



Attending a bridging program to obtain a Swedish nursing license: An interview study with internationally educated nurses

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ABSTRACT

Background: Bridging programs have been created to facilitate internationally educated nurses' integration process. Thus far, studies on bridging programs have been few and have only been conducted in English-speaking countries. Due to language barriers, it may be a greater challenge to attend a bridging program in a non-English-speaking country.

Objectives: The aim was to examine internationally educated nurses' experience of attending a one-year bridging program to obtain a Swedish nursing license.

Design: A qualitative study with a descriptive design was applied.

Settings: The study setting was the five universities offering the one-year, full-time Swedish bridging program.

Participants: Purposive sampling was used. Eighteen nurses participated in the study at the end of the program.

Methods: Semi-structured interviews were conducted and analyzed using qualitative content analysis.

Results: Studying in a new environment and language was challenging and intensive, as were adapting to a new healthcare system and relearning some nursing practices. However, attending the bridging program was also rewarding and gave feelings of happiness and pride; the nurses developed their nursing skills as well as their language and academic skills. Moreover, they became familiar with Sweden's nursing practices, healthcare system, and culture. Good support was important, but not always enough.

Conclusions: By attending a bridging program, nurses can become familiar with the country's healthcare system and nursing practices. Moreover, develop their language skills and attain skills important to lifelong learning. Although the program may not eliminate all difficulties nurses often experience in a new country, it can offer the support nurses need to handle the challenges. However, for some nurses, due to different backgrounds and prerequisites, the support offered may need to be more individualized.

1. Introduction

The international movement of nurses is increasing. In 2018, one of eight nurses practiced in a country other than the country they were born or educated in. With unmanaged migration of nurses, the existing global shortage of nurses may be exacerbated (World Health Organization, 2020). Nurses who are educated in one country and then migrate to a new country have reported several challenges and barriers in relation to integration in work life in the new country. Nursing licensure per

se can be a long and complicated process. Other reported challenges include communicating in a new language (Eriksson et al., 2018; Nortvedt et al., 2020; Salami et al., 2018) and adjusting to the destination country's health care system, which may have a different culture and nursing practices (Eriksson et al., 2018; Ghazal et al., 2019; Iheduru-Anderson and Wahi, 2018). Previous research has also reported that internationally educated nurses (IENs) can feel undervalued (Iheduru-Anderson and Wahi, 2018; Nortvedt et al., 2020; Salami et al., 2018) or be exposed to discrimination and racism (Ghazal et al., 2019; Iheduru-

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Anderson and Wahi, 2018; Pung and Goh, 2017). One proposed method of facilitating integration and recertification for IENs is use of bridging programs. The focus of the present article is on IENs' experiences of attending such a program.

2. Background

The process of recertification for IENs migrating varies across countries. IENs often discover that their qualifications do not meet the standards of the destination country, and in most countries, IENs are required to pass board examinations and provide evidence of language fluency (Newton et al., 2012). In Sweden and some other countries (e.g., Australia, Canada, the UK), formal education programs – e.g., bridging programs, competency-based assessment programs and overseas nurse programs – have been created to facilitate and overcome barriers to IENs' professional recertification (Covell et al., 2016; Ghazal et al., 2019). These programs differ in structure, content and range in length from 20 days (Jordan and Brown, 2011) to 36 months (Arain et al., 2017), but they have in common that the IENs either gain a credential or become eligible to take a registration or licensure exam (Cruz et al., 2017). Previous research has shown that participating in these programs helps IENs understand the destination country's nursing practices, healthcare system and culture and enhances their language skills (Covell et al., 2018; Cruz et al., 2017); it also reduces the environmental shock (Chun Tie et al., 2019). However, IENs receiving additional education have also reported challenges in the form of academic demands, lack of independence while being mentored (Lum et al., 2016; Stubbs, 2017) and inadequate time to develop new skills (Lum et al., 2016). In Sweden, IENs trained in countries outside the EU/EEA and Switzerland have three options to obtain a nursing license (Table 1). One option is to complete a bridging program, thereby meeting the requirements for a Swedish nursing license (Swedish Board of Health and Welfare, 2020).

Previous research has shown that IENs from countries that differ greatly from the destination country face greater challenges (Newton et al., 2012) and could benefit more from additional education (Covell et al., 2018). However, given the communication difficulties mentioned in many studies, attending a bridging program and obtaining a nursing license may be an even greater challenge for IENs migrating to a non-English-speaking country. Thus far, studies on bridging programs have been few and have only been conducted in English-speaking countries. The programs' length and content differ, as do experiences of them (Cruz et al., 2017; Lum et al., 2016; Stubbs, 2017). The present study aimed to examine IENs' experience of attending a one-year bridging program to obtain a Swedish nursing license.

3. Methods

3.1. Design, settings, and participants

The study was qualitative in approach and descriptive in design.

Table 1

Process of obtaining a Swedish nursing license for IENs trained in countries outside the EU/EEA and Switzerland.

First step: have education assessed at the Swedish Board of Health and Welfare		
Second step: choose and complete one of the three options below:		
One-year full-time bridging program at a university (40 weeks)	Go through the National Board of Health and Welfare and on their own: * learn Swedish * take a proficiency test * find a place and undergo 3 months clinical practice education * take a course in Swedish laws and regulations	Study three years at a university and obtain a Swedish degree
Final step: apply for a nursing license at the National Board of Health and Welfare		

Study setting was the five Swedish universities offering bridging programs for nurses with a nursing degree from countries outside the EU/EEA and Switzerland. The bridging program is a one-year, full-time program (40 weeks) including both theory and clinical practice education (see Appendix 1 for an example of a program overview). There is national coordination, but the program may vary across universities, e.g., distance vs. on-campus instruction. A purposive sample of IENs was selected at the end of the program, initially, varying in gender and country of education. Thereafter, a compilation of participants' characteristics was continuously updated to ensure variation in age, gender, country of education, nursing degree, and clinical education experience. Twenty-one IENs were asked to participate; one declined because he/she would be abroad and two declined for unknown reasons. Table 2 presents the 18 participants.

3.2. Data collection

Semi-structured interviews were conducted between January and June 2019 by EE, IJ or DH, (face-to-face interviews: $n = 7$; telephone interviews: $n = 11$). The face-to-face interviews took place in a group room at their university, with no one else present. The interviews lasted between 32 and 91 min (mean 55 min), were recorded on an MP3 player, and transcribed verbatim. An interview guide created by EE, IJ and ME, was used with questions covering five areas: (1) the process preceding the bridging program, (2) the experience of attending a bridging program (3), well-being during bridging program, (4) cultural competence, and (5) career opportunities. The data analyzed in the present study concern areas (2) and (3).

3.3. Data analysis

Inductive qualitative content analysis was used to analyze the data (Graneheim and Lundman, 2004). The analysis was conducted in several steps, involving a back-and-forth movement between the whole and parts of the text. The first author began by reading the transcripts several times, then identifying meaning units related to the study aim. In the next step, considering the context, the first author condensed the meaning units and coded them. Thereafter, all authors discussed the code labels to investigate whether or not they agreed with the way data were labeled (Graneheim and Lundman, 2004). Subsequently, the first author compared the codes for differences and similarities and grouped them into categories. In the final step, all authors reflected, discussed, and named the categories, finally formulating a theme.

Table 2

Participants' characteristics (all five universities represented).

	Internationally educated nurses ($n = 18$)
Gender (n), female/male	11/7
Age, range (median)	30–50 (38)
Years in Sweden, range (median)	3–20 (6)
Years of working experience as a nurse, range (Median)	0–12 (4.75)
Years of working experience in Sweden, range (Median)	0–20 (3.25)
Type of work in Sweden, health care/ research/administration/cleaner/ others	14/2/1/1/1
Countries of education	Armenia, Eritrea, India, Kenya, Lebanon, Philippines, Russia, Syria, Thailand, Uganda, U.S., Vietnam.
Nursing education length (years), range (median)	2–4 (4)
Years since nurse education, range (median)	5–32 (13)
Type of degree, Diploma/Bachelor's ^a	6/12

^a During the interviews, it emerged that one participant also had a Master's degree in Nursing, and another participant had a PhD in Nursing.

3.4. Rigor

To maintain the trustworthiness of the study, the concepts credibility, dependability, and transferability were applied (Graneheim and Lundman, 2004). To enhance credibility, the participating IENs varied in characteristics. Moreover, all universities offering the bridging program were represented. To achieve dependability and credibility, all four authors were involved in all steps of the data analysis. The fact that there were three interviewers could have affected dependability. However, an interview guide was used and continuous discussions were held between the interviewers. Moreover, the interviews were conducted during a relatively short period. To facilitate readers' judgment of transferability, the IENs' characteristics have been presented in detail, as have the data collection and analysis.

3.5. Ethics

The Regional Ethical Review Board in Uppsala (reg. no. 2018/470) approved the study. All participants received oral and written study information. Participation was strictly voluntary, and participants were informed that they could withdraw from the study at any time, with no consequences for their education. The interviewers were involved in the bridging program at their respective universities (course coordinator, teacher, and examiner), but only interviewed participants from other universities. Thus, there were no interviewer-participant relationships prior to the study onset.

4. Results

The analysis resulted in one theme "It's challenging, but also rewarding" and six categories (Fig. 1).

4.1. It's challenging, but also rewarding

The IENs reporting facing many challenges during the program. It was challenging to be a student again and to go through an intensive year in a new environment, with a new language and different expectations. It was also challenging to adapt to a new healthcare system, which required learning new things and relearning to understand the nursing role in this new country. New demands, cultural differences, and being misunderstood as well as undervalued were also difficulties the IENs needed to face. However, despite these challenges, the IENs reported being continuously rewarded during the education by people they met (teachers, preceptors, co-students, and patients) as well as by experiencing their own personal and professional growth. For example, they felt rewarded when their language skills improved and when they became more familiar with Swedish healthcare. The IENs expressed feelings of happiness, pride, and gratitude, and reported that the

program and the support they received had not only given them the opportunity to apply for a nursing license, but also rewarded them with the knowledge and confidence needed to practice nursing in Sweden.

"it wasn't easy at all.. it was really stressful...even though I was stressed I developed... it was fun for me, I learned a lot about Swedish.. uh healthcare.. that I didn't know.." [Participant (P) 3]

4.2. Experiencing being a student again and assuming responsibility for one's learning

The IENs found it challenging to be a student again, in a new environment with different prerequisites. The IENs mentioned being expected to assume more responsibility for their own learning and to be more active. For example, during seminars they were expected to reflect, discuss and justify their statements, which was different from what most of the IENs were used to in their home country. However, they appreciated being given this opportunity to assume responsibility for and be active in their learning. The IENs felt it was their responsibility to make the most of the education, be open to learning new things, and have a positive attitude when facing challenges. It was also important to seize the opportunity to spend time with experienced nurses by observing and asking questions.

"[it was a challenge ...// and here you have to justify how you're thinking and why // and.. you have to be engaged // it was pretty hard in the beginning, but.. I got into it and like understood.. what.. the educational approach expected of me then.." [P15]

4.3. Feeling relatively secure in one's knowledge, but also needing to relearn and learn anew

The IENs reported that their previous knowledge and experiences gave a sense of security and facilitated stepping into the Swedish healthcare system, and that many of the nursing practices were familiar. However, many of the IENs said that it was necessary, although challenging and time-consuming, to learn anew and relearn if they were to practice their profession and feel comfortable doing so in Sweden. Initially, the IENs found it difficult to understand and nervous to step into the new clinical environment and culture, as well as to relearn a different nursing role, including leadership and teamwork. The IENs experienced differences in the nursing practice. They had to learn to work with different resources, perform new tasks (e.g., blood samples), document in electronic health records, and learn new routines and laws. Some IENs reported having to learn to assume more responsibility, while others mentioned having to adapt to working with less responsibility than they were used to. Some IENs reported having to relearn and



Fig. 1. Overview of theme and the six categories.

transition from doing nursing to doing administrative work. The IENs also had to learn to relate to patients in a new way and adapt to a culture where patients know about their diseases and rights and where nursing is practiced in consultation with the patient and with respect for his/her integrity and autonomy.

“I could answer right away at the lectures based on what I’d learn in my country... but what we lacked.. it was our role.. coordinate.. prioritize.. uh teamwork.. for instance what collaboration with assistant nurses.. physicians.. occupational therapists.. or physical therapists is like.. here you can tell that it’s a real team.. that does something about.. person-centered care”

[P11]

4.4. Experiencing an intensive year with periods of stress

According to the IENs, the program was intensive, with a lot of studying during a short time period; this was described in both negative and positive terms. The IENs reporting having a great deal of literature, many assignments at the same time and frequent examinations; this was exhausting and stressful during some periods, but also rewarding when they succeeded. Several of the IENs described how the stress and demands had a negative impact on their well-being.

“you don’t sleep.. you write the whole.. the paper at night .. or... you have turned everything off and you want to sleep but you’re thinking all the time.. you can’t relax.. it’s impossible..”

[P16]

For some, finding a balance between intensive studies and private life was challenging. Still others found that despite periods of stress, their health and well-being were not negatively affected. The IENs felt that the high pace made some parts of the program feel forced; they did not have sufficient time to read thoroughly and purposefully to deepen their knowledge. However, others found the high pace beneficial, and rewarding because it meant learning a great deal in a short time period.

“.. really fun, I think it’s good for me. I’ve gotten a lot.. only nine months...It’s good, I’m so pleased. But it’s been tough.”

[P9]

4.5. Experiencing difficulties, but also improvement in the new language

Overall, the IENs found it challenging to study in a new language, describing several difficulties. For many IENs, the language and communication were challenging, both in the theoretical parts and during the clinical practice education; having difficulties with communication could result in a feeling of uncertainty. Reading the literature and writing assignments was very time-consuming, which they found stressful. The IENs felt that language fluency was necessary to getting through the program, and having confidence in communication was helpful. The IENs who experienced language difficulties during clinical practice education said this led to alienation, because they were uncomfortable and avoided communicating with staff and patients. However, the IENs also described the rewards of language improvement during the program.

“but it was difficult in the beginning, now it’s not hard.. but there are lots of words I don’t have.. but when I did this year.. I learned so many new words..”

[P2]

4.6. Feeling happy about choosing the right path

In the interviews, the IENs reported feelings of happiness, gratitude, and pride about being given the opportunity to attend the program. They were rewarded with new relationships and friends during the program, and it was a joy to meet patients and experience how patients appreciated their presence and help during clinical practice education. It was exciting to study in a new country and to experience a new health care system. Participating in the program was inspiring, and many IENs reported wanting to study more and perhaps apply to a postgraduate program in specialist nursing. The IENs said they were happy about choosing the bridging program and satisfied with having reached their goal of being able to apply for a Swedish nursing license.

“I’m very glad I got a place at the university // I got the chance to study here to supplement my education and I’m glad that.. instead of taking the proficiency test.. I took the bridging program.. it was a wonderful time..”

[P13]

4.7. Mostly experiencing support for one’s learning

The IENs described both support and lack of support in their learning during the program, on the individual and structural (e.g., content, resources) level. Overall, the support from individuals was good. The IENs reported having close relationships with other students, but also teachers and preceptors, which was a new experience for several. Teachers and preceptors took time to support them, and gave encouragement, motivation, and feedback when needed, which led to a feeling of security. Teachers and preceptors also supported their learning by showing interest in and understanding of their situation and background, and by being concerned about their development and learning, e.g., language. The IENs reported getting good support during their clinical practice education; they were treated well and the preceptors trusted their knowledge, allowing them to work independently, but with access to support if needed.

“it’s been really important for me to be like let loose, uh.. on a very long leash... exactly.. you have.. you can like move around.. // then if you feel like you’re going to slip up or there’s a difficult situation, you know you have support”

[P15]

However, some of the IENs experienced a lack of support, e.g., when collaboration problems or conflicts with other students occurred, when they were misunderstood or undervalued by teachers or preceptors, or when preceptors made high demands, gave harsh criticism, or treated them disrespectfully.

“The treatment itself, he’s not interested in teaching me... I felt he didn’t want to, I don’t feel secure and I wasn’t comfortable with him”

[P14]

On a structural level, the IENs felt they had support in learning, in that the program’s structure and content were adapted to their situation and needs. Both the theoretical and clinical parts of the program gave the knowledge and confidence necessary to practice as a nurse in Sweden. The program helped them become familiar with the Swedish healthcare system, and to practice teamwork, clinical skills, and language, but also allowed them to strengthen previous knowledge. The program offered resources (e.g., free access to Internet and literature) and was transparent, which was new to many IENs and described as supporting their learning.

“the difference in planning is really big...you get a course overview for the whole year... they’ve talked about and explained what we’ll be doing and the study goals, actually it’s much clearer”

[P16]

However, some IENs reported a lack of structural support, e.g., insufficient time to learn, unclear or insufficient information, unnecessary content, unused digital tools, and inconsistency in the theoretical and clinical parts of the program. Moreover, distance learning could be unsupportive, because it made feeling comfortable with the teachers difficult.

“but it’s also a distance course. So, it was a bit harder get to know somebody you’ve only met on the Net and sort of for real.”

[P8]

5. Discussion

This is the first study to present IENs’ experiences of attending a bridging program in a non-English-speaking country. Our results revealed that the IENs felt they had learned a great deal, improved their language and that they now felt ready to practice as nurses in the new country. Moreover, they had attained skills important to lifelong learning. In general, the IENs reporting receiving support in their learning, re-learning, and adaptation to a new healthcare system and culture. Attending the program was described as both challenging and rewarding.

The participating IENs had migrated to a non-English-speaking country and studied in a language they recently learned. Many IENs said that, beyond the challenges of being a student in a new country with a different culture, presumptions, and demands, it was also difficult and time-consuming to read the literature and complete assignments in this completely new language. On the other hand, the IENs realized the importance of language proficiency to being able to complete the program. Good language proficiency has previously been found to facilitate the integration process, because it makes it easier to take advantage of existing educational resources (Covell et al., 2015). Given that the IENs in the present study reported improved language skills during the program, this may also be beneficial in their upcoming working life. However, attending the program may not be enough to address all language difficulties, and it has been suggested that IENs should be provided continuous language practice (Cruz et al., 2017). The importance of not viewing IENs’ communication training needs as homogeneous has been pointed out (Philip et al., 2019). IENs migrating to an English-speaking country with English as their second or third language encounter additional challenges (Chun Tie et al., 2019). Therefore, IENs may benefit from more language practice, both before and after the bridging program. At present, one university has introduced one semester of Swedish instruction before the regular bridging program begins, which may help in dealing with the new academic environment. However, only IENs whose language skills are considered insufficient will be eligible for this extra semester.

The importance of good support was mentioned by the IENs in the study. Overall, they reported receiving the support they needed to handle the challenges of the program. However, the experience of support varied, and a few IENs reported experiencing a lack of support, high demands, harsh criticism, or even undesirable behaviors on the part of preceptors or other health professionals. This is interesting, though alarming, and may be explained by the fact that some of the preceptors knew less about the IENs’ needs during clinical practice education. Another explanation may be that the IENs have different prerequisites from the beginning, given their different backgrounds (e.g., education length and content, previous work experience). Thus, some may feel demands are high and may, therefore, need more time and support to reach the degree requirements. On the other hand, the preceptors must –

within a set period of time – assess the IENs and ensure that they have the knowledge and skills required for registration as a nurse, otherwise they cannot give approval. However, it is regrettable and alarming that some IENs experienced poor treatment. It has been suggested that, to facilitate the IENs’ transition, the individuals who work directly with IENs should also be provided the support, knowledge and skills they need (Cruz et al., 2017). Preceptors working with regular nursing students have emphasized the importance of receiving information about the students’ backgrounds and goals (DeWolfe et al., 2010). We can assume that this is crucial when the students have different backgrounds and probably different needs than regular nursing students, like the IENs in the present study. It may be difficult to have a system that is supposed to fit everyone, as IENs are not a homogenous group (Covell et al., 2017). Moreover, tailored support programs created to meet the needs of individual IENs have been emphasized and called for previously (Chun Tie et al., 2018; Eriksson et al., 2018). Given the differences in the IENs’ backgrounds, education, and experiences, making the bridging program more individually tailored may be a better approach.

Our results revealed that the IENs had to face some academic demands and that, for most of the IENs, assuming responsibility for their own learning and actively participating during lessons by demonstrating their ability to reflect and discuss were new experiences. Although these new aspects were difficult for the IENs initially, they were also described in positive terms, and Lethbridge et al. (2011) proposed, preparing nursing students to be empowered and reflective professionals will make them more effective in their studies and future work. Although the program was intensive and challenging, it allowed the IENs to practice and become familiar with the new nursing practices in an environment where it was okay to be a “student”. Many of the IENs came from countries where education, nursing practices, and healthcare systems differ considerably from those in Sweden. This may explain why all IENs, regardless of their degree of experience with nursing practice, reported experiencing the bridging program as rewarding and beneficial.

5.1. Limitations and future research

Because the interviews were not conducted in the IENs’ native language, some language difficulties occurred. To avoid misunderstandings, the interviewers continuously checked with the participants to ensure they had understood them correctly. Another limitation is that the IENs were interviewed at the end of the program, i. e. before they had started working as nurses in Sweden. Therefore, the present study does not provide any answers about whether, and how, the program may be helpful to IENs in their work as nurses in a new country. Thus, longitudinal studies are needed to follow up IENs who have been working as nurses in the new country for some time after attending the program.

6. Conclusion

Attending a bridging program in a non-English-speaking country is challenging in many respects, but it is also rewarding and gives IENs the opportunity to develop their language and become familiar with the nursing practices, healthcare system, and culture in the new country. Moreover, it gave opportunity to develop academic skills; assuming responsibility for one’s learning and demonstrate the ability to reflect and discuss, which is important for lifelong learning in a knowledge-intensive healthcare. Attending a bridging program may not eliminate all of the difficulties IENs often experience, but in the present case, it seemed, to offer the general support the IENs needed to handle the challenges, and it gave them a feeling of being ready to practice as nurses in Sweden. However, given the IENs’ different backgrounds – and therefore different needs and prerequisites – it would seem to be important that both teachers and preceptors be aware of each IEN’s background and goal with the education, to be able to give individually

tailored support to IENs attending a bridging program.

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Ethical approval

The Regional Ethical Review Board in Uppsala (reg. no. 2018/470) approved the study.

CRedit authorship contribution statement

DH, ME, IJ, EE were responsible for the conception and design of the study; DH, IJ, EE performed data collection. DH performed data analysis and drafted the article. ME, IJ, EE supervised the study, contributed to data analysis, interpretation, and critical revisions. All authors approved the final manuscript.

Declaration of competing interest

The authors are employed at universities that have the bridging program.

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