

The Rapidly Evolving Field of Recruitment and Retention of Internationally Educated Nurses

Exacerbated by the COVID pandemic, shortfalls in the current and predicted nursing workforce have propelled provincial and territorial governments to find solutions to provide the nursing care needed by a population that is increasing in size, age and complexity. Internationally educated nurses (IENs) are not new to Canada – they have been part of nursing’s history for centuries (Indar et al. 2025). When faced by the shortages in the nursing workforce following the pandemic, all provinces and territories accelerated recruitment of IENs. In fact, this year the College of Nurses of Ontario (2025) reported that, for the first time, the number of new internationally educated registered nurses (RNs) exceeded the number of new Canadian-educated RN registrants.

Canada is just one of many countries around the world facing a nursing shortage. The importance of an ethical approach to the recruitment of IENs is an important international and national concern (Government of Canada 2025; ICN 2022; World Health Organization and International Council of Nurses 2025). There are also challenges with retention. For example, new evidence shows that IENs continue to confront multiple pathways to licensure across the country that are confusing and challenging to navigate especially along side of other challenges to retention (Chiu et al. 2025).

Clearly the recruitment and retention of IENs is a rapidly evolving field and an important opportunity for Canada to strengthen the nursing workforce. This is a time for urgent knowledge development, sharing and utilization. For this reason, the *Canadian Journal of Nursing Leadership* is launching a special series focused on knowledge development and sharing that will be of value to nurse leaders across practice settings, organizations and systems.

We have been fortunate to recruit two special editors for this series of articles – Dr. Edward Cruz and Dr. Alyssa Indar. Originally from the Philippines, Dr. Cruz is a faculty member at the University of Windsor and well known for his research on nursing education, IENs and human resources for health. Dr. Alyssa Indar is the Director of Scholarship and Innovation in Collaborative Academic Practice at the Institute for Education Research at University Health Network (UHN). Dr. Indar's program of research is focused on the nursing workforce, IENs and particularly IEN transitions. Both are passionate about developing and using evidence to inform and support IEN deployment, integration and retention in healthcare systems and the nursing workforce.

The issue begins with an introduction to the series from the guest co-editors Dr. Cruz and Dr. Indar (2025). They describe the importance of the focus on IENs and extend an invitation for papers. I and the journal thank them for their willingness to serve as special editors of this series and for their encouraging invitation for authors to share their work in this rapidly evolving and critically significant field.

Next, Baxter et al. (2025) write about a registered nurse (RN) pre-pandemic pilot that centred on a partnership between Manitoba Health, two Regional Health Authorities, the College of Registered Nurses of Manitoba, and Red River College Polytechnic. Acknowledging that the recruitment and retention of IENs in rural areas can be challenging, the authors describe a collaborative approach to recruiting IENs living in Canada, seeking licensure as RNs, and interested in living and working in rural Manitoba. The article describes the processes involved in recruitment, matching of IENs to communities, and evaluation. Their qualitative analysis of interview data provides novel insights into the community integration of IENs over time.

Hou et al. (2025) describe a data-informed, adaptive approach known as the Supervised Practice Experience Partnership (SPEP) at UHN. SPEP partners included the College of Nurses of Ontario (CNO), Ontario Health and CNO-approved healthcare organizations (CNO 2025). The program engaged IENs and practice leaders to facilitate two-way integration into practice. A key component was a community of practice that included peer support from successfully transitioned IENs.

Nursing Research

Leading off the nursing research section in this issue, Lawence et al. (2025) present a case study that describes and compares the implementation and evaluation of a government-funded mentorship Clinical Scholar Program in three organizations located in Ontario – Sunnybrook Health Sciences Centre, The Ottawa Hospital,

and Unity Health Toronto. Their aim was to understand how structures and processes of a program using mentorship and coaching can best support transition to practise and retain nurses in the clinical setting. Considerations for nurse leaders are presented along with recommendations for the program.

Next, Kaminska et al. (2025) describe development of an intervention to strengthen evaluation capacity building strategies for the nursing Transition Mentorship Program at Sunnybrook, a large healthcare organization in Toronto, Ontario. Their aim was the development of evaluative tools, knowledge and skills among nurse leaders and mentors. The intervention consisted of four workshops, three of which were virtual and one in-person. Each workshop included opportunities for knowledge development and application including the joint development of a logic model. The authors describe their evaluation of the intervention and reflect on the elements of success.

In the third article in this section, Dunlop et al. (2025) present a quality improvement study that describes the implementation of a virtual mentorship program for recently graduated nurse practitioners (NPs) in Nova Scotia. After conducting an environmental scan of existing NP mentorship programs, the Nova Scotia program was developed. Ten newly hired or transitioning NPs were included in the program. Surveys conducted at baseline, six months, and 12 months found that the six-month mark of employment was a significant time for NPs' role identity development and sense of being valued within the organization. The 12-month survey found that five NPs remained in their roles and two remained in the organization but in different roles. Qualitative comments highlighted the added value of mentorship particularly their trusted clinical experience and expertise and the safe space created by the mentor for the mentee to express themselves honestly and openly.

The fourth article in this section is by Horvath et al. (2025) who conducted a study to identify and describe advanced practice nurses (APNs) and models of care in emergency departments (EDs) in Ontario. The study used a cross-sectional online survey that was sent to all NPs and clinical nurse specialists (CNSs) employed in EDs. The purpose was to describe the current ED NP and CNS workforce, priority patient needs and models of NP and/or CNS care. The sample included 52 respondents, most of whom were in fast-track and general emergency models of care. The fast-track and general emergency care models were the models of care where NPs and/or CNSs practised most. A small number of NPs and CNSs reported being in models such as triage, geriatric, and mental health.

To close, I want to again extend the invitation to contribute your publications to the journal's special series focused on IEN implementation and integration. We look forward to your submissions!

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