PhD candidate, Leslie Dan Faculty of Pharmacy, University of Toronto.

**Contact Information:** [usama.elbayoumi@mail.utoronto.ca](mailto:usama.elbayoumi@mail.utoronto.ca)

#### Introduction:

You are invited to participate in a research study. Please take the time to read the following information about the study. The information provides details on the study design and objectives as well as the risks and benefits that you should be familiar with before you decide whether or not you would like to participate. In case you have any question about the study or you need further explanation, you should contact the co-investigator. It is important to get all your queries answered before signing this consent form. Participation in this study is voluntary and you may consult other parties, such as family members and friends, before you decide on participation.

#### Background:

Every year, Canada welcomes thousands of new skilled worker immigrants who are supposed to fill the Canadian labor shortage. Many of these immigrants are Internationally Educated Health Professionals (IEHPs) who have received education that would typically secure them a career in a regulated health profession in Canada. Even though many IEHPs succeed and pursue the career of their choice, others are not able to achieve this goal in Canada. IEHPs commonly face several challenges that may hinder their ability to either get a licence in the field of their choice or to integrate themselves in Canada's workforce. While many of those IEHPs who are unable to obtain a licence in their chosen career either accept irrelevant low-paying jobs (such as security guard and taxi driver) to support their families, others go back to their home country to continue their pre-immigration career. The wasted skills of these well-educated immigrants represent a significant economic loss.

**Objective:**

The objective of this research is to identify the barriers and facilitators that may affect the decision of IEHPs to pursue an alternative career path in Canada rather than accepting low-paying jobs or leaving Canada.

**Participants:**

We are interested in interviewing Internationally Educated Health Professionals (IEHPs) who have completed a formal education that would typically allow them to secure jobs in medicine, pharmacy, or physiotherapy. Participants should be either in the process of obtaining the necessary licensure (for example, obtaining the necessary documentation from their home country or preparing for licensure exams) or pursuing an alternative career path. Participants should be Canadian citizens or permanent residents of Canada. Participants must be English-speaking and living in the province of Ontario.

**Study Design:**

You will meet with the co-investigator who will ask you questions concerning your professional journey in Canada and your thoughts about changing career paths in case you cannot obtain professional certification or secure employment in your chosen career. The interview is about **45 to 60** minutes long and it will take place at the research office or at the site of the agency where you received the invitation.

The researcher will use an interview protocol that is approved by the research steering committee. The study protocol has been reviewed and has already received ethics clearance through University of Toronto Research Ethics Board.

**Risks:**

As in any other study, participants in this research may experience some inconveniences. The foreseeable risks we know are mainly emotional: a chance of feeling uncomfortable, embarrassed, or upset. In cases of mild emotional reaction, the interviewer will provide empathy and support. In cases of intense emotional outburst, the interviewer may recommend that you see your family physician.

**Benefits:**

The information you will share with the researcher will be used to help establish policies, allocate resources, and develop intervention tools to help you and other Internationally Educated Health Professionals who cannot secure employment in their chosen career or have difficulty obtaining professional certification to flourish and achieve their full potential in Canada by pursuing an alternative career path.

**Honorarium:**

Participants will receive a \$25 gift card from a retail outlet upon the completion of the interview. A signed receipt will be required upon receiving the gift card for the audit and financial control purposes of this study.

**Confidentiality:**

The research team will take all measures to maintain your confidentiality. All personal information, such as names, life experiences, and so on, will be removed and the de-identified data will be accessible to the research team only. All data will be stored using encrypted and password-protected university servers; computer and all paper records will be stored in a secure office space.

**Conditions for Participating and Rights of Participants:**

Your participation in this study is voluntary. You have the right to refuse to answer any question or part of a question with no negative consequences. You also have the right to withdraw at any time during the study.

The researcher will share any information with you that is obtained from the study and that may influence your decision to continue in the study. You also have the right to request a summary of the study results, when they become available, by contacting the co-investigator.

If you have any questions about your rights, you can contact the Office of Research Ethics at [ethics.review@utoronto.ca](mailto:ethics.review@utoronto.ca) or 416-946-3273.

**Conflict of Interest:**

The researchers claim no conflict of interest.

**Questions about the Study:**

If you have any questions, concerns, or would like to speak to the study team for any reason, please email the co-investigator at [Usama.elbayoumi@mail.utoronto.ca](mailto:Usama.elbayoumi@mail.utoronto.ca)

If you have any questions about your rights as a research participant or have a concern about the conduct of the study, please contact the Office of Research Ethics at [ethics.review@utoronto.ca](mailto:ethics.review@utoronto.ca) or 416-946-3273

You will be given a signed copy of this consent form for your reference.

**Consent:**

This study has been explained to me and the questions I had have been answered.

I was made aware of my rights as a research participant. I agree to take part in this research and I agree to the use of my information as described in this form.

\_\_\_\_\_  
Print Study Participant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Would you agree to be contacted to participate in part II of this research?** ☐ YES ☐ NO

If YES, please provide information about the preferred way to contact you

**Contact information:** \_\_\_\_\_

\_\_\_\_\_  
Print Study Participant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix 6

### Research Participant's Acknowledgement of Receipt of Remuneration

**Research Title:** Identifying the Perceived Facilitators and Barriers of Career Transition among IPGs in Ontario

**Investigator:** Usama Elbayoumi, PhD Candidate

**Supervisor:** Dr. Zubin Austin

**Department:** Clinical, Social and Administrative Pharmacy, Leslie Dan Faculty of Pharmacy

In appreciation of my participation in the above research, I acknowledge that I have received a gift card in the value of \$25.00.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date:

## Appendix 7

### Research Ethics Board's Approval



UNIVERSITY OF  
TORONTO

OFFICE OF THE VICE-PRESIDENT,  
RESEARCH AND INNOVATION

PROTOCOL REFERENCE # 32876

May 17, 2016

Dr. Zubin Austin  
FACULTY OF PHARMACY

Usama Elbayoumi  
FACULTY OF PHARMACY

Dear Dr. Austin and Usama Elbayoumi,

Re: Your research protocol entitled, "Identifying the facilitators and barriers of adopting an alternative career by Internationally Educated Health Professionals (IEHP)"

---

**ETHICS APPROVAL**

**Original Approval Date: May 17, 2016**

**Expiry Date: May 16, 2017**

**Continuing Review Level: 1**

---

We are writing to advise you that the Health Sciences Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB's delegated review process. Your protocol has been approved for a period of **one year** and ongoing research under this protocol must be renewed prior to the expiry date.

**Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.**

**Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.**

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Elizabeth Peter, Ph.D.  
REB Chair



## Appendix 8

### Research Participants' Demographic Information

	Age	Home country	Household income in Canada	Family Status	Residency in Canada	Work experience in Canada	Work experience outside Canada	Years not in practice	Education	Licensing stage
Anjali	32	UK	Undeclared	Married	1.5 years	Volunteer as pharmacy assistant	Pharmacist and pharmacy manager for 8 years	None. She goes back home to practice.	Masters degree in pharmacy	Awaiting result for second attempt MCQ
Atefah	40	Iran	\$60K per year	Married + 1 child	5 years	Student following completion of IPG program	Product manager in pharmaceutical company	5 years	PharmD	Awaiting result for third attempt MCQ
Dimple	28	India	\$65K per year	Married	1.5 years	Pharmacy assistant for 1 year	Assistant professor—no pharmacy experience	1.5 year	Bachelors degree + masters degree in pharmacology	Awaiting results for second MCQ and OSCE
Galal	30	Iraq	\$20K – \$25K per year	Married + 2 children	8 months	Volunteer as assistant for 2 months, then worked in real estate	Working in community pharmacy in Iraq and Turkey	8 months	Bachelors degree	Awaiting result for first attempt MCQ
Ginan	30	UK	Undeclared	Married	2 years	Volunteer as pharmacy assistant for 2 months	6 months in hospitals + 4 years in community pharmacy	None. She goes back home to practice.	Masters degree in pharmacy	Passed OSCE but failed MCQ 3 times
Hala	31	Iran	\$50K per year	Married	3 years	Pharmacy assistant for 2.5 years	2 years as pharmacist	5 years	Bachelors degree from Dubai	Did not attempt Qualifying Exam
Humira	43	Pakistan	\$60K per year	Married + 2 children	4.5 years	Pharmacy assistant. Got admission in P.	Hospital pharmacy + science proofreading, then	5 years	Bachelors degree + masters in pharmacognosy	Going for third MCQ attempt

						Tech. program but did not attend.	pharmaceutical companies			
Keyuri	31	India	\$60K per year	Married	6 years	Pharmacy assistant and registered pharmacy technician. Worked. Has some hospital experience.	Hospital pharmacy experience	6 years	Bachelors degree in pharmacy from India and Pharmacy Technician diploma from Canada	Going for third MCQ attempt
Lydia	43	Iran	\$36K per year	Married + 1 child	5 years	Intermittent volunteer experience in pharmacy.	Pharmacy owner	5 years	PharmD	Passed MCQ and went for fourth OSCE attempt
Maher	49	Egypt	None (using his pre-Canada savings)	Married + 2 children	4 years	No work experience. Completed the IPG program.	Sales manager in international pharmaceutical company	4 years	Bachelors degree	Passed MCQ and going for third OSCE attempt
Marwa	35	Egypt	Undeclared	married + 3 children	2 years	No work experience in Canada	2 years of experience in community and hospital pharmacy	5 years	Bachelors degree in pharmacy and PharmD	Passed MCQ first attempt and going for OSCE
Muniza	29	India	\$25K per year	Married	3 years	Pharmacy assistant for 1 year	2 years in industrial pharmacy	3 years	Bachelors and masters degrees in pharmacy	Passed OSCE but failed MCQ twice
Niveen	37	Egypt	Undeclared	Married + 1 child	3 years	Part-time pharmacy assistant	Worked for medical supplies company for 2 years.	3 years	Bachelor's degree	Passed MCQ first attempt and going for OSCE first attempt
Nora	32	Iraq	\$55K per year	Married + 2 children	3 years	No work experience in Canada	Never practiced pharmacy	Never practiced pharmacy	Bachelors degree in biology and Bachelor of	Never tried any exam the

									Pharmacy from Egypt	Qualifying Exam
Parakash	28	India	\$60K per year	Single	5 years	Some pharmacy assistant experience. Completed project management diploma in Canada.	1 year in community pharmacy	5 years	Bachelors and masters degrees in pharmacy	Going for MCQ third attempt
Rahman	51	Pakistan	\$15K (Ontario Works)	Married + 3 children	4 years	Inventory associate in natural health product	Training and HR manager in international pharmaceutical company	4 years	Bachelors degree + MBA	Going for second attempt at MCQ
Ramy	38	Egypt	\$37K per year	Single	5 years	Pharmacy assistant in chain pharmacy	Pharmaceutical marketing	5 years	Bachelors degree in pharmacy from Egypt and MBA from England	Failed MCQ three times
Rushi	40	India	\$40K	Married + 2 children	6 years	Brief experience in Analytics	Medical representative and quality manager in a pharmaceutical company	7 years	Bachelors degree in pharmacy + postgraduate diploma in marketing	Awaiting result for MCQ first attempt
Sai	28	India	\$25K	Single	2.5 years	Part-time pharmacy assistant. Completed P.Tech diploma in Canada.	Research and industrial experience	2.5 years	Bachelors degree in pharmacy	Failed MCQ first attempt
Sameer	41	Palestine	\$18K (wife's income)	Married + 3 children	2 years	Volunteer pharmacy assistant for 4 months then "survival job" (participant's words)	16 years in international pharmaceutical company. Last job was sales manager.	2 years	Bachelors degree in pharmacy	Passed MCQ after third attempt and going for OSCE first attempt

Sarah	34	Egypt	\$60K (husband's income)	Married + 3 children	3 years	No experience in Canada	2 years in community pharmacy and 9 years as research associate	12 years away from direct pharmacy practice	Bachelors degree in pharmacy	Passed MCQ first attempt and is going to OSCE first attempt
Shafia	32	Kenya	\$35K	Married + 1 child	2 years	Pharmacy assistant	Supply chain management in private company and government	2 years	Bachelors degree in pharmacy, diploma in supply chain management, and masters in procurement	Awaiting results of MCQ first attempt
Suhail	25	India	\$30-40K	Single	4 years	Experience in pharmaceutical manufacturing. Chemical lab technologist diploma in Canada.	None	4 years	Bachelors degree in pharmacy	Failed MCQ first attempt
Warda	37	Palestine	\$85K	Married + 3 children	10 years	1 year as a volunteer assistant	1 year	10 years	Bachelors degree in pharmacy	Awaiting result for MCQ fourth attempt
Yasmin	33	Iran	No income (depends on parents)	Single	11 years	volunteer pharmacy assistant	No experience outside Canada	Never practiced pharmacy	Bachelors degree in biology and PharmD from Hungary	Passed MCQ, will go for OSCE fourth attempt

## Appendix 9

### Additional Quotes from Participants' Responses

Theme # 1: Motives to Consider Career Transition
<p><b>Inability to Pass the PEBC Exams</b></p> <p>Suhail: Only after I finish all my trials of the pharmacy exams. Marwa: [If I do not pass] for three times or four times, I will not fight it. Ginan: I will never give up until they tell me that I can't do it. ["They" refers to the PEBC.]</p> <p><b>Family-Related Pressure</b></p> <p>Keyuri saw that the lengthy process impacted his family life due to the sacrifices he made in his social life and his financial situation:</p> <p>Like I'm married. It's been two years and like I couldn't go anywhere. Like I couldn't give time to my wife. This is a point where I start thinking like I don't want to [become a] pharmacist. Because right now, I'm not working [for] say six months. Also having trouble with the finance, right? And, like lots of family complaints like you don't call me and all the stuff. So maybe if I don't make this, this time, I will probably try another career.</p> <p>Yasmin connected the financial pressures the family placed on her with the lengthy registration process:</p> <p>If you fail the exams, you need money and you have to do something for your life, yeah. If you are married, you have a family, you have to support your children.</p> <p><b>Ability to Pursue Pre-Immigration Career</b></p> <p>Maher, who was a sales manager in a pharmaceutical company before coming to Canada, wished to pursue a similar career in Canada:</p> <p>When I came to Canada [becoming a pharmacist] was not my choice, but once I found the way, there is no opportunity in the pharmaceutical industry, so my second alternative is working as a pharmacist.</p>
Theme # 2: Person/Career Correspondence
<p><b>Desire to Make High Income</b></p> <p>Suhail quit his job four months before the interview to prepare for the exam. He made no money during that period, but was hopeful that working as a pharmacist would be a good return on investment:</p>

Currently, I'm investing my time to become a pharmacist. For let's say four months now, I didn't do any kind of job, right. I didn't earn [a] single penny, but I know that after [becoming] a pharmacist, I will get the money.

Sai came to Canada to study in a pharmacy technician program hoping to become a pharmacist, because his friend told him that becoming a pharmacist in Canada is economically better than investing back home:

One of my senior[s], currently he's in Canada and he's [a] pharmacist. So, he [gave] me some suggestion that if you invest some money in India, then better to become pharmacist over here, so I will have good back up economically and everything.

### **Desire to Achieve Social Status**

Participants made comments about the respect pharmacists enjoyed in the community:

Hala: Yes, in Canada, pharmacists [are] professionals, as a profession[al] it's more respectful.

Muniza: I find [being a pharmacist] to be a very respectable and noble profession. That's why I would want to be a pharmacist.

Lydia: You know, pharmacist is a job that people respect a lot.

Sameer viewed changing careers as a loss of the uniqueness that comes with being a pharmacist:

I don't think that [I] will find any motive to change [my] career that easily, because pharma—at the end of the day, to be a pharmacist is something unique. To be a pharmacist here in Canada is something unique, so—so why are you going to change your career.

Hala, who worked as a laser technician before coming to Canada, felt that becoming a laser technician here in Canada would not give her the same respect that the pharmacist receives.

If I want to work as something, for example, laser technician or something else, the emotion will be different because laser technician is not as a pharmacist and occupation will be different, the feeling will be different, the social, the profession will be different and the respect will be different. Lots of things, yeah.

Anjali, who valued the roles of pharmacy assistant and technician, could not see herself working as either:

Well, no. I don't think [working as a technician or assistant] appeal to me in all honesty. I don't think I could—they just don't appeal to me. I feel like it's—I respect the technicians and they do a valuable job, but it's just not for me.

Yasmin, who volunteered in a pharmacy for two years, described how working as a pharmacy assistant would make her suffer:

No, if I become [a] pharmacy technician, I will suffer when I see the pharmacist and say oh my God, I could be one of them and I'm not.

## **Desire to Satisfy Professional Identity**

### ***Emotional Attraction to Becoming a Pharmacist***

Hala described becoming a pharmacist as not only a professional decision but a personal one:  
It was my dream to become a pharmacist. It means a lot for me and it's me, it's my personality, it's my profession, yeah.

Atefah used strong language to describe her attachment to the idea of becoming a pharmacist:  
I in Canada, like just working as a nurse or other professional, no. I'm—I was born as a pharmacist and I'm going to continue that, yeah.

### ***Attraction to Specific Trait of the Career***

Muniza described the meaning of becoming a pharmacist in terms of her passion to serve the public:

It does mean a lot to me. It means that I will be a public servant. I will serve the patients, serve the public. I would want to help people.

Ginan shared a similar view:

It means . . . I did it because I enjoy health care, being a health care professional and working with patients and I enjoy like the medical aspect of learning different diseases and helping patients. So, being a pharmacist, like being an expert in drugs, just being able to contribute in that way.

## **Theme # 3: Personal Factors**

### **Attitude Toward Career Transition**

Muniza: I know I would cry a lot if I had to change my career.

Warda: I can't imagine myself to be anything else but [a] pharmacist.

Yasmin: I don't feel complete.

Lida: It is a failure. You know, career change is very interesting sometimes. Provided you are not trying five years, sitting or studying for this exam. If you [take] five [years] of your effort for this exam, and then you don't have any choice [except] to change your career, this is, you know, this is failure.

Humaira: It's very [shaming] for me I think because I am not a pharmacist.

Maher: I am [a] very stubborn person, yeah, I know that that's my way, I'm going to follow it, whatever it takes until I find, I achieve my objective. I am not the kind of person to change the career as long [as] the career itself is achievable.

Participants said they would still consider career transition if it became unavoidable:

Yasmin: Career changing is a tough task, but I have to make the right decision in the future because ultimately, my goal is I don't want to do [a] job which I don't like. . . . Yeah, so I want to prepare my base.

Maher: I would seek a different career pathway, especially [now] that I have learned that in Canada people can move from a career to a different one.

Nora: Nothing wrong with it, yeah, because after that you have to work. You need to work, you know, if you didn't success is something you have to think about another thing. Maybe if you didn't [succeed] in pharmacy, you may be changing it, so there is nothing [wrong] with it to change . . . to think about changing careers.

## **Age**

### ***Age as a Barrier to Career Transition***

Galal discussed age in relation to increasing family responsibility and ability to study, prepare for exams, and so on:

Now, I'm 30, I'm studying at the same time, at a fulltime job. I don't think a guy 40 or 45 or 50 years old would be able to do the same thing or would be able to memorize all this information and to be so much clear minded to take the exams and pass them clearly, smoothly, without any like setbacks and the same time support for his family has a fulltime job. I wouldn't say this because when you are 40 or 50, your children are older, and your liabilities are more.

## **Support**

Muniza believed that financial support was a priority:

First, financial support. That's the biggest one because it's very hard for people to pay fees here. I've seen fees over here is very expensive. I did one term in the IPG program, it cost \$6500. It's a lot.

Yasmin believed that no one would be able to support her emotionally like her family:

Emotionally I can go to my parents, yeah. Because you can't just—I don't think there is any organization to share your stress like your family:

Dimple would seek her family's support when making the decision to change her career:

It's not only my decision, I have to ask them as well, that what they have to say about it and yeah, that will affect.

Dimple was also expecting her husband to support her, not only emotionally but also financially:

[My husband] will help me, like guiding me, because [the] ultimate support will be him, he is the one who will support me financially and as well as he will help me to grow.



Yasmin expected OSAP to pay for the education required to get into another career:  
Well, financially you expect like OSAP or somebody pay the two-year or four-year college or university degree and then yeah, you can pay back.

### **Perceived Self-Efficacy**

#### ***Experience with Transition***

Atefah made a transition into pharmaceutical marketing:

I [did not have] a lot of experience as a pharmacist . . . maybe only one year. . . then I was working in pharmaceutical companies. The last position that I had, I was product manager in [company name].

Despite her previous successful experience with transition, Atefah was very determined to become a pharmacist. She even stated that she would prefer to go back home and practice pharmacy, a career she had limited experience in, rather than changing her career in Canada:

Nothing can affect my decision to become a pharmacist. If I cannot be a pharmacist, I prefer to get back to my country to work as a pharmacist. I'm not going to stay in Canada to work in another career just in the purpose to be in Canada. No. Not at all.

Hala worked as a pharmacist for two years before she began working in a beauty clinic as an administrative manager:

I started to work in the pharmacy for two years, and after that I started to work in clinic which it was a clinic, yeah, we had laser mostly and it was about beauty, laser hair removal and I was an administrative manager there.

Because her experience was positive, she would consider it as a career if she could not become a pharmacist:

If I don't have any other options and I have to change my career, yeah, I will go for laser hair removal because I have lots of experience and I have the diploma as a laser technician and I work at that field, so I have the experience.

Shafia worked for one year as a pharmacist in the Kenyan government before moving into a career in supply chain management:

I was working with the government in Kenya as a pharmacist and then I did an online study and once I finished my supply chain graduate diploma, I decided to venture into supply chain and logistics, so I worked as a warehouse manager.

This experience caused her to consider an alternative career in this field. In addition, Shafia discussed the importance of using her previous knowledge in the selection of an alternative career. She even goes further, stating that her previous experience defined who she was:

Still, what I know is better than what I don't know. [The alternative career] has to be tied to what I have knowledge in. I cannot just wake up [one day] and say, oh, I [want to] be what? An accountant? No! [The alternative career] has to be tied back to what I know how to do because that defines me, that is what knowledge I have and experience apart from just education.

### ***Experience Working in Pharmacy in Canada***

Warda, who volunteered as a pharmacy assistant for a year, would consider a career as a pharmacy technician but estimated her likelihood of pursuing a career in pharmacy as 20% because of how she would feel while working as a technician.

Maybe, but maybe like 20% [to become a] pharmacy technician, maybe. But I still have to work under [the supervision of a] pharmacist. I feel something missing inside me.

Yasmin described her struggle to accept the idea of working as a pharmacy assistant or technician:

No, if I become pharmacy technician, I will suffer when I see the pharmacist and say oh my God, I could be one of them and I'm not.

Humira, who worked as a pharmacy assistant for two and half years, replied without hesitation when asked if she would consider a career as a pharmacy assistant or technician:

It's unacceptable for me to work as a pharmacy assistant before my juniors and seniors who are pharmacists. I would work in a shoe store, but I won't do a pharmacy assistant.

Ginan also described her internal struggle with the idea of becoming a pharmacy technician:

I would not feel satisfied to be a technician or nurse because I will always feel like I *am* a pharmacist, I went to London School of Pharmacy.

### ***Experience of Family and Friends***

Yasmin compared her sister's experience earning less money over the years as a pharmacist to her friend who completed a short course, became an electrician, and made a good income:

My sister became pharmacist. . . when I came here in 2006, 7, [at] that time it's still like was good paying job, but recently I realized after 2013, 14, [the wage] is just going downward. Something not really good, it's better to become electrician. I have like friends, they did six months electrician job and it's the same as a high paid pharmacist, 50 dollar per hour, yeah.

## **Theme # 4: Availability of Alternative Careers**

### **Participants' Knowledge about Alternative Careers**

Anjali likewise chose not to seek knowledge about alternative careers because she was only focusing on passing the licensing exams:

[I do not have knowledge] because since I have come in August, I have just pretty much got myself into the process of doing the PEBC exams, right, and I just got myself into the process of trying to qualify to become a pharmacist here.

Yasmin showed a similar lack of interest in obtaining knowledge about career change:  
No, I do not have much knowledge about career change. I really haven't started thinking because I think I can clear my exams.

Suhail stated that he had tried to search for information about career change in the past, but quickly stopped because he wanted to become a pharmacist:

Currently, I don't know anything about exactly how [to change careers] because I never tried yet. I tried only once to talk with the professor but then I never tried because then after I think to become pharmacist.

### ***Effect of Having Knowledge about Alternative Careers***

Hala also believed that her professional path in Canada could have been different had she received information about other career options:

[Attending an information session would] be a big help I think, for example, if I had the chance to be in that seminar when I first came, maybe yeah, I have two choices, yeah, I can think either this one or that one. You have options to choose, but if you're just thinking about becoming a pharmacist, licensed pharmacist and this is the journey and you don't have any other choices, that's hard. If I have other options and someone will give me that information, that will be so helpful.

Muniza said that she would have loved to have information about career options before coming to Canada. Muniza believed that if she had been better informed about other career options when she applied for immigration it would have saved her a lot of time:

Yes, it would have helped a lot. Then I would have had different career options which I could choose [from]. Like if I get information about other jobs and things like that before when we applied for the visa, if I had this information, I wouldn't have spent three years just going after pharmacy.

Dimple spoke favorably about the idea of attending a formal information session about alternative career choices. She said it would have given her a clear vision of her options, yet unlike the previous participants she did not indicate how or if this session would influence her choices in Canada:

[Attending an information session] can help me a lot, because it will give me the clear vision that what path should I take that will like take me forward with less time and I can develop well. So, if I get a path that can help me with my development, yes, I would like to know about it.

Nora would consider attending an information session, but she would not consider changing her career path unless she was no longer able to become a pharmacist:

Maybe, yeah, of course. If I want to take it just like knowledge, yeah maybe, why not . . . but as I told you, now [changing career is] not in my mind, maybe after . . . after I

fail, because if you didn't try something, you cannot thinking to stop or to give up.

### ***Participants' Approaches to Obtain Knowledge about Alternative Careers***

Humira said she would ask members of the alternative profession:

I couldn't be a pharmacist, licensed pharmacist. I know that when I will go to search about the alternatives, I can get the alternatives because I have relations to those of my colleagues who are in the other profession. I will ask friends and seniors. They would help me. I know that they will really help me. Two of my seniors are members in the Canadian Association for Pakistani Pharmacists. So, they can guide me.

Yasmin would also reach out to the colleges:

I will search for the college courses available. Like the downtown one, George Brown, Seneca, and I will search for available courses, yeah.

She specified that she would prefer to gather information by attending face-to-face seminars rather than online resources, because they would allow her to ask questions and interact in person with others who have knowledge about alternative careers:

I prefer the seminar like in class, but I'm not very comfortable with online stuff, so I prefer that they have a seminar. Somebody comes because you may have questions, so you want to ask and you want to interact face to face with someone who knows about it, yeah.

Lydia did not like the idea of attending seminars. She believed that career seminars were ineffective and the jobs they described might not be available. She preferred to rely on the experience of people she already knew who had already secured jobs in her chosen career:

When I came here, I participate[d] in so many seminars about the careers. But the thing is, you can go two years for this college, but most important thing is finding a job. Finding a job is important. I [will] rely on experience of my friends more than these seminars. If my friends said go. I have experience for this job. This job is good and I find very easily the job then I try it.

### **Attainability of Alternative Careers**

#### ***Time***

Maher rejected a career in nursing even though the income was "fine," because of the duration of the program:

I would see the attractiveness of the job itself in terms of the income, career pathway plus the accessibility to get the job or the licence of that job. Let's say that to be a nurse, let's give an example, nurse, the income wise is fine depending on the grade of the nurse itself, but again, it's a long process of studying.

Yasmin used strong language to describe the lengthy path towards a new career. She saw it as a period of suffering:

First is high income, but if this high income like its something like police, you need to again suffer through a long procedure, I won't go through that, maybe I go through industrial part of the pharmacy.

### ***Cost***

Marwa also highlighted the importance of not spending too much money on any licensing exam:

Yeah, and of course it does not . . . I mean I [do] not spend much money on the exams or when to study.

### **Traits of Alternative Career**

#### ***Income***

Galal and Sahfia also made it clear that money was a priority:

Galal: [income] is like one of the main factors I am considering. All the fields I might consider must give me a good income to support my family.

Sahfia: Of course. That's a huge part it plays, the income and availability of jobs.

#### ***A Career that Aligns with Their Knowledge and Perceived Skills***

Sai also proposed building an alternative career on the knowledge he acquired during the years in pharmacy school:

I have a good background right from the pharmacies from India, I have a good knowledge of the chemistry and everything, the microbiology, biotechnology, so you can direct your career into the biotechnology field or the chemical lab technologist course which is going good in Canada.

#### ***A Career that Allows Growth***

Ginan said she would look at growth opportunity as part of a bigger package:

I will consider work environment, the people in the job, the opportunities, as well, like can you excel, or you just stay in the same place, are there any other things you can do to improve yourself?

#### ***A Career that Allows Work-Life Balance***

Keyuri, like Maher, would like a predictable schedule. However, he offered a more detailed answer, preferring a day shift.

[I want] a Monday to Friday job or in the daytime job, like I consider all those factors. For the family, because we have to balance our professional life and the family life, right?

## References

- Abacusdata. (2017). *A national survey of Canadians on their perceptions and attitudes towards pharmacists*. Retrieved from [https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/CPhA\\_NationalReport\\_BRIEFING.pdf](https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/CPhA_NationalReport_BRIEFING.pdf)
- Adom, D., Hussein, E., & Adou Agyem, J. (2018). Theoretical and Conceptual Framework: Mandatory Ingredients of a Quality Research. *International Journal of Scientific Research*, 7, 438-441. doi: 10.36106/ijsr
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi: 10.1016/0749-5978(91)90020-T
- Al Ariss, A. (2010). Modes of engagement: migration, self-initiated expatriation, and career development. *Career Development International*, 15(4), 338-358. doi:10.1108/13620431011066231
- Allen, V. L., & van de Vliert, E. (1984). *Role Transition: Explorations and Explanations*. New York: Plenum Press.
- Allport, G. W. (1935). Attitudes. In C. Murchison (Ed.), *A Handbook of Social Psychology* (Vol. 2, pp. 798-844). Worcester, MA: Clark University Press.
- Allport, G. W. (1954). The Historical Background of Modern Social Psychology. In G. Lindzey (Ed.), *Handbook of Social Psychology* (Vol. 1). Cambridge, Mass: Addison-Wesley.
- Alshenqeeti, H. (2014). Interviewing as a Data Collection Method: A Critical Review. *English Linguistics Research*, 3(1), 39-45. doi: 10.5430/elr.v3n1p39
- Anderson, C., & Hildreth, J. A. (2016). Striving for superiority: The human desire for status. *IRLE Working Paper No. 115-16*. Retrieved from <https://www.irle.berkeley.edu/files/2016/Striving-for-superiority.pdf>
- Anderson, M., Goodman, J., & Schlossberg, N. K. (2012). *Counseling Adults in Transition: Linking Schlossberg's Theory with Practice in Diverse World* (4th ed.). New York: Springer Publishing Company.
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378-395. doi:10.1177/104973230001000308
- Aranya, N., Pollock, J., & Amernic, J. (1981). An examination of professional commitment in public accounting. *Accounting, Organizations and Society*, 6(4), 271-280. doi: 10.1016/0361-3682(81)90007-6
- Arnold, H. J., & Feldman, D. C. (1982). A Multivariate Analysis of the Determinants of Job Turnover. *Journal of Applied Psychology*, 67(3), 350-360. doi:10.1037/0021-9010.67.3.350
- Arthur, M. B., Inkson, K., & Pringle, J. K. (1999). *The New Careers: Individual Action and Economic Change*. London: Sage Publishing.
- Arthur, M. B., & Rousseau, D. (1996). *The Boundaryless Career: A New Employment Principle for a New Organizational Era*. Oxford: Oxford University Press.
- Aryee, S., & Tan, K. (1992). Antecedents and outcomes of career commitment. *Journal of Vocational Behavior*, 40(3), 288-305. doi: 10.1016/0001-8791(92)90052-2
- Aslanian, C. B., & Brickell, H. M. (1980). *Americans in Transition: Life Changes as Reasons for Adult Learning*. New York, NY: College Entrance Examination Board.

- Austin, Z. & Dean, M. (2004). Bridging Education in Pharmacy: The International Pharmacy Graduate Program in Ontario, Canada. *American Journal of Pharmaceutical Education*, 68(5), 1-11. doi:10.5688/aj6805108
- Austin, Z. (2005). Mentorship and mitigation of culture shock: foreign-trained pharmacists in Canada. *Mentoring & Tutoring: Partnership in Learning*, 13(1), 133-149. doi:10.1080/13611260500040666
- Austin, Z., & Rocchi Dean, M. (2006). Bridging education for foreign-trained professionals: The International Pharmacy Graduate (IPG) Program in Canada. *Teaching in Higher Education*, 11(1), 19-32. doi:10.1080/13562510500400081
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215. doi:10.1037/0033-295X.84.2.191
- Bandura, A., & Barab, P. G. (1973). Processes governing disinhibitory effects through symbolic modeling. *Journal of Abnormal Psychology*, 82(1), 1-9. doi:10.1037/h0034968
- Baruch, Y. (2003). Career systems in transition: A normative model for organizational career practices. *Personnel Review*, 32(1-2), 231-251. doi:10.1108/00483480310460234
- Bates, D. G., & Plog, F. (1990). *Cultural anthropology* (3rd ed.). New York: McGraw-Hill.
- Baugh, S. G., & Roberts, R. M. (1994). Professional and organizational commitment among engineers: Conflicting or complementing? *IEEE Transactions on Engineering Management*, 41(2), 108-114.
- Bell, H. M. (1960). Ego-Involvement in Vocational Decisions. *The Personnel and Guidance Journal*, 38(9), 732-736. doi:10.1002/j.2164-4918.1960.tb02649.x
- Berg, B. L. (2007). *Qualitative Research Methods for The Social Sciences*. Boston: Pearson.
- Berkman, L. F., & Macintyre, S. (1997). The measurement of social class in health studies: old measures and new formulations. In M. Kogevinas, N. Pearce, M. Susser, & P. Boffetta (Eds.), *Social Inequalities and Cancer*. IARC Scientific Publications No. 138. Lyon, France.
- Berkwits, M., & Inui, T. S. (1998). Making use of qualitative research techniques. *Journal of General Internal Medicine*, 13(3), 195-199. doi:10.1046/j.1525-1497.1998.00054.x
- Bernard, H. R. (2000). *Social Research Methods: Qualitative and Quantitative Approaches*. Thousand Oaks CA: Sage Publications.
- Bernard, H. R. (2002). *Research methods in anthropology: Qualitative and quantitative approaches* (Rev. ed). Walnut Creek, CA: Alta Mira Press.
- Betz, N. E., & Klein, K. L. (1996). Relationships among measures of career self-efficacy, generalized self-efficacy, and global self-esteem. *Journal of Career Assessment*, 4(3), 285-298. doi:10.1177/106907279600400304
- Bhardwa, S. (2017, October 20). Canada is the most popular destination for international students. *Times Higher Education*. Retrieved from <https://www.timeshighereducation.com/student/news/canada-most-popular-destination-international-students>
- Billett, S. R. (2019). Dispositions, vocational knowledge and development: Sources and consequences. *Australian and New Zealand Journal of Vocational Education Research*, 5(1), 1-26.
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75. doi:10.1177/1744987107081254

- Blatchford, A. (2019). Canada aims to attract more international students by expanding presence overseas. *Global News*. Retrieved from <https://globalnews.ca/news/5166974/international-students-canada/>
- Blau, G. (1985). The measurement and prediction of career commitment. *Journal of Occupational Psychology*, 58(4), 277-288. doi:10.1111/j.2044-8325.1985.tb00201.x
- Blau, G. (2000). Job, organizational, and professional context antecedents as predictors of intent for interrole work transitions. *Journal of Vocational Behavior*, 56(3), 330-345. doi:<https://doi.org/10.1006/jvbe.1999.1718>
- Blau, G. (2007). Does a corresponding set of variables for explaining voluntary organizational turnover transfer to explaining voluntary occupational turnover? *Journal of Vocational Behavior*, 70(1), 135-148. doi:<https://doi.org/10.1016/j.jvb.2006.07.007>
- Blau, G., & Lunz, M. (1998). Testing the incremental effect of professional commitment on intent to leave one's profession beyond the effects of external, personal, and work-related variables. *Journal of Vocational Behavior*, 52(2), 260-269. doi:<https://doi.org/10.1006/jvbe.1997.1601>
- Blinc, D. M., Meixner, W. F., & Duchon, D. The measurement of organizational and professional commitment: an examination of the psychometric properties of two commonly used instruments. *Behavioral Research in Accounting*, 3, p. 1. Retrieved from <http://login.library.sheridanc.on.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=6421692&site=ehost-live&scope=site>
- Bond, A. J., Ruaro, L., & Wingrove, J. (2006). Reducing anger induced by ego threat: Use of vulnerability expression and influence of trait characteristics. *Personality and Individual Differences*, 40(6), 1087-1097. doi:<https://doi.org/10.1016/j.paid.2005.12.002>
- Bourdieu, P. (1977). Cultural reproduction and social reproduction. In J. Karabel & A. H. Halsey (Eds.), *Power and ideology in education* (pp. 487-511). New York: Oxford University Press.
- Bourdieu, P. (1984). *Distinction: a social critique of the judgment of taste*. Cambridge, MA: Harvard University Press.
- Bourdieu, P. (1986). The forms of capital. In J. G. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education* (pp. 241-239). New York: Greenwood Press.
- Bourdieu, P. (1993). *The field of cultural production: Essays in Art and Literature* (R. Johnson, Ed. & Intro.) Oxford: Polity Press.
- Bourdieu, P., & Passeron, J.-C. (2000). *Reproduction in education, society, and culture*. London: Sage Publications.
- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global qualitative nursing research*, 4, 1-8 . doi:10.1177/2333393617742282
- Breiden, S. A. (1993). Job and occupational change as a function of occupational correspondence and job satisfaction. *Journal of Vocational Behavior*, 43(1), 30-45. doi:10.1006/jvbe.1993.1028
- Bridges, W. (1980). *Transitions: Making Sense of Life's Changes*. Reading, MA: Addison-Wesley.
- Browning, D. L. (1987). Ego development, authoritarianism, and social status: An investigation of the incremental validity of Loevinger's Sentence Completion Test (Short Form). *Journal of Personality and Social Psychology*, 53(1), 113-118. doi:10.1037/0022-3514.53.1.113



- Bruce, R. A., & Scott, S. G. (1994). Varieties and commonalities of career transitions: Louis' typology revisited. *Journal of Vocational Behavior*, 45(1), 17-40.  
doi:<https://doi.org/10.1006/jvbe.1994.1024>
- Bryman, A. (2012). How many qualitative interviews is enough? In Baker, S. E., & R. Edwards (Eds.), *How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research* (pp. 18-20). Southampton, UK: National Centre for Research Methods, University of Southampton.
- Bucholtz, M. (2000). The politics of transcription. *Journal of Pragmatics*, 32(10), 1439-1465.  
doi:[https://doi.org/10.1016/S0378-2166\(99\)00094-6](https://doi.org/10.1016/S0378-2166(99)00094-6)
- Bulei, I., & Dinu, G. (2013). From identity to professional identity—A multidisciplinary approach. *Proceedings of the International Management Conference: "New Management for the New Economy,"* Bucharest, Romania, November 7-8, 2013. Retrieved from <http://conference.management.ase.ro/archives/2013/pdf/29.pdf>
- Burke, P. J. (2006). Identity change. *Social Psychology Quarterly*, 69(1), 81-96.  
doi:10.1177/019027250606900106
- Burke, P. J., & Stets, J. E. (2009). *Identity Theory*. New York, NY: Oxford University Press.
- Byrne, M. M. (2001). Evaluating the findings of qualitative research. *Aorn Journal*, 73(3), 703-706. doi: 10.1016/S0001-2092(06)61966-2
- Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2(2), 1-13.  
doi:10.1177/160940690300200201
- Canadian Bureau for International Education. (2018). *The Student's Voice: National Results of the 2018 CBIE International Student Survey*. Retrieved from [https://cbie.ca/wp-content/uploads/2018/08/Student\\_Voice\\_Report-ENG.pdf](https://cbie.ca/wp-content/uploads/2018/08/Student_Voice_Report-ENG.pdf)
- Canadian Institute for Health Information. (2013). *Pharmacist Workforce, 2012—Provincial/Territorial Highlights*. Retrieved from [https://secure.cihi.ca/free\\_products/PharmacistWorkforce2012HighlightsEN.pdf](https://secure.cihi.ca/free_products/PharmacistWorkforce2012HighlightsEN.pdf)
- Canadian Institute for Health Information. (2017). *Pharmacists*. Retrieved from <https://www.cihi.ca/en/pharmacists>
- Canadian Resident Matching Service. (2014). *R-1 match reports – 2014*. Retrieved from <http://http://www.carms.ca/pdfs/2014-CaRMS-forum-online-pdf-FINAL-EN.pdf>
- Caplan, G. (1976). The family as support system. In G. Caplan & M. Killilea (Eds.), *Support systems and mutual help: Multidisciplinary exploration* (pp. 19-36). New York: Grune & Stratton.
- Caplan, R. D., Vinokur, A. D., Price, R. H., & van Ryn, M. (1989). Job seeking, reemployment, and mental health: A randomized field experiment in coping with job loss. *Journal of Applied Psychology*, 74(5), 759-769. doi:10.1037/0021-9010.74.5.759
- Carless, S. A., & Bernath, L. (2007). Antecedents of intent to change careers among psychologists. *Journal of Career Development*, 33(3), 183-200.  
doi:10.1177/0894845306296646
- Carless, S. A., & Arnup, J. L. (2011). A longitudinal study of the determinants and outcomes of career change. *Journal of Vocational Behavior*, 78(1), 80-91.  
doi:<https://doi.org/10.1016/j.jvb.2010.09.002>
- Carson, K. D., & Bedeian, A. G. (1994). Career commitment: Construction of a measure and examination of its psychometric properties. *Journal of Vocational Behavior*, 44(3), 237-262. doi:10.1006/jvbe.1994.1017

- Chapman, D. W., & Hutcheson, S. M. (1982). Attrition from teaching careers: A discriminant analysis. *American Educational Research Journal*, 19(1), 93-105. doi:10.2307/1162370
- Charmaz, K. (1999). Stories of suffering: subjective tales and research narratives. *Qualitative Health Research*, 9(3), 362-382. doi:10.1177/104973239900900306
- Charon, M. L. (1992). *Sociology: A Conceptual Approach*. Boston: Allyn and Bacon.
- Chrisler, J. (2013). Womanhood Is Not as Easy as It Seems: Femininity Requires Both Achievement and Restraint. *Psychology of Men & Masculinity*, 14(2), 117-120. doi:10.1037/a0031005
- CICNews. (2016). Canada's immigration minister pledges to make permanent immigration easier for students. *Canada Immigration Newsletter*. Retrieved from <https://www.cicnews.com/2016/03/canadas-immigration-minister-pledges-permanent-immigration-easier-students-037492.html#gs.xq5wms>
- Clark, F. L. (1966). *Work, age, and leisure: Causes and consequences of the shortened working life*. London: Michael Joseph Ltd.
- Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: Sage Publications.
- Coffey, A. J., & Atkinson, P. A. (1996). Concepts and coding. In *Making Sense of Qualitative Data* (pp. 26-53). Thousand Oaks, CA: Sage Publications.
- Cohen, D., & Crabtree, B. (2006). Qualitative research guidelines project. Retrieved from <http://www.qualres.org/>
- Colbourne, L., & Sque, M. (2004). Split personalities: Role conflict between the nurse and the nurse researcher. *NT Research*, 9(4), 297-304. doi:10.1177/136140960400900410
- Cooper-Hakim, A., & Viswesvaran, C. (2005). The construct of work commitment: Testing an integrative framework. *Psychological Bulletin*, 131(2), 241-259. doi:10.1037/0033-2909.131.2.241
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Covell, C. L., Neiterman, E., & Bourgeault, I. L. (2016). Scoping review about the professional integration of internationally educated health professionals. *Human Resources for Health*, 14(1), 38-49. . doi:10.1186/s12960-016-0135-6
- Crandall, L. & Mohr, H. (2007). International Pharmacy Graduates in Canada: Issues and Challenges. *Canadian Issues*, 72-74.
- Creswell, J., & Creswell, J. (2007). *Qualitative inquiry & research design*. Thousand Oaks, CA: Sage Publications.
- Cutcliffe, J. R., & McKenna, H. P. (2002). When do we know that we know? Considering the truth of research findings and the craft of qualitative research. *International Journal of Nursing Studies*, 39(6), 611-618. doi: 10.1016/S0020-7489(01)00063-3
- Daft, R. L. (1997). *Management* (5th ed.). Fort Worth, TX: The Dryden Press.
- Damasio, A. R. (1994). *Descartes' error*. New York: Putnam.
- Dawis, R. V. (1996). Vocational psychology, vocational adjustment, and the workforce: Some familiar and unanticipated consequences. *Psychology, Public Policy, and Law*, 2(2), 229-248. doi:10.1037/1076-8971.2.2.229
- Deci, E. L., Koestner, R., & Ryan, R. M. (1999). A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, 125(6), 627-668.

- Defillippi, R. J., & Arthur, M. B. (1994). The boundaryless career: A competency-based Perspective. *Journal of Organizational Behavior*, 15(4), 307-324. doi:10.1002/job.4030150403
- Delecta, P. (2011). Work Life Balance. *International Journal of Current Research*, 3(4), 186-189.
- Dillard, J. P. (1993). Persuasion past and present: Attitudes aren't what they used to be. *Communication Monographs*, 60(1), 90-97. doi: 10.1080/03637759309376299
- Doering, M. M., & Rhodes, S. R. (1989). Changing careers: A qualitative study. *Career Development Quarterly*, 37(4), 316-333. doi:10.1002/j.2161-0045.1989.tb00672.x
- Donohue, R. (2007). Examining career persistence and career change intent using the career attitudes and strategies inventory. *Journal of Vocational Behavior*, 70(2), 259-276. doi:10.1016/j.jvb.2006.12.002
- Dornyei, Z. (2007). *Research methods in applied linguistics*. New York: Oxford University Press.
- Doyle, S. (2007). Member checking with older women: a framework for negotiating meaning. *Health Care for Women International*, 28(10), 888-908. doi:10.1080/07399330701615325
- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative Health Research*, 23(2), 248-255. doi:10.1177/1049732312467854
- Eagly, A. H., & Chaiken, S. (1998). Attitude structure and function. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., Vol. 1, pp. 269-322). Boston: McGraw-Hill.
- Eagly, A. H., Wood, W., & Diekmann, A. B. (2000). Social role theory of sex differences and similarities: A current appraisal. In Eckes, T. & Trautner, H. M. (Eds.), *The developmental social psychology of gender* (pp. 123-174). Mahwah, NJ: Erlbaum.
- Ebaugh, H. R. F. (1988). *Becoming an ex: The process of role exit*. Chicago: University of Chicago Press.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115. doi:10.1111/j.1365-2648.2007.04569.x
- Elvey, R., Hassell, K., & Hall, J. (2013). Who do you think you are? Pharmacists' perceptions of their professional identity. *International Journal of Pharmacy Practice*, 21(5), 322-332. doi:10.1111/ijpp.12019
- Epstein, S. (1994). Integration of the cognitive and the psychodynamic unconscious. *American Psychologist*, 49(8), 701-724. doi: 10.1037/0003-066X.49.8.709
- Erez, A., & Judge, T. A. (2001). Relationship of core self-evaluations to goal setting, motivation, and performance. *Journal of Applied Psychology*, 86(6), 1270-1279. doi:10.1037/0021-9010.86.6.1270
- Erikson, E. (1968). *Identity: Youth and Crisis*. New York: W. W. Norton.
- Erpič, S. (2001). Athletic identity and adjustment to sport career termination and to post-sport life among Slovenian athletes in the dawn of the new millennium. *Proceedings of the 10th World Congress of Sport Psychology 4* (pp. 32-34). Skiathos, Greece, May 28-Jun. 2, 2001. Thessaloniki, Greece: Christodoulidis Publications.
- Etikan, I. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4. doi:10.11648/j.ajtas.20160501.11
- Fabrigar, L., & Krentsler, M. (2013). Attitudes and Behavior. In H. Pashler (Ed.), *Encyclopedia of the Mind* (pp. 79-81 ). Thousand Oaks, CA: Sage Publications.

- Fazio, R. H., Chen, J.-m., McDonel, E. C., & Sherman, S. J. (1982). Attitude accessibility, attitude-behavior consistency, and the strength of the object-evaluation association. *Journal of Experimental Social Psychology*, 18(4), 339-357. doi:[https://doi.org/10.1016/0022-1031\(82\)90058-0](https://doi.org/10.1016/0022-1031(82)90058-0)
- Fazio, R. H., Powell, M. C., & Williams, C. J. (1989). The role of attitude accessibility in the attitude-to-behavior process. *Journal of Consumer Research*, 16(3), 280-288.
- Feldman, D. C. (2002). Second careers and multiple careers. In C. Cooper & R. Burke (Eds.), *The New World of Work* (pp. 75-94). Oxford: Basil Blackwell.
- Fernando, D. & Patriotta, G. (2020). "Us versus them": Sensemaking and identity processes in skilled migrants' experiences of occupational downgrading. *Journal of World Business*, 55(4). 101109. doi:10.1016/j.jwb.2020.101109
- Finley, A. P., Mueller, C. W., & Gurney, C. A. (2003). Organizational and professional commitment in professional and nonprofessional organizations: The case of nurse doctorates. *Research in Social Stratification and Mobility*, 20, pp. 325-358. doi: [10.1016/S0276-5624\(03\)20008-1](https://doi.org/10.1016/S0276-5624(03)20008-1)
- Fishbein, M., & Ajzen, I. (1974). Attitudes toward objects as predictors of single and multiple behavioral criteria. *Psychological Review*, 81(1), 59-74. doi: 10.1037/h0035872
- Freeman, M. (2014). The Hermeneutical Aesthetics of Thick Description. *Qualitative Inquiry*, 20(6), 827-833. doi:10.1177/1077800414530267
- Frost, N., Nolas, S. M., Brooks-Gordon, B., Esin, C., Holt, A., Mehdizadeh, L., & Shinebourne, P. (2010). Pluralism in qualitative research: the impact of different researchers and qualitative approaches on the analysis of qualitative data. *Qualitative Research*, 10(4), 441-460. doi:10.1177/1468794110366802
- Fusch, P., & Ness, L. (2015). Are We There Yet? Data Saturation in Qualitative Research. *Qualitative Report*, 20(9), 1408-1416.
- Gaither, C. A. (1999). Career commitment: a mediator of the effects of job stress on pharmacists' work-related attitudes. *Journal of the American Pharmaceutical Association* (1996), 39(3), 353-361. doi:[https://doi.org/10.1016/S1086-5802\(16\)30437-5](https://doi.org/10.1016/S1086-5802(16)30437-5)
- Gaunt, R. (2007). Maternal Gatekeeping: Antecedents and Consequences. *Journal of Family Issues*, 29(3), 373-395. doi:10.1177/0192513X07307851
- Glaser, B. G., & Strauss, A. L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine
- Glauser, W. (2018, February 6). Do students enter medicine for money and prestige or to be of service? *CMAJ News*. Retrieved from <https://cmajnews.com/2018/02/06/do-students-enter-medicine-for-money-and-prestige-or-to-be-of-service-cmaj-109-5560/>
- Goldstein, W. M., & Weber, E. U. (1995). Content and its discontents: The rise of knowledge in decision making. In J. R. Busemeyer, R. Hastie, & D. L. Medin (Eds.), *Decision making from a cognitive perspective: The psychology of learning and motivation* (Vol. 32, pp. 83-136). New York: Academic Press.
- Government of Canada. (2011). Archived—Backgrounder—Facts in Canada's immigration history. Retrieved from <http://www.cic.gc.ca/english/departement/media/backgrounders/2011/2011-06-27.asp>
- Government of Canada. (2015a). Eligibility to apply as a federal skilled workers (Express Entry). Retrieved from <http://www.cic.gc.ca/english/immigrate/skilled/apply-who.asp>

- Government of Canada. (2015b). Facts and figures 2015 – Immigration overview: Permanent residents. Annual IRCC Update. Retrieved from <https://open.canada.ca/data/en/dataset/2fbb56bd-eae7-4582-af7d-a197d185fc93>
- Government of Canada. (2019). *Canadian Occupational Projection System (COPS) - Pharmacists (3131)*. Retrieved from <http://occupations.esdc.gc.ca/sppc-cops/occupationsummarydetail.jsp?tid=109&>
- Government of Canada. (2018). Internationally Educated Health Care Professionals. Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/strategy/internationally-educated-health-care-professionals.html>
- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house.” *Administrative Issues Journal: Education Practice and Research*. doi:10.5929/2014.4.2.9
- Graves, F. (2015). Tolerance Under Pressure? *EKOS Politics*. Retrieved from <http://www.ekospolitics.com/index.php/2015/03/tolerance-under-pressure/>
- Greenhaus, J. H., Collins, K. M., & Shaw, J. D. (2003). The relation between work-family balance and quality of life. *Journal of Vocational Behavior*, 63(3), 510-531. doi:[https://doi.org/10.1016/S0001-8791\(02\)00042-8](https://doi.org/10.1016/S0001-8791(02)00042-8)
- Greenwood, E. (1957). Attributes of a Profession. *Social Work*, 2(3), 45-55. Retrieved from <http://www.jstor.org/stable/23707630>
- Griffeth, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management*, 26(3), 463-488. doi:10.1177/014920630002600305
- Grissom, J. A., & Mitani, H. (2016). Salary, Performance, and Superintendent Turnover. *Educational Administration Quarterly*, 52(3), 351–391. Doi:10.1177/0013161X15627677
- Grove, J. R., Lavalley, D., & Gordon, S. (1997). Coping with retirement from sport: The influence of athletic identity. *Journal of Applied Sport Psychology*, 9(2), 191-203. doi:10.1080/10413209708406481
- Haley, B., & Simosko, S. (2006). *Prior learning assessment and internationally trained medical laboratory technologists: Capstone report*. Retrieved from [https://www.csmls.org/csmls/media/documents/publications/reports/capstone\\_and\\_executive\\_summary.pdf](https://www.csmls.org/csmls/media/documents/publications/reports/capstone_and_executive_summary.pdf)
- Hall, D. T. (1971). A theoretical model of career subidentity development in organizational settings. *Organizational Behavior and Human Performance*, 6(1), 50-76. doi:[https://doi.org/10.1016/0030-5073\(71\)90005-5](https://doi.org/10.1016/0030-5073(71)90005-5)
- Hall, D. (1976). *Careers in organizations* Pacific Palisades, CA: Goodyear Publishing.
- Hall, P., Kelly, E., Dojeiji, S., Byszewski, A., & Marks, M. (2004). Communication skills, cultural challenges and individual support: challenges of international medical graduates in a Canadian healthcare environment. *Medical Teacher*, 26(2), 120-125. doi: 10.1080/01421590310001653982
- Hall, R. H. (1968). Professionalization and Bureaucratization. *American Sociological Review*, 33(1), 92-104. doi:10.2307/2092242
- Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, 31(3), 498-501. doi:10.1093/humrep/dev334



- Hammer, D. P. (2000). Professional attitudes and behaviors: The "A's and B's" of professionalism. *American Journal of Pharmaceutical Education*, 64, pp. 455-464.
- Hansell, S., Sparacino, J., Ronchi, D., & Strodbeck, F. L. (1984). Ego development responses in written questionnaires and telephone interviews. *Journal of Personality and Social Psychology*, 47(5), 1118-1128. doi:10.1037/0022-3514.47.5.1118
- Hardaway, C. & McLoyd, V. (2009). Escaping poverty and securing middle class status: how race and socioeconomic status shape mobility prospects for African Americans during the transition to adulthood. *Journal of youth and adolescence*, 38(2), 242-256. doi:10.1007/s10964-008-9354-z
- Harding, G., & Taylor, K. (2001). Pharmacy as a Profession. In K. Taylor & G. Harding (Eds.), *Pharmacy Practice* (pp. 187–202). London: Taylor and Francis.
- Hardy, L., Beattie, S., & Woodman, T. (2007). Anxiety-induced performance catastrophes: Investigating effort required as an asymmetry factor. *British Journal of Psychology* 98(1), 15-31. doi:10.1348/000712606X103428
- Harper, B. (1995). Male occupational mobility in Britain. *Oxford Bulletin of Economics & Statistics*, 57(3), 349-369. <https://doi.org/10.1111/j.1468-0084.1995.mp57003005.x>
- Harper, M., & Cole, P. (2012). Member Checking: Can Benefits Be Gained Similar to Group Therapy? *Qualitative Report*, 17(2), 1-8.
- Health Canada. (2015). *Harper Government helping internationally educated health professionals work in Canada* [News release]. Retrieved from <https://www.newswire.ca/news-releases/harper-government-helping-internationally-educated-health-professionals-work-in-canada-517354041.html>
- Heppner, M. J., Multon, K. D., & Johnston, J. A. (1994). Assessing psychological resources during career change: Development of the career transitions inventory. *Journal of Vocational Behavior*, 44(1), 55-74. doi:10.1006/jvbe.1994.1004
- Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The Motivation to Work* (2nd ed.). John Wiley
- Hesse-Biber, S. N., & Leavy, P. L. (2007). *Feminist research practice: A primer*. Thousand Oaks, CA: Sage Publications.
- Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, 94(3), 319-340. doi:10.1037/0033-295X.94.3.319
- Higgins, M. C. (2001). Changing Careers: The Effects of Social Context. *Journal of Organizational Behavior*, 22(6), 595-618. doi:10.1002/job.104
- Hogan, K. (2008). Integrating International Pharmacy Graduates into the Workforce. *Canadian Pharmacists Journal*, 141(4), 252-252. doi:10.3821/1913701X2008141252
- Hogg, M. A., & Abrams, D. (1988). *Social Identifications: A social psychology of intergroup relations and group processes*. London: Routledge.
- Holloway, I., & Biley, F. C. (2011). Being a Qualitative Researcher. *Qualitative Health Research*, 21(7), 968-975. doi:10.1177/1049732310395607
- Homburg, V. M. F., Heijden, B. I. J. M. v. d., & Valkenburg, L. (2013). Why do nurses change jobs? An empirical study on determinants of specific nurses' post-exit destinations. *Journal of Nursing Management*, 21(6), 817-826. doi:10.1111/jonm.12142
- Hopson, B., & Adams, J. (1976). Towards an understanding of transition: defining some boundaries and transition dynamics. In J. Adams, J. Hayes, & B. Hopson (Eds.), *Transition—Understanding and Managing Personal Change* (pp. 3-25). Montclair, NJ: Allanheld, Osumn & Co.

- Howard, J. A. (2000). Social psychology of identities. *Annual Review of Sociology*, 26, pp. 367-393. Retrieved from <http://www.jstor.org/stable/223449>
- Hughes, E. C. (1937). Institutional office and the person. *American Journal of Sociology*, 43(3), 404-413. doi:10.1086/217711
- Ibarra, H. (2004). Career transition and change. *Insead Working Paper Series*. Fontainebleau, France. Retrieved from [https://flora.insead.edu/fichiersti\\_wp/inseadwp2004/2004-97.pdf](https://flora.insead.edu/fichiersti_wp/inseadwp2004/2004-97.pdf)
- Immigration, Refugees and Citizenship Canada. (2015). Express Entry year-end report 2015. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/express-entry-year-end-report-2015.html>
- Immigration, Refugees and Citizenship Canada. (2018a). *2018 Annual Report to Parliament on Immigration*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/annual-report-parliament-immigration-2018/report.html>
- Immigration, Refugees and Citizenship Canada. (2018b). Eligibility for Express Entry programs. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/eligibility.html>
- Immigration, Refugees and Citizenship Canada. (2018c). Eligibility to apply as a Federal Skilled Worker (Express Entry). Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/eligibility/federal-skilled-workers.html>
- Immigration, Refugees and Citizenship Canada. (2019a). Express Entry rounds of invitations. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/submit-profile/rounds-invitations.html>
- Immigration, Refugees and Citizenship Canada. (2019b). How the Provincial Nominee Program (PNP) works. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/provincial-nominees/works.html>
- Immigration, Refugees and Citizenship Canada. (2019c). Temporary Residents: Study Permit Holders—Monthly IRCC Updates. Retrieved from <https://open.canada.ca/data/en/dataset/90115b00-f9b8-49e8-afa3-b4cff8facaee>
- Immigration, Refugees and Citizenship Canada. (2020a). Eligibility to apply for the Canadian Experience Class (Express Entry). Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/eligibility/canadian-experience-class.html>
- Immigration, Refugees and Citizenship Canada. (2020b). Eligibility to apply for the Federal Skilled Trades Program (Express Entry). Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/eligibility/skilled-trades.html>
- Jackson, D., Daly, J., Davidson, P., Elliott, D., Cameron-Traub, E., Wade, V., . . . Salamonson, Y. (2000). Women recovering from first-time myocardial infarction (MI): a feminist qualitative study. *Journal of Advanced Nursing*, 32(6), 1403-1411. doi:10.1046/j.1365-2648.2000.01622.x
- Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, 17(42), 1-10.

- Jardine, D. W. (1992). The fecundity of the individual case: considerations of the pedagogic heart of interpretive work. *Journal of Philosophy of Education*, 26(1), 51-61. doi:10.1111/j.1467-9752.1992.tb00264.x
- Jassim, G. A., & Whitford, D. L. (2014). Understanding the experiences and quality of life issues of Bahraini women with breast cancer. *Social Science and Medicine*, 107, pp. 189-195. doi:10.1016/j.socscimed.2014.01.031
- Jauch, L. R., Glueck, W. F., & Osborn, R. N. (1978). Organizational loyalty, professional commitment, and academic research productivity. *Academy of Management Journal*, 21(1), 84-92. doi:10.2307/255664
- Jeans, M. E., Hadley, F., Green, J., & Da Prat, C. (2005). *Navigating to become a nurse in Canada: Assessment of international nurse applicants (final report)*. Ottawa, ON: Canadian Nurses Association. Retrieved from [https://www.cna-aiic.ca/~media/cna/page-content/pdf-fr/ien\\_technical\\_report\\_e.pdf?la=en](https://www.cna-aiic.ca/~media/cna/page-content/pdf-fr/ien_technical_report_e.pdf?la=en)
- Jenkins, R. (1996). *Social Identity*. London: Routledge.
- Johnson, K., & Bauml, B. (2011). *Assessing the workforce integration of internationally educated health professionals*. Hamilton, ON: Canadian Society for Medical Laboratory Science. Retrieved from [https://www.csmls.org/csmls/media/documents/publications/CSMLS-KS-0001\\_WFI\\_Report\\_ENG.pdf](https://www.csmls.org/csmls/media/documents/publications/CSMLS-KS-0001_WFI_Report_ENG.pdf)
- Johnson, M., Cowin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing: contemporary theoretical developments and future research challenges. *International Nursing Review*, 59(4), 562-569. doi:10.1111/j.1466-7657.2012.01013.x
- Kahn, R. L., & Antonucci, T. E. (1980). Convoys over the life course: Attachment, roles, and social support. In P. B. Baltes & O. G. Brim (Eds.), *Life-span development and behavior* (pp. 383-405). New York, NY: Academic Press.
- Kanchier, C., & Unruh, W. R. (1989). Factors influencing career change. *International Journal for the Advancement of Counselling*, 12(4), 309-321. doi:10.1007/BF00123259
- Kanungo, R. N. (1982). Measurement of job and work involvement. *Journal of Applied Psychology*, 67(3), 341-349. doi:10.1037/0021-9010.67.3.341
- Karasawa, M., Curhan, K. B., Markus, H. R., Kitayama, S. S., Love, G. D., Radler, B. T., & Ryff, C. D. (2011). Cultural perspectives on aging and well-being: a comparison of Japan and the United States. *International Journal of Aging and Human Development*, 73(1), 73-98. doi:10.2190/AG.73.1.d
- Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power Relations in Qualitative Research. *Qualitative Health Research*, 19(2), 279-289. doi:10.1177/1049732308329306
- Kerr, S., Von Glinow, M. A., & Fulk, J. (1977). Issues in the study of "professionals" in organizations: The case of scientists and engineers. *Organizational Behavior and Human Performance*, 18(2), 329-345. doi:10.1016/0030-5073(77)90034-4
- Khapova, S., Arthur, M. B., Wilderom, C. P. M., & Svensson, J. (2007). Professional identity as the key to career change intention. *Career Development International*, 12(7), 584-595. doi:10.1108/13620430710834378
- Kidd, J. M., & Green, F. (2006). The careers of research scientists: Predictors of three dimensions of career commitment and intention to leave science. *Personnel Review*, 35(3), 229-251. doi:10.1108/00483480610656676
- Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing and Health*, 40(1), 23-42. doi:10.1002/nur.21768



- Kim, M.-S., & Hunter, J. E. (1993). Attitude-behavior relations: A meta-analysis of attitudinal relevance and topic. *Journal of Communication*, 43(1), 101-142.
- Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, 6(5), 26-41. doi:10.5430/ijhe.v6n5p26
- Kondracki, N. L., Wellman, N. S., & Amundson, D. R. (2002). Content analysis: Review of methods and their applications in nutrition education. *Journal of Nutrition Education and Behavior*, 34(4), 224-230. doi:https://doi.org/10.1016/S1499-4046(06)60097-3
- Krech, D., Crutchfield, R. S., & Ballachey, E. L. (1962). *The Individual in Society: A Textbook of Social Psychology*. New York: McGraw-Hill.
- Landine, J. R. (2016). The relationship between vocational self-concept crystallization, ego-identity status, and occupational indecision, as mediated by rational or experiential processing. *Canadian Journal of Counselling and Psychotherapy*, 50(1), 1-17.
- LaPiere, R. T. (1934). Attitudes vs. actions. *Social Forces*, 13, pp. 230-237.
- Larson, M. S. (1977). *The Rise of Professionalism*. Berkeley: University of California Press.
- Law, A. V., Okamoto, M. P., & Brock, K. (2008). Perceptions of Medicare Part D enrollees about pharmacists and their role as providers of medication therapy management. *Journal of the American Pharmacists Association*, 48(5), 648-653.
- Lawrence, B. S. (1980). The Myth of the Midlife Crisis. *Sloan Management Review*, 21(4), 35-49.
- Lazarus, A. A. (1968). Learning theory and the treatment of depression. *Behaviour Research and Therapy*, 6(1), 83-89.
- Leary, M. R., Terry, M. L., Batts Allen, A., & Tate, E. B. (2009). The concept of ego threat in social and personality psychology: Is ego threat a viable scientific construct? *Personality and Social Psychology Review*, 13(3), 151-164. doi:10.1177/1088868309342595
- Lee, K., Carswell, J. J., & Allen, N. J. (2000). A meta-analytic review of occupational commitment: Relations with person- and work-related variables. *Journal of Applied Psychology*, 85(5), 799-811. doi:10.1037/0021-9010.85.5.799
- Lewis, J., & Thomas, K. (1987). Occupational Change and Career Development amongst Graduate Engineers and Scientists. *British Journal of Guidance & Counselling*, 15(2), 182-196. doi:10.1080/0306988708253531
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Liss, M., Schiffrin, H., Mackintosh, V., Miles-McLean, K., & Erchull, M. (2012). Development and Validation of a Quantitative Measure of Intensive Parenting Attitudes. *Journal of Child and Family Studies*, 22(5), 621-636. doi:10.1007/s10826-012-9616-y
- Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation. A 35-year odyssey. *American Psychologist*, 57(9), 705-717. doi:10.1037//0003-066x.57.9.705
- Locke, E. A. (2007). The case for inductive theory building. *Journal of Management*, 33(6), 867-890. doi:10.1177/0149206307307636
- Loevinger, J. (1979). Construct validity of the sentence completion test of ego development. *Applied Psychological Measurement*, 3(3), 281-311. doi:10.1177/014662167900300301
- Lofters, A., Slater, M., Fumakia, N., & Thulien, N. (2014). "Brain drain" and "brain waste": experiences of international medical graduates in Ontario. *Risk Management and Healthcare Policy*, 7, pp. 81-89. doi:10.2147/RMHP.S60708

- Louis, M. R. (1980). Career transitions: varieties and commonalities. *Academy of Management Review*, 5(3), 329-340. doi:10.2307/257108
- Lucas, D. (2010). Rank, Status, and Role. In H. J. Birx (Ed.), *21st Century Anthropology: A Reference Handbook*. (pp. 746-755). London, UK: Sage Publications.
- Lum, L., Bradley, P. & Rasheed, N. (2011). Accommodating learning styles in international bridging education programs. *Higher Education, Skills and Work - Based Learning*, 1(2), 147-168. doi:10.1108/20423891111128917
- Mahamed, A., Gregory, P., & Austin, Z. (2006). "Testwiseness" among international pharmacy graduates and Canadian senior pharmacy students. *American Journal of Pharmaceutical Education*, 70(6), 131. doi: 10.5688/aj7006131.
- Malik, A., Manroop, L. & Singh, P. (2017). Self-initiated international career transition: a qualitative case study of Pakistani immigrants to Canada. *European Business Review*, 29(5), 584-602. doi:10.1108/EBR-09-2016-0127
- Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet*, 358(9280), 483-488. doi:10.1016/S0140-6736(01)05627-6
- Marcussen, K., & Large, M. (2003). Using identity discrepancy theory to predict psychological distress. In *Advances in Identity Theory and Research*, P. J. Burke, T. J. Owens, R. T. Serpe, & P. A. Thoits (Eds.), (pp. 151-164).
- Markey, J. P., & Parks, W. (1989). Occupational change: pursuing a different kind of work. *Monthly Labor Review*, 112(9), 3-12.
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13(6), 522-526. doi:10.1093/fampra/13.6.522
- Martin, L. A., Fogarty, G. J., & Albion, M. J. (2014). Changes in Athletic Identity and Life Satisfaction of Elite Athletes as a Function of Retirement Status. *Journal of Applied Sport Psychology*, 26(1), 96-110. doi:10.1080/10413200.2013.798371
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396. doi:10.1037/h0054346
- Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(3). n/a
- Maurer, T. W. (2006). Cognitive dissonance or revenge? Student grades and course evaluations. *Teaching of Psychology*, 33(3), 176-179. doi:10.1207/s15328023top3303\_4
- Mauthner, N., & Doucet, A. (1998). Reflections on a voice-centred relational method: Analysing maternal and domestic voices. In J. Ribbens & R. Edwards (Eds.), *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*: Thousand Oaks, CA: Sage Publications.
- McCrank, J. (2010, September 28). Canada immigration policy critics call for overhaul. Reuters. Retrieved from <https://ca.reuters.com/article/domesticNews/idCATRE68R62920100928>
- McGinley, S., O'Neill, J., Damaske, S., & Mattila, A. S. (2014). A grounded theory approach to developing a career change model in hospitality. *International Journal of Hospitality Management*, 38, pp. 89-98. doi:<https://doi.org/10.1016/j.ijhm.2014.01.003>
- McGuire, M., & Murphy, S. (2005). The internationally educated nurse. *Canadian Nurse*, 101(1), 25-29. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/15776715/>
- McMahon, T. (2013, April 24). Why the world's best and brightest struggle to find jobs in Canada. *Macleans's*. Retrieved from <http://www.macleans.ca/economy/business/land-of-misfortune/>

- McManus, F., Waller, G., & Chadwick, P. (1996). Biases in the processing of different forms of threat in bulimic and comparison women. *Journal of Nervous and Mental Disease*, 184(9), 547-554. doi: 10.1097/00005053-199609000-00006
- Meeussen, L. & Van Laar, C. (2018). Feeling Pressure to Be a Perfect Mother Relates to Parental Burnout and Career Ambitions. *Frontiers in psychology*, 9, 2113-2113. doi:10.3389/fpsyg.2018.02113
- Meyer, C., Waller, G., & Watson, D. (2000). Cognitive avoidance and bulimic psychopathology: The relevance of temporal factors in a nonclinical population. *International Journal of Eating Disorders*, 27(4), 405-410. doi:10.1002/(SICI)1098-108X(200005)27:4<405::AID-EAT4>3.0.CO;2-H
- Meyer, J. P., & Allen, N. J. (1997). *Commitment in the Workplace: Theory, Research, and Application*. Thousand Oaks, CA: Sage Publications.
- Mignonac, K. (2008). Individual and contextual antecedents of older managerial employees' willingness to accept intra-organizational job changes. *International Journal of Human Resource Management*, 19(4), 582-599. doi:10.1080/09585190801953624
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis: An Expanded Source Book* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Ministry of Labour, Training, and Skills Development. (2020). Ontario Immigrant Nominee Program (OINP). Retrieved from <https://www.ontario.ca/page/ontario-immigrant-nominee-program-oinp>
- Mobley, W. H., Horner, S. O., & Hollingsworth, A. T. (1978). An evaluation of precursors of hospital employee turnover. *Journal of Applied Psychology*, 63(4), 408-414. doi:10.1037/0021-9010.63.4.408
- Mobley, W. H., Griffeth, R. W., Hand, H. H., & Meglino, B. M. (1979). Review and conceptual analysis of the employee turnover process. *Psychological Bulletin*, 86(3), 493-522. doi:10.1037/0033-2909.86.3.493
- Mondy, R. W., Holmes, R. E., & Flippo, E. B. (1940). *Management: Concepts and Practices*. Boston: Allyn and Bacon.
- Morrow, P. C. (1983). Concept redundancy in organizational research: The case of work commitment. *Academy of Management Review*, 8(3), 486-500. doi:10.2307/257837
- Morse, J. M. (2015). "Data were saturated . . . ". *Qualitative Health Research*, 25(5), 587-588. doi:10.1177/1049732315576699
- Mowday, R. T., Steers, R. M., & Porter, L.W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14(2), 224-247. doi: 10.1016/0001-8791(79)90072-1
- Mueller, C. W., Wallace, J. E., & Price, J. L. (1992). Employee commitment: Resolving some issues. *Work and Occupations*, 19(3), 211-236. doi:10.1177/0730888492019003001
- Naegeli, A. N., Flood, E., Tucker, J., Devlen, J., & Edson-Heredia, E. (2013). The patient experience with fatigue and content validity of a measure to assess fatigue severity: qualitative research in patients with ankylosing spondylitis (AS). *Health and Quality of Life Outcomes*, 11, 192. doi:10.1186/1477-7525-11-192.
- National Association of Pharmacy Regulatory Authorities. (2019). National Statistics. Retrieved from <https://napra.ca/national-statistics>
- Nashleanas, B. M., McKernan, S. C., Kuthy, R. A., & Qian, F. (2014). Career influences among final year dental students who plan to enter private practice. *BMC Oral Health*, 14(1), 18. doi:10.1186/1472-6831-14-18

- National Association of Career Colleges, a. c. A. a. A. M., 2015. (2015). Alternative Career Pathways. Retrieved from <http://nacc.ca/alternative-career-pathways/immigrant-serving-organizations/>
- Neapolitan, J. (1980). Occupational change in mid-career: An exploratory investigation. *Journal of Vocational Behavior*, 16(2), 212-225. doi: 10.1016/0001-8791(80)90052-4
- Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description - the poor cousin of health research? *BMC Medical Research Methodology*, 9, 52. doi:10.1186/1471-2288-9-52
- Nelson, J. (2017). Using conceptual depth criteria: Addressing the challenge of reaching saturation in qualitative research. *Qualitative Research*, 17(5), 554-570. doi:10.1177/1468794116679873
- Nicholson, N. (1984). A theory of work role transitions. *Administrative Science Quarterly*, 29(2), 172-191. doi:10.2307/2393172
- Nicholson, N., & West, M. (1989). Transitions, work histories, and careers. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (Eds.), *Handbook of career theory* (pp. 181-201). Cambridge, UK: Cambridge University Press.
- O'Reilly, M., & Parker, N. (2013). 'Unsatisfactory Saturation': a critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research*, 13(2), 190-197. doi:10.1177/1468794112446106
- Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), *Doing feminist research* (pp. 30-61). London: Routledge & Kegan Paul.
- Ontario College of Pharmacists. (2019). *2018 Annual Report—Measuring Performance/Improving Outcomes*. Retrieved from [http://www.ocpinfo.com/library/annual-reports/download/ocp\\_annual\\_report\\_2018.pdf](http://www.ocpinfo.com/library/annual-reports/download/ocp_annual_report_2018.pdf)
- Ormerod, R. J. (2009). The history and ideas of critical rationalism: the philosophy of Karl Popper and its implications for OR. *Journal of the Operational Research Society*, 60(4), 441-460. doi:10.1057/palgrave.jors.2602573
- Osinsky, P., & Mueller, C. W. (2004). Professional commitment of Russian provincial specialists. *Work and Occupations*, 31(2), 193-224. doi:10.1177/0730888404263899
- Ostroff, C., & Clark, M. A. (2001). Maintaining an internal market: Antecedents of willingness to change jobs. *Journal of Vocational Behavior*, 59(3), 425-453. doi:10.1006/jvbe.2001.1801
- Ozguner, Z., & Ozguner, M. (2014). A Managerial Point of View on the Relationship between of [sic] Maslow's Hierarchy of Needs and Herzberg's Dual Factor Theory. *International Journal of Business and Social Science*, 5(7), 207-215.
- Palys, T. (2008). Purposive sampling. In L. Given (Ed.), *The Sage Publications Encyclopedia of Qualitative Research Methods* (2nd ed.) pp. 697-698. Thousand Oaks, CA: Sage Publications.
- Parahoo, K. (2014). *Nursing research principles, process and issues* (3rd ed.). Basingstoke, UK: Palgrave Macmillan.
- Parker, C., & Lewis, R. (1981). Beyond the Peter Principle—Managing successful transitions. *Journal of European Industrial Training*, 5(6), 17-21. doi:10.1108/eb002373
- Parrado, E., Caner, A., & Wolff, E. N. (2007). Occupational and industrial mobility in the United States. *Labour Economics*, 14(3), 435-455. doi:<https://doi.org/10.1016/j.labeco.2006.01.005>
- Parsons, F. (1909). *Choosing a vocation*. Boston: Houghton Mifflin Co.

- Parsons, T. (1951). *The Social System*. Glencoe, IL: Free Press.
- Patel, D. (2019). Missing the other half: Considering institutional experiential training for international pharmacy graduates in Ontario. *Canadian Pharmacists Journal*, 152(5), 288-290. doi:10.1177/1715163519857742
- Pearlin, L. I. (1980). Life-strains and psychological distress among adults. In N. J. Smelser & E. Erikson (Eds.), *Themes of work and love in adulthood*. (pp. 174-192). Cambridge, MA: Harvard University Press.
- Pharmacy Examining Board of Canada. (2018). Pharmacist Evaluating Examination. Examination Results. Retrieved from [https://www.pebc.ca/index.php/ci\\_id/3125/la\\_id/1.htm](https://www.pebc.ca/index.php/ci_id/3125/la_id/1.htm)
- Pendergast, J. F., Kimberlin, C. L., Berardo, D. H., & McKenzie, L. C. (1995). Role orientation and community pharmacists' participation in a project to improve patient care. *Social Science & Medicine*, 40(4), 557-565. doi:10.1016/0277-9536(94)E0106-3
- Pereprlkin, J. (2011). Public opinion of pharmacists and pharmacist prescribing. *Canadian Pharmacists Journal*, 144(2), 86-93. doi: 10.3821/1913-701X-144.2.86
- Perloff, R. M. (2003). *The Dynamic of Persuasion: Communication and Attitudes in the 21st Century* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.
- Petty, R. E., & Cacioppo, J. T. (1996). *Attitudes and Persuasion: Classic and Contemporary Approaches*. Boulder, CO: Westview Press.
- Pharmacists' Gateway Canada. (2014a). What You Need to Know: Steps to Licensure. Retrieved from <https://www.pharmacistsgatewaycanada.ca/what-steps-to-licensure.html>
- Pharmacists' Gateway Canada. (2014b). What You Need to Know - Costs and Time to Licensure. Retrieved from <https://www.pharmacistsgatewaycanada.ca/what-costs-and-time.html>
- Phifer, P. (2003). *College Majors & Careers: A Resource Guide for Effective Life Planning* (5th ed.). New York: Ferguson Publications.
- Pillow, W. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), 175-196. doi:10.1080/0951839032000060635
- Poletti, T., Balabanova, D., Ghazaryan, O., Kocharyan, H., Hakobyan, M., Arakelyan, K., & Normand, C. (2007). The desirability and feasibility of scaling up community health insurance in low-income settings—lessons from Armenia. *Social Science and Medicine*, 64(3), 509-520. doi:10.1016/j.socscimed.2006.09.005
- Porter, L. W., & Steers, R. M. (1973). Organizational, work, and personal factors in employee turnover and absenteeism. *Psychological Bulletin*, 80(2), 151-176. doi:10.1037/h0034829
- Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59(5), 603-609.
- Poulsen, K. M. (2006). Implementing successful mentoring programs: career definition vs. mentoring approach. *Industrial and Commercial Training*, 38(5), 251-258. doi:10.1108/00197850610677715
- Primeau, L. A. (2003). Reflections on self in qualitative research: stories of family. *American Journal of Occupational Therapy*, 57(1), 9-16. doi:10.5014/ajot.57.1.9
- Rager, K. B. (2005). Self-care and the qualitative researcher: When collecting data can break your heart. *Educational Researcher*, 34(4), 23-27. doi:10.3102/0013189X034004023

- Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A. (2016). Researcher-researched relationship in qualitative research: Shifts in positions and researcher vulnerability. *International Journal of Qualitative Studies on Health and Well-Being*, 11, 30996-30996. doi:10.3402/qhw.v11.30996
- Reitz, J. G. (2001). Immigrant skill utilization in the Canadian labour market: Implications of human capital research. *Journal of International Migration and Integration*, 2(3), 347-378.
- Reitz, J. G. (2011, October). *Pro-immigration Canada: social and economic roots of popular views*. Paper presented at the Institute for Research on Public Policy, Montreal, QC.
- Reitz, J. G. (2011). Taxi driver syndrome: Behind-the-scenes changes are creating new problems on top of old ones. *Literary Review of Canada*, 19(2), 20.
- Reynolds, L., Masters, S. H., & Moses, C. H. (1986). *Readings in labor economics and labor relations*. Englewood Cliffs, NJ: Prentice Hall.
- Rhodes, S. R., & Doering, M. (1983). An integrated model of career change. *Academy of Management Review*, 8(4), 631-639. doi:10.2307/258264
- Rhodes, S. R., & Doering, M. M. (1993). Intention to change careers: Determinants and process. *Career Development Quarterly*, 42(1), 76-92. doi:10.1002/j.2161-0045.1993.tb00250.x
- Robbins, S. P., & Judge, T. A. (2008). *Organizational behavior* (13th ed.). New Jersey: Pearson Higher Education.
- Rose, K. (1994). Unstructured and semi-structured interviewing. *Nurse Researcher*, 1(3), 23-32. doi:10.7748/nr.1.3.23.s4
- Roseman, I. J. (1983). *Cognitive determinants of emotions*. Beverly Hills, CA: Sage Publications
- Rossouw, J. E., Anderson, G. L., Prentice, R. L., LaCroix, A. Z., Kooperberg, C., Stefanick, M. L., Jackson, R. D., Beresford, S. A., Howard, B. V., Johnson, K. C., Kotchen, J. M., & Ockene, J. (2002). Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. *Journal of the American Medical Association*, 288(3), 321-333. doi:10.1001/jama.288.3.321
- Rubin, H., & Rubin, I. (2011). *Qualitative Interviewing: The Art of Hearing Data* (3rd ed.). London: Sage Publications
- Ryan, F., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research: the one-to-one interview. *International Journal of Therapy and Rehabilitation*, 16(6), 309-314. doi:10.12968/ijtr.2009.16.6.42433
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science*, 16(2), 1-8. Retrieved from [http://journals.lww.com/advancesinnursingscience/Fulltext/1993/12000/Rigor\\_or\\_rigor\\_mortis\\_\\_The\\_problem\\_of\\_rigor\\_in.2.aspx](http://journals.lww.com/advancesinnursingscience/Fulltext/1993/12000/Rigor_or_rigor_mortis__The_problem_of_rigor_in.2.aspx)
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing and Health*, 23(4), 334-340. doi:10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g
- Sandelowski, M. (2008). Theoretical saturation. In L. Given (Ed.), *The Sage Publications Encyclopedia of Qualitative Research Methods*. Thousand Oaks, CA: Sage Publications.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality and Quantity*, 52(4), 1893-1907. doi:10.1007/s11135-017-0574-8

- Savickas, M. L. (2013). Career construction theory and practice. In R. W. Lent & S. D. Brown (Eds.), *Career Development and Counselling: Putting Theory and Research to Work* (2nd ed., pp. 147-183). Hoboken, NJ: John Wiley & Sons.
- Schermerhorn, J. R. Jr. (2012). *Management* (12th ed.). Hoboken, NJ: John Wiley & Sons.
- Schlossberg, N. K. (1981). A Model for Analyzing Human Adaptation to Transition. *Counseling Psychologist*, 9(2), 2-18. doi:10.1177/001100008100900202
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 189-214). Thousand Oaks, CA: Sage Publications.
- Shafir, E., Simonson, I., & Tversky, A. (1993). Reason-based choice. *Cognition*, 49(1-2), 11-36. doi: 10.1016/0010-0277(93)90034-S
- Sharma, G. (2017). Pros and cons of different sampling techniques. *International Journal of Applied Research*, 3(7), 749-752.
- Silverthorne, J., Price, G., Hanning, L., Scanlan, J., & Cantrill, J. (2003). Factors that Influence the Career Choices of Pharmacy Undergraduates. *Pharmacy Education*, 3(3), 161-167. Retrieved from <https://pharmacyeducation.fip.org/pharmacyeducation/article/view/46/32>
- Simon, H. A. (1986). Rationality in Psychology and Economics. *The Journal of Business*, 59(4), S209-S224. doi:10.1086/296363
- Singh, R., Zhang, Y., Wan, M., & Fouad, N. A. (2018). Why do women engineers leave the engineering profession? The roles of work–family conflict, occupational commitment, and perceived organizational support. *Human Resource Management*, 57(4), 901-914. doi:10.1002/hrm.21900
- Slay, H. S., Taylor, M. S., & Williamson, I. O. (2004). *Midlife transition decision processes and career success: The role of identity, networks and shocks*. Paper presented at the Academy of Human Resources Development, Austin, TX. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.574.1046&rep=rep1&type=pdf>
- Smith, D., & Hall, M. (2008). An Empirical Examination of a Three-Component Model of Professional Commitment among Public Accountants. *Behavioral Research in Accounting*, 20(1), 75-92. doi:10.2308/bria.2008.20.1.75
- Somers, M. J., & Birnbaum, D. (1998). Work-related commitment and job performance: It's also the nature of the performance that counts. *Journal of Organizational Behavior*, 19(6), 621-634.
- Spector, P. E. (1997). *Job satisfaction: Application, assessment, causes, and consequences*. London: Sage Publications.
- St. John, W., & Johnson, P. (2000). The pros and cons of data analysis software for qualitative research. *Journal of Nursing Scholarship*, 32(4), 393-397. doi:10.1111/j.1547-5069.2000.00393.x
- Stacey, J. (1988). Can there be a feminist ethnography? *Women's Studies International Forum*, 11(1), 21-27. doi: 10.1016/0277-5395(88)90004-0
- Stanley, M. (2015). Qualitative descriptive: a very good place to start. In S. Nayar & M. Stanley (Eds.), *Qualitative Research Methodologies for Occupational Science and Therapy* (1st ed., pp. 21-36). New York: Routledge.
- Statistics Canada. (2006). Study: Immigrants who leave Canada. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/060301/dq060301b-eng.htm>

- Statistics Canada. (2019). Canada's population estimates, first quarter 2019. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/190619/dq190619c-eng.htm>
- Steers, R. M., & Mowday, R. T. (1981). Employee turnover and post-decision accommodation processes. In L. L. Cummings & B. M. Staw (Eds.), *Research in organizational behavior* (Vol. 3, pp. ). Greenwich, CT: JAI Press.
- Stets, J. E., & Burke, P. J. (2014). Self-Esteem and Identities. *Sociological Perspectives*, 57(4), 409-433. doi: 10.1177/0731121414536141
- Strauman, T. J. (1992). Self-guides, autobiographical memory, and anxiety and dysphoria: toward a cognitive model of vulnerability to emotional distress. *Journal of Abnormal Psychology*, 101(1), 87-95. doi: 10.1037//0021-843x.101.1.87
- Strauss, A. L., & Corbin, J. M., (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Strauss, G. (1963). Professionalism and occupational associations. *Industrial Relations: A Journal of Economy and Society*, 2(3), 7-31. doi:10.1111/j.1468-232X.1963.tb00287.x
- Stryker, S., & Burke, P. J. (2000). The past, present, and future of an identity theory. *Social Psychology Quarterly*, 63(4), 284-297. doi:10.2307/2695840
- Stucke, T. S., & Sporer, S. L. (2002). When a grandiose self-image is threatened: Narcissism and self-concept clarity as predictors of negative emotions and aggression following ego-threat. *Journal of Personality*, 70(4), 509-532. doi:10.1111/1467-6494.05015
- Suddaby, R. (2006). From the editors: What grounded theory is not. *Academy of Management Journal*, 49(4), 633-642. doi:10.5465/AMJ.2006.22083020
- Suen, L. J., Huang, H. M., & Lee, H. H. (2014). A comparison of convenience sampling and purposive sampling. *Hu Li Za Zhi [Journal of Nursing]*, 61(3), 105-111. doi:10.6224/jn.61.3.105
- Sullivan-Bolyai, S., Bova, C., & Harper, D. (2005). Developing and refining interventions in persons with health disparities: The use of qualitative description. *Nursing Outlook*, 53(3), 127-133. doi:10.1016/j.outlook.2005.03.005
- Super, D. E. (1980). A life-span, life-space approach to career development. *Journal of Vocational Behavior*, 16(3), 282-298. doi:https://doi.org/10.1016/0001-8791(80)90056-1
- Super, D. E., & Knasel, E. G. (1981). Career development in adulthood: Some theoretical problems and a possible solution. *British Journal of Guidance & Counselling*, 9(2), 194-201. doi:10.1080/03069888108258214
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246. doi:10.1177/1098214005283748
- Thompson, C. (1999). If you could just provide me with a sample: Examining sampling in qualitative and quantitative research papers. *Evidence-Based Nursing*, 2(3), 68-70. doi:10.1136/ebn.2.3.68
- Tod, A. (2006). Interviewing In K. Gerrish & A. Lacey (Eds.), *The Research Process in Nursing* (pp. 337-352). Oxford: Blackwell Publishing.
- Tremblay, M., Wils, T., & Proulx, C. (2002). Determinants of career path preferences among Canadian engineers. *Journal of Engineering and Technology Management*, 19(1), 1-23. doi:10.1016/S0923-4748(01)00043-1
- Triandis, H. C. (1990). Cross-Cultural Studies of Individualism and Collectivism. In J. J. Berman (Ed.), *Current theory and research in motivation, Vol. 37. Nebraska Symposium on Motivation, 1989: Cross-Cultural Perspectives*. Lincoln: University of Nebraska Press.



- Trigueros, R. L. V. (2018). Conceptual framework, theoretical framework, state of art and referenced framework. University of El Salvador, Western Multidisciplinary Campus, English Language Department. Retrieved from [https://www.researchgate.net/publication/323127266\\_CONCEPTUAL\\_FRAMEWORK\\_THEORETICAL\\_FRAMEWORK\\_STATE\\_OF\\_ART\\_AND\\_REFERENCED\\_FRAMEWORK](https://www.researchgate.net/publication/323127266_CONCEPTUAL_FRAMEWORK_THEORETICAL_FRAMEWORK_STATE_OF_ART_AND_REFERENCED_FRAMEWORK)
- Tutton, E., Seers, K., Langstaff, D., & Westwood, M. (2012). Staff and patient views of the concept of hope on a stroke unit: a qualitative study. *Journal of Advanced Nursing*, 68(9), 2061-2069. doi:10.1111/j.1365-2648.2011.05899.x
- Umut Riza, O. (2018). Foreign Qualification Recognition Regimes for Internationally Trained Professionals: the Case of Pharmacists. *Journal of International Migration and Integration*, 19(2), 367-389. doi: 10.1007/s12134-018-0552-6
- Urquhart, C. (2013). *Grounded Theory for Qualitative Research: A Practical Guide*. Thousand Oaks, CA: Sage Publications.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15(3), 398-405. doi:10.1111/nhs.12048
- Van Boven, L., Campbell, M. C., & Gilovich, T. (2010). Stigmatizing materialism: on stereotypes and impressions of materialistic and experiential pursuits. *Personality and Social Psychology Bulletin*, 36(4), 551-563. doi:10.1177/0146167210362790
- Van der Horst, A. C., Klehe, U.-C., & Van der Heijden, B. I. J. M. (2017). Adapting to a looming career transition: How age and core individual differences interact. *Journal of Vocational Behavior*, 99, pp. 132-145. doi:https://doi.org/10.1016/j.jvb.2016.12.006
- Van Maanen, J. (1977). Experiencing organizations: Notes on the meaning of careers and socialization. In J. Van Maanen (Ed.), *Organizational careers: Some new perspectives*. (pp. 161-179). New York: Wiley.
- Van Maanen, J., & Schein, E. H. (1977). Career development. In J. R. Hackman & J. L. Suttle (Eds.), *Improving life at work*. (pp. 30-95). Santa Monica, CA: Goodyear.
- Vandecasteele, T., Debyser, B., Van Hecke, A., De Backer, T., Beeckman, D., & Verhaeghe, S. (2015). Nurses' perceptions of transgressive behaviour in care relationships: A qualitative study. *Journal of Advanced Nursing*, 71(12), 2786-2798. doi:10.1111/jan.12749
- Vohs, K. D., & Heatherton, T. F. (2004). Ego threat elicits different social comparison processes among high and low self-esteem people: implications for interpersonal perceptions. *Social Cognition*, 22(1), 168-191. doi:10.1521/soco.22.1.168.30983
- Vyas, B., Sajjan, V., & Hanji, S. V. (2015). a study on work life balance among KSRTC employees. *International Journal of Advance Research in Computer Science and Management Studies*, 3(4), 366-373.
- Wallace, J. E. (1995). Organizational and professional commitment in professional and nonprofessional organizations. *Administrative Science Quarterly*, 40(2), 228-255. doi:10.2307/2393637
- Ward, K., Hoare, K. J., & Gott, M. (2015). Evolving from a positivist to constructionist epistemology while using grounded theory: Reflections of a novice researcher. *Journal of Research in Nursing*, 20(6), 449-462. doi:10.1177/1744987115597731
- Watt, D., Krywulak, T., & Kitagawa, K. (2008). *Renewing Immigration - Towards A Convergence And Consolidation Of Canada's Immigration Policies And Systems*. Retrieved from <http://www.conferenceboard.ca/e-library/abstract.aspx?did=2758>

- Weber, E. U., & Hsee, C. K. (2000). Culture and individual judgment and decision making. *Applied Psychology: An International Review*, 49(1), 32-61. doi:10.1111/1464-0597.00005
- Weick, K. E. (1996). Enactment and the boundaryless career: organizing as we work. In M. B. Arthur & D. M. Rousseau (Eds.), *The Boundaryless Career: A New Employment Principle for a New Organizational Era* (pp. 40-57). New York: Oxford University Press.
- Wendt, A. (1992). Anarchy is what states make of it: the social construction of power politics. *International Organization*, 46(2), 391-425. doi:10.1017/S0020818300027764
- Whannell, R., & Allen, B. (2014). The motivation and identity challenges for PhD holders in the transition to science and mathematics teaching in secondary education: A pilot study. *Australian Journal of Teacher Education*, 39(12), 78-94. doi:10.14221/ajte.2014v39n12.6
- Wicker, A. W. (1969). Attitudes vs. actions: The relationship of verbal and overt behavioral responses to attitude objects. *Journal of Social Issues*, 25(4), 41-78.
- Wilensky, H. L. (1960). Work, careers, and social integration. *International Social Science Journal*, 12(4), 543.
- Wilensky, H. L. (1964). The Professionalization of Everyone? *American Journal of Sociology*, 70(2), 137-158. doi:10.1086/223790
- Woiceshyn, J., & Daellenbach, U. (2018). Evaluating inductive versus deductive research in management studies: Implications for authors, editors, and reviewers. *Qualitative Research in Organizations and Management: An International Journal*, 13(2), 183-195. doi:10.1108/QROM-06-2017-1538
- Wolf, Z. R., & Hoerst, B. (2007). Professional commitment in RN-BSN and basic BSN students: Program evaluation. *Nurse Educator*, 32(2), 61-65. doi:10.1097/01.NNE.0000264329.63662.1b
- Wu, L. T., Low, M. M. J., Tan, K. K., Lopez, V., & Liaw, S. Y. (2015). Why not nursing? A systematic review of factors influencing career choice among healthcare students. *International Nursing Review*, 62(4), 547-562. doi:doi:10.1111/inr.12220
- Yang, L.-S., Yang, H.-H., Chen, H.-T., Chang, M.-F., Chiu, Y.-F., Chou, Y.-W., & Cheng, Y.-C. (2012). A study of nurses' job satisfaction: The relationship to professional commitment and friendship networks. *Health*, 4(11), 1098-1105. doi:10.4236/health.2012.411167
- Yousoff, W. K. W., Kian, T. S., & Idris, M. T. M. (2013). Herzberg's two factors theory on work motivation: Does its [sic] work for today's [sic] environment? *Global Journal of Commerce and Management Perspective*, 2(5), 18-22.
- Zhu, Y. (2012). A Review of Job Satisfaction. *Asian Social Science*, 9(1), 293-298. doi:10.5539/ass.v9n1p293
- Zikic, J. (2015). Skilled migrants' career capital as a source of competitive advantage: implications for strategic HRM. *The International Journal of Human Resource Management*, 26, 1360 - 1381. doi: 10.1080/09585192.2014.981199
- Zietsma, D. (2010, February). Immigrants working in regulated occupations. *Statistics Canada*. Retrieved from <http://www.statcan.gc.ca/pub/75-001-x/2010102/article/11121-eng.htm#a3>
- Zippay, A. (2001). The role of social capital in reclaiming human capital: a longitudinal study of occupational mobility among displaced steelworkers. *Journal of Sociology & Social Welfare*, 28(4), 99-119.

Zunker, V. G. (2002). *Career counseling: applied concepts of life planning*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.