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# Recognition of nursing qualification and credentialing pathway of Filipino nurses in Finland: A qualitative study

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## Abstract

**Aim:** To understand the experiences of Filipino internationally educated nurses (FIENs) on their recognition and credentialing pathway in the recruitment process in Finland.

**Background:** The nursing shortage in Finland results in the recruitment of internationally educated nurses (IENs) such as those from the Philippines. In the context of migration, IENs experience a rigorous process to become qualified nurses in the destination country.

**Methods:** A thematic analysis of the secondary data from qualitative interviews was conducted. Ten FIENs ( $n = 10$ ) were recruited from university hospitals in Finland through purposeful and snowball sampling. The study adhered to the consolidated criteria for reporting qualitative research (COREQ) checklist.

**Results:** Three main themes were identified. First, pre-migration victories and predicaments described the experiences of FIENs during the recruitment process and the pathway to acquiring a Registered Nurse qualification. Second, ambiguous integration implied integrating into the workplace while working on the top-up education programme as a prerequisite to nursing registration. Lastly, migration uncertainty discussed the interest among FIENs to continue practising as Registered Nurses (RNs) in Finland.

**Conclusions:** Pre-migration orientation and workplace integration experiences influenced FIENs' choice to practise as RNs in Finland. The licensure pathway for FIENs required collaboration from various stakeholders in Finnish society. It is recommended to structure the system for the recognition and qualification process of IENs by creating a national model in line with international standards and requirements in collaboration with higher education institutions.

**Implication for nursing policy:** Recognition of previous education and clinical experience can facilitate the transition to becoming an RN for IENs, but the lack of a clear education model and recognition of foreign nursing qualifications leads to deskilling and hinders IENs from practising. Policies prioritising education and integration into the local healthcare system can facilitate the integration and professional growth of IENs, enabling them to contribute significantly to the healthcare system.

## KEYWORDS

Experiences, internationally educated nurses, licensure pathway, migrant nurse, nursing licensure, overseas qualified nurse, qualification, bridging programme, finland

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## BACKGROUND

The World Health Organization (WHO, 2022) estimates that there are 27 million nurses and midwives who make up the global nursing and midwifery workforce, which accounts for at least 50% of the total global health workforce. By 2030, an additional 9 million nurses and midwives will be needed to achieve the United Nations Sustainable Development Goal (SDG, number 3) on health and well-being (WHO, 2022). With the impact of the COVID-19 pandemic, the current nursing shortage and the ageing nursing workforce, the global nursing shortage gap could roughly reach 13 million nurses (International Council of Nurses, 2021).

Nursing education, practice and regulation differ from one country to another. In some countries, internationally educated nurses (IENs) are assessed using competency-based education by applying various tools to assess their competencies and skills and suggesting necessary remediation using a range of modalities (Sherwood & Shaffer, 2014). However, there could be a knowledge deficit in the registration process to become Registered Nurses (RNs) among IENs, and others even took the option of becoming licensed practical nurses (LPNs) and later pursued becoming RNs, making the process complex and time-consuming. The credentialing process is one of the challenges among IENs (Salami et al., 2018).

The integration of IENs is a complex process. For successful integration, it is vital to understand these nurses' reasons for migration and their expectations of the workplace environment, including the work culture and work demand (Roth et al., 2021). There is a paucity of knowledge on the experiences and challenges of IENs on their journey in the qualification and credentialing pathway as RNs in the Nordic Region (Hadziabdic et al., 2021; Nortvedt et al., 2020). Moreover, there is a lack of contemporary nursing education models and integration measures to facilitate the transition of IENs and provide professional assistance to prevent deskilling among new nurses arriving in Finland (Cubelo, 2023b).

### IENs in Finnish health services

In many countries, there is a need to recruit IENs from other countries. In Finland, there is a significant labour demand for nurses because there are around 11% open positions for RNs (Ministry of Economic Affairs & Employment in Finland, 2022). The country continues to face difficulties in achieving self-sufficiency in the production of nurses. This facilitates the entry of IENs into the nursing profession through overseas recruitment. IENs are recruited mainly from the Philippines, but the country has started to recruit from Kenya, India, Vietnam, Myanmar, and Zambia (Cubelo, 2023a). Because nursing programmes may differ between countries, the recognition

of RN qualifications and competencies is important so that they can work according to the requirements of the host country.

In 2020, 3.7% of RNs in Finland were IENs. Almost a third of them were from European Union (EU), and two-thirds were from outside EU (Finnish Nurses Association, 2022). However, there exists a research gap concerning the recognition of IENs' qualifications to work as RNs and the national structured model for the recognition of their qualifications. For over a decade, Filipino internationally educated nurses (FIENs) have been recruited as nursing assistants and trained to become LPNs (Vaattinen, 2017; Vartiainen et al., 2016). Deskilling has occurred as a result of the unclear pathway to the recognition of an RN title in Finland for IENs educated outside the EU or European Economic Area (EEA). The differences between the education systems of the Philippines and Nordic countries and attaining the language level set by the licensing authority are two of the most common factors affecting the acquisition of an RN qualification among IENs (Hadziabdic et al., 2021; Nortvedt et al., 2020).

Finland follows EU Directive 2013/55/EU (European Parliament, 2013), which means that nursing education in EU countries is deemed equivalent and recognised by other EU member states. However, if the education has been completed outside the EU, Valvira investigates whether the RN's training is equivalent to Finnish nurse education, and additional studies may be required. Healthcare professionals must also possess sufficient proficiency in Finnish or Swedish (Valvira, 2022c).

There are three ways for IENs to obtain a licence as an RN in Finland, including (1) a direct application to Valvira, (2) the admission pathway, and (3) the top-up education programme (Table 1). Applying directly to Valvira, the licensing authority for applicants educated outside the EU/EEA countries, requires IENs to demonstrate a certain level of language proficiency, either in Finnish or Swedish. The authority requires an intermediate level or levels 3–4, equivalent to the B1 level, according to the Common European Framework of Reference for Languages (Valvira, 2022b). Additionally, the applicant must sign a freeform consent allowing Valvira to send the documents to an educational institution for consultation for an additional fee (Valvira, 2022b).

An admission pathway to a University of Applied Sciences (UAS) involves taking an entrance exam for a nursing degree in Finland. Once admitted, the student meets with the Head of the Degree Programme or the course manager for Recognition and Accreditation of Prior Learning (RPL) to complete the remaining requirements of the institutional nursing degree curriculum. The top-up education programme is a bridging programme that supplements the educational qualifications of IENs to meet the competencies required by national legislation for a general nurse responsible for care. It helps IENs become familiar with Finnish social and healthcare services and ensures their competencies align with the EU Directive (2013/55/EU).

**TABLE 1** Different ways and related procedures for IENs obtaining RN licences in Finland.

Means of Acquiring Licensure	Direct Application to Valvira (2022a, 2022b)	Admissions Pathway	Top-Up Education Programme
<b>Required Procedures</b>	<p><b>Educated Outside EU/EEA:</b></p> <ul style="list-style-type: none"> <li>Submission of required documents (in Finnish, Swedish or English) to Valvira, including Certificate of Language Proficiency (minimum Levels 3–4 or Level B1)</li> <li>Processing period: no indicated time frame (may take longer)</li> <li>Processing fee (varies)</li> <li>Freeform consent if Valvira consults an educational institution with an additional fee of 200–600 euros</li> </ul>	<ul style="list-style-type: none"> <li>The applicant normally applies the usual admissions process to a UAS by taking an entrance examination</li> <li>Undergoes recognition and accreditation of learning by the head of the degree programme or course manager</li> <li>Complies with the remaining requirements before submission to Valvira</li> <li>Not required to submit a Certificate of Language Proficiency (YKI-Test) either in Finnish or Swedish</li> </ul>	<ul style="list-style-type: none"> <li>The applicant applies for the separate admission arranged by the UAS via studyinfo.fi, maintained by the Finnish National Agency for Education.</li> <li>Undergoes recognition and accreditation of learning by the head of the degree programme or course manager</li> <li>Complies with the remaining requirements before submission to Valvira</li> <li>Applies directly via a recruitment agency with a contract to bring nursing students to Finland</li> <li>Not required to submit a Certificate of Language Proficiency (YKI-Test) either in Finnish or Swedish</li> </ul>

Abbreviations: Valvira, the National Supervisory for Welfare and Health; UAS, University of Applied Sciences; YKI, National Certificates of Language Proficiency.

## METHODS

### Design

This study falls under a qualitative descriptive secondary data design using thematic analysis (Braun & Clarke, 2006). Secondary analysis of qualitative data implies the use of previously collected data to develop a new scientific understanding (Irwin, 2013). This study also adheres to the consolidated criteria for reporting qualitative research (COREQ) guidelines, a comprehensive checklist that includes vital components of the research design needed for reporting (Tong et al., 2007).

### Aim

What are the experiences of FIENs on their recognition and credentialing pathway in the recruitment process in Finland?

### Participants

The participants (Table 2) were 10 FIENs who were recruited to work as RNs in Finland through a recruitment agency in collaboration with university hospitals and a local UAS. The programme’s goal was to assist them with the licensing authority’s credentialing and qualification process through the top-up education programme. All the participants successfully received the licence to work as RNs in Finland. According to the public register of social welfare and healthcare professionals (JulkiTerhikki/JulkiSuosikki), they had a valid healthcare professional’s right to practise as a legal health practitioner in Finland. This was to ensure that participants were practising as RNs legally in the country. We used pur-

**TABLE 2** Background information of the study participants ( $n = 10$ ).

	Female	Male
Participants	7	3
Years of overall work experience as an RN		
>15 years	7	3
Qualification as a Registered Nurse		
Philippines	7	3
Finland	7	3
Other countries apart from Finland and the Philippines	7	3
Experience working abroad prior to migration to Finland		
Yes	6	3
No	1	–

poseful and snowball sampling techniques via social media platforms to recruit the participants.

The FIENs had over 15 years of clinical experience in the Philippines and overseas and had RN qualifications from countries other than the Philippines and Finland. As part of the screening process, the nurses who achieved a language level equivalent to a minimum of A2.1 (Appendix 1) (OPH, 2011) were able to move forward. Private recruitment agencies screened and selected the nurses, who then underwent Finnish language training to reach the B1 level, which is required for licensure in Finland.

### Interviews

The primary data for this secondary analysis were gathered by the first author, FC, through individual semi-structured interviews conducted between December 2018 and February 2019.

The interviews were tailored to a predetermined set of questions informed by existing literature, which were then adapted to suit the Finnish context and adhered to relevant standards. The interviews were conducted in three languages—Filipino, English and Cebuano—to ensure a comprehensive understanding of participants' perspectives across diverse linguistic backgrounds. Each interview, lasting between 55 and 90 minutes, was audio-recorded with the participants' consent. Nine interviews were conducted using online video conferencing, whereas one was conducted in person.

The interview questions that focused on the recognition of nursing education qualifications were as follows:

- Where did you get the information for the nurse licensing application?
- What were the experiences you encountered during the recognition of your nursing qualifications?
- Upon hearing the final decision from the National Supervisory Authority for Welfare and Health in Finland, what were your thoughts during that time?

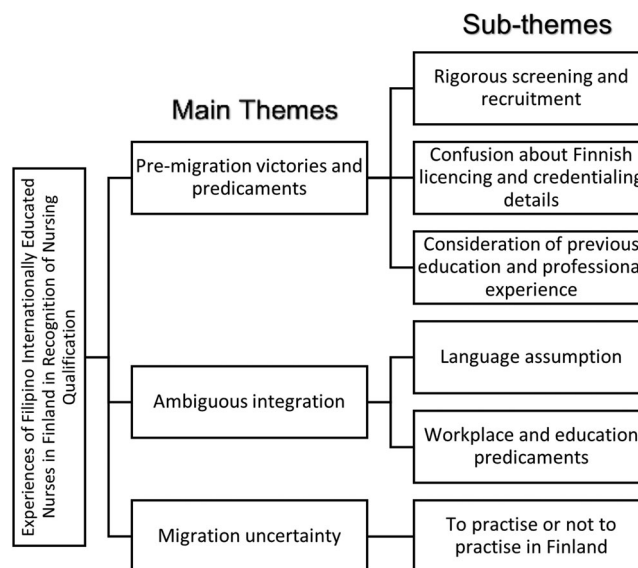
## Ethical considerations

The research obtained ethical permissions from two university hospital research committees in 2018–2019, adhering to ethical guidelines set by the World Medical Association (2013). Participants were informed of the study's purpose and given consent forms prior to the interviews. Oral consent was given during the interviews, and signed documents were sent thereafter. When using secondary data, the main ethical concern is ensuring participant confidentiality and avoiding harm (Tripathy, 2013). The FIENs were made fully anonymous with no distinguishing characteristics. The primary research consent form clearly indicated the data would be used for future research within a 10-year period.

## Data analysis

The primary study examined the challenges faced by FIENs during migration and mentioned minor findings on licensure. A secondary analysis was deemed necessary to examine the methods used by FIENs to obtain RN licences in Finland and their implications for legislation. The research study utilised Braun and Clarke's approach to thematic analysis, which is used for identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). Since the audio data had already been transcribed verbatim, the researcher proceeded with the thematic analysis.

Data from transcribed interviews were coded and analysed manually and electronically to identify initial codes, which were then compared and clustered to form main categories. Themes emerged from the sub-themes and were defined through a series of reviews (Braun & Clarke, 2006). Data saturation was achieved after the seventh interview, indicating



**FIGURE 1** Thematic analysis of the experiences of Filipino internationally educated nurses in Finland in acquiring the Registered Nurse qualification.

that no new information was obtained during data analysis (Faulkner & Trotter, 2017).

## Rigour

When conducting the secondary data analysis, we ensured that researchers had the expertise in the research topic and identified appropriate datasets (Wickham, 2019) to answer critical research questions (Tripathy, 2013). Maintaining participant anonymity was also prioritised, as was ensured in the primary research. For analysis, data were verified and cross-checked by three experts, and the dataset's strengths and weaknesses were evaluated through constant discussion and sharing of comments (Wickham, 2019).

## RESULTS

In the thematic analysis performed in this study, FIENs experienced struggles on their journey to acquiring the RN qualification in Finland. Three themes emerged from the collected data: (1) pre-migration victories and predicaments, (2) ambiguous integration and (3) migration uncertainty. Each main theme has corresponding sub-themes (Figure 1).

### Pre-migration victories and predicaments

This theme consists of three sub-themes: rigorous screening and recruitment; confusion about Finnish licencing and credentialing details; and consideration of previous education and professional experience.

## Rigorous screening and recruitment

To get the opportunity to migrate to Finland, FIENs needed to undergo a series of screening tests, including interviews and examinations, to gain the reassurance of securing a spot to work as an RN in Finland. While the recruitment process was ongoing, most of the recruited nurses were working at a tertiary level of care and had to decide whether to give up their current jobs or study the Finnish language.

‘The problem was money. During that time (the recruitment process), we have a family. So you have to....when you are working, you have to leave your work and study the language. We studied.’

‘How can we survive if we resign from our job? We don’t have any money. Isn’t it? We need a salary. And then it was decided that we would have an allowance. ‘So, it was to our advantage.’

Despite the demand for the language training required by the employer, one FIEN was able to juggle both work and studying the Finnish language.

‘So, I just divided my work time, and...language training. While working, I was also studying.’

While applying for Finland, some also applied to other countries even though the recruitment process was ongoing.

‘I was weighing my application between America and Finland. I had two alternatives, but the American process took so long on my part.’

## Confusion about Finnish licencing and credentialing details

Upon confirmation of the work placement, FIENs were excited to work on the prerequisites to acquire the licence to work as an RN in Finland. However, some of these nurses were unaware that during the integration period, a top-up programme would be organised in Finland to meet the demands of Valvira, an institution that issues licences for healthcare professionals to practise their rights.

Before arriving in Finland, a FIEN with years of international nursing experience believed that the credentialing procedure involved retaking the whole nursing degree programme. The lack of knowledge was considered one of the misconceptions in the recruitment process.

‘I thought that we need to study nursing from the beginning.’

The other FIEN thought that the bigger picture of the recruitment was not explained meticulously. Explaining the outcome of the recruitment was important for the recruited FIENs.

*‘In my opinion, the bigger picture of the recruitment process was not explained to us very well.’*

## Consideration of previous education and professional experience

The FIENs had varied work experience in specialised medical care both in the Philippines and abroad, even before migrating to Finland. Therefore, their previous education and professional experience were considered during the recruitment and credentialing pathways.

During the screening process for FIENs being deployed to Finland, a nurse educator took part in the evaluation and assisted them in the licensing process. The nurse educator played a vital role in obtaining RN licensure.

*‘In the third phase of the recruitment, there was one teacher from ... (one local university of applied sciences in Finland) who participated in the interview to evaluate us. They also assisted us in the licensing process. Almost all the way.’*

The collaboration between the recruitment agency, employer and higher education institution dispelled rumours that the nurses would not be employed as RNs upon their arrival in Finland. The previous educational background and overseas nursing experience were believed to facilitate faster recognition of the qualification as an RN.

*‘Before we departed, managers from the hospital, teachers from the school, and managers from the agency presented us with the programs and our tasks. This means that we will really become a Nurse because the subjects and schedules were already given.’*

*‘When we applied to the recruitment, one thing that was mentioned to us...they wanted those with experience abroad. Because those who came abroad have already learned a new language from ... can be also trained with a new language easily.’*

## Ambiguous integration

This theme consisted of two sub-themes: language assumption and workplace and education predicaments.

## Language assumption

Employers and local colleagues had high expectations and assumptions when it came to the language skills of the recruited FIENs. The difference between written and spoken Finnish became a challenge for one FIEN.

*'It was their first time to recruit (nurses from abroad) so they don't really know what will happen. So, their expectation was way too high because they wanted these kinds of nurses to get into.... When we arrived at the workplace, we were using a different language because we learned the written language. They (colleagues) were using spoken Finnish so how can we really learn?'*

Even though some mentors were clarifying whether FIENs understood the context of their instructions, some were afraid to confirm that they did not. Through mere observation, one FIEN learned the skill without even clarifying.

*'Sometimes if I constantly say "ei" (no), I feel so stupid. Filipinos have so many abilities that even observing just what the mentor is doing, you can already do it the next time even if you did not understand the context.'*

## Workplace and education predicaments

To some, a simple gesture made by local staff members was interpreted as doubting the skills, knowledge and competencies of the recruited FIENs. The body language among locals could be interpreted in a different context.

*'When we arrived at the workplace, they were looking at us from head to toe. We were wondering whether they are questioning our capabilities.'*

Nurses were mandated to attend school to qualify as RNs in Finland while working. However, some struggled to get free days since they spent them in school. Employers agreed to consider school days as workdays to address this issue.

*'We need to travel to another city, to the university because we have classes in ... In the beginning, they didn't consider it workdays so sometimes in our free days we use those to go to school. Later though, they considered it as part of workdays.'*

## Migration uncertainty

In this theme, FIENs were doubtful about whether to continue practising as an RN in Finland or not after migration. These

nurses contemplated whether they should leave the country permanently due to the lack of trust and being undervalued in the workplace.

## To practise or not to practise in Finland

The recruitment process and integration challenges faced by these FIENs left them pondering whether they saw themselves living in Finland. With the rigorous experiences they had to go through to become RNs and the type of work environment they were in, these nurses considered whether they should stay or leave the country permanently. Before moving to Finland, one nurse with many years of experience abroad thought the healthcare personnel and work environment were unwelcoming.

*'You can't really please everyone. You can feel that they don't trust you that much because you don't understand them well. They don't understand you too. You can't really think well.'*

*'The hardship we face...and then nobody smiles, and we feel not welcomed. We're not welcome.'*

## DISCUSSION

This study described the experiences of FIENs on their path towards getting the recognition and qualifications to become RNs in Finland. The thematic analysis uncovered parallel and opposing experiences of recruited FIENs in three themes: pre-migration victories and predicaments, ambiguous integration and migration uncertainty. The main results of this study were the following: (i) pre-migration victories and predicaments; (ii) ambiguous integration and (iii) migration uncertainty. It is a usual phenomenon for IENs to migrate to another country to practise nursing and experience deskilling (Vaittinen, 2017). In previous studies, nurses experienced complicated pathways for their qualifications to be recognised in the country of migration (Nortvedt et al., 2020; Vartiainen, 2019). This study, however, revealed the importance of different stakeholders in Finnish society in the successful integration of IENs in the healthcare workplace. Understanding the pathway of FIENs before migration and during integration periods helps decision-makers in the employment sector amend protocols to help ease the recognition of previous qualifications through education.

Pre-migration victories and predicaments revealed the rigorous process FIENs have to undergo to be recruited as RNs. In the context of nurse migration, IENs face various challenges before moving to the host countries, including a lengthy and costly recognition of credentials, nursing qualifications, passing licensure examinations, language prerequisites and financial hardships (Salami et al., 2018;

Wolcott et al., 2013), to maintain quality control of healthcare professionals. The FIENs with prior work experience abroad or outside the Philippines did not have an advantage during their transition period, as they still struggled financially during recruitment. These nurses chose to relocate to Finland to pursue their nursing career path, which required balancing or giving up their previous jobs.

As the nurses arrived at the workplaces, cultural differences and language barriers were the main factors hindering FIENs' integration into the system. These issues are supported by many previous studies (Al-Nusair & Alnjadat, 2022; Wolcott et al., 2013; Zakaria & Yusuf, 2022). As the nurses underwent rigorous screening and training, local staff members assumed that they could speak the language at a professional level. Due to the demanding duties and responsibilities of an RN in Finland, one must possess the required competencies of a general nurse responsible for care according to the Healthcare Professionals Act 1994 (Ministry of Social Affairs and Health, 1994) and EU Directive 55/2013 (European Parliament, 2013). Although the recruited FIENs have a nursing background both in the Philippines and abroad, it is important that the context of the integration on their pathway to becoming RNs does not lose its substance.

The continuing recruitment of IENs and nurse migration highlights the importance of implementing programmes that will ensure individual and institutional success (Wolcott et al., 2013) and improve job retention and satisfaction (Almansour et al., 2020). As such, the role of clinical mentors is important to guide them properly into the system using existing protocols. In previous studies, Filipino nurses who migrated to Finland and Norway ended up doing nursing assistant jobs due to challenges in acquiring an RN licence from the healthcare authorities, leading to deskilling (Nortvedt et al., 2020; Vartiainen et al., 2016).

It is known from our study that this was the first and last batch of FIENs recruited directly to work as RNs under the top-up education programme set by the employer in cooperation with a local UAS. A study conducted in Sweden revealed that the top-up education programme for IENs resulted in significant improvements in their knowledge and language skills, leading to an increased sense of preparedness to pursue the nursing profession in the host country (Högstedt et al., 2021). Due to the complexity of the system and existing legislation in the country, it became a challenge for most of the FIENs to get the qualification, even with broad experience in clinical nursing, nursing education and nursing management for many years. Factors affecting the transition of the IENs are related to differences in the scope of practice and cultural values, the language barrier and delays in the recognition of competencies (Primeau et al., 2014). It is implicated that the assistance and collaboration of the recruitment agency, employer and higher education paved the way for FIENs to become RNs, even though there were challenges in professional communication and a knowledge deficit during the whole process of the programme.

The lack of a concrete education model and recognition of nursing education and qualifications outside the EU/EEA

set by the national health authorities results in deskilling and hinders IENs from practising their profession in the country (Cubelo, 2023b). Although it is relatively logical that the process is tough to maintain patient safety (Salami et al., 2018) and protect Finland from fraudulent healthcare practitioners, the country lags behind other developing nations in the systematic recognition of IENs aiming to practise nursing by implementing measures such as the use of a nursing migration institute or licensure examination. Furthermore, the lack of governmental agreements between the Philippines and Finland (Vartiainen et al., 2016) in terms of education and labour markets can pose future challenges for FIENs when migrating to Finland. Thus, acquiring an RN licence can be interpreted as almost impossible. Participants interviewed in the study nevertheless successfully conquered the pathway to becoming RNs in the country due to the support of their employer, higher education provider and recruitment agency. Without local contacts, IENs who want to relocate to Finland would face a challenging and uncertain recognition procedure.

Direct application to Valvira can be challenging for IENs outside the EU/EEA due to language requirements and differences in nursing education. Language assessment before recruitment may not ensure the professional communication skills required for patient safety. Further studies are needed to develop instruments assessing professional language skills specific to healthcare professionals.

The admission pathway is uncertain due to the quota system, even for those with a nursing background. However, in Finland, nursing education is offered in Finnish, Swedish and English, so students who graduated with a Bachelor of Health Care in English do not need to present a language certificate. After graduation, the graduate applies for a licence to work as an RN with a minimum fee, and there is no national licensure examination. In some developed countries, there is a need to take a licensure exam (Lee et al., 2019). Despite the challenge, all the FIENs in the study were licensed as RNs.

Lastly, after getting qualified as RNs, some were doubtful about staying in the country to practise the profession due to professional language barriers and cultural differences. However, of the 10 participants interviewed, only one left the country to seek better professional opportunities abroad without a language barrier. The language barrier can cause ineffective interaction with patients and colleagues and affect the ability to adapt socially in the host country (Zakaria & Yusuf, 2022).

## LIMITATIONS

Due to a limited number of participants meeting the study's criteria, it was challenging to cite every small detail from the interviews. Maintaining participants' confidentiality was a top priority. Additional research is warranted to encompass the viewpoints of policy and decision-makers, employers, healthcare institution managers and local nurses. This broader perspective is essential for a comprehensive understanding of the qualification pathway of FIENs.

## CONCLUSION

The experiences of FIENs in attaining the RN qualification in Finland reflect complexities in terms of the recognition of the previous professional title, educational background and bureaucratic systems. It is critical that the employer and higher education system work together to ensure these nurses' success in becoming RNs. Based on the findings of this research, the top-up education programme can provide clearer pathways to IENs, given the opportunity that these nurses do not need to start from scratch. This also serves as a tool for educators to properly assess the competencies of IENs based on legislation, protocols and directives. Although professional communication was an issue that affected the integration of FIENs, their professional experience abroad prior to migration to Finland assisted them in understanding the professional competencies that were expected of them. Cooperation between employers recruiting IENs from abroad and the higher education system was essential to successfully obtaining the RN qualification in Finland.

## Implication for nursing practice and nursing policy

Recruiting IENs in Finland requires cultural competence training for local staff and nurse managers. Nurse managers should establish a supportive and inclusive work environment to promote collaboration and respect among personnel from diverse cultural backgrounds. Policies recognising nursing qualifications outside the EU/EEA and prioritising the education and assimilation of IENs into the local healthcare system can facilitate their complete integration and professional growth. Failure to recognise nursing education and qualifications outside the EU/EEA may result in deskilling and hinder IENs from practising in the country.

## AUTHOR CONTRIBUTIONS

Study design: FC, MNML, KJ, HT; data collection: FC; data analysis: FC; study supervision: MNML, KJ, HT; manuscript writing: FC, MNML, KJ, HT; critical revisions for important intellectual content: FC, MNML, KJ, HT.

## CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the authors.


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## ETHICS STATEMENT

The research obtained ethical permissions from two university hospital research committees in 2018–2019, adhering to ethical guidelines set by the World Medical Association.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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