

In the Name of Human Capital: Navigating the Licensing Requirements of a Regulated  
Occupation as an Internationally Educated Refugee

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## **Abstract**

Many skilled immigrants suffer from the nonrecognition of their foreign professional credentials within the US labor market. As such, they are often forced to accept employment in fields that do not make full use of their skills. Consequently, foreign trained professionals are underrepresented in the upper segments of the American labor market (Congressional Budget Office, 2010). This underrepresentation is usually attributed to a naturally occurring adjustment period as immigrants integrate into the US labor market. However, an alternative explanation is that regulatory institutions actively exclude immigrants from the upper segments of the labor market. The institutional design of licensing boards and regulatory regimes surrounding professions have erected barriers to immigrants and give advantages to American-born and educated workers. The nature of these barriers can be attributed to how different groups are understood by regulators and legislators. The social construction of policy design framework can detect how different immigrant populations are viewed and constructed. This study will use structured interviews and document analysis to compare licensing experiences of foreign-trained Iraqi pharmacists and US trained pharmacists in the state of Oregon.

*Keywords:* migration, labor migration, internationally educated refugee, licensing, social construction

## **Introduction**

Brain waste happens when college graduates cannot fully utilize their skills and education in the workplace despite their professional credentials (Batalova, et al., 2016). For those who earned an advanced degree outside of the United States, entering the workforce in their field of education and training can be extremely challenging. This obstacle is even more pronounced for practitioners of regulated occupations including pharmacists, doctors, teachers, etc. as they need a government license to be able to practice their profession. Licensing regulations can pose significant barriers for internationally educated practitioners, leading them to seek low-paid employment instead of starting a path of skilled employment and higher wages: compared to 18% of the native born, 29% of immigrants who earned their degree abroad were either unemployed or underemployed (McHugh, Morawski, 2017).

Research conducted by the New American Economy suggests that foregone earnings for low skilled employment amounted to 39.4 billion dollars from 2009 to 2013. If this amount of earnings had not been foregone, immigrant households that include at least one underemployed college educated immigrant, would have paid an additional 10.2 billion dollars in federal and state taxes (Batalova et al, 2016). In other words, neither the state nor the immigrants benefit from an international education that has not been paid for by the United States. The beforementioned study did not account for unemployed college educated immigrants indicating that foregone taxes could be even higher.

While research on the integration of internationally educated immigrants has recently gained momentum, little is known about the experiences of internationally educated immigrants in regulated professions, and much less on refugees in this category. In the United States, licensed professions such as pharmacy, are regulated at the state level, meaning that policies can differ

significantly from one state to another. Licensing institutions have the discretion and agency to favor one segment of applicants over another by assigning benefits and/or burdens.

The invisibility of a social phenomenon is a matter of how our view of the world is constructed, “of those deeply embedded and largely unexamined assumptions about the social world.” (Anderson, 1990). Through interviews with Foreign Trained Pharmacists who arrived in the United States under refugee status (FTPs), and Native born and Trained Pharmacists (NTPs), this study will compare how FTPs view their positioning, and how they perceive licensing institutions construct their identities as pharmacists and refugees; with how NTPs on the other hand view their positioning and how they perceive to be constructed by the same institutions. Finally, by adopting an intersectional approach, this study emphasizes the interaction of citizenship and labor capital, and how it impacts FTPs and NTPs perceptions and experiences, and alter their employment reality.

## **Literature Review**

### **Refugees in the United States**

Fulgerud (1997) argues that definitions and different practices set up to deal with refugees have created a state of confusion as to what constitutes a refugee. In other words, the “problem with refugees” is what Steen (1992) refers to as an inherent “natural obscureness.” It is often presented as an ethical imperative (*impératif éthique*) in which the state responds to political and social interests that are sometimes contradictory (Spire, 2004). In the UN Refugee Convention of 1951, Article 1 Paragraph (2), the term Refugee is defined as any person: “*who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or owing*

*to such fear is unwilling to avail himself of the protection of that country, or who not having a nationality and being outside the country of his former habitual residence, is unable or owing to such fear is unwilling to return to it”* (UN, 21 July 1951). The very definition of the refugee identity is highly politicized, an identity that is both offered and imposed by the hosting country (Boutwell, 2011).

In the US, there are legal differences between asylum-seekers and refugees based on the individual’s location when application is made for immigration. Specifically, to apply for refugee status, the applicant must be physically located outside the US at the time of application. An asylum-seeker by contrast, also meets the definition of a refugee but is residing in the US at the time of application (DHS Immigration Statistics, 2018). Refugees are widely constituted in terms of their suffering, which has come almost to define them (Malkki, 1996). For Fuglerud (1997), this ‘should be seen as the result of a failed attempt at apprehending “the meaning of refugeeness” by means of legal definition alone’. Understanding *refugeeness* starts with definitions and moves beyond to consider the individual’s subjective experience of having to flee one’s country. For the purposes of this study, the word ‘refugee’ will be used in its specific U.S. context, as someone who has been brought into the US through a refugee resettlement program.

### **Constructing the Highly-Educated Refugee**

The social construction framework embodies a perspective which is “concerned with the ways in which we think about and use categories (e.g. class, gender, race, level of education, immigrant status) to structure our experiences and analysis of the world” (Penrose & Jackson, 1993:121). A constructivist argument holds the view that people react based on the presence of ideas, beliefs, norms, or other interpretive filters (Parsons, 2010). In that view, action is structured by the

meanings we give to identities, relationships, and environments (Parsons, 2010). As laid out by Schneider, Ingram, & DeLeon (2014), the social construction framework removes the veil from equity discussions by categorizing groups into different targets and explaining how policy design both influences and stems from this categorization. In this essay, the social construction framework is used to explore how highly educated refugees are framed in the policy making process using policy tools (Schneider & Ingram, 1990). In this view, the social construction theory represents an alternative to the imposition, and continuance, of social categories previously conceptualized as naturally occurring and immutable (Tyner, 1994).

Schneider et al. (2014) explain that policy is constructed in a way that benefits certain groups while burdening others. They introduce the notion of “deserving,” the idea that certain groups are deemed more deserving of “good policies” than others. All recipients of a policy, whether it’s beneficial or detrimental are referred to as “target groups”; and are represented in all quadrants of Schneider and Ingram’s (1993) matrix.

Indeed, the matrix reflects the relationship between social construction and political power. It is composed of four major groups (see figure 1): The advantaged are people who enjoy power and approval from society. Policy makers acquire political leverage from granting benefits to this group and shielding them from burdens without generating opposition as to whether they deserve these advantages. Middle class workers and business owners are examples of advantaged groups. Groups who enjoy political power but are poorly regarded by society are known as contenders. Therefore, benefits granted to this group tend to be hidden although burdens are rarely implemented.

		<b>Social Construction</b>	
		Positive	Negative
<b>Power</b>	Strong	<b>Advantaged</b> The elderly Business Veterans Scientists	<b>Contenders</b> The rich Big unions Cultural elites Moral majority
	Weak	<b>Dependents</b> Children Mothers Disabled	<b>Deviants</b> Illegal aliens Communists Criminals Gangs

Fig .1 : Types of Target populations (Schneider et al., 1993)

Financial or gun industries are examples of contenders. Another target group that is viewed positively by society but is perceived as weak in political power is labeled “dependents.” Again, their social construction as dependents is reflected in the kind of benefits they receive. Schneider, Ingram and DeLeon’s (2006:112) argue that, “Because they do not have a strong pole in the creation of national wealth, dependents are viewed as “good” people but considerably less deserving of actual investments than advantaged groups.” Single mothers, children, people with disabilities are examples of dependents. Finally, deviants are both powerless and disregarded by society; they are the recipients of the “politics of punishment” and are persecuted for negative events that occur in society. Schneider, Ingram and DeLeon (2006) explain that deviants are also weakly represented by advocacy groups. Policy makers gain political support from sanctioning this portion of society. Illegal aliens, criminals and homeless people are examples of deviants.

A social construction perspective has important implications for migration research. Through an analysis of how concepts of immigrants and refugees are constructed, it is possible to examine



how these images influence the integration, educational attainment, employment (Fix et al., 2008) and in some cases, even the exploitation of migrants (Tyner, 1994). Moral judgments, worldviews, stereotypes and perceptions of “deservedness” are all ground for social constructions of targeted populations (Schneider et al., 2014). Deborah Stone (1988) writes of ‘causal stories’ that construct causality in a way that is comprehensible and convincing. Often, such causal stories imply attributing blame to specific factors or actors, for instance explaining the alleged failure of the integration of specific groups with reference to persisting cultural differences (Boswell et al, 2011).

Refugees can fall under the deviants or dependents category. Research on asylum seeker depictions in international news coverage has found that asylum seekers occupy two primary roles in news coverage: frauds or victims. Initially, asylum seekers are often depicted as deviants, requiring that the government act to protect local communities from the instability and damage they bring to the public sphere. Within this discourse, immigrants and refugees, especially those categorized as ‘non-whites’, are not labeled as being racially inferior. However, their cultures and values are commonly represented in media discourse as ‘alien’ and a threat to whiteness, and western, core values or democracy itself (Gale, 2004). In his June 2015 speech announcing his candidacy, U.S. presidential candidate Donald Trump stated, “When Mexico sends its people, they're not sending their best. ... They're sending people that have lots of problems, and they're bringing those problems with us. They're bringing drugs. They're bringing crime. They're rapists. And some, I assume, are good people.” (Staff, W.P., 2015) Immigrants therefore often find themselves blamed for the flaws and shortcomings of their new society. In her thematic analysis of refugee representation in the Australian press, Pickering (2001) found that refugees and asylum seekers have been routinely constructed not only as a ‘problem’ population but as a ‘deviant’

population in relation to the integrity of the nation state, race and disease hence as “invading” deviants, “racialized” deviants and “diseased” deviants.

Gale’s (2004) analysis of media coverage in Australia, however, found that asylum seekers were also positioned as victims. In addition to reporting the problems caused by asylum seekers, the media ran human interest stories which simultaneously attempted to show their ‘human face’ by telling their harrowing stories of victimization. In his analysis on African refugee girls and discourses of othering, Boutwell (2015) explains that refugee women are expected to submit to a discourse of protection and pathologization, rendering women both protected and simultaneously powerless. Refugee status can be a “violent gift” for the refugee women based on the capitulation to an imposed identity at the expense of a complex life and allegiances (Boutwell, 2015).

Similarly, Robins’ (2003) analysis of American newspapers’ coverage of the Sudanese Lost Boys found that they were presented as coming from a situation beyond understanding and as “vessels waiting to be filled by US material culture.” Robins (2003) emphasizes the ways that common news descriptions create an image of helpless and destitute refugees in need of American protection. Refugees themselves become aware of these images and stigmatizations (Ludwig, 2016). Kumsa (2006:242) describes in her study of Oromo refugees in Toronto how they do not want to be labeled as refugees because they equate this term with being “stupid, misfits, ignorant, poor and uncivilized.” Many refugees want to escape this stigmatizing refugee label and anticipate the end of their refugeeness (Black and Koser, 1999) and embrace other labels (Ludwig, 2016).

Some research suggests that highly educated refugees may be at high risk, not only of suffering from health problems, but also from lack of motivation (Psoinos, 2007). For those who face employment-related problems, such as unemployment, another negative image has arisen, that of the ‘incompetent’ and ‘passive’ refugee who is at best expected to be a grateful victim and

at worst considered to be abusing the asylum system (Stubbs, 2005). Unemployment is even more prevalent among women refugees, who are professionally qualified with skills and experience from their home country but often find it hard to receive the support needed to enter the workforce (Dumper, 2003). Underemployment of highly educated refugees also has been acknowledged as a major problem and has been described as a situation with multifaceted challenges, which impede refugees' access to the labor economy and/or delay integration into the workforce (Psoinos, 2007).

The stereotype of passivity has been traditionally assigned to refugees from war torn countries (Psoinos, 2007). Additionally, due to the increase in anti-Islamic feeling since 9/11, the stereotype of the person who exploits the asylum system is assigned more often to refugees and asylum seekers originating from the Middle East or other Muslim countries, while the stereotype of the terrorist threat is assigned almost exclusively to men originating from these countries (Boumediene-Thiery, 2004). Hate crimes targeting people who appeared Middle-Eastern jumped dramatically and in 2015 remained five times higher than before 9/11 (Ingraham, 2015). As the Syrian refugee crises exploded across Europe, a November 2015 poll showed that 60% of Americans opposed allowing Syrian refugees into the U.S. (Jones, 2015). Immediately following the Paris attacks, 30 U.S. governors called for a halt to the Syrian refugee program (Seipel, 2015). This suggests that the capitalization on fear and threat perceptions by political leaders, can influence the adoption of anti-Muslim and anti-refugee policies.

Because the field of refugee studies has traditionally focused on one aspect of refugees' identity, as a victim or threat to the host society, we know less about the experiences of refugees as highly educated individuals. Studies on refugees tend to focus on psychological trauma and resettlement needs (Summerfield 2003, Pupavac 2002), which can be limiting when trying to fully

understand other aspects of the refugee experience (Boutwell, 2011). It has been found however, that refugees may have higher levels of qualifications per population compared to other groups (Psoinos, 2007). By taking this into account, along with the fact that they took the radical decision to flee their countries and restart their life, we can attribute to highly educated refugees several characteristics of the so-called “knowledge workers”(Psoinos, 2007). In this essay, I borrow Nilan and Feixa (2006)’s characterization of hybrid identity, which directly informs this research as it situates identity construction in multiple contexts instead of restricting our gaze to one aspect or one-time-period in the refugee identity. Social construction can inform the reliability on reinforced messages and images of dependents and deviants to justify the allocation of benefits and burdens. Policy makers send a clear message that some communities are more valued than others, which as a result impacts communities’ trust in their government and their capacity to influence political decisions (Schneider, Ingram and Deleon, 2006).

Schneider, Ingram and Deleon (2006) further explain that emergence of positive images can be limited by the lack of resources needed for mobilization, which can alter the speed of policy change. Yet, social construction is not fixed. While it is a daunting and difficult process to change the social construction of a group, it is possible for a deviant or a dependent group to achieve a more positive socially constructed identity. The 1968 US fair housing for example, reflects how legislators maneuvered a rationale for their policy in a hostile political environment (Sidney, 2001). An opportunity window (Kingdon, 1995) was needed to allow the passage of this bill. Another factor in the success of this bill was the creation of a new target category, “Middle-Class blacks” who were constructed because of their higher level of education and resources as more deserving than low income blacks (Sidney, 2001). This narrative has allowed politicians to send black people a message of future equal opportunity while reassuring whites that change would be slow and

incremental (Sidney, 2001). Though there are many non-profit community organizations in the U.S. that aid refugee populations and help them integrate into their host society, refugee aid organizations are reimbursed by the US government for services they provide to individuals with legal refugee status (Ludwig, 2016). However, funding covers only a part of the costs associated with refugee resettlement, organizations depend on grants from foundations and donations. For these purposes, refugee aid organizations often focus on the stereotypical image of refugees as victims to market the “New Humanitarianism” (Ludwig, 2016). This includes emphasizing the refugee experience as involving masses of people in flight, walking barefoot, running from violence, with bodies marked by agony, hunger, and dirt in efforts to garner support from potential donors (Ludwig, 2016). Consequently, for highly-educated refugees, separating themselves from the refugee label becomes much more vital if they are to be recognized as valuable contributors to their new homes. The recognition of foreign education means regaining their *symbolic capital*, which is the form that capital takes when it is recognized as legitimate (Bourdieu, 1987).

### **Refugees in the Labor Market**

The most common employment challenges for refugees include difficulty with English language proficiency, institutional discrimination, loss of occupational status and/or role shock and the changing nature of the work force. In this paper, I focus more on the additional challenges impacting people pursuing jobs that require a license in their host country.

### **Factors affecting Regulated Labor Market Participation**

#### *Licensing*

Among licensed occupations there are institutional, administrative, and legal factors that are likely to influence entry into an occupation in each state. These are perceived to be statutory as well as administrative constraints such as examination requirements. Statutory factors at the state level

include years of education for general training (Kleiner, 2006). Additional measures include specific requirements for good moral character, citizenship, residency in the state for specific periods of time and tests for competency. States vary in degree to which they set the requirements for practicing in an occupation (Kleiner, 2006). Dentists, pharmacists, lawyers are now licensed occupations in either all or some U.S. states (Kleiner, 2006).

In the early 1950s, only about 4.5% of the labor force was covered by licensing laws at the state level, that number increased to almost 18% of the US labor force by the late 1980s with an even larger number if city and county licenses are included (Kleiner, 1990). The argument given for the growth and benefit of this form of regulation usually includes the idea that licenses minimize consumer uncertainty over the quality of the licensed service and thus increase the overall demand for the service (Arrow, 1971). Consumers often value the reduction in downside risk more than they value the benefits of a positive outcome (Kleiner, 2006). This behavior is referred to as “loss aversion”. It is therefore not surprising that for certain occupations (i.e. doctors, pharmacists, dentists), regulators require a minimum standard of competency to serve the public and specify a mean to address negligence when it occurs.

Entry costs of occupational licensing are generally high, and despite assumptions that highly educated workers do not experience challenging employment barriers, high education qualifications do not guarantee economic integration (Fix et al., 2008, Picot et al., Rabben, 2013). The issue is even more pronounced for job seekers in regulated professions as they face a further set of requirements established for people who attempt to move to the US from elsewhere (Kleiner, 2006). While employers are generally risk-averse, they can still offset the risk of poor performance by paying workers with doubtful skills less (Sumpton, 2013). However, for the gatekeepers of the regulated occupations, access to the profession operates on an all-or-nothing basis (Sumpton,

2013) which could explain why few foreign professionals get to work in their field of education and training. A study of fifteen EU member states in the fields of health care, engineering, architecture, and accountancy, revealed that any substantial practice was reserved to registered professionals. In pharmacy, the regulations were much tighter than engineering for example. All activities and legal advice were reserved for registered pharmacists (Paterson, Fink, Ogus, 2003). Although labor-market regulations are weaker in the United States than in other industrialized countries, Kleiner and Krueger (2006), used data from previous studies and found that most licensing occurs at the state level (Kleiner, 2006). Thus, it is important to understand how licensing challenges differ across different states. Numerous studies in the U.S. have found that native born physicians with U.S. degrees receive preferential treatment compared to foreign trained physicians (Norman, Desbiens, Humberto, 2010 as cited by Rabben, 2013). Additionally, the U.S. Congress, which funds the Graduate Medical Education System (residency) through state Medicare programs, has refused to increase the number of residencies (Rabben, 2013), thus limiting access to medical practice for foreign-trained professionals in the United States. For refugees, access to the labor workforce can be delayed by the lack of accessible information (Barer, 1999), since advice services are limited and many people are not even aware of their availability (Audit Commission, 2000; Bloch, 1996), which can block refugees' access to the labor economy (Bach and Carroll-Seguin, 1986; Carey-Wood et al., 1995; Salinas, 1997).

Thus, foreign trained individuals may experience significant difficulty in accessing their profession once they have made the decision to leave their home country. Within the health professions, this situation is particularly problematic. While there might be significant shortages of healthcare professionals such as physicians, nurses ,and pharmacists (Austin and Dean, 2006) and a need for diversity in healthcare professions (Sullivan, 2004), regulators must simultaneously

be mindful of the need for public protection to ensure that only those who are qualified and who meet minimum competencies and standards of practice are licensed as professionals (Austin and Dean, 2006). They must also be aware of the costs associated with ineffective or inefficient systems that delay or prevent licensure (Austin and Dean, 2006). Balancing the need for public protection with the needs of a healthcare system struggling with skills shortages is a complex task, further confounded by political or economic factors (Alboim, 2002). As a result, in many developed countries there exists a dilemma. On the one hand, there exists a large and growing need for healthcare professionals to meet current and projected workforce needs, on the other hand professionals may find complex regulatory barriers that prevent them from gaining access to employment commensurate with their education and experience (Austin and Dean, 2006).

#### *Language proficiency*

English language is an important tool for facilitating the incorporation of migrants. In terms of the labor market, those without English language skills are often unable to access statutory provision or more formal routes such as job advertisements (Bloch, 1999a). Lack of the language skills of the host society often limits the range of available employment opportunities to those within the community or those, which are often low-skill jobs, that do not require a fluent command of the language of the host society. Both these situations limit opportunities for refugees to interact with members of the country of asylum and, in so doing, to develop language skills (Valtonen, 1999). English language and literacy skills vary by country of origin and gender, as do literacy skills in the first language. In some countries, women may also have little formal education and low levels of literacy in their first language. For example, research with Somali nationals in Britain shows that 59 per cent of Somali women could read Somali fluently, compared to 90 per cent of men (Bloch and Atfield, 2002). Access to English language classes is crucial for refugees.



Some women find it difficult to access English classes due to a lack of childcare facilities, while others can be excluded by a lack of women only provision (Bloch, 2002). Sometimes the level of provision is not appropriate. Schellekens (2001) noted the lack of English language provision for those wishing to achieve high-level proficiency in English and at a level that would be required for many jobs that would be commensurate with previous qualifications and labor market experience.

### *Testing*

Aware of the impact of standardized tests, policymakers in many parts of the world continue to use them to manipulate their local educational system, restrict entry, control curricula and to impose or promote new textbooks and new teaching methods (Heubert and Hauser, 1999,p.29). There has been growing body of literature on the use of standardized testing by policy makers (Cheng, 2005). Testing and assessment is “the darling of the policy-makers” (Madaus, 1985, p.5) despite the fact that they have been the focus of controversy for as long as they have existed (Cheng, 2005). Language policy (LP) refers to and is concerned with decisions made about languages and their uses in society. It is often stated explicitly through official documents, such as national laws, declarations of certain languages as ‘official’ or national, language standards, curricula and tests. At times, though, language policies are not stated explicitly but can rather be derived and deduced implicitly by examining a variety of de facto practices; in these situations, policies are hidden from the public eye (Cheng, 2005). Consequently, the term “use oriented testing” refers to this very phenomenon when tests are connected to psychological, social and political variables that have an effect on curriculum, ethicality, social classes, bureaucracy, politics and knowledge (Messick,1994, 1998).

## The Case of Refugees in Oregon

In 2013, Oregon was home to 391,206 immigrants (American Immigration Council, 2015) and has welcomed, since 1975, a total of 65, 832 refugees (The Oregon Department of Human Services, 2016). Additionally, 2016 marked the highest number of refugees resettled in the state (The Oregon Department of Human Services, 2016), with Iraqis making up one of the largest population of new-comers among refugee arrivals in Oregon. (Table.1)

Table.1: Oregon's Arrival Refugee Population

Year	Refugee Arrivals
2016	1780
2015	1357
2014	1246
2013	1105
2012	986
2011	944
2010	1185
2009	820
2008	811
2007	830
2006	1135
2005	1142
2004	1660
2003	912
2002	1126

International migration has been a powerful force in Oregon's economy; workers are essential to the state's economy and for billions of dollars in tax revenue (see *New American Economy: The Contributions of New Americans in Oregon*, 2016). One in ten Oregonians is foreign-born (American Immigration Council, 2015) and the state is steadily becoming more diverse, based on data from the Migration Policy Institute, the percentage of foreign-born to total population grew from 4.9% in 1990 to 9.6 % in 2016 (State Demographics Data - Oregon, 2016).

Thus, the challenge of economic integration falls to a wide range of established and new emerging communities.

A report by One America (2015) underlined the significant changes in the composition of immigrant flow to the United States. In 1980 there were twice as many low-skilled immigrants as high-skilled. However, in 2010, due to wider shifts in the global economy, the number of high-skilled immigrants exceeded the number of low-skilled immigrants for the first time. This change is even more pronounced in Oregon, where the number of immigrants with a college degree increased by 61.4% between 2000 and 2011 (Migration Policy Institute data, extracted by the American Immigration Council, 2015). Thus, the utilization of the skills and qualifications of the New Oregonians could become increasingly important in the future as it promises to play a vital part in the state's economy.

### **The Case of Pharmacy**

At the global level, the imbalance between supply and demand of qualified pharmacists seems to be increasingly growing (Austin, 2004). In the United States, experts from the Pharmacy Manpower Project, Inc considered changes in demographics, drug use trends, advances in information technology, the direction of healthcare financing, planned openings of pharmacy schools etc. and concluded that by 2020, the supply of pharmacists will fall short by approximately 157,000 pharmacists (Knapp, 2002). Along those lines, they found that, "To the extent that the workforce of pharmacists does not expand fast enough to meet professionally-determined needs for pharmaceutical care, that care will either not be provided or will be provided through other means" (Knapp, 2002, p.428). While employment of pharmacists is projected to grow six percent from 2016 to 2026, about as fast as all occupations, increased demand for prescription medications

will lead to more demand for pharmaceutical services (Bureau of Labor Statistics, 2018). The employment of pharmacists in traditional retail settings is projected to decline slightly as mail order and online pharmacy sales increase (Bureau of Labor Statistics, 2018).

Currently, the Pharmacy aggregate indicator for Oregon suggests a moderate demand for pharmacists (Pharmacist Demand Indicator, 2017). However, estimates from the Bureau of Labor Statistics show that out of the 3,990 pharmacists employed in Oregon in 2016, 2600 of those jobs were concentrated in the Portland-Hillsboro-Vancouver area (The Bureau of Labor Statistics, 2016). Thus, while the state aggregate indicator does not reveal a substantive demand for pharmacists, the rural-urban disproportionate distribution of pharmacists supports existing literature on the inadequacy of healthcare services within US states (Merwin et al, 2006, Cristancho, Sergio, et al, 2008).

While scholarly research on ways to assist foreign trained pharmacists in the United States is lacking, the issue of pharmacist licensure has sharply risen since the early 1990s in Canada where systematic research was conducted to assist FTPs to meet the standards of practice and improve the quality of care. Today, the requirements for licensure in Oregon are quite similar to the requirements in Ontario, Canada prior to 1999. Since then a major shift occurred in the licensing examination for pharmacists in Ontario where specialized educational programs emerged and government funding was directed to higher education to support FTPs seeking licensure (Austin, 2004).

In the state of Oregon, the licensing body for the profession is the Oregon Board of Pharmacy. Upon completion of an undergraduate degree, there are two independent academic bodies that provide education to pharmacists in Oregon: the **four-year** Pharmacy Doctorate (PharmD) program at Oregon State University in partnership with the Oregon Health and Science

University (Oregon State University, 2017), and the **three-year** PharmD program at Pacific University (Pacific University in Oregon, 2017). Both programs are accredited by the Accreditation Council for Pharmacy Education (ACPE). In the US, the National Board of Pharmacy (NABP) is an umbrella organization representing many of the various states' regulatory authorities. As a member of the NABP, Oregon follows the established objective requirements for all Foreign Trained Pharmacists (FTPs); all candidates who are able to meet these requirements may be granted a license to practice pharmacy in Oregon.

These requirements include:

- *Minimum Eligibility Requirements:* To be considered as a candidate for the FPGEC Certification Program, applicants must have graduated from a recognized or accredited school of pharmacy. Specifically, the school of pharmacy must be accredited by a competent organization that accredits professional degree programs in pharmacy or the school must be regionally recognized, which means that nations in the geographical region of the school must recognize the professional degree program of the school as meeting regionally adopted standards. Additionally, *“The FPGEC requires that if you graduated prior to January 1, 2003, you must have completed at least a four-year pharmacy curriculum at the time of graduation. If you graduated on or after January 1, 2003, you must have completed at least a five-year pharmacy curriculum at the time of graduation. The change from a four-year to five-year educational curriculum requirement has enabled the FPGEC Certification Program to be consistent with the revised standards of US pharmacy school curriculum”* (Foreign Pharmacy Graduate Examination Committee, 2016). Coursework, internships, continuing education certificates and work experience

after graduation cannot be considered for determining the minimum required curriculum length.

- Successful completion of the Foreign Pharmacy Graduate Examination Evaluation (FPGEE) to demonstrate comparability of academic training in pharmacy. Currently, the cost of the initial application is \$1200. The cost of re-examination after failed test is \$750 (The Foreign Pharmacy Graduate Examination Committee, 2016).
- Demonstration of a communication ability level of English language proficiency through the Test of English as a Foreign Language (TOEFL iBT). As of March 2014, the minimum scores are: Reading – 22, Listening – 21, Speaking – 26 and Writing – 24 for a cumulative score of 93. To put this into perspective, the sub-scores required from FTPs are higher than the sub-scores required for a student pursuing a Master or a PhD at Cornell University: Reading – 20, Listening – 15, Speaking – 22 and Writing – 20. (Cornell University Graduate School, 2017). Whereas most academic institutions require a cumulative score (Oregon State University – 80 *\*minimum of 18 in each section*, University of Oregon – 88, University of California, Berkeley – 90); the NABP requires applicants to complete all four sub-scores in one testing session; *“If you score less than the minimum score in any section, you will not be considered for FPGEC Certification. The FPGEC will not consider a total score on the TOEFL iBT for certification purposes.”* (The Foreign Pharmacy Graduate Examination Committee, 2016). The cost of the TOEFL test in Oregon is \$195 and it is offered in five locations: Eugene, La Grande, Medford, Portland and Redmond (ETS, TOEFL iBT, 2017). Upon completion of the two previous stages, FTPs receive the Foreign Pharmacist Graduate Examination Certification and are then eligible to apply for an Oregon intern license (license, \$50; national criminal background check, \$40).

- Successful completion of a 1,440 hour internship. It is important to note that internships or practice as a pharmacist outside the United States cannot be accepted toward Oregon's internship requirement. Intern or professional practice performed before taking and passing the FPGEE and TOEFL iBT exams will not apply toward Oregon's required 1,440 hours (The Oregon Board of Pharmacy, 2016). Upon obtaining an internship license, FTPs are eligible to apply for the North American Pharmacy Licensing Examination (NAPLEX) which measures knowledge of the practice of pharmacy. American trained pharmacists (ATPs) usually start their licensing process at this stage upon graduation from the College of Pharmacy, since the internship requirement is included within the Pharmacy Curriculum (Oregon Board of Pharmacy, 2016). Both FTPs and ATPs are required to pass this exam which costs \$575.
- Upon completion of the internship, FTPs are eligible for the Multistate Pharmacy Jurisprudence Examination (MPJE) which combines federal and state-specific questions to test pharmacy jurisprudence knowledge. ATPs have to take the same examination which costs \$250.
- Upon successful completion of the NAPLEX and MPJE, applicants are mailed an Oregon pharmacist application (\$120) and national criminal background check (40\$). As part of the National Board of Pharmacy's financial aid initiative, active military members, reserves, and veterans are fully reimbursed for the NAPLEX/MPJE registration fee, and their spouses are reimbursed for 50% of the fee (The NABP, 2017).

To my knowledge, there is currently no data on the number of FTPs who enter Oregon each year or the demographic profiles and career patterns of those unable to meet regulatory requirements for licensure. In Oregon, higher education as well as regulatory bodies tend to focus on the needs

of new students or the continuing education needs of those already licensed (The Oregon Board of Pharmacy, 2017). This cross-sectional qualitative study offers an insight into the licensure and employment experiences of highly educated refugees in pharmacy and explores, by eliciting participants' subjective viewpoints, the added value that this population can bring to the Oregonian economy and the institutional factors that may suppress this potential. By eliciting social actors in addition to researchers to define what is relevant for inquiry, I adopt an interpretivist ontological approach. This means that inquiry is "less about predicting or generalizing behavior," and more about capturing individual interpretations of reality within a given community (Dodge et al., 2005: 289).

## **Methodology**

This section describes the various aspects of the research design, including the sampling method, research instruments, and the methodological strategies used during the fieldwork and analysis.

### **1- The Research Design**

This is an interpretative study making use of the social construction framework. On a methodological level, this means that the study involves a detailed account and analysis of the experiences of a small group of specific individuals, dealing with specific situations or events in their lives (Larkin et al., 2006). At the heart of interpretative inquiry lies an emphasis on the experiences, claims and concerns of the people taking part in the study (Larkin et al., 2006). The hallmark of all qualitative research is: (1) the use of induction, (2) focus on specific situations or people, and (3) emphasis on descriptions rather than numbers (Maxwell, 2013). In line with the above description of qualitative research, this study adopted a comparable case research design to align with the underlying assumptions of the social construction framework previously described in the literature section.



Another factor into this design choice is what Lofland and Lofland (1995: 11) refer to as “current biography”, for example one’s living arrangement or some other personal experience, or “remote biography and personal history”, for example one’s gender, ethnicity, family, social class or culture. Therefore, another source of inspiration for this study was the researcher’s current biography (i.e. living near a predominantly white college campus in proximity to both US trained and foreign trained individuals) and remote biography and personal history (i.e. being Arab and having earned my first degree from an Arab country). This serves the research design since the study focused on both Arab and American trained participants.

## **2- Sampling methodology**

The study used a purposeful sampling. According to Merriam & Tisdell, “Purposeful sampling is based on the assumption that the investigator wants to discover, understand and gain insight and therefore must select a sample from which the most can be learned.” (2015: 96). However, identifying a hidden population is extremely challenging if there is no basic contact information such as names, mailing addresses, email addresses, or telephone numbers (Fowler, 2002). That was precisely the case in this study. There was no public access to a database from which the names and contact addresses of refugees in Oregon could be obtained.

As the process unfolded, it became clear that obtaining a sample was not simply a matter of recruiting people into the research but rather a complex social process of negotiating access into the community itself. First, I identified the key stakeholders and key actors (political leaders, refugee organization representatives, etc.) in the system and their potential interest in that system. I then utilized my role as an intern for the Oregon Advocacy Commissions to compile a database of public figures who work and advocate for refugee and immigrant rights in Oregon. With the support of the Oregon Advocacy Commissions, the Portland Business Alliance and an Associate

Professor at Portland State University, an event was organized to bring together community leaders including Iraqi and Somali immigrants. My positioning within a stakeholders' network played a key role in accessing the network of gatekeepers to minority communities.

Dealing with gatekeepers can have great benefits. They have cultural knowledge, local influence and power to add credibility and validity to the project by their acceptance of it (Seidman, 1998). Alternatively, they can erect barriers, preventing access and effectively shutting the project down before it has begun (Berg, 1999). I was aware of that and stayed in contact with an Iraqi community leader for three months (October to December 2016) before initiating contact with the community. The gate keeper provided the names, emails and phone numbers of Iraqi foreign trained immigrants and refugees, which included pharmacists, dentists and engineers. I made the decision to focus on pharmacists for several reasons: (1) pharmacy is a regulated occupation and thus, as opposed to engineering, would present a lengthier credentialing path; (2) based on the requirements presented by the Oregon board of pharmacy and the board of dentistry, the relicensing path for pharmacists seems to present additional requirements which was worth exploring from a research perspective; and (3) out of the three categories mentioned above, pharmacy was the only group that included women, which in my view presented the opportunity to see if gender variations would arise during the interviews.

Thirteen people were interviewed from the targeted nationality and foreign education cohorts, including seven Iraqi born and foreign trained pharmacists and six U.S. trained pharmacists. Initially an informational interview was conducted with the Iraqi community leader (gatekeeper) to learn more about the Iraqi community in Oregon and his overall perceptions of the social and economic challenges faced by Iraqis in Oregon. This meeting and consequent communication allowed the researcher to build trust and rapport, and eventually have access to

potential participants in the study. The participants were first contacted via phone, text message or email. Four out of the seven interviews with the Iraqi participants were conducted via telephone, the rest of the interviews were conducted face-to-face.

To initiate contact with U.S. trained participants, the researcher used a combination of sampling strategies which included: (1) chain referral (i.e. asking each interviewed person for the contact address of someone they knew in their category; and (2) waiting in line or near the entrance of five different pharmacies in the area, with the aim of encountering individuals from the study population. All of the interviews with U.S. trained participants were conducted face-to-face. Most of the participants in this category agreed to be interviewed on the spot. In this case the researcher would adopt a walking interview or a go-along interview approach (collecting qualitative data without separating “informants from their routine experiences and practices in ‘natural’ environments” (Kusenbach, 2003: 462).

### **3- The Research Instrument**

The primary research instrument was semi-structured interviews. The most common type of interviews used in qualitative research are semi-structured interviews (Holloway and Wheeler 2010) and involve the use of predetermined questions, where the researcher is free to seek clarification (Doody and Noonan, 2013).

For a long time the majority of published papers including human rights reports and journal articles on refugees, have been utilizing semi-structured interviews, in-depth interviews, focus groups and observations drawn by the researchers (Jacobsen and Laundau, 2003). Qualitative researchers in migration studies argue that “in areas or circumstances about which we know very little, these descriptive data reveal much about how forced migrants live, the problems they encounter, their coping or survival strategies, and the shaping of their identities and attitudes.”

(Jacobsen and Landau, 2003) The semi structured interview enables the researcher to ask open-ended questions and to explore issues that arise spontaneously (Berg, 1999). As pointed out by Patton (2002), this approach enables the researcher to word questions instinctively and develop a conversational style during the interview that focuses on the topic.

In general, the first part of the interview served to capture a sense of the socioeconomic status and basic personal information. The key data points included age, gender, marital status, kind of degree obtained and where it was obtained, how long they have lived in the United States and whether they were licensed as pharmacists in Oregon. The second part of the interview served to collect and document the personal stories of the participants. For example, the issues dealt with in this part of the interview included their employment search experience, how they perceived or experienced examinations, and what licensing and testing means to them. Other issues discussed included tuition cost problems (for some U.S. participants), language and cultural barriers (for Iraqi participants), as well as their views on the U.S. Refugee Resettlement Program (an issue not included in the interview instrument but which many Iraqi participants raised on their own).

The interview questions were translated to Arabic. Although I'm a native Arabic speaker born and raised in Morocco, I reviewed and practiced the interview instrument with an Iraqi graduate student to build upon my knowledge of the Iraqi dialect. Given that all Iraqi participants were bilingual, I frequently switched back and forth during the interview between Arabic and English to mirror the conversational style of each participant. Ethical approval was obtained for the Institutional Review Board at Oregon State University. The interviews were recorded with the participants' permission.

#### **4- Data Analysis**

Data analysis is the process of making sense out of the data, which involves “consolidating, reducing, and interpreting what people have said and what the researcher has seen and read.” (Merriam and Tisdell, 2015: 202). After transcribing and translating the interviews, descriptive designations referred to as codes were assigned to the data to make it easier to identify and retrieve specific themes. NVivo, a qualitative software program, was used for organizational and coding purposes. Using an open model, codes were first based on verbatim words or phrases from the participants (e.g., “The difficulty of the TOEFL”), then the codes were re-organized to fit the broader theoretical categorization of the Social Construction Framework. For example, if a statement reflected both powerlessness and a positive construction it was coded under “dependent.” Additionally, entries helped in constructing the conceptual links between the various issues that interview participants talked about, and thus enabled the development of an outline for report on the findings in the following section. For example, when three or more interview participants identified a particular issue as affecting their licensing process, the study treated such an issue as important and included it in subsequent interviews as well as a subheading in the findings.

### *Participants Profiles*

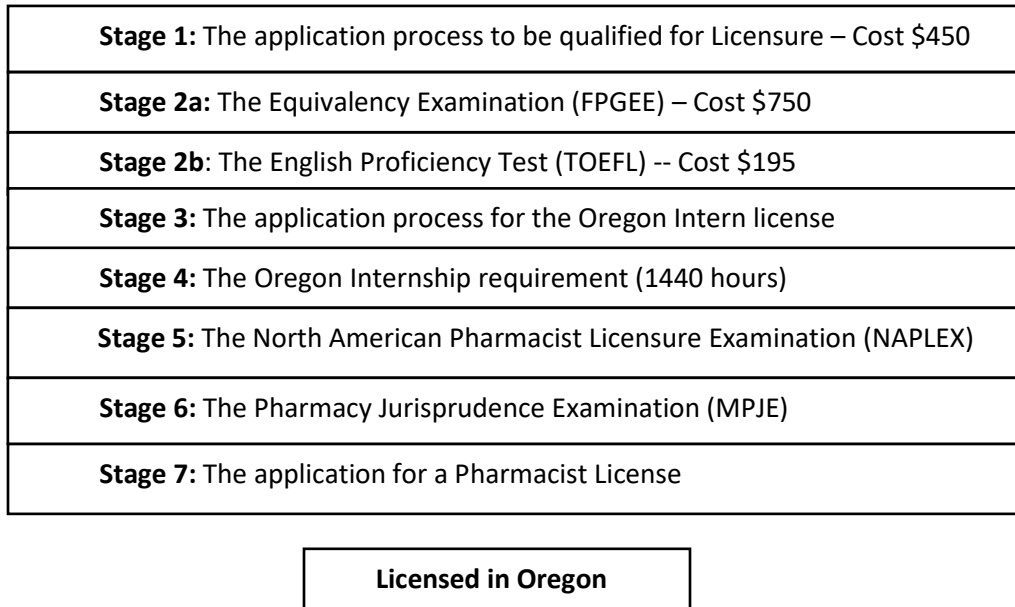
Table 2 contains the demographic information of the foreign trained and U.S. trained participants. Out of the 13 participants, more than half are Iraqi born and foreign trained (53.8%) and the remaining participants were U.S. born and U.S. trained (46.1%). Among Iraqi participants, the majority earned their pharmacy degree in their country of origin (71.4%). At the time of the interview, all of the U.S. trained participants were licensed to practice in Oregon. Most of the remaining foreign trained participants were in the English proficiency testing phase (stage 3) (see Fig. 2) and two participants have not met the requirements to enter the Equivalency examination

(stage 2) (see Fig.2). The majority of participants regardless of country of origin have achieved a high level of employment (84.6%). On average foreign trained participants had spent a little less than three years in the U.S.

Table 2: Demographic characteristics of Foreign Educated and US Educated participants (n=13)

		<b>Foreign Trained Pharmacists (FTPs)</b>	<b>American Trained Pharmacists (ATPs)</b>
<b>Gender</b>	Female	4	3
	Male	3	3
<b>Country Status</b>	Refugee	7	0
	US Citizen	0	6
<b>Employment Status</b>	Unemployed	2	0
	Employed	5	6
<b>Country where the degree was earned</b>	USA	0	6
	Iraq	5	0
	Jordan	1	0
	UAE	1	0

Fig 2: The licensing process for FTPs and ATPs in the State of Oregon



*Findings*

This section discusses the results of the study in light of the Social Construction Framework. As predicted by this framework, professional licensure is not a smooth straightforward process for FTPs, who are socially constructed in less powerful categories (i.e., dependents or deviates). It can be constrained by multiple roadblocks (burdens). Participants in this study demonstrated that educational and professional experiences aligning with the host country’s standards, a high English language proficiency level, financial security, and available internal and external resources were key to potentially practice as a pharmacist. Several results from this study coincide with the empirical work of Cheng, Spaling, and Song (2013) who describe the certification process as a difficult and a complex “labyrinth” for Foreign trained professionals process. *The re-credentialing process can be costly and time consuming, and it is particularly difficult for individuals who are no longer in contact with their degree-granting institution.*

*(1) Status of FTPs prior to becoming Refugees*

All FTPs in this study perceived that they had the qualifications needed to practice pharmacy in the U.S. In their view, the TOEFL English proficiency examination was the most constraining stage in Interviewee their path towards licensure. Prior to becoming refugees, participants in this category held job positions that matched their qualifications. Pharmacist, pharmacy owner and company manager were among the employment positions held prior to migration (see Table 3).

Table 3: Occupations of FTPs Pre- and Post-migration

Interviewee	Age	Degree obtained in host country	Pre-migration	Post-migration
1	40	Master of Pharmacy	Pharmacist and Pharmacy Owner	Pharmacy Intern (paid)
2	30	Bachelor of Pharmacy	Pharmacist and Pharmacy Owner	Pharmacy Technician
3	31	Bachelor of Pharmacy	Pharmacist and Pharmacy Owner	Pharmacy Technician
4	30	Bachelor of Pharmacy	Pharmacist, Pharmacy Owner and Country Manager for a Food and Drink Company	Local Business Owner
5	28	Bachelor of Pharmacy	Pharmacist	Manager in a Chain Store
6	39	Bachelor of Pharmacy	Pharmacist	Unemployed
7	24	Bachelor of Pharmacy	Pharmacist	Unemployed

These job placements are highly esteemed in the Middle East. Thus, to lose this community positioning represents a role shock to the majority of highly educated refugees. Life in America represented a traumatizing social, financial, and professional downfall compared to their lives before becoming refugees. Interviewee 2 reflected on his position in Iraq versus America. He explains:

We know as refugees, we know we're going to sacrifice a lot. And for me, I was a country manager with Nestle for Iraq. I was the head of sales there and I have



like 3000 employees and I was a pharmacist with my own pharmacy. So, I sacrificed a lot. All the pharmacists also are sacrificing a lot, but we are thinking like we can get a new life here like we need some time. But the biggest issue when we start, we do have the English, we have the knowledge, but we cannot work again on the same career.

Many participants described the change in economic and employment status from Iraq to the U.S. as a traumatic experience, and a clear downward transition from their previous advantaged status.

As one interviewee explains:

You always need to look at the cultural part, we used to hire pharmacy technicians back there in our own pharmacy, because we don't have chain pharmacies in our countries, so every pharmacist you meet had their own pharmacy and I used to hire a pharmacy technician. You need to imagine here in the US, you are coming with your American dream, you are hired as a pharmacy technician. This is the biggest trauma for your personality, for your life, because three months or four months ago you were a pharmacist and you had a pharmacy technician, that you are hiring him and paying for him. After four months, you are the pharmacy technician and get hired by others, with full respect for the pharmacy technician, but there is a kind of positioning in the job that here we have to accept.

Additionally, FTPs undergo a dynamic process of negotiating their identity. Role shock was prevalent across the interviews and participants expressed difficulty coping with their new lives in the United States. As one participant expressed:

The pharmacists and the doctors, they are in the higher level than the normal people, okay, just like the professors and these degrees. So when you come to this country, and you lost your identity as a pharmacist, we keep our identity as Iraqis and Sumerian people. But you lose your dignity as a pharmacist, your community positioning. However, I'm gaining a new positioning in different ways, but you still lost your passion, you lost your life. It's not that easy, it's one of the traumas you have to face here in the US as a refugee, again. Regardless you are leaving your family; you are leaving your home, leaving your life, starting a new life, starting a new challenge, a new struggle, whatever. A lot of things here, you know, a lot of things to learn. We succeed to pass it but still you have something inside you. You are not what you were before.

Thus, for some participants, gaining a favorable identity hinges upon approval from the host society. A success story is a story that conforms to the new society's ideal. Interviewee.3 who couldn't go beyond the application process to qualify for licensure shared his perspective, he explains:

The board is very strict, it's all good. They are preserving the environment they are in, so this is honestly something that makes you eager to finish the exam so that you can be someone who is approved by the American board. You could show off with it anywhere, you earn something really special.

In this quote, Interviewee 3 underlines the advantaged nature of being a US licensed pharmacist. By enacting a costly, time consuming and difficult process. Credentialing bodies send messages about the qualities and attributes of a positively constructed group and who gets to be part of it. By pursuing "approval from the American Board" Interviewee.3 expresses a desire to "regain his identity", to be part of a deserving group *again*.

## *(2) Becoming a (refugee) Dependent*

The findings reflect a clash between how refugees perceive themselves and how the host society perceives them in return. While the experiences of war and resettlement are real, refugee status is a construct. The U.S. 1965 Immigration and Nationality Act 101(a)(42) explicitly states that refugee status is granted upon persecution or fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group as well as individuals of "Special humanitarian interest to the United States." From this standpoint, access to refugee admissions rest upon one's ability to prove victimization and thus dependency on a new host society's protection. To become a refugee is to submit to a system that renders refugees simultaneously protected and powerless. Interviewee 2 stated:

As a refugee, you need to accept everything. That's what we know as refugees; once you are a refugee you will stay a refugee even if you get citizenship.

Disabled, aged or blind refugees can receive cash and medical assistance for up to nine years while qualifying low income individuals with dependent children can receive the same assistance for up to five years. Cash and medical benefits granted to refugees in this study ceased after eight months.. In Oregon, the Refugee Self Sufficiency Services Program clearly stipulates that the role of Established Employment Services (EES) is to “help them achieve and maintain self-sufficiency” (The Oregon Department of Human Services, 2017). And while financial assistance is of vital importance to all refugees, overlooking their diverse educational and professional experience might hinder their potential for self-actualization, and hence their contribution to American society. As Interviewee 3 explains:

No offense to America, but they are skipping the most difficult part in the equation. They just have to take the NAPLEX and FPGE and they become pharmacists. [...] I'm hoping that governmental agencies will provide refugees who are pharmacy graduates with at least one training cycle, even if it's only during the first eight months. When we got here as refugees, we received financial assistance and it stopped after eight months. So, I'm telling you, I hope that organizations such as IRCO or other organizations will present for us, simple seminars on how to be relicensed as pharmacists? What are the difficulties? What are the steps? How to prepare for it?

Based on the participants' experiences, it can be argued that they perceive the reaction to refugees as generally one of pity and not one of resilience and responsibility. One participant who was unemployed at the time of the interview, spoke of her painful experience and how her victimization impacted her new life in the United States. She explains:

When we arrived to America, we are respected socially but financially, no. It is very difficult for us as pharmacists to go like other people who beg for assistance from churches or other organizations. They give us charity money, a pittance. We don't want food, any food is fine. For me, it hurts to think of the day when I went

to a church and asked them for food. It was one of the worst things to ever happen to me.

As reflected by the participants in this study, highly educated refugees' own perception of their educational and professional assets makes it particularly challenging to adapt to a society that, in their view, somewhat fails to recognize their qualifications as added value. Thus, if employed, refugees will not be able to go beyond a lower skilled job. As one participant explains:

For me now I'm starting a restaurant business, and day by day I will start forgetting about the pharmacy degree, and a lot of people are like me. I know a lot of people working as Uber taxi, okay, they need to live and work for their lives, there is no way to pay their bills without getting (pause). There is not right way to stop.

Better employment would mean not only an improvement in their economic status but also a way to break free from dependency. As one participant explained:

Financial stability, living a decent life, I don't dream of becoming a millionaire, but I just want to provide a decent life for my daughter, living in a house, eating food, I don't depend. I become independent. I don't want to depend on governmental assistance. This is very important to me.

These findings overwhelmingly show FTPs desire to break free from dependency and let go of the victim label they inherently carry as refugees. FTPs believe that using their educational background and practicing in their chosen field is the most obvious path for them to reclaim their professional identity and gain a favorable socio-economic status in their new homeland.

## *(2) Becoming a (Highly Educated Professional) Deviant*

FTPs who participated in this study perceived that the sizeable requirements for re-licensing as professionals are based on *where* they studied and not *what* they studied. The general tenor of Foreign trained participants' (FTPs) remarks on the licensing process is summarized in a comment by Interviewee2, "No offense to America, but they are skipping the most difficult part in the

equation.” Here, the interviewee refers to navigating the licensing requirements under new regulations and in a language other than her native tongue.

The licensing process is not a clear-cut path for all participants and their comments on what constitutes a barrier, or a facilitator differed based on what stage they were at. All of the foreign educated participants who were cleared after the application process (stage 1) to sit for the Equivalency examination (stage 2a) referred to the exam as “easy” and “a piece of cake.” As one participant reflected:

I’m fully supporting the medical part and the knowledge test which is called the FPGE. It’s a good part, it’s a good to test for the pharmacists to make sure they are fit for that.

The participants were overwhelmingly satisfied with the content of the knowledge exam. In their opinion, they had a “strong background” and studies are “harder” in their home country. However, at the time of the interview, the majority of FTPs in this study were not able to go beyond the following step in the process--the English Proficiency Exam (stage 2b) --despite being in the U.S. for almost three years on average. On the other hand, U.S. trained pharmacists in this study reported spending less than three months on their licensure process.

Thus, it is not surprising that strong differences emerged between the language used by FTPs to describe their experiences of certain elements of the licensing process and the language used by regulators to describe the same examination elements. While the National Association of Boards of Pharmacy (NABP) describes the English Proficiency test (TOEFL) as a way of testing “communication-ability” (Model State Pharmacy Act and Model Rules of the NABP. Section. 302, 2016), all FTPs who were cleared to sit for the TOEFL exam (stage 2b) perceived the score required by the board of pharmacy as a substantive source of hardship. They explained that despite

their ability to communicate in English, achieving the score required from the professional board of pharmacy was challenging.

The majority of participants reflected on the importance of an assessment that tests profession-specific language and communication strategies, instead of a standardized English-as-a-second-language test. At the time of the interview, Interviewee 4 was practicing for the TOEFL test, he is unsure of whether he will be able to get scores required by the Board of Pharmacy's requirements. He expressed his confusion over the English proficiency exam. He explains:

If there is an exam for English, it's fine, but test us in the medical terminology, medical normal life living, but don't ask me about things which are not in my field. Why do I need to know that? I'm not concerned with animals and the world under the sea or the space. I'm working in the pharmacy field, I can speak English, I know the medical part. They can test me on this regard which is okay. Every pharmacist, they need to speak with the patients, they need to give advice, they need to listen, that's okay, but not a complicated field which is not connected to me at all.

As opposed to their American counterparts, foreign trained pharmacists are required to pass an English standardized test, which has uncovered the need for test preparation support among FTPs. Overlaid upon this is the reality that while all FTPs are required to pass the TOEFL; this test has not been designed for the demands of professional level communication and the intricacies of patient-professional dialogue (Austin, Croteau, 2007). The Social Construction Framework suggests that regulators are likely to use policy tools, such as standardized language tests to exclude *deviants* rather "than attack the structural problems that are at the basis of the problem itself" (Ingram and Schneider, 1993: 339). An example of the are the structural barriers preventing FTPs from integrating into the U.S. professional health care system.

FTP's who perceive themselves as deviants in this study, struggled with the content and challenged the relevance of the exam itself. This makes strong sense since the TOEFL exam was

not initially targeting professional graduates, to quote the original TOEFL framework document, "... The test will measure examinees' English-language proficiency in situations and tasks reflective of university life." (Jamieson, Jones, Kirsch, Mosenthal, and Taylor, 2000 10–11). According to Model State Pharmacy Act, "The Board may employ, cooperate, and contract with any organization or consultant in the preparation and grading of an examination..." (Section. 302, pp.45). The use of the TOEFL examination body, which operates independently from the board of pharmacy, is perceived as a laissez-faire approach from the FTPs perspective, although it does meet the letter of the law.

The Social Construction Framework somewhat supports this view as it relates to deviants suggesting that, "Public officials simply do not like to spend money on powerless groups and will use other tools whenever possible" (Ingram and Schneider, 1993: 339). For FTPs, this approach constitutes a barrier not only in terms of success, but more primarily, in terms of access. Interviewee 7, a 39 year old pharmacist who came to Oregon as a refugee, expressed her lack of information on available resources to help her with her English exam preparation. Since her arrival in the United States three years ago, Interviewee 7 is unemployed and has only been able to pass the Equivalency examination (stage 2a).

Here in America, you can find everything. Training for the Medical Assistant, training for the Pharmacy Technician. Why aren't there training sessions for the TOEFL which has secluded the medical community and especially pharmacists? I want an instructor to teach me, to help me prepare for the TOEFL. There is no such thing. I rely on myself and it makes it so difficult. It feels like I'm digging my nails into a rock.

All the foreign trained participants expressed facing difficulties when preparing for the English proficiency test, "It's a very difficult period, the TOEFL. For us, it's very destructive." FTPs

agreed that it would take them a very long time to reach the level of proficiency required by the Board of Pharmacy. One of the participants jokingly noted when referring to his wife's experience,

Her English is lower than me, she's expecting three to four years. So, she might get the citizenship before getting to be a pharmacist in the US [laugh].

Interviewee 1, a 40-year-old pharmacy technician, reported that it took him one and a half years and eleven trials to achieve the required score.

I worked for a year and a half to prepare for that test I didn't give up actually. I thought about giving up sometimes but I encouraged myself again and I said no, I've been through the process, I just did my best and if there is something else maybe I have to learn or to practice, I kept developing my skills in the language until I passed the TOEFL [laugh]. It's hard yeah... Finally, after a year and a half of trying I got the score that I needed and I'm sure it's a good experience, it's hard but it's a good experience because now I can communicate with my coworkers, it's important for the job.

Overall, the participants regarded the licensing elements including English proficiency, Equivalency examination, the internship, the licensure testing, and the law exam as being valid. However, they disagreed in their perception of fairness regarding the process. Some of the participants referred to the process as "impossible" and "unfair" while others explained, "They have to what they have to do," therefore showing a great deal of resilience in the face of burdensome circumstances. In most of the cases, the participants shared a strong desire to get their license despite the "demotivating" and time-consuming aspect of the license.

#### *Foreign Trained and U.S. trained Participants' Perception of the Licensing Boards*

Most of U.S. trained pharmacists referred to the licensing body as bureaucrats who protect consumers by ensuring that people who get licensed to practice pharmacy are compliant with the state pharmacy rules and are capable of doing so. Collectively, ATPs expressed that the Board of Pharmacy's regulators were not a concern of theirs. This is consistent with the social construction



framework, which predicts that advantaged groups are often unaware of burdens experienced by dependents or deviants regardless of their shared educational path. Interviewee 8, a 54-year-old pharmacy manager reports:

I have a good relationship with the board, they come in and they help me make sure that I'm following the letter and the spirit of the law they're not overly punitive, they're helpful in making sure we're practicing pharmacy as best we can.

Whereas others reported not having too much interaction with them, "I think it's much like DMV or any other licensing type thing. We are their clients basically that they work with, they make sure that we are staying update with X, Y and Z regulations." Interviewee.12, a 27 year old pharmacist and a recent pharmacy graduate, shared his view of the licensing body:

I've never had any problems with them perse, I think a lot of professionals initially have kind of a skewed, the wrong view of them. If you were to ask I think a lot of students, especially students only second or third year, what the purpose of the Board of the Pharmacy is? They might say something like, they're kinda there to help pharmacists which is exactly what they're not there for. They're there to protect the public from pharmacists so while they're certainly are on your side as a pharmacy and this is the law, they'll stand up for you if you're on the right side of the law, they're there more as a regulatory disciplinary committee than they are... they're not an activist. They're not really activists for pharmacists that's why we have the OSSA or the OSPA or other pharmacists organizations, the APHA they're out there lobbying.

This quote further underlines how advantaged groups have the power to challenge policies that are detrimental to them through political participation (Ingram and Schneider, 1993), a power that FTPs lack. On the other hand, Interviewee 10 expressed mixed feelings about the Board of Pharmacy's perceived support. She explains:

Well I think that they are supposed to be there to help you and like to back up the pharmacists but sometimes I feel like when they come to do their audits they more searching for your weaknesses or trying to exploit that, I don't know I think that's just them doing their job, trying to find things that we can correct if we were following the proper procedure, didn't document things a certain way they have to point that out but sometimes I feel like they're not always behind you.

Although foreign trained participants shared commonalities with the U.S. trained participants in their description of regulators, they had a less positive view of the licensing board. Regulators were seen as being “strict,” more supportive of American colleges and universities, and conducting a “high level of filtering to get selected people.” As individuals, some of the participants described the regulators they interacted with as “good people” who do their job, provide information, and help to the best of their ability.

They know a lot about pharmacists from the middle east and they have a lot of respect for them. They appreciate everything, those that I was in contact with they know about the laws and they try to help as much as they can but there isn't... the law is not for everyone in America.

Interviewee 6, who is still preparing for her English proficiency exam while working as a pharmacy technician, commented on the extent of knowledge that regulators had when it comes to Foreign trained pharmacists. She recalls, “My perception of people who give the license? They don't know our circumstances, they don't know the circumstances of those coming here as refugees, applicants coming from different places.” Interviewee 5 who earned her four-year degree in the UAE echoed that sentiment; she explains:

I don't like them. They don't give a chance to other people not only the United Arab Emirates, all the pharmacists [pause] even India, Pakistan and... because I looked a lot on the internet, people who have the same problem as me.

This further reinforces the SCPD framework, which contends that deviants would have an “angry” or “oppressed” orientations toward the government (Ingram and Schneider, 1993). One participant who was interviewed the same week as President Trump's Executive Order restricting immigrants' and refugees' entrance into the United States otherwise known as the “Muslim ban,” referred to the process of licensure as a “nightmare” and stated, “We need to stay away from this job.” Throughout the interview, he expressed feelings of exclusion and a perceived rejection from the pharmacist profession. He explains:

I'm pretty sure like someone who graduated from outside, taking the job in the US; a lot of people don't like it. Even there is a political part in that, you're gonna be integrated, a lot of universities won't love that, because there is a lot of connection, so that's my impression. They are trying to push away the foreign pharmacists but in a very nice way, in a very official way: You will not be a pharmacist in the US, it's not that easy.

When reflecting on how regulators perceive them, here again Foreign trained pharmacists and U.S. trained pharmacists diverged in their opinions. Findings suggest that U.S. trained pharmacists might receive more support compared to their Foreign trained counterparts. Interviewee 12, a young U.S. trained pharmacist who pursued an MBA along with her pharmacy degree recalls her interaction and expressed that the Board of Pharmacy "hopes for the best in all pharmacists." She said:

We've had the board of pharmacy come to speak to our class, representatives at least a couple times, one of my professors is on the Board of Pharmacy another faculty member used to be on the Board of Pharmacy, so really involved in OSU and education and our curriculum because they care, they want to turn out great pharmacists that are compassionate and stick to details and understand why it's so important that we have these practices in place so, I think they view us with hope and encouragement and optimism definitely not like a foreboding kind of scary presence, it's like ask us questions, come to be an intern, you know, rotate with the Board of Pharmacy, see what we're all about and do these things and you'll be good, go do above and beyond of these standards, you should always practice above it, things like that. They just wanna help us cause no one wants, you know, poor pharmacists out there. They want all Oregon pharmacists to be the best [laugh].

Interviewee 12's view and experience with the board of pharmacy strongly mirrors the construction of the advantaged category. The theory predicts that regulators would reach out to the "eligible persons" and "encourage them to utilize the policy opportunities that have been made available (Ingram and Schneider, 1993).

I think most students had a pretty good idea of this, as you progress through school especially but at any point in your fledgling career before you're licensed, any legal trouble can greatly jeopardize all of the work, even relatively minor legal trouble, obviously minor is kinda of debatable it's relative but we have had (pause)

I've worked with pharmacists that had, in one case he had graduated without having taken the licensure exam yet which, once you're licensed they seem a lot more lenient towards you they're like more like fines and redirect you because you're I guess a benefit to society.

Interestingly, most U.S. trained pharmacists seemed to be unaware of their institutional advantage and had a less optimistic view on how the licensing board perceives them. "I don't know that they really care as long as I don't get into trouble [laugh]." They described being seen as "just another face in the crowd." Some of the participants reflected on the impact that any deviant behavior could have on their careers. Interviewee.12 shares the experience of one of his classmates:

We had one of my classmates who was a nice guy, he was arrested after selling three ounces of heroin to an undercover officer in Corvallis, that put the end to his pharmacy career. He actually did go through, he had to go back and he completed his PhD in medicinal chemistry and he's working teaching somewhere Midwest now so, he's a success story at that but it definitely threw a big change in his career direction suddenly, that would be the big things that could come up from their past when you think what happened to their undergrad? But any bit of illegal trouble can cause issues trying to get a license later.

Interviewee 12 comments about his classmate underlines the capacity of advantaged groups to bounce back into a "success story" even after committing an illegal act. FTPs on the other hand inherently find themselves portrayed as deviants before they can even start the re-licensing process.

Based on these observations and the experiences of FTPs which suggest a skewed portrayal of foreign qualifications and experiences, I argue that deviants are constructed by regulators as less deserving of support since they do not conform to the host society's ideal of higher education and professional experiences. FTPs believe they are perceived as deviants trying to take the good jobs of hardworking US trained pharmacist category. In the social construction framework, this makes them undeserving of support from regulators.

### *(3) Regaining Advantaged Status*

An observation that emerged from the findings is that FTPs are active and resilient in face of the uncertainty of their employment as pharmacists in the United States. Interviewee.5 whose degree was not recognized and couldn't go beyond the application expressed:

I feel in some level I will be able to take the exam I don't know why I just have this feeling... I'm not letting it sit on the side and that's it. I'm gonna apply again.

The interviewee's response to this situation challenges the stereotypical portrayal of the passive and the incompetent refugee who, at best should be grateful for protection and, at worst, is regarded as a fraud, not a real pharmacist, trying to break into a highly-paid occupation.

As FTPs try to prove that they have appropriate educational and experiential skills, this section summarizes the non-institutional indicators that could either complicate or facilitate this process. These factors are summarized under three main sub-themes include: (1) Work-Study Dilemma (Financial Insecurity); (2) Working Down (Underemployment); and (3) Working Back Up (Motivation, Resilience and Social Networks). These indicators are not inherently barriers or facilitators in and of themselves. Rather, each factor tended to pose a benefit or a burden to the likelihood of obtaining a license when combined with other barriers or facilitators. Since most of the foreign trained participants were not licensed, they tended to share barriers rather than facilitators whereas licensed U.S. trained pharmacists tended to share facilitators rather than barriers. Thus, a more comprehensive look at data included framing each sub-theme as a potential barrier/facilitator, rather than presenting the data pertaining to barriers separately from the descriptions of facilitators.

*(3-a) The Work/Study Dilemma*

Most FTPs reflected on the challenge of balancing their exam preparation with a full-time job. Participants expressed finding themselves in a catch 22: to overcome the multiple stages of licensure and eventually get a highly paid position, they need to study hard; yet to study hard they should simultaneously be financially secure. Some FTPs were very invested in pursuing their pharmacist careers and went on to extreme lengths such as investing their savings on a non-guaranteed outcome. Interviewee.1 explains:

It's challenging of course because I had to work and I had to spend my savings to pay for the process, I worked in order to pay the bills and spent my savings to do the transfer so hopefully it will be worth trying.

For refugee mothers, this barrier seemed to be more pronounced. Interviewee.3, a 31-year-old pharmacy technician explained,

It's difficult because I am a mother with two kids, I don't have enough money, I'm working in the pharmacy... I need more time to do all these things, to overcome the difficulties of this exam.

Along those lines, participants in this category explained that it would take them many trials before they succeed, Interviewee.6 explains:

The TOEFL is \$200 if the person passed after the first trial, if you don't pass you pay another \$200 so it adds up. I know people who to this day, just the TOEFL is costing them \$2000, just the TOEFL.

Thus, the challenges associated with individual economic conditions meant that the pursuit of financial security often came at the expense of investing enough time and money into the licensing process. Interviewee.4 explains,

For me now I'm starting a restaurant business, and day by day I will start forgetting about the pharmacy degree, and a lot of people are like me. I know a lot of people working as Uber taxi, okay. They need to live and work for their

lives, there is no way to pay their bills without getting [pause], there is not right way to stop.

For U.S. trained pharmacists, the cost of licensing was perceived as “a drop in the bucket” compared to the fees associated with the Professional Pharmacist degree itself. All the participants in this category acquired a loan to pursue their education; however, ATPs reported that a Pharmacist job was worth the investment since it provided higher pay compared to other occupations. As one participant explained,

It’s a sacrifice but then later on it pays well, well enough to pay off those debts so yeah it’s definitely a commitment and a sacrifice.

Participants reflected on the burden of acquiring loans; however, all U.S. trained participants in this study did not perceive it to be a barrier in their path to becoming pharmacists. As Interviewee.8 explained:

For college, since my family didn't have a lot of cash I assumed, I guess I knew that the money was available for loans and things so even if I didn't get scholarships it would cost me more but as long as I had a plan I would be able to go through so I tried not to worry too much about that and I just worked as much as I could to help pay for that. Student loans are terrible but they're usually pretty available.

*(3-b) Working Down*

For FTPs, underemployment was prevalent across the interviews. Interviewee.1, the only participant in his category to reach the internship level (stage 4), reflected on his experience when searching for a paid internship. He explains:

I’m applying now for my internship license, I couldn’t convince them that I am good, that I’m able to do that job because they always think that I am a foreign graduate, I don’t have the experience I don’t have the kind of experience that they want here in the US, yeah so that doesn’t help me to find the right job that I need to be in.

With regard to unregulated employment, participants spoke of employment history, the non-recognition of their credentials, and lack of information as hurdles for accessing jobs especially in the initial phase of their resettlement. As one participant reflected on her experience, “Very difficult in the beginning, I have no experience and I don’t know where to search or how to apply. How do I apply? It’s very difficult in the beginning.” After the initial resettlement phase however, the majority of participants were able to achieve a level of employment. This is a participant’s reflection on the type of jobs he was able to access.

I didn’t find something that I really like to work in and the jobs that I applied to were harder and they all required tons of language skills and US certificates, they didn’t say that but you can get that from their response, yeah. Except the simple jobs, you can get a simple job but it’s not as good as your job of course. It’s for training, before you go through the process to be yourself again.

For U.S. trained participants, finding employment was not identified as a substantial challenge however a couple of ATPs chose to pursue a residency. One of the participants explains, “If you want a guaranteed job, you essentially have to do a residency.” The rest of the participants in this study chose not to do a residency and started working as pharmacists upon obtaining their license.

Employment search? [laugh]. It was very uneventful I worked in Fred Meyers for 15 years and I started as a technician and then I became an intern and worked there and then they offered me a job so I was licensed there so I didn't actually apply and then this past fall I applied for the job here so, these are the only two places that I worked in the last almost nine years as a pharmacist.

Another participant who graduated in 2013 echoed those sentiments; however, he acknowledged that his experience “might not reflect the common student that much.” He reported the experiences of his graduating class.

I can give some perspective from my classmates cause we stayed in touch quite a bit especially right after school. Most of them, if they were pursuing a residency or something, obviously, that's what they were scrambling for. Most of my classmates within a month or two from graduating had employment. I don't think



I know of anybody, six months out after they graduated so by December, that didn't have a job. Some obviously had to move a little bit, they couldn't work right where they wanted.

*(3-c) Working Back Up*

This sub-theme reflects the strategies that participants employed to reach their professional goals whether drawing from their inner resources (e.g., resilience, motivation) or tapping into the resources that were available to them (e.g., social network). The foreign trained participants in this study reflected on the ways they were able to get as close as they could to their desired occupation.

One participant explains:

I got my work authorization and after that I studied to get a license as a pharmacy technician, I studied a book online and after that I entered the exam [laugh]. I applied for a license as a pharmacy technician to work close to my work in Iraq.

Foreign trained participants also tapped into their social network and acquaintances both inside or outside of Oregon to better inform their decisions.

I have connections, I communicate with them and I try to learn from their experiences whether they're older or younger than me in the process so they're always updated about any activities or any news coming in from the board so I always stay connected with them for this reason. I like to be updated all the time.

Another participant, who has been in the United States since 2013 explains how he's using his knowledge of the licensing process to inform "new comers." He reported:

I try as much as I can to consult pharmacists, new comers from the Middle east whether they're Saudi, Qatari, Syrian, Iraqi, wherever they're coming from, I try to explain to them as much as I can that in the Middle East they see the pharmacist as nothing more than a vendor, the same as anybody else. I mean he's standing behind a desk and selling drugs. Here, that is not the same. I try to remove that perception from their minds because it is very real in the middle east. I try to transmit an image of a pharmacist who has a place in society if they follow the options that will allow them to work. This is something that I like to add and instill in many pharmacists coming in from the Middle East, those who don't know yet about American society. We are hoping that through pharmacists who are practicing in another state that we can find a solution to this problem... Inshaalah we will find a solution or figure out a way in the near future.

However, another participant had a less positive impression on how the experiences of other foreign trained pharmacists within his community were affecting new coming refugees. He explained:

I know some pharmacists coming, they are prepared, in their side, they are not pharmacists... When people are coming and they ask others, what's happening with you? And they tell them: struggles. People are coming just hopeless. Well I'm not a pharmacist again, let me think about anything. This issue when it continues and it grows, it's giving, even for the new comers, that they need to forget that they are pharmacists. Because they see other people, they spent three or four years hell in the States and they are not pharmacists yet, you know, so they know it's not something they need to look at.

#### *Additional Findings: The Application Process*

Among the interviewees, two participants were not able to go beyond the application process (stage 1). This provided information on what it takes to be eligible. The participants presented separate cases of ineligibility. For a 28-year-old Iraqi pharmacist who earned his degree outside of his home country, it was the case of being unable to provide a proof of licensure from the country where he earned his pharmacy degree (Jordan) and his inability to go back to his country of origin (Iraq). He reflected on how his refugee status and foreign education (outside of his country of origin) represented an additional barrier in his licensing process in the United States. "In Jordan, you are registered as a pharmacist, but you don't get a license. So, they told me that I should go back to Iraq to get a license in order for my degree to be recognized here." It's been five years since he graduated, and he is still unable to initiate the licensing process both in the first and second country where he sought asylum.

The ministry of health in Jordan prohibits giving a license to any Iraqi. I knew about that but I thought I have no options, I'll come here and maybe things would be easier or maybe it would be easier for me to go back to Iraq. I applied in America and talked to the Board of Pharmacy to see if there could be an easier path. They refused and I mean an irrefutable refusal. They absolutely refused to

let me take the exam even though the Jordanian ministry of health recognizes me as a pharmacist but can't give me a permit to work.

Another case of ineligibility was a 24 year old graduate who earned a four-year pharmacy degree. FTPs who graduated from a four-year program **on or after** January 2003 are not eligible to enter the Equivalency examination (Foreign Pharmacy Examination Committee, 2016). Interviewee.5 shared an account of her experience and her negative perception of the requirements,

If I had graduated from university in four years in 2002 they would evaluate my degree, so it's stupid, it's silly. I don't like the people that work there.

At the time of the interview, these respondents were actively exploring other options that would allow them to practice pharmacy. Higher education in the US was brought up as an alternative option, however it was dismissed because the financial burden it represented for the participants, "If I was taking a long loan, I would be paying it for my whole life and maybe my children's life too [laugh]." One participant underlined the lack of knowledge regarding the benefits granted to refugees and asylum seekers such as the ability to access loans and to qualify for in state tuition, once they become lawful residents.

If the cost of a Master degree wasn't so expensive I would've gotten a Master degree. If I get a Master in America, I wouldn't need to enter the exam and bring a license from Iraq but the Master degree is so expensive, I mean it could reach 70 to 80 thousand dollars and they consider you like an international student so I can't get a loan from the bank and study for a Master but in the case where I study for a degree in pharmacy and finish it, I could immediately start practicing naturally as a pharmacist.

Thus, while FTPs expressed their hope and their strong desire to be employed as pharmacists, the reality that meets them is far from hope filled. Rather, the findings of this study universally paint a picture of a difficult and frustrating life for highly educated refugees in the US with few, if any, opportunities for economic advancement in their chosen licensed career.

## Discussion

Based on participants' experiences upon arrival to the U.S., their hands-on interaction with the licensure process and their perception of regulators, FTPs perceive that they are victimized by their refugee status and simultaneously constructed as not-a-real-pharmacists. The English requirement, the lack of support, employment discrimination, and in some cases, the lack of recognition of qualifications are all indicators of possible attempts used to dissuade FTPs from the pharmacist career altogether. Although this study does not look into the perceptions of regulators on the target population, the social construction framework suggests that public officials will not deviate from the *public goal* (Ingram and Schneider, 1993), which is to protect the health and safety of the American consumer. Thus, regulators are not expected to confess to valuing one group over another and will stick to their official position. In this study, the only way to maneuver this situation was through a review of the official documents and interviewing the target groups themselves to reveal how one group is prioritized over another.

Having said that, it is important to note that the orientation of policy action depends on the power of the beneficiary population itself as well as the extent to which the political climate and the dominant population supports or rejects the policy being targeted towards FTPs. In the following sections, I develop recommendations based on the experiences of other countries as well as the reflections of the participants themselves.

When examining existing models for integration of foreign trained pharmacists, the International Pharmacy Graduate program (IPG), which was first initiated in Ontario, Canada, stands out as one of the most comparable and successful cases in the North American context. As such, pharmacy in Ontario was often referred to as “canary in the coal mine” of health professions integration (Austin, 2003). A key to this success was a unique multi-sectoral partnership between

regulators, universities, employers and the government, who all had interests in ensuring that all pharmacists, whether foreign trained or domestically trained were able to meet the standards of best practice (Austin and Dean, 2004). Austin and Dean (2004) showed the importance of language and symbols in the way the model was presented. Foreign-trained pharmacists were labelled as *International pharmacy graduates*, with the mandate to provide *skill-enhancement education not exam preparation*, while ensuring that courses and trainings were not dumbed down, and at the same level as university based education; “Since they would be viewed with suspicion and disdain by both the professional community and foreign trained pharmacists themselves as short-sighted and lacking in substance” (Austin and Dean, 2004:149). The result was a favorable policy outcome: 95.2% of participants who graduated from the program were found to have successfully passed licensing examinations (Austin and Dean, 2004), and foreign-trained pharmacists, under certain circumstances, are seen as deserving of a policy benefit (lower tuition cost)

In the short term, community-based organizations such as the Portland based Immigrant and Refugee Community Organization (IRCO), can help FTPs by developing advanced English training sessions that address refugees’ and immigrants’ specific needs. These organizations could also ensure that training is sensitive to time restraints of people who have jobs and special effort made to target the families with children, especially the single mothers.

In the longer term, a bridging program could be developed to enhance engagement with the professional community. Four streams were identified as pivotal for the International Pharmacy Graduate program (IPG) Mentors can play a vital role in the re-construction of refugees’ professional identity as well as providing a context for understanding broader social and cultural norms that are essential for practice. For example, the University of Toronto initiated the Canadian

Bridging Programs in 2001, a mentorship network that was designed to pair foreign-trained pharmacists with pharmacists already licensed and working in the community (Hathiani, 2017).

While similar assessment has not yet been conducted in Oregon, a needs assessment study in Canada indicated the importance of pharmacy language specific bridging education instead of standardized English tests. Specific curricular interventions that linked with commonly occurring communication-intensive activities in practice (such as taking a verbal prescription from a physician over the telephone, or responding to a patient's questions regarding the value of a specific drug treatment regimen) were identified as crucial in assisting foreign-trained pharmacists to meet standards of practice for licensure (Austin and Dean, 2006). Therefore, a needs assessment of the refugee situation is necessary to understand what would support refugees' successful integration in the labor market.

Resource persons from among the community-based organizations serving the refugee population should be mobilized and consulted to help develop policies, program interventions, and self-help initiatives that would enable the Highly Educated refugees to work their way out of unemployment/underemployment and toward financial solvency and economic advancement.

## **Limitations**

This study is limited and is not representative of all FTPs and ATPs in Oregon. Only 13 participants were interviewed, however saturation was reached since FTPs tended to have similar experiences within the licensing process in the host society. FTPs in this study are relatively new to the United States and had lived in the U.S. less than three years on average. A previous study on immigrants found that after five years of residence in the host country, immigrants tended to find careers that were more financially prosperous (Becker, 1996).

Additionally, this study is cross-sectional and represents the experiences of FTPs at one point in time only. While licensed ATPs experienced all of the required stages for licensure, none of the FTPs in this study went beyond the internship requirement (stage 4). A study following participants in this category over time would provide a more comprehensive outlook on all the stages of the licensing process for FTPs. Another limitation is the use of a single method, which does not allow an in depth understanding of why the participants perceived their post-migration experiences in certain ways and consequently whether this study's findings are relevant to other minority groups.

Some of the participants in this study were interviewed in the same week and the week after President Trump signed his Executive Order to limit entry to the United States for immigrants and refugees from seven countries including Iraq. As a result, some of the responses, especially participants' perception of regulators, might have been influenced by the rhetoric during this politically sensitive period in the history of the United States.

## **Conclusion**

Where in the past, many immigrants came to the United States possessing manual skills or trades, many of today's immigrants come with a high level of education, experience, and expectations regarding their economic and social prospects in their new homeland. This research identified a variety of regulatory and non-regulatory factors that could present either an advantage or a barrier in meeting the standard requirements of pharmacy practice.

The findings reveal the existing clash between pharmacy regulators' construction of highly educated refugees and refugees' own perceived construction. Thus, while FTPs expressed their hope and their strong desire to be employed as pharmacists in Oregon, the reality that meets

them is far from hope-filled. Rather, the findings of this study universally paint a picture of a difficult and frustrating life for highly educated pharmacists with a few long and difficult process for re-licensure to practice in the U.S.

The observation that the participants emerged as active and resilient has the potential to challenge the typical portrayal not only of pharmacists, but also of other internationally educated refugee groups who have been at the margins of the regulated labor market (e.g. doctors, dentists, teachers, etc.). The limitations of this study are its cross-sectional design, as well as the use of a single method. Future research should therefore examine to what extent the findings apply also to other populations through a comparative, longitudinal study. For example, it would be very interesting to compare a group of highly educated refugees to another disadvantaged population to see whether the latter would perceive themselves as dynamic and whether they could be considered as knowledge workers too.

Higher education institutions have access to assessment instruments, resources, and a connection to the Board of Pharmacy and to employers, which can provide an important bridge to regulated employment for foreign-trained professionals. Currently underutilized, higher education institutions may provide a valuable service to both the professional community and FTPs, by facilitating and accelerating access to high-quality, skills-based, competency-oriented education. In the Western world and especially in communities where refugees are hidden, understanding the potential of multiple Internationally educated refugee groups and in what ways they can benefit the host society's economy is a complex but worthy task for all student researchers in contemporary labor and migration sciences.

Within the health care profession, states such as Pennsylvania have developed programs specifically aimed at foreign trained professionals (e.g. *Pathways to Success for Healthcare and*



*STEM Professionals*, The Welcoming Center for New Pennsylvanians, 2012). While these programs attract the attention of the media, think tanks, and civil and international organizations alike, there have been less scholarly publications focused on the development, and the monitoring evaluation of outcomes associated with these programs.

Finally, researchers who wish to do further research on this and/or a similar population need to recruit competent field assistants for each of the linguistic populations. The field assistants should be persons known to and trusted by the potential research participants. Ethnic sensibilities are a significant factor in the types of information participants would be willing to share in an interview context, especially participants who have had no prior acquaintances with the researcher. Field assistants can serve in multiple roles which, including the translation of the research instruments, translation of the communication between researcher and participants, and helping the researcher to figure out some of the cultural eccentricities of the particular linguistic cohort.

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