PROMISING PRACTICES IN THE INTEGRATION OF
INTERNATIONALLY EDUCATED NURSES

By

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the scholarly paper of SHEILA DAHLGREN find it satisfactory and recommend that it be accepted.

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PROMISING PRACTICES IN THE INTEGRATION OF INTERNATIONALLY EDUCATED NURSES

Abstract

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Transitioning into healthcare in the United States can be challenging for the internationally educated nurse (IEN). While there is some literature about their transition experiences in developed countries, there is limited research specifically on promising practices as IENs transition into the United States healthcare workforce. A review of nine research projects that focused on the IEN transition experiences was conducted to assemble practices to be incorporated into pre-hire transition programs. Six recurring themes emerged: challenge of language competency, the global differences in the role of the nurse, difficulties around credential review and licensure, health care delivery, cultural issues, and the lives and abilities of the IEN. This article summarizes findings that should be considered as promising for nurse educators to incorporate in pre-hire transition programs for the internationally educated nurse.
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PROMISING PRACTICES IN THE INTEGRATION

For Submission to the Journal of Continuing Education in Nursing
Approximately 29.43% of the internationally educated nurses (IENs) who took the National Council Licensure Examination - Registered Nurse (NCLEX-RN) required for licensure in the United States (U.S.), passed in 2010. In comparison, 74.18% of U.S. educated nurses passed the exam in 2010 (National Council State Boards of Nursing [NCSBN], 2011). This examination was taken by 30,178 IENs in 2010 compared to 7,506 in 2000. Clearly, the number of IENs wanting to practice in the U.S. is increasing and they do not pass the NCLEX-RN at high rates. The NCLEX-RN is only one obstacle the IENs face in their pursuit of success in the U.S. healthcare workforce. There are also complex state licensing processes and lack of support to assist with acculturation and integration into healthcare. Due to increased global migration there will continue to be immigration of IENs, as well as the need to address their preparation for and integration into the U.S. health care system (Adeniran, Rich, Gonzalez, Peterson, Jost & Gabriel, 2008).

Nurses have immigrated to the U.S. for many decades and for a variety of reasons. Starting in 1965, the U.S. issued numerous types of visas for IENs adding to the complexity of the immigration process. The visas could be permanent or temporary, require prearranged employment in a specialty, or require employment in geographic areas with few nurses. Some visas required the IEN to have passed the NCLEX-RN or the Commission of Graduates of Foreign Nursing Schools (CGFNS) Qualifying Exam (Bieski, 2007; Pendergast, 2005). During nursing shortages additional legislation has been created to enable increased immigration, such as the Immigration Nursing Relief Act of 1995 and legislation in 2005 releasing additional visas for some health care professionals, including nurses (Ea, 2008). This has allowed many internationally recruited nurses (IRN) to be brought to the U.S. by hospitals and agencies (Hearnden, 2008).
The migration of nurses presents challenges to their country of origin and to the country where they are immigrating. It has been acknowledged that migration of nurses will continue due to globalization (Adeniran et al., 2008; Ea, 2008). The emigration of nurses often has a detrimental effect on their home countries’ health care system. Ea (2008) wrote that when nurses emigrate there is a negative impact on health care delivery in their countries of origin. Countries especially affected by the exodus are the Philippines, Nigeria, Zimbabwe, and Ghana. Bieski (2007) notes how resources are spent in the country of origin educating these nurses, yet the home country does not receive the benefit of this education because the nurses leave. These issues are being addressed by organizations such World Health Organization (WHO), the International Council of Nurses (ICN), and the American Nurses Association (ANA). At the most recent World Health Assembly in 2010, nations adopted a code that sets ethical principles on the subject of health care workers and their global recruitment (Hagopian, Williams & Deriel, 2010). In a position paper the ICN promotes the need for IENs to be informed and supported in their migration and employment (International Council of Nurses, 2007). The ANA has also developed a Code of Ethical Conduct for the Recruitment of Foreign Nurses (American Nurses Association, 2010). This voluntary guideline outlines legal and social steps that should be followed when recruiting and employing IENs in the U.S. Guidelines are generally aimed at protecting the individual IEN and towards compensation for the country of origin (Bieski, 2007).

Whatever their motivation for coming to the U.S., IENs face many challenges in their desire to resume their career as professional nurses. This population represents a global investment in education that is an underutilized resource. McGuire and Murphy (2005) noted that countries benefit when their human resources are effectively used. The U.S. is facing projected nurse shortages, while there are IENs living in the U.S. anxious to enter the workforce.
There are also individual strengths and challenges that are factors as these nurses work to establish a livelihood in their new country (Kawi & Xu, 2009). They are held back by a variety of societal issues and workplace systems that hamper their ability to best utilize their education and experience (Davis & Nichols, 2002).

For IENs to become part of the healthcare workforce and for the health care system to benefit from their presence, they may need additional education (Adeniran et al., 2008). Two important drawbacks for the IENs are the global differences in the education systems and differences in clinical practices (Edwards & Davis, 2006). There are few post-hire transition programs available for the IEN in the U. S. according to Zizzo & Xu (2009). Currently there are six pre-hire transition programs: Tacoma, Washington; Renton, Washington; Portland, Oregon; Chicago, Illinois; Denver, Colorado; and one with a pending start date in Dallas, Texas (J. Anderson, Board Member, International Bilingual Nurses Association, personal communication, May, 31, 2011).

**Purpose of the Paper**

This integrative review is a synthesis of research and scholarly papers that examine past and current practices surrounding introduction of IENs into the U.S. healthcare system. The aim of this review is to assemble the most promising practices that can then be used in pre-hire programs designed to assist the IEN in successful transition to and employment in U.S. healthcare.

**Literature Search Strategies**

While there have been several studies that identify IEN characteristics (Polsky, Ross & Brush, 2007; Xu & Kwak, 2007), barriers to practice (Hawthorne, 2001; Kawi & Xu, 2009), and lived experiences (Takeno, 2010; Yi & Jezewski, 2000), there has been relatively little research
about programs to assist in the transition experience (Adeniran et al., 2008; Gerrish & Griffith, 2004), and even fewer studies about pre-hire programs (LeBold & Walsh, 2006). Studies for this paper were accessed through several avenues. Initially, the Cumulative Index of Nursing and Allied Health Literature (CINAHL) was searched using key words “nurse migration,” “internationally educated nurse,” “foreign nurse,” “international nurse,” and, “international nurse shortage” and the criteria being research articles published from 1980 to 2011. This was done to obtain an historical perspective of how the movement of nurses has been influenced through the years due to the changing supply of nurses in developed countries and worldwide economic conditions. Twenty three studies were retrieved from CINHAL. The search was then extended to the websites for the International Center on Nurse Migration, International Council of Nurses, Commission on Graduates of Foreign Nursing Schools and National Council of State Boards of Nursing. This resulted in an additional five studies. Study references were also reviewed for additional research adding six studies. Overall 34 studies were examined. The scope of the research examined for this paper included the IENs’ experiences in different countries, IENs with different cultural backgrounds, pre and post transition programs, and the variables that affected the IEN transition.

Primary inclusion criteria for this paper were research about global transition programs, transition experiences of IENs, or research that would contribute to the development of pre-hire program curricula. Nine studies met the criteria. Studies reviewed were conducted in the U.S., Canada, Australia, and Iceland. Study participants were educated globally.

**Literature Review**

Analysis of the nine studies identified six key themes: language, role of the nurse, credential review and licensure, healthcare delivery, cultural issues, and lives and abilities.
These themes provide the conceptual guidance for this paper. The themes of this review are major areas that impact the transition and integration of the IEN and need to be considered in the creation and development of pre-hire transition programs. Language is a building block and a necessity in the transition process. The education and role of the nurse varies globally, as do licensing processes. The U.S. healthcare system strives for patient safety and best patient outcomes, while providing patient-centered, culturally appropriate care. The personal or lived experiences of the individual IEN may have an impact on his or her ability to achieve his or her goal of successful employment in health care. A summary of the research used in this paper includes the authors, the research question, design method used, sample population information, research findings, and research limitations (See Table 1).

**Language**

Language is a significant and complex issue for the transitioning IEN. The challenge of language was considered in each study reviewed in addition to the impact of language on the experience of being an IEN. Kawi and Xu (2009) conducted a review of 29 studies conducted in Australia, Canada, Iceland, United Kingdom (U.K.), and U.S., examining the facilitators and barriers IENs encountered in their adjustment to a new healthcare work environment. They found weak language and communication skills to be a major barrier to successful integration into the workforce. The authors cited “pronunciation, accent, and terminologies” (p. 176) as language barriers. IENs were also challenged by “socio-cultural aspects of communications” (p. 176) which included sarcasm, jokes, and non-verbal communication. In a scholarly paper, Guttman (2004) makes a differentiation between speaking English and speaking American English. American English has many slang or idiomatic expressions and communication in American English has a unique style, and is very context driven.
Takeno (2010) used in depth semi-structured interviews with five nurses educated in Asia to examine their perceptions of their transition into the Australian health care system. The participants, who spoke English as an additional language, related that their primary concern working in Australia was the difficulty with English. They expressed a lack of confidence in their English language skills which Takeno stated may hinder their ability in improving those skills. Additionally, two participants shared that poor English skills kept them “from behaving with confidence” (p. 221). Takeno found that these IENs were more concerned with speaking and listening than with writing and reading, but that language training was needed in all areas.

Magnusdottir (2005) examined the lived experiences of IENs working in Icelandic hospitals. The phenomenological method was used with interviews of 11 IENs representing 7 countries, with diverse levels of education and years of nursing experience. Learning the Icelandic language and having limited language competence was found to be a major challenge in the transition process. Participants shared that not knowing the language or even having limited language skills negatively affected their self esteem and sense of professionalism. In conversation the IEN felt overwhelmed when the other person would use more words than the IEN’s basic vocabulary. The nuances of language were another area of difficulty. Similar to Kawi and Xu’s 2009 integrative review, the participants in Magnusdottir’s 2005 study were under stress communicating over the phone. Without the non-verbal part of the communication to assist them in understanding what was being said, they feared miscommunication and adverse patient consequences.

Zizzo and Xu (2009) conducted a systematic review of 20 post-hire transitional programs for IENs; half the articles (10) were research based. Their purpose was to uncover what transition programs are offered for IENs and what the program components were. Fifteen of the
20 articles mentioned the importance of language or communication training either in the IENs’ transition process or as part of a transitional program. They found that language and communications competence is a concern of the IEN, but also a concern of employers and credentialing agencies.

Yi and Jezewski (2000) conducted research on how nurses educated in Korea adjusted to employment in U.S. hospitals. They used grounded theory with semi-structured formal interviews and a purposive sample of 12 Korean educated nurses. Language skills were cited as a major stressor in the initial stage of adjustment, with verbal communication being more challenging than written. Like the two studies cited previously, Yi and Jezewski (2000) found IENs were challenged when communicating on the telephone which does not allow for cues from facial expression or body language to help with the understanding of the message. They stated that Korean nurses place great importance on non-verbal communication and its meanings.

**Role of the Nurse**

IENs each bring varied education, experience, culture, and perspective to the role of the nurse. The research reviewed for this paper highlighted how the role of the nurse differs globally. Yi and Jezewski (2000) found that a “severe psychological stressor” (p. 724) in the initial stage of adjustment was the difference in the nature of nursing in the U.S. In Korea, the nurses saw the role of the family as providing what, in the U.S., could be considered basic nursing care. They were puzzled to learn that in the U.S. physical care was provided by the Registered Nurse (R.N.) and in some cases by a nursing assistant. Similarly, a Korean nurse in Takeno’s (2010) Australian study felt that providing physical care made the nurse less than a professional, because it was not part of her role in Korea. The role of nurses in Korea was described as being more administrative, ordering tests and examinations, which in the U.S. is
usually done by a secretary. This led to the Korean nurses having to accept a different concept of nursing practice and the role of family members and nursing assistants.

Korean nurses in the study by Yi and Jezewski (2000) felt that after their initial adjustment to working as a nurse in the U.S. they still lacked skills in two important areas: problem solving and interpersonal relationships, both important to the role of the nurse. The Korean nurse’s method for problem solving was described as concentrating on the work, with little or no explanation when a problem arises. They observed how problems in the U.S. were solved with information, explanations, and conversations and then worked to adjust their approach. The Korean nurses found that they needed to become more expressive of their opinions and assertive with patients, coworkers and superiors. Likewise, Kawi and Xu (2009) found a challenge for many IENs was learning to take on an assertive role, due to their individual cultural upbringing.

Baj (1997) evaluated curriculum designed to help transition Russian émigré nurses in San Francisco to employment as R.N.s. In this qualitative research, six learning objectives were evaluated using measurements specific for each objective area. The integration of Russian nurses required them to learn the role of the U.S nurse. In Russia, the nurse’s role tends to be more passive, unquestioning, and less technical than that of a U.S. nurse. Concepts of the nurse as the patient advocate, the patient as a partner in care, and questioning directives were difficult issues for the Russian nurses. When evaluating the second program objective of competency, which included theoretical knowledge, simulation experience, and actual patient care, there was found to be a larger knowledge gap than was predicted at the outset of the program. It was assumed that the participants in this pre-hire program would have passed the NCLEX-RN prior to entering the program. Passing this test would show a level of nursing knowledge on par with
U.S. nursing school graduates. Baj found none of the participants had passed the NCLEX-RN before the program and only 1 of the 12 IENs in the first cohort passed this exam at the end of the program. Another issue for the IEN and U.S. nursing students is lack of experience with computerized adaptive testing which correlates to lower NCLEX-RN scores (Jacobs & Koehn, 2006).

Credential Review and Licensure

In the global market the IEN faces a complicated, lengthy and costly process to become credentialed in a new country. Sochan & Singh (2007) conducted research on what is known and what is assumed about the IEN experience in Canada, including acculturation and socialization. Their qualitative study with 12 IENs from 5 countries used a single question to facilitate a narrative about their experiences as they attempted to become licensed nurses in Canada. Concerns voiced by IENs included a lack of specific directions, different agency personnel giving different information or accessing credentials unequally, confusion about documentation from their home country, and constantly changing requirements.

Kawi and Xu (2009) found that IENs often came to the U.S. unaware of documentation required for licensure. Requirements for licensure in the U.S. are set by each state’s Board of Nursing and vary widely (Bieski, 2007). For example, on the west coast of the U.S., California, Oregon, and Washington use different agencies to review and verify IENs’ transcripts; all have different requirements for English language competency, and varying license eligibility rules. Table 2 is a summary of these states’ requirements for IEN credentialing. Each State Board of Nursing has a responsibility to protect the public. A major issue with the varying state requirements is that they may lead to licensed R.N.s not having the same competencies. Part of a nurse’s competency is being able to communicate in English and patient safety is compromised
when they cannot communicate effectively (Zizzo & Xu, 2009). At this time California does not require IENs to pass an English language competency test, while Oregon and Washington do. IENs living in Washington can apply to take the NCLEX-RN in California and after meeting California’s requirements they can sit for the NCLEX-RN. After they are licensed in California they can transfer their license to many other states in the U.S. without having to prove an English language competency. Poor language competency can lead to miscommunication involving patient care, resulting in medication or treatment errors (Magnusdottir, 2005; Takeno, 2010).

Healthcare Delivery

Patient safety and best patient outcomes are integral to the U.S. healthcare system (The Joint Commission, 2011). Clinical competency of the IEN is a major issue as their numbers increase in the workforce. Edwards and Davis (2006) explored what the IEN’s perception of their clinical competence was before beginning practice in the U.S. Their research was comprised of two parts, one using questions with a Likert scale and the second using answer rankings. The research population was 3,205 nurses from 30 countries outside the U.S. taking the CGFNS Qualifying Exam. The nurses overwhelmingly (93%) were interested in further education to help them adapt to working in the U.S. Specific areas the IENs felt they needed further education to practice competently were in order of importance, technology, nursing skills, pharmacology and medication, and language skills.

According to the Health Resources and Services Administration the number of documented, working IENs in the U.S. has been increasing and they are becoming a larger percentage of the overall nurse population. In the 2004 Health Resources and Services Administration National Sample Survey of Registered Nurses, 3.5% of the overall 2.9 million nurses were IENs (Health Resources and Services Administration, 2006). The 2008 survey
reports that 5.4% of the approximately 3 million nurses were IENs (Health Resources and
Services Administration, 2010). The IEN is becoming an ever more important addition to the
nursing workforce as expected nursing shortages are projected (Buchan & Sochalski, 2004). The
current economic recession may have delayed the projected nursing shortage. A recent
projection of the nursing shortage took into account many variables, including the effects of the
recent recession. The estimated shortage is predicted to be 260,000 nurses by 2025 (Buerhaus,
Auerbach & Staiger, 2009). Basic issues that are leading to the projected nursing shortage are an
aging general population requiring additional nurses and an aging nursing population that is
close to retirement.

Cultural Issues

Health care strives to provide patient-centered, culturally appropriate care. Kim-
Goodwin, Baek, and Wynd (2007) administered Hall’s Professionalism Inventory scale to 221
Korean educated nurses who immigrated to, and were working in, the U.S. The research
questions how these nurses view their professionalism and aspects associated with
professionalism, based on “self regulation,” “autonomy,” “a sense of calling,” “public service,”
and “membership in professional organizations” (p. 245). The IEN may have the advantage of
being able to provide culturally appropriate care to a specific ethnic group. Cultural differences
between patients and coworkers may add to the difficulty in transitioning to practice in a new
country (Edwards & Davis, 2006). While workplace support systems were welcomed by some
IENs, to other IENs the systems may be perceived as discriminatory, implying that these nurses
are not seen as equal to the local nursing staff (Takeno, 2010). Kawi and Xu (2009) see a need
for cultural education to go in both directions. The IEN needs to learn the new culture and work
environment and coworkers need to learn about the IENs’ culture. Learning about the culture of
IENs may lead to a better understanding of the cultural characteristics that the IEN brings to the workplace. Examples include understanding hesitancy in interpersonal relationships described by Japanese nurses (Takeno, 2010) and the need for Korean nurses to learn the non-verbal communications used by many Americans (Yi & Jezewski, 2000). For many IENs coming from homogeneous or less multicultural societies than the U.S., learning about cultural expectations, respect for the patient’s and family’s wishes and cultural needs, may be new concepts.

**Lives and Abilities**

The IEN may come to the U.S. as an emigrant, refugee or may be recruited by a healthcare staffing agency. An emigrant voluntarily leaves his or her home country to live and work in another country. Refugees are people who are fleeing their country due to safety concerns such as religious persecution or war. They may actually be forced out their country and may be referred to as displaced persons. Nurses leave their home countries and go to new ones for a variety of reasons such as security, safety, and economics; these are known in some of the IEN literature as “push” and “pull” factors (Nguyen, Ropers, Nderitu, Zuyderduin, Luboga & Hagopian, 2008). When they arrive in the U.S. they may be alone or with families, and may not have a community support system. Yi and Jezewski (2000) described the importance the Korean nurses placed on social support from other Korean nurses in helping with the pressures of their transition. The availability and type of support systems may affect the overall transition experience of the IEN.

Numerous factors affect the ability of an IEN to achieve the goal of employment as a nurse in a new country. The process may have an impact on IENs’ families and create additional economic pressures (Sochan & Singh, 2007; Yi & Jezewski, 2000). Kawi and Xu (2009) found that a positive work ethic, persistence, psychosocial and logistical support, learning to take on an
assertive role, and continuous learning contributed to success for the IEN. IENs in the work environment felt that having a mentor or a buddy system was an asset (Kawi & Xu, 2009; Kim-Goodwin et al., 2007). A sentiment expressed by IENs in three studies was pride in their achievement as they became more confident in their nursing practice (Magnusdottir, 2005; Takeno, 2010; Yi & Jezewski, 2000). Kawi and Xu (2009) found that the time frame of the transition period could be more than a year due to the numerous factors involved.

The Asian nurses in Takeno’s (2010) study felt that the skills and knowledge they brought to Australia were on par with Australian nurses. However, they were challenged by the “differences in values and systems embedded in nursing in Australia” (Takeno, 2010, p. 220). Korean nurses in the study by Yi and Jezewski (2000) noted the difference in values between Korea and the U.S. In Korea collectiveness and group cohesion were valued, where in the U.S. they saw individualism as the accepted value.

Discussion

It is to the benefit of healthcare in the U.S. that IENs be successful in their transition experience. IENs are becoming a more important part of the nursing workforce due to increased immigration and the projected shortage in the overall number of nurses. This paper has examined the IENs’ transition experiences to uncover promising practices particularly for pre-hire programs to enable IENs to successfully transition to the U.S. healthcare workforce. Three major areas related to pre-hire programs are addressed below: (a) admission concerns; (b) curricular content; (c) program processes.

Admission Concerns

A pre-hire transition program should offer numerous tools and education to support IENs’ transition. Before admission to a pre-hire transition program there are two criteria that
should be considered. The first criterion is evaluating the IEN’s nursing education for equivalency to the required nursing education in the U.S. An equivalent nursing education is required by the individual State Boards of Nursing to be eligible to take the NCLEX-RN and become licensed. Depending on the state, the credential evaluation may be done by a state recognized organization or by the state board. Table 2 displays the varying requirements in California, Oregon, and Washington.

The second criterion to be considered in the pre-hire program is determining English language competency. It is a requirement by 46 of the 50 state boards of nursing that IENs pass an English Language competency test before taking the NCLEX-RN (Kris Mason, Director, Puget Sound Welcome Back Center, personal communication, January 12, 2011). That same level of competency is needed to perform academically in a pre-hire transition program and should be a program admission requirement. There are ethical issues related to accepting students into a pre-hire program who cannot achieve the program goal of licensure because they do not meet state licensure requirements.

Curriculum Content

Findings from this review can be used to outline major curriculum components. There has been a considerable amount written highlighting language skills as the major challenge for IENs. Many IENs stated that limited English and communication skills created stressful working conditions and they also felt they were seen as unskilled or less professional. Curriculum components in pre-hire programs addressing language and communication should include pronunciation, accent reduction, and terminology. There are socio-cultural aspects of language, such as body language, use of personal space, eye contact, language nuances, and idioms that are a challenge for the IEN and need be part of the curriculum. IENs found telephone conversations
very difficult due to the lack of non-verbal cues, accents, and pronunciation. Telephone conversation simulations could help to address this issue. Effective communication is the basis for positive patient outcomes.

The role of the nurse and practice requirements varies throughout the world and should be at the core of the curriculum of a pre-hire transition program. Six of the nine articles reviewed discussed the challenge IENs had adapting to the role of the nurse in the U.S. Curriculum to address these challenges should include the incorporation of standards of practice and clinical competencies. Specific areas that were reported in the articles reviewed were pharmacology, medication administration, and the vast array of technology used in health care, such as computerized medical records and computerized equipment. Concepts to be included are clinical judgment, problem solving methods, the nurse as an advocate, assertiveness, therapeutic communication and leadership. Simulation scenarios may offer an opportunity for IENs to gain experience and confidence in these areas before employment.

In U.S. healthcare the nurse interacts with people in a variety of roles, in many levels of responsibility, and from numerous cultures, which may challenge the IEN, particularly if he or she is from a homogeneous society. Areas to be included in the curriculum to address this include the role of the patient and family, the roles and responsibilities of other health care employees, how to work and communicate with superiors and subordinates, and cultural competence. For the IEN cultural competence is more than learning about other cultures, rather it is learning to respect people from other cultures. IENs can be victims of racism and discrimination and need tools to understand and work through those situations. They may also hold strong assumptions about groups other than their own and may be unaware of how their own values, biases, and prejudices can influence their ability to provide competent care.
The NCLEX-RN is the final step to licensure for the IEN and should be an ongoing component of the curriculum. Simulated testing including Computer Adaptive Testing (CAT) should be part of the pre-hire program. The reasoning underlying this recommendation is that the test is a major challenge due to the difficulty of the material being tested and the computerized adaptive testing used. IENs and many U.S. nursing students are not familiar with computer adaptive testing. There is a positive correlation between success on the NCLEX-RN and ongoing preparation for NCLEX-RN style questions and practice with computerized adaptive testing (Richards & Stone, 2008).

Program Processes

The IEN faces many complexities on the road to licensure and employment and may benefit from working with a navigator or mentor in different areas. This may include someone explaining and working through the transcript credentialing process and pre program requirements, helping with financial assistance to pay for a pre-hire program, arranging for tutoring, providing information about child care, or assisting in the clinical area. The IEN may receive cultural and socialization support from a mentor from the dominant culture or from their ethnic community. A suggestion is for the pre-hire program to be run as a cohort model, enabling participants to support and be supported by others in a similar situation, with similar goals. They may also look to previous IEN graduates of the pre-hire program for mentoring. Similar shared experiences may include having divided families, refugee status, and the need to adapt to life in the U.S.

Limitations

The dearth of research available on post-hire transition programs for the IEN and the very limited research on pre-hire programs is partially responsible for the limitations of this review.
Although there are numerous articles and research regarding the IEN and the global implications of their migration, there is limited research on the IENs’ transition needs and experiences specific to U.S. healthcare.

**Future direction**

Although there are only a few pre-hire transition programs currently in place, it would be beneficial to systematically explore and evaluate aspects of those programs and to widely disseminate findings. Program aspects to explore and evaluate should include admission requirements, length of program, available support systems and utilization, funding available for the program or to individual participants, program completion rates, participant feedback, post program English language competency, NCLEX-RN pass rates, and employment in nursing. Examining the education and previous nursing experiences of the IEN may highlight specifics that contribute to success. These may include the curricula and education system of the country of origin, whether education was provided in English, and the level of nursing education such as baccalaureate, associate degree level, or diploma. Additional information that may influence an IEN’s success is the number of years employed as a nurse, and length of time passed since being employed as a nurse.

**Summary**

The aim of this review is to assemble promising practices that can be used in pre-hire programs designed to assist the IEN in successful transition to and employment in U.S. healthcare. Though there is a lack of research in this area, this review addresses six recurring themes. Recurring themes include the challenge of language competency, the global differences in the role of the nurse, difficulties around credential review and licensure, health care delivery, cultural issues, and the lives and abilities of the IEN. This information may be helpful for nurse
educators creating and teaching pre-hire transition programs for IENs and assist in more timely employment for IENs as nurses in the U.S.
References


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<td><strong>Baj (1996)</strong></td>
<td>Is this program curriculum meeting the learning objectives?</td>
<td>Method: Six learning objectives of the program were evaluated using measurements specific for each objective area.</td>
<td>Curriculum designed to help transition Russian émigré nurses in San Francisco to employment as Registered Nurses. Over a 3 year period, 45 nurses participated in the program.</td>
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<td><strong>Edwards &amp; Davis (2006)</strong></td>
<td>What are the IENs learning needs before beginning practice in the U.S.?</td>
<td>Method: The researchers developed a tool specifically for this study, the Clinical Competency Survey. Part I of the survey included demographics and a question about what specific areas each participant felt he or she may need assistance with to be a competent nurse in the U.S. Part II required the participants to examine their perceived competence by rating 77 clinical competency statements using a 7-point Likert scale.</td>
<td>3,205 nurses from 30 countries outside the U.S. taking the CGFNS Qualifying Exam in March 2004.</td>
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<td><strong>Kawi &amp; Xu (2009)</strong></td>
<td>What are the facilitators and barriers IENs encounter in their adjustment to a new healthcare work environment?</td>
<td>Method: Cooper’s Five Stages of Integrative Research Review. This method summarizes previous research and then draws conclusions from the individual studies that address similar practices.</td>
<td>Twenty nine studies from Great Britain, Canada, Iceland, Australia and the U.S. were included in the integrative review.</td>
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### Promising Practices in the Integration

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The HPI consists of a 25 item scale measuring professionalism with five qualities of professionalism rated in five subscales. Higher scores signify a higher level of professionalism. Additional demographic questions were asked including country of education and years and type of work experience. | Korean educated nurses who had immigrated to the U.S. belonging to Korean Nurses Associations in two major U.S. cities, New York and Los Angeles, were sent surveys, resulting in a study sample of 221. Over half the respondents had more than one year of additional education in the U.S. (58.4%, n=129). Korean nurses who had received additional education such as a Bachelors or Graduate Degree in the U.S. had higher scores for professionalism than those who did not. Variables such as length of time in the U.S., years of nursing experience and length of additional education in the U.S. also positively influenced professionalism and autonomy. Limitations: This study included the use of convenience samples, and the self report design. |
| Magnusdottir (2005)               | What are the lived experiences of IENs working in hospitals in Iceland?   | Method: Phenomenological, with unstructured dialogue.                | Eleven IENs representing seven countries with diverse levels of education and years of nursing experience working in Iceland.                                                                                                                                                                                                                   |
| Sochan & Singh (2007)            | What is known and what is assumed about the IEN experience, including acculturation and socialization in Canada? | Method: Biological Narrative (Cooper & Scott, 2011), using the Single Question to Induce Narrative method.         | Twelve IENs from a transition program in the city of Toronto in Ontario Province, Canada, volunteered for the study. The nurses came from the Philippines, People’s Republic of China, India, South Korea and the Ukraine.                                                                                                                                               |
|                                  |                                                                          |                                                                      | Told stories: frustration with practice requirements that vary across Canada, inconsistencies in application instructions, confusion about documentation from home countries and a feeling that applicants’ backgrounds were not evaluated equally. Untold stories (interviewer’s interpretations): Three stages; first the nurses had hoped they would be able to work in Canada. Disillusionment was the next stage, when the nurses found out their qualifications did not meet Canadian standards. The last stage was realization that they would need more education than a transition or bridging program would provide to enter nursing in Canada and achieve their dream. Limitations: The study was done at one community college in one city in Canada and may not reflect the IEN’s experience in other Canadian provinces. |
|                                  |                                                                          |                                                                      |                                                                                                                                                                                                                                                                                                                                                  |
Takeno (2010)  What were the participant’s perceptions of their transition into health care in Australia?  Method: In depth semi-structured interviews.  Two nurses from Japan and three nurses from Korea who had worked in their home country and Australia. Their work experience in Australia ranged from two weeks to seven years. The participants were asked to recall three areas: their purpose for coming to Australia; working experiences in Australia; and comparison of nursing in their home country versus Australia.  Of primary concern was language, centered on speaking and listening. Language limitation led to “increased stress,” mistakes and additional time to complete tasks (p.221). The participant who had worked in Australia for seven years noted that she continues to have difficulty with English. Four of the participants felt that their transition was made easier by organized support systems in Australia. One nurse talked positively about a support team that was organized at her Australian hospital for overseas nurses. Two aspects of cultural differences came to light in the study. For example one Japanese educated nurse was not familiar with the abuse of drugs or alcohol and was taken aback when she encountered a baby with fetal alcohol syndrome. The second was what the author referred to as hesitancy, possibly based on culture, language weaknesses or personality which led to the reluctance of both Korean and Japanese educated nurses to ask questions or for assistance.

Yi & Jezewski (2000)  How have nurses educated in Korea adjusted to the U.S. hospital setting?  Method: Grounded Theory, with semi-structured formal interviews  A purposive sample of 12 Korean educated nurses with diverse ages, years of experience in the U.S., marital status and education.  Findings spanned two stages, initial adjustment at 2 to 3 years and later adjustment after 5 to 10 years. In the initial period of adjustment the Korean nurses talked of psychological stress and the importance of support from other Korean nurses. Language was another stressor. Verbal communication was more challenging than written. Korean nurses placed great importance on nonverbal communication and its meanings, thus making telephone communication difficult. Nursing practice in the U.S. was found to be different because family members are not as involved in daily care as they are in Korea. Korean nurses questioned their role as a nurse because they did not see providing physical care as what nurses do. Later adjustment, the period after 5 years, led to developing U.S. problem solving strategies and interpersonal relationships. Examples of this adjustment include talking more with coworkers, explaining care to patients in greater care, expressing opinions and being assertive when delegating work. This study follows the IEN through 10 years of adjustment, suggesting that the transition period is lengthy.
What post-hire transitional programs are there for the IEN and what are their components?

Method: Systematic review of 20 post-hire programs using categories of variables relating to transition program for IENs. Ten of the articles were research based.

Variables include country of origin of the IEN, whether the article was research based, if the program was implemented or proposed, program components: mentorship, formal language or communication training, length of program, single versus multiple component programs, logistics support, theoretical or conceptual framework and measures of program success.

Mentorship was found to be a component in nine of the programs. Fifteen of the articles mentioned either the importance of language or communication training in the IEN’s transition process or of a transitional program. The lengths of the programs were from one week to one year, with most between 12–16 weeks. Fifteen of the program had a variety of multiple components: language, communication, mentorship, safety, policies, health care technology and cultural. The other five programs concentrated on one area, such as communication or mentorship. Success of the transition programs was measured by the licensing or registration rate of participants or by using qualitative data.

Limitation: Only 10 of the 20 articles included articles were research based.
Table 2 Licensing Requirements for IENs in California, Oregon, and Washington

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<thead>
<tr>
<th>State</th>
<th>English language Competency Requirements</th>
<th>Approved credentials evaluation services</th>
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</thead>
<tbody>
<tr>
<td>California</td>
<td>None</td>
<td>California State Board of Registered Nursing</td>
</tr>
<tr>
<td>Oregon</td>
<td>TOEFL, TOEIC, CGFNS, Visa Screen</td>
<td>CGFNS, Visa Screen – a service of CGFNS</td>
</tr>
<tr>
<td>Washington</td>
<td>TOEFL</td>
<td>CGFNS</td>
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</table>

TOEFL – Test of English as a Foreign Language
TOEIC – Test of English for International Communication
IECLTS – International English Language Testing System
CGFNS – Commission on Graduate of Foreign Nursing Students

State of California, Department of Consumer Affairs, Board of Registered Nursing
http://www.rn.ca.gov/pdfs/applicants/exam-app.pdf

Oregon State Board of Nursing
http://www.oregon.gov/OSBN/RN-LPNlicensure.shtml#Nurses_Educated_Outside_the_US

WA State Department of Health, Nursing Care Quality Commission
http://www.doh.wa.gov/hsqa/Professions/Nursing/documents/RN_Foreign.pdf