

***Letter of Information for:***

A Comparative Examination of  
the Experiences of Internationally Educated Health Care Providers  
who Migrate to Canada

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**Research Sponsor:** Funding for this research comes from the Social Science and Humanities Research Council.

**Purpose of the Study**

The purpose of this study is to examine the migration, integration and work experiences of internationally trained health care professionals who have settled in Canada. We are specifically interested in the experiences of those who have had training as physicians, nurses and midwives.

**Procedures involved in the Research:**

We would like to invite you to participate in an in-depth interview examining your experiences. The interview will take approximately 90 minutes. The questions will largely be open-ended regarding your views and experiences of migrating to Canada and, your experiences here. Question areas will likely include the following:

- *A description how you came to Canada;*
- *What were the factors which influenced your decision to migrate to Canada and, what/if any were the factors which may have made you consider staying in your home country;*
- *Your experience of the various activities you undertook prior to coming to Canada;*
- *Your experience of the various activities you undertook after you arrived; and*
- *Your opinions about what assisted or hindered you from practicing your profession in Canada.*

We would like to tape record the interview with your permission. The tapes will be transcribed word for word for analysis and then erased.

**Potential Harms, Risks or Discomforts:**

There is a possibility that there may be some discomforts associated with answering some of the questions posed to you in the interview given that the experience of migration is challenging. We realize that it may also be frustrating if you have not been able to work in your trained professions. Please be aware that you do not need to answer questions that make you uncomfortable or that you do not want to answer.

**Potential Benefits**

In doing this research, we hope to learn more about the migration process internationally educated health professionals undertake in coming to Canada and the challenges they face in working in their chosen field. We hope that what we will learn will help us understand more about the systemic changes that may be needed to address the issues you raise. To this end, we are committed to making the results of our study known to key policy decision-makers so that such changes could begin to be made. We should be clear, however, that this research may not benefit you directly.

**Confidentiality:**

Anything that we find out about you that could identify you will not be published or told to anyone else. Every effort will be made to maintain the confidentiality of the interview material. Any material used in the publication resulting from this study will have identifying characteristics or statements omitted or paraphrased to help ensure confidentiality. We will not be asking you to provide your name in the interviews, so as to ensure your privacy, but will instead use a pseudonym (which you can provide). Only this pseudonym will be on the interview transcripts and it will not be linked to your name (which will be on the consent form); all study materials will be kept in a locked filing cabinet and on a password protected desktop computer until the end of the study, at which time the transcripts will also be destroyed unless you give permission that they may be retained. The reason we would like to retain the data is as part of a data-bank on internationally educated health care professionals that will be used in the future by me, Dr. Satezewich or one of our graduate students after the completion of the study in 2010. It would be used only for the purposes of better understanding the experiences of this group and to inform policy in this area. Any future use of the data will respect all of the confidentiality and security commitments you are making for this study.

**Participation:**

Your participation in this study is voluntary. It is your choice to be part of the study or not. If you decide to participate, you can decide to stop at any time, even after signing the consent form or part-way through the study. If you decide to stop participating, there will be no consequences to you. In cases of withdrawal, any data you have provided to that point will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, and you can still be in the study.

**Information about the Study Results:**

You may obtain information about the results of the study by contacting Dr. Bourgeault at 905-525-9140 ext. 23832 or email her at [bourgea@mcmaster.ca](mailto:bourgea@mcmaster.ca) or her Research Coordinator, Judi Winkup at (905) 525-9140 ext. 27427 or [migration@mcmaster.ca](mailto:migration@mcmaster.ca)

**Information about Participating as a Study Subject:**

If you have questions or require more information about the study itself, please contact Dr. Bourgeault at 905-525-9140 ext. 23832 or email her at [bourgea@mcmaster.ca](mailto:bourgea@mcmaster.ca). You may also contact Dr. Vic Satzewich at 905-525-9140, ext. 24427 or email him at [satzewic@mcmaster.ca](mailto:satzewic@mcmaster.ca).

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Office of Research Services  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

This letter is yours to keep.

Thank you for your interest and your participation in this research.

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***Project Consent Form***

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Please indicate (**with your initials**) your agreement or disagreement to each of the following requests and sign the form at the bottom. You will be provided with a copy of this form.

1. Do you agree to the taping of the interview?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. May your transcript be retained after the completion of this study for the purposes of follow-up studies and comparative analyses by Dr. Bourgeault and/or Dr. Vic Satzewich?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you wish to have a copy of the report emanating from this study?

YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide email or mailing address: \_\_\_\_\_

Name of Participant (**please print**): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Interviewer's Initial: \_\_\_\_\_