

Nurses' experiences of a recertification process involving a series of examinations to obtain a nursing license in a new country

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Funding information

This work was financially supported by the University of Gävle and The Swedish Society of Nursing.

Abstract

Aim: To examine internationally educated nurses' (IENs') experiences of the recertification process when undergoing a series of examinations to test their nursing knowledge and skills and, thereby, obtain a Swedish nursing license.

Design: A qualitative study with a descriptive design.

Methods: A convenience sample of 15 IENs at the end of the recertification process was included. Data were collected using semi-structured telephone interviews between September 2019 and January 2021 and analysed using qualitative content analysis.

Results: Conducting the recertification process to obtain a Swedish nursing license was challenging in many ways, and the nurses described a rollercoaster of emotions during the process: frustration, loneliness, stress and anxiety, but also happiness, pride and relief. The process was, for some, so demanding they almost gave up, and support was, therefore crucial for the nurses. However, many times, they had to struggle to find out where they could turn for help or guidance.

Conclusion: The nurses found the formal support during the recertification process to be inadequate and inaccessible. For this reason, and to decrease the risk of nurses dropping out and instead taking unlicensed jobs, there is a need to develop and introduce more supportive structures and to make the existing support and information more accessible for the nurses.

Impact: This study highlights the importance of offering accessible support during a demanding and challenging recertification process. These findings can help policy-makers develop and introduce supportive structures in the process of recertification for IENs.

KEYWORDS

credentialing, licensure nursing, nurses, Nurses International, preceptorship, proficiency test, qualitative research, validation

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1 | INTRODUCTION

There is at present a global shortage of nurses. At the same time, the international movement of nurses is increasing. In high-income countries, approximately 15% of nurses are reported to have been born or trained abroad (World Health Organization, 2020). When migrating, internationally educated nurses (IENs) have to undergo a specific process to become registered nurses (RNs) in the new country. This process is designated differently in different countries, for example recertification, credentialing and registration. In the present study, it will be called the 'recertification process'. The process varies across countries, and IENs are usually required to, at a minimum, provide evidence of language skills and pass board examinations (Newton et al., 2012). It is also common for IENs to have to complete some additional training, for example additional courses or bridging programmes (Nordstrom et al., 2018). The process of recertification has been shown to be long and challenging, resulting in IENs dropping out and subsequently not working as RNs (Moyce et al., 2016; Salami et al., 2018). This is important to consider given that the existing global shortage of nurses may well increase (World Health Organization, 2020). During recent years, the strongest growth in the immigrant population has occurred in the Nordic EU/EFTA countries (OECD, 2019). Previous research on IENs' experiences of the recertification process has, however, mainly been conducted in English-speaking countries such as Canada (Covell et al., 2015; Salami et al., 2018), the US (Liou & Cheng, 2011), the UK (Allan & Westwood, 2016) and Australia (Chun Tie et al., 2019), which differ from the Nordic countries in, for example their language, culture, migration policies, recertification processes and the nursing profession. Furthermore, there has been some research on bridging programmes (Hadziabdic et al., 2021; Högstedt et al., 2021), but less on IENs who undergo recertification mainly by taking examinations to obtain a nursing license. Thus, the focus here is to expand the knowledge of how IENs experience the recertification process when undergoing a series of examinations to test their nursing knowledge and skills and, thereby, obtain a Swedish nursing license.

1.1 | Background

Despite the various methods of recertification used across the globe, research from around the world has described the recertification process as long and challenging (Chun Tie et al., 2019; Covell et al., 2016; Eriksson et al., 2018; Nortvedt et al., 2020; Salami et al., 2018). The process has been described as financially burdensome and unfair (Nortvedt et al., 2020) as well as difficult to understand (Eriksson et al., 2018; Salami et al., 2018), and the nursing and language exams have been described as challenging (Covell et al., 2016; Eriksson et al., 2018; Salami et al., 2018). Although individual informal support and formal educational resources can help IENs prepare for nursing exams (Covell et al., 2017), IENs have reported a lack of

support during the process (Salami et al., 2018). During recertification, language can be a barrier, making it difficult to pass the nursing or language exams (Allan & Westwood, 2016; Salami et al., 2018) or to complete the required additional courses (Moyce et al., 2016). In some countries (e.g. Australia, Canada, the UK, Sweden), IENs are offered some kind of educational programme, for example bridging programmes, competency-based assessment programmes and overseas nurse programmes. These programmes have been shown to help IENs in their professional recertification (Chun Tie et al., 2019; Covell et al., 2018; Hadziabdic et al., 2021; Högstedt et al., 2021), however, not all countries offer these programmes, and not all IENs are able to attend a programme. In Sweden, IENs from non-EU countries can, after approval from the Swedish Board of Health and Welfare (SBHW), choose between two paths to obtain a Swedish nursing license: complete a series of examinations or complete a 1-year full-time bridging programme (Figure 1).

Earlier qualitative research has mostly focused on recertification through additional training, for example bridging programmes (e.g. Hadziabdic et al., 2021), or studies describing the recertification process more briefly; covering both the experience of migrating to a new country, recertification and working as a nurse in the new country (e.g. Higginbottom, 2011), or studies describing a mix of different paths of recertification (e.g. Eriksson et al., 2018). Therefore, the present study aims to examine in more depth and describe one of the paths that can be taken in a recertification process, one in which the IENs complete a series of examinations to obtain a nursing license without additional training.

2 | THE STUDY

2.1 | Aim

To examine IENs' experiences of the recertification process when undergoing a series of examinations to test their nursing knowledge and skills and, thereby, obtain a Swedish nursing license.

2.2 | Design

This study had a qualitative approach with a descriptive design, which is relevant to use in research aimed at acquiring first-hand knowledge of research subjects' experiences of a particular topic. The use of semi-structured interviews allowed participants to talk, within specific areas, freely about their experiences of the different examinations during the process as well as of the process as a whole. To enable a focus on the subject and the context as well as interpretation of the data on both a manifest and latent level, qualitative inductive content analysis was used (Graneheim & Lundman, 2004). Because there were no pre-existing theoretical commitments, it was possible to stay close to the data and the IENs' perspectives (Neergard et al., 2009).

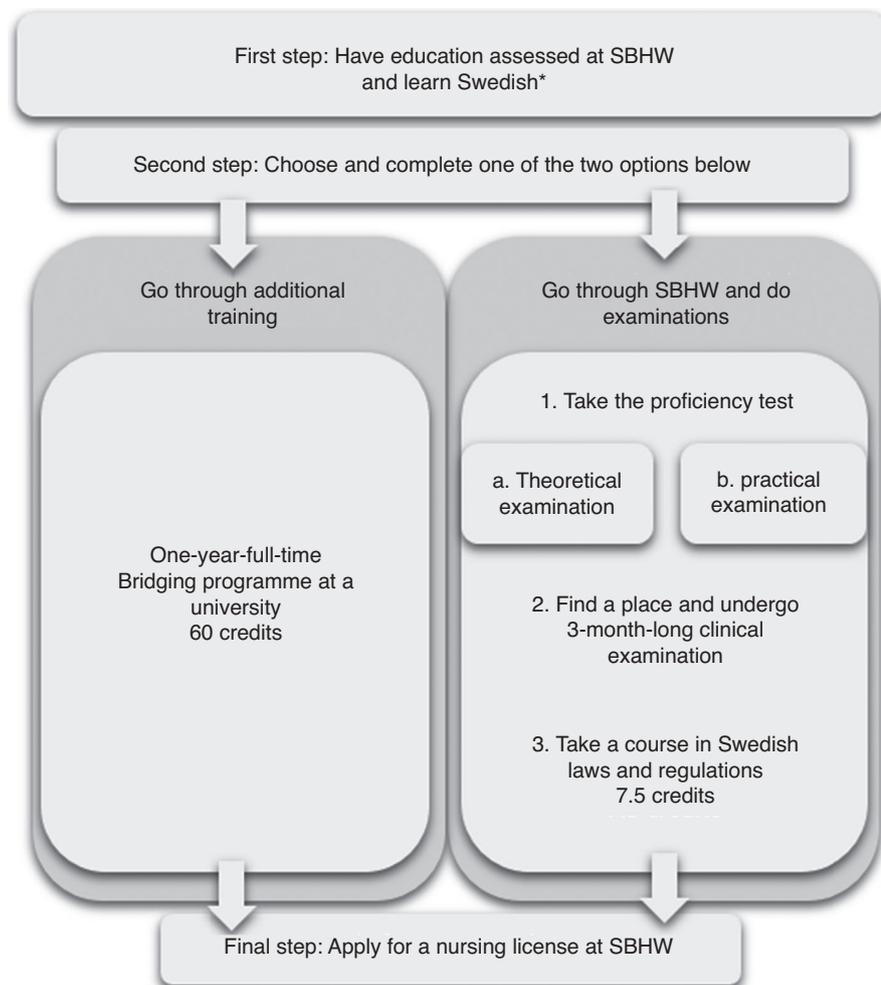


FIGURE 1 Process of obtaining a Swedish nursing license for IENs trained in countries outside the EU/EEA and Switzerland. *IENs who choose to go through the Swedish Board of Health and Welfare (SBHW) and undergo a series of examinations can learn Swedish at any point in the process; they certify their language knowledge before applying for the license. IENs who choose to undergo additional training have to certify their language knowledge when they apply for the bridging programme.

2.3 | Setting

Internationally educated nurses from non-EU countries can, after approval from the SBHW, choose between two paths to obtain a Swedish nursing license (Figure 1): either through additional training, that is completing a 1-year full-time bridging programme (left box in Figure 1), or through SBHW, that is, completing and passing a series of examinations on their own (right box in Figure 1). The final step in both paths involves IENs applying for a nursing license. The setting for the present study was the path in which the IENs go through the SBHW and complete a series of examinations. In this path, the IENs begin with a proficiency test, which includes one theoretical and one practical examination. The IENs have to pass the theoretical examination before signing up for the practical examination. The proficiency test aims to determine whether the IENs' proficiency meets the requirements for completing the other steps, that is validates their earlier nursing knowledge and skills, and the IENs are supposed to prepare for this on their own. After passing the proficiency test, it is possible to conduct the 3-month-long clinical examination and the course in Swedish laws and regulations. The purpose of the clinical examination is to determine whether the IENs have the right practical knowledge and skills and are suitable for the Swedish nursing profession, but it is also an opportunity for the IENs

to see how the Swedish healthcare system works. The law course aims to provide knowledge about Swedish laws and regulations in a healthcare context, and even though it is a course, we have chosen to call all steps in the process examinations, because this path to recertification consists mainly of examinations. The whole process typically takes 2–4 years to complete, and the length depends on the IENs' particular situation, waiting times between the steps (theoretical 2–12 months; practical 2–9 months), and the time it takes to find a place to undergo the clinical examination. According to statistics from the SBHW, 1769 IENs with training from countries outside the EU/EEA applied to have their education assessed at the SBHW during the period 2018–2020. Of these 1769 IENs, 1198 were approved to continue the process, and 300 obtained a nursing license, of which 80 had taken the path 'series of examinations—right box in Figure 1' (personal communication with a programme officer at SBHW June 23, 2021).

2.4 | Sample

A convenience sample of 15 IENs at the end of their recertification process was included. Inclusion criteria were as follows: (a) IENs from non-EU countries (b) who had chosen the option with examinations

to obtain a nursing license and (c) who were at the end of their recertification process. The IENs were recruited through a university at which the proficiency test took place. IENs who passed the proficiency test received written information about the research. If interested in participating, they were asked to provide their contact information. Four months later (estimated time to complete the last steps, see Figure 1), the IENs were contacted by email or telephone, and those who were at the end of the process or had recently completed the process were asked to participate. Those interested but not at the end of the process were contacted again at a later date. In total, 32 IENs were asked to participate: eight did not answer, four declined for no known reason, three declined because they did not have time and two were interested, but did not respond when contacted to schedule an appointment.

2.5 | Data collection

Semi-structured telephone interviews were conducted by the first author, between September 2019 and January 2021. The interviews were audio-recorded, lasted between 51 and 129 min (mean 70.8 min), and were transcribed verbatim. The interview guide was developed (and used in a previous study, Högstedt et al., 2021, on IENs attending a bridging programme) by the authors based on previous research (referenced in the background) as well as on the researchers' earlier research on and experience with IENs. The guide covered five areas: (1) experiences before starting the process to obtain a nursing license, (2) experiences of the process to obtain a nursing license, (3) well-being during the process, (4) cultural competence and (5) career opportunities. The data used in the present study concern areas 2 and 3. The interview guide consisted of open-ended questions, for example 'Can you tell me about your experiences of doing the examinations?'. This allowed participants to freely describe, within the five areas, their experiences of the recertification process. Follow-up questions were asked to gain a deeper understanding of what the participants had said, for example 'What do you mean by frustration? Can you give an example of a situation when you felt this frustration?'

2.6 | Ethical considerations

The study was approved by the Regional Ethical Review Board in Uppsala (reg. no. 2018/470), and all participants received written and oral information about the study and the researchers' roles within the project. One of the researchers (IJ) worked at the university where the proficiency test took place. The other researchers did not have any relationship with the participants. To minimize the risk that the participants might be affected by the interviewer's professional position, all of them were interviewed by a researcher (DH) who did not work at the university where the IENs conducted the proficiency test. The interviews were also held after the participants had completed all examinations. Participation was strictly

voluntary, and the participants could withdraw at any time without further explanation.

2.7 | Data analysis

An inductive qualitative content analysis was used (Graneheim & Lundman, 2004). The first author began by listening to the interviews and reading the transcripts several times. Thereafter, meaning units related to the aim of the study were identified, condensed and coded. During condensation and coding, the whole interview was considered (Graneheim & Lundman, 2004). Thereafter, the first and last author discussed the code labels to investigate whether or not the codes were in accordance with the data. After this, the first author continued the analysis by comparing the codes for similarities and differences and grouping codes with similar content into preliminary categories to, on a descriptive level, express the manifest content of the transcripts. Next, categories with the same content were grouped into subthemes to link the underlying meanings in the categories together. From the categories and the subthemes, a main theme was created on an interpretative level to express the latent content of the transcripts (Graneheim & Lundman, 2004). Finally, all authors reflected on, discussed and formulated a main theme, three subthemes and nine categories.

2.8 | Rigour

To achieve trustworthiness, the concepts credibility, dependability and transferability, as described by Graneheim and Lundman (2004), were discussed and applied while preparing for and conducting the study. To enhance credibility, during data collection participants' characteristics were compiled in a table to ensure variation in gender, age and country of training. The participants had diverse characteristics (see Table 1) that increase the likelihood of obtaining a variety of perspectives, thus promoting great variation in experiences of the recertification process (Graneheim & Lundman, 2004). To address the study aim in a credible manner, an appraisal of information power was conducted during data collection, supported by a preliminary analysis. When the authors agreed that information power had been achieved (based on the study aim, data quality and sample specificity), data collection was ended (Malterud et al., 2016). To achieve credibility and dependability, all authors were involved in the data analysis. Conducting a qualitative content analysis is a non-linear time-consuming process, and during the analysis, there was a constant back-and-forth movement between the whole and parts of the text (Lindgren et al., 2020). Due to the researchers' prior experience (clinical nurses [all researchers]; teachers at bridging programmes for IENs [three of the researchers]; proficiency test examiner [last author]) as well as their earlier research on IENs, reflexivity was maintained during data analysis through ongoing discussions within the research group. The purpose of these discussions was to maintain awareness

TABLE 1 Participants' characteristics

Characteristics	Mean(SD)	Median	N = 15
Age	33.1 (5.1)	32.0	
20–30			4
31–40			9
41–50			2
Gender			
Female			11
Male			4
Type of degree in nurse education			
Diploma			7
Bachelor			8
Nurse education length (years)	3.5 (0.6)	4.0	
2			1
3			6
4			8
Country of education			
Egypt			1
Iraq			1
Malaysia			1
Pakistan			1
Philippines			5
Serbia			1
South Korea			1
Syria			1
U.S.			1
Uzbekistan			1
Zimbabwe			1
Working experience as an RN (years)	5.3 (5.2)	4.0	
<2			6
2–5			5
6–10			0
11–15			4
Reason for migrating ^a			
Family			6
Work/studies			6
Refugee			2
Years in Sweden ^a	4.5 (2.8)	3.5	
<5			9
5–10			4
11–15			1
Years working in Swedish healthcare as assistant nurse	2.5 (2.2)	3.0	
<5			10
5–10			2
None			3

(Continues)

TABLE 1 (Continued)

Characteristics	Mean(SD)	Median	N = 15
Estimated time in years to complete recertification process	2.8 (1.0)	3.0	
<2			3
2–3			8
>3			4

^aOne participant was born in Sweden but completed nursing education in another country.

of pre-understandings and to achieve consensus. To facilitate readers' judgement of the credibility of the findings and to prioritize the participants' voices, representative citations are presented in the findings (Graneheim et al., 2017). To facilitate readers' judgement of the findings' transferability, a clear description of the selection process, context, data collection, the IENs' characteristics and data analysis is presented.

2.9 | Findings

The participants' characteristics are presented in Table 1. The IENs had chosen this option to obtain a nursing license for several reasons: unnecessary to attend the bridging programme, to be able to work during the process, or no opportunity to attend the bridging programme. All IENs' Swedish language skills had been approved before conducting the first examination. The analysis resulted in the main theme 'A rollercoaster of emotions', and three subthemes containing three categories each (Table 2).

2.10 | A rollercoaster of emotions

Going through the recertification process was likened to being on a rollercoaster. The IENs had taken the step into a process they could not control. They did not know how long it would take, and during the process, it was not always clear what was going to happen. During the process, the IENs had to struggle constantly. They were expected to, in a new language, complete all steps on their own, that is prepare for the tests, arrange a place for the 3-month-long clinical examination, learn new skills and understand the Swedish healthcare system. At the same time, while preparing for the steps, there was a great deal of waiting without information or support, which led to feelings of uncertainty, loneliness, anxiety, frustration and stress. However, once the IENs were conducting a step, they felt supported by teachers or preceptors, and when they passed they experienced peaks of joy with feelings of happiness and relief. The IENs described how, during the process, they had been thrown between all kinds of emotions, experiencing both the desire to give up and the will to continue the struggle. When the IENs had finally completed the process, most were tired but also proud they had

TABLE 2 Overview of the theme, three subthemes and the nine categories

Main theme	A rollercoaster of emotions		
Subthemes	To constantly struggle in a process that cannot be controlled	To be supported but also left out	Experiencing peaks of joy and reaching the goal one had longed for
Categories	Challenging to perform examinations and learn new skills, in a new language Feelings of stress, anxiety, uncertainty and frustration Feelings of being overwhelmed and exhausted	Feeling supported in one's social network Feeling or not feeling supported during the steps Feelings of being left alone between the steps	Feelings of happiness, pride and relief Feeling it was the right choice Feeling ready, but some still uncertain

managed and generally satisfied that they had chosen this path to obtaining a nursing license.

2.11 | To constantly struggle in a process that cannot be controlled

The IENs described how they had constantly struggled and experienced various challenges during the recertification process. The IENs had to do everything on their own, but at the same time they described a lack of control.

2.11.1 | Challenging to perform examinations and learn new skills, in a new language

Preparing for and performing all of the steps in a new language was described as challenging and difficult. Moreover, during the process, the IENs reported that they, despite their previous knowledge and work experience, had to learn new skills and to apply their knowledge of the nursing profession in a new context, which some IENs found challenging, mostly due to the new language. While preparing for the proficiency test, the IENs had to learn new routines and deal with new material, as well as read a large amount of literature in a new language: 'The language is still difficult.. and I tried to read a book and.. I had to translate a lot of words..' [IEN1]. During the law course, the IENs also had to read and learn a great deal, which was generally described as time-consuming and difficult. During the clinical examination, the IENs had to learn new routines and responsibilities, teamwork with both healthcare staff and patients, as well as documenting in electronic health records and communicating with healthcare staff, patients and relatives in a new language: 'Documentation was a bit difficult with Swedish. So was the care planning.. That didn't exist when I worked in XXX, ... I had some trouble learning it too' [IEN14]. Some IENs reported that the 3-month-long clinical examination on only one ward was insufficient, while for others, it was too long or made them feel like they were starting over, because they felt like students again and had to practise as a general nurse: 'I'm good at this, I worked as a teacher in my country... as a

teacher of nursing students... but here you start over... from the beginning like a student...' [IEN11].

2.11.2 | Feelings of stress, anxiety, uncertainty and frustration

The process was described as long and involving a great deal of waiting and uncertainty about when the next step would take place and how. Most of the IENs reported feelings of stress, anxiety and frustration, and a few IENs even regretted having chosen this option: 'But if I'd known it would take such a long time I would have enrolled in the bridging program from the beginning' [IEN4]. Furthermore, the predetermined order of the steps was reported to be frustrating and problematic. This was because they experienced, for example difficulties passing the proficiency test before the clinical examination and the law course, but also because the predetermined order further contributed to getting stuck in the process: 'Then I thought maybe I can skip it (the law course) while I wait for the practical part...//... but that's not allowed, instead you have to have passed both examinations...//... just waiting is both a bit stressful and frustrating' [IEN6].

Most of the IENs described having had feelings of stress and anxiety before and during the actual steps. The practical part of the proficiency test was described as particularly stressful, because the IENs had to perform all steps in a new language and in a limited time while two teachers assessed them: 'It felt like my heart was in my throat... And I just lost it. I went around sobbing. I mean really, it was so hard... Truly, for real, it was so, so difficult, I mean physically and mentally ... I had never ever felt stress like that' [IEN7]. They also reported how stressful it was to prove their competence when they had already graduated and worked as nurses in another country, and how failing could feel unfair, frustrating and difficult: 'It's horrible if you can't manage it, because you know you did it in your native country' [IEN5] However, most of the IENs reported that their feelings of stress were based on their anxiety about failing and, therefore, being forced to wait a long time for a new trial: 'But if I don't pass then, then I have to wait... God knows how much longer... like 7 or 8 months, maybe longer... so... that also leads to more, like... anxiety and such' [IEN9].

2.11.3 | Feelings of being overwhelmed and exhausted

Several IENs reported having had feelings of being overwhelmed and exhausted during the process and stated that they had needed recovery afterward. Preparing for and conducting the different steps on their own and in a new language was described by some IENs as overwhelming, as was traveling a great distance to take the tests, which affected the IENs' finances, family and work: 'Travelling to XX was hard... it's far away... and I had to take several days off work... it wasn't easy to travel... to prepare myself for it' [IEN1]. The IENs also indicated that working and supporting their family while carrying out the process had been overwhelming, especially when preparing for the proficiency test and during the clinical examination: 'It's not that easy... because you get tired... Especially when you work all day, then you have to revise and read, so actually it's not so easy' [IEN15]. Some IENs described how their well-being had been negatively affected and that they had feelings of wanting to give up. However, the desire to work as a nurse again had given them strength to continue the process.

I wanted to quit the whole thing...//... because I felt.. I won't have the energy. I was so tired. I was working full time. This studying, all the books I borrowed, in a language I didn't know. And then I have two children half time. You see I was completely exhausted

[IEN7].

2.12 | To be supported but also left out

According to the IENs, feeling supported during the process was important. Overall, they reported receiving good support from their social network as well as from the teachers and preceptors they had encountered during the examinations. However, they also described having had feelings of loneliness and of being left out during the process and especially between the different steps of examinations.

2.12.1 | Feeling supported in one's social network

According to the IENs, having support from family, friends, colleagues and employers during the process was important, and some described this support as crucial to completing all the steps: 'I've received help from everywhere, child-minding, borrowing books, appealing decisions, asking ... answers to all my questions, really. If I'd been completely alone, I would ... if I hadn't worked as an assistant nurse, I wouldn't have managed this on my own' [IEN7]. Previous and current employment in Swedish healthcare (e.g. nursing assistants) was helpful for the IENs, because it provided financial support and an opportunity to become familiar with the new healthcare system. IENs who were able to undergo the clinical examination at their current workplace generally reported that this had made things easier

and provided a feeling of security: 'It was really nice to do it at the same place...//... I already know the routines... I'm already used to... my friends... the doctors...' [IEN2].

2.12.2 | Feeling or not feeling supported during the steps

The IENs reported having experienced both good support and lack of support while conducting the steps. During the proficiency test, especially the practical examination, the IENs generally reported having received good support from teachers. However, some IENs said they had lacked feedback during the proficiency test and the law course. During the clinical examination, most of the IENs had been supervised by several preceptors, which they had experienced differently; some described it as supportive because it provided more learning opportunities: 'I like having different preceptors and seeing different methods and techniques, because, well, I think it's instructive' [IEN2], while others did not find it supportive: 'And every time I get a new preceptor, it's so hard because it feels like you're starting from the beginning, because they don't know what your competencies are yet. And they don't know where you stand or what you can do, what you've gone through' [IEN4]. On the whole, the IENs reported feeling they had received support during the clinical examination; they had been well taken care of and, for the most part, the preceptors had been sensitive to their wishes and to what extent they needed support or wanted to work independently: 'Actions that you don't feel secure doing, they stand beside me and watch me and then I do them. So if I feel secure, then I want to do them myself' [IEN12]. However, the IENs described having felt a lack of support, insecure and uncertain when preceptors took for granted that they already knew everything, or when they did not let the IENs perform nursing tasks on their own: 'It felt like they didn't trust me, trust that I could give an injection or prepare medications... So that made me a bit insecure about my job' [IEN1]. A few IENs even reported having been exposed to mean and racist comments made by staff or patients: 'There are those who are a bit racist... hum... and she said to me directly in front of other clients too.. that she didn't want to talk to me at all because I'm from another country' [IEN10].

2.12.3 | Feelings of being left alone between the steps

Many IENs described how it could be difficult, sometimes impossible, to find out where one could turn for information or help during the process: 'They say 'okay, there you go, do that yourself', and there's no help anywhere. You don't know where you're supposed to turn' [IEN3]. This was particularly true between the steps, when the IENs reported having felt left alone. Several of the IENs pointed out the need for more guidance and learning opportunities, for example courses preparing for the proficiency tests (which only one IEN reported having found and completed). The information about

the steps was described variously by the IENs. Most of the IENs reported that the information preceding the theoretical examination was deficient or unclear, leading to feelings of uncertainty: 'Well, you were given one example of the exam. But otherwise you were left very much on your own to try and figure out how to prepare yourself' [IEN6]. In contrast, the IENs reported that the information provided before the practical examination more clearly explained what was going to be assessed. Moreover, they had been offered training opportunities, which were described as valuable support. Unfortunately, participating could be a struggle, and once in place, training was experienced as stressful and too short in duration: 'It only lasted two hours. They explained twelve actions in two hours, but it was very hurried and you can't learn twelve actions in two hours' [IEN14]. Besides this training opportunity, it could be difficult to find somewhere to rehearse.

2.13 | Experiencing peaks of joy and reaching the goal one had longed for

The IENs described how they had experienced peaks of joy and reached several goals during the process of recertification. Most of them believed that they had chosen the right option for obtaining a nursing license and that they now felt ready to work as a nurse in the new country.

2.13.1 | Feelings of happiness, pride and relief

During the process, the IENs had received feedback on their knowledge and competence, which generally led to feelings of happiness, pride and relief: 'My assessment was filled with wonderful words, all my assignments got a passing grade and they wrote a brief note about how clever I am and responsible, wonderful words, they made me so happy' [IEN2]. The IENs also described having had these feelings upon completion of the various steps, particularly when passing the proficiency test, but also during the clinical examination when the IENs had opportunities to learn more and practise their profession again, which was described as both fun and exciting. Practising their profession again was a goal many had longed and strived for. The IENs also described having felt happiness, pride and relief at the end of the process, when they had completed all of the steps: 'Now I feel like a king, like a huge boulder has been lifted from my shoulders...//... I had tears in my eyes when I could show my licence, it was a wonderful feeling' [IEN9].

2.13.2 | Feeling it was the right choice

Most IENs reported feeling satisfied with their choice of path to obtaining a nursing license; it had given them the opportunity to, to some extent, undergo the process at their own pace while working and supporting their family: 'Anyway I did it at my own pace, if I'd

started a 1-year program, with kids, it might have been more difficult. And I would have needed to take a student loan... well, now I could work, supplement it' [IEN7]. Feeling it was the right choice was also related to the fact that their knowledge and skills had been confirmed during the process, and that they, at the same time, had learned many new things, which was described as important for their future work as a nurse in Sweden: 'I feel I chose the right path...//... it was a long process, but like I said to you it was still instructive and important..' [IEN2].

2.13.3 | Feeling ready, but some still uncertain

Several of the IENs indicated that they now felt ready to work as a nurse in Sweden; during the process, they had the time and opportunity to become familiar with the healthcare system as well as practise the language, which was why some appreciated that the process took some time. However, some IENs expressed feelings of uncertainty, mostly concerning the language and communication: 'I know for certain that I can work, but I still feel a bit weak...//... I can do my job, but contact with the patients and relatives.. That's still a bit difficult, because of the language' [IEN8].

3 | DISCUSSION

Our findings contribute in-depth knowledge about IENs' experiences of testing their prior knowledge and skills through a series of examinations to obtain a nursing license in a non-English-speaking country. The IENs described a constant struggle in a process that could not be controlled and they described feelings of being supported, but also left out.

The findings indicate that IENs who undergo this recertification process are exposed to great demands, and at the same time they largely lack control and formal support and guidance during the process. These findings led us to select and use the Demand-Control-Support model to discuss our results. According to this model, the combination of high job demands, low job control and low social support can result in psychological strain (fatigue, anxiety, depression and physical illness). On the other hand, if there is a simultaneous presence of control and social support, high demands can be advantageous, leading to learning and growth (Karasek & Theorell, 1990). Although the model is primarily used to study the psychosocial work environment, it has also been used to study nursing students' environment (Magnavita & Chiorri, 2018; Navajas-Romero et al., 2020). Thus, the model may be useful in discussing the present findings, where the participating nurses were somewhere in between education and work. The IENs described high demands during the process; they were expected to handle everything on their own (prepare for the proficiency test, arrange the clinical examination, etc.) and pass the examinations without additional training, even though they came from countries with different cultures, healthcare systems and other laws and regulations. At the same time, their sense

of control constantly fluctuated during the process, which included several periods of waiting without being able to make any progress and without knowing how and when the next step would take place. Moreover, when the IENs needed help and guidance, there was sometimes nowhere to turn, and even though only social support is included in the Demand-Control-Support model, the fluctuating formal support might also have affected the IENs' sense of control. The high demands in combination with fluctuating control might explain why the IENs described their social support as important, and sometimes crucial, to completing the process, and why several IENs described how their well-being had been affected negatively during the process. In contrast, when they had managed the high demands and when they had experienced control, the IENs reported having had feelings of happiness, pride and relief, as well as experiencing learning and growth. Thus, if IENs are to achieve balance (and avoid psychological stress) in this demanding process, they need to experience both social support and a sense of control (Karasek & Theorell, 1990). One way to increase their sense of control could be to make information about the different steps of the process clearer and more accessible, but also to create accessible and visible support functions so that IENs know where they can turn for help and guidance when needed.

Our results also revealed that several of the IENs in the study reported language difficulties throughout the entire process, even though they had all had their language skills approved before they applied for the first examination: the proficiency test. At the end of the process, several IENs still felt insecure with the language, which is alarming and may entail a risk for discrimination and isolation at their future workplace (cf. Eriksson et al., 2018; Moyce et al., 2016; Wheeler et al., 2014). Even though language tests assess basic language competency, they do not address the communication needs of a nurse (Ghazal et al., 2019), which might explain the language difficulties described in the present study and several others (Chun Tie et al., 2019; Eriksson et al., 2018; Lum et al., 2016; Nortvedt et al., 2020; Stubbs, 2017; Viken et al., 2018). Some IENs in our study expressed the need for additional courses, both in language and in preparation for the examinations. This is interesting, given that the purpose of this path towards recertification is to, without additional training (in this case a bridging programme), test their nursing knowledge and skills, and ultimately to obtain a Swedish nursing license. However, the IENs had chosen this option for various reasons, not only because it felt unnecessary to attend a 1-year programme, but also for economic reasons that made attending a bridging programme impracticable. The descriptions of the examinations as challenging found in the present study are in line with previous research findings (Covell et al., 2016; Eriksson et al., 2018; Salami et al., 2018), and in recent years, only a small proportion (16.4%) of those who have taken the Swedish proficiency test have passed it. Therefore, information about recertification and its requirements, as well as about available support (e.g. guidance, preparation courses), might need to be clearer and more accessible. Formal educational resources have been shown to help IENs in preparing for nursing exams (Covell et al., 2017), and given that only one IEN in the present

study found a preparation course for the proficiency test, there may well be available resources but a lack of information or accessibility. Even though IENs have a great deal of work experience from their home country or recently completed their nursing education, they still need to learn to handle new materials, and learn new laws and routines, as well as understand the healthcare system and nursing practice in the new country (Moyce et al., 2016). This suggests that even IENs who choose this option may need some additional training before undergoing the examinations.

Altogether, the present results indicate that there is a need for more formal structural support and guidance throughout this challenging process. Perhaps the formal structural support also needs to be more individually tailored, with available courses or other support functions that are adapted to IENs' need to pass the examinations and to feel secure, both in the profession and the language, when they begin working as nurses in the new country.

3.1 | Limitations

The present study was not grounded in a traditional qualitative methodology such as phenomenology or grounded theory, which could entail concerns regarding rigour. However, qualitative content analysis is considered an autonomous method in that it belongs to a hermeneutic paradigm (Graneheim et al., 2017), and the authors have made conscious decisions throughout their work with the study to strengthen its trustworthiness (see the section 'Rigour'). In qualitative descriptive research, the analysis is subjective and dependent on the researchers' perceptions and pre-understandings (Neergard et al., 2009). For this reason, all authors were involved in the analysis as well as in reflective discussions. The target population was not involved in designing the study, which also is a limitation. Another limitation is that the participants were not interviewed in their native language, which resulted in some language difficulties. However, the interviewer continuously checked with the participants to avoid misunderstandings. One additional limitation is that several potential participants declined participation or did not respond to the request. We believe that data collection was rendered more difficult by the ongoing COVID-19 pandemic in that the interviews were conducted over a relatively long period, which may also be a limitation and could have affected dependability. However, there was only one interviewer, and an interview guide was used.

4 | CONCLUSION

Our results show that it was challenging, stressful and demanding for the IENs to undergo the recertification process to obtain a Swedish nursing license. Therefore, support was very important. However, the nurses went through the process on their own, and many times, they struggled to find out where they could turn for help or guidance, which caused them to almost give up. These findings suggest that more structural support during the

recertification process is needed. Offering structural support may be important if a recertification process with examinations (and no additional training) is to be a realistic and feasible option for obtaining a nursing license in a new country. To decrease the risk of nurses dropping out of the process and taking unlicensed jobs instead, we need to develop and introduce supportive structures.

ACKNOWLEDGEMENT

The authors thank the IENs who participated and made this study possible.

CONFLICT OF INTEREST

One of the authors is employed at the university that provides the proficiency test, however, there are no commercial associations or conflicts of interest among the authors.

AUTHORS' CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE; <http://www.icmje.org/recommendations/>): substantial contributions to conception and design, acquisition of data or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content. Denice Högstedt, Maria Engström, Elisabet Eriksson and Inger Jansson were responsible for the conception and design of the study; Denice Högstedt performed data collection and analysis and drafted the article. Maria Engström, Elisabet Eriksson and Inger Jansson supervised the study, contributed to data analysis, interpretation and critical revisions. All authors, Denice Högstedt, Maria Engström, Elisabet Eriksson and Inger Jansson approved the final manuscript.

PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1111/jan.15054>.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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How to cite this article: Högstedt, D., Engström, M., Eriksson, E., & Jansson, I. (2021). Nurses' experiences of a recertification process involving a series of examinations to obtain a nursing license in a new country. *Journal of Advanced Nursing*, 77, 4876–4886. <https://doi.org/10.1111/jan.15054>

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