Onboarding guidelines for Internationally Educated Nurses in the Nordic Countries: a Scoping Review

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Abstract:

The law of supply and demand for nurses is highly unbalanced, therefore many Western countries have responded to their nursing shortages by recruiting internationally educated nurses (IENs). Nevertheless, recruitment of IENs is not an easy task, and is more complex than recruitment of nurses locally. Screening, recruitment, and onboarding practices should be sensitive and designed to meet the needs of the IEN. There is a vast number of research studies that have identified recommended areas for onboarding of IENs globally. In the Nordic countries, Sweden and Finland are front-runners in research in identifying onboarding recommendations for successful integrations into the local nursing workforce.

Aim: The aim of this research study is to explore the current research with guidelines for onboarding internationally educated nurses (IEN) in the Nordic countries, as well as recommend onboarding guidelines for the Nordic countries based on international onboarding guidelines.

Methods: The scoping review included 7 articles in this study (n=1 qualitative discourse analysis, n=4 qualitative interview studies, n=1 longitudinal mixed methods study, n=1 cross – sectional study). Covidence was used as an online platform tool to facilitate the process of the review.

Results: The review yielded 8 different themes, functioning as recommendations for onboarding guidelines, strategies or policies: language training in an educational institute and during clinical training, informing employees, mentors/preceptors, and staff on onboarding procedures for IENs, tailored support on supplementary classroom/clinical training in the bridging program, accessible and updated information about the qualification pathway for IENs, cooperation between educational institute and employing healthcare institute for the onboarding program for IENs, establishment of a qualification pathway for IENs, establishment of a bridging program, and an onboarding program focusing on social and welfare benefits.

Conclusion: The scoping review conducted revealed a combination of themes in the recommendations for onboarding guidelines, strategies or policies. The thematic recommendations are to be addressed at: 1.) a policymaker level, 2.) interorganizational level such as between nursing unions, educational and healthcare institutes, and 3.) an organizational level.

Keywords:

Onboarding, internationally educated nurses, foreign nurses, integration, bridging program, qualification pathway, Nordic countries

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1 Introduction

The Nordic welfare state model is characterized by a public sector that provides its' citizens with welfare services and a social safety net, which makes the model often recognized in international forums. According to Greve (2007), the cornerstone of the Nordic model is universalism. Vike et al. (2024) defines universalism as (cit.) "associated with the decommodifying welfare state of the Scandinavian type, indicating a broad citizen orientation in entitlement and service provision that simultaneously deemphasizes targeting and means testing". Furthermore Greve (2007), says that universalism in the Nordic welfare state model, entails improving society's ability in mastering its' problems and ensuring equal living conditions for the citizens, such as the equal access to healthcare. Nurses are regarded as an important part of the wheel that is the healthcare system, and according to the World Health Organization (2024), they comprise approximately 50% of the world's healthcare staff. Like the rest of the world, the Nordic states are facing challenges related to recruitment of nurses, in home-based care, nursing home care and in the hospitals, which threatens the characteristics of the Nordic welfare state (Nordic co-operation, 2014). Increasing groups of the elderly population, a negative image of nursing as a profession, lack of job satisfaction leading to increasing number of staff turn-over and the so-called compassion fatigue (the deteriorating empathetic capacity that nurses develop due to repetitive contact with others' distress, making it more challenging to care for others and complete other responsibilities) are among the factors contributing to this global problem (Crick et al., 2019; Jirasakhiran et al., 2005; Kueakomoldej et al., 2022; Shaffer et al., 2022).

Nurse managers are facing the biggest challenge of maintaining the high level of health care, not only due to recruitment issues, but staff retention as well. Nevertheless, staff retention directly affects the recruitment demands posed by the different healthcare organizations globally. According to Shaffer et al. (2022), as the shortage of nurses persists, hospitals and healthcare systems may increasingly look to recruiting internationally educated nurses (IEN). Nevertheless, recruitment of IENs is not an easy task, and is more complex than recruitment of nurses locally. Screening, recruitment, and onboarding practices should be sensitive and designed to meet the needs of the IEN. With the increasing tendency to recruit IENs, the recruiting country is left with a conflicting dilemma of the 'brain drain' phenomena. According to Hashish et al. (2020), brain drain is the migration of employees in their search for an

improved state of livelihood, better earnings and access to better technology. Furthermore Hashish et al. (2020) states, that many nurses are migrating abroad in search of better employment conditions, which negatively impacts the healthcare services from the source country. When recruiting IENs, brain-drain should also be taken into consideration when a host country formulates recruitment and onboarding practices.

Onboarding is defined as "the process that encompasses everything required when new employees start to work" (Crail et al, 2024). Furthermore, Crail et al. (2024) describes onboarding to be more expansive than just the legal paperwork before employment starts, but also includes the process of assisting the new employee to acclimatize to the workplace. According to Ogawa (2024), for new employees to successfully integrate in an organization, as well as develop their further careers, onboarding is the first element in any retention strategy. Furthermore, a workplace with high retention exhibits the following characteristics: 1.) Having an interesting and accepting work culture, 2.) Having professional career development strategies, 3.) Flexible work arrangements, 4.) A workplace which offers encouragement, praise, and recognition, 6.) Direct manager-to-employee communication, 7.) Competitive compensation and benefits, and 8.) Mentoring and preceptorship programs (Jirasakhiran et al., 2005; Shermont et al, 2019). Poor onboarding measures can lead to an increase in staff turn-over, lower staff efficiency and productivity, and a decrease in staff engagement (Conway, 2024). Onboarding guidelines are, therefore, paramount to recruitment and retention being successful.

The purpose of this study is to explore the current research about onboarding guidelines for IENs in the Nordic countries.

2 Background

The law of supply and demand for nurses is highly unbalanced, therefore many Western countries have responded to their nursing shortages by recruiting internationally educated nurses (IENs) (Ung et al., 2024). According to Newton et al. (2012), the process of testing one's nursing skills and knowledge, and language comprehension, or also known as the recertification process for IENs, vary across countries. Furthermore, IENs discover that their qualifications do not meet the requirements of the host country and that most countries require IENs to pass a nursing licensure examination, as well as a language proficiency test. In some countries, IENs are required to enrol in a bridging program, which facilitates and helps IENs overcome obstacles to recertification through classroom teachings and clinical practice education, also known as clinical training, in a healthcare institution (Covell et al., 2015). The bridging programs can range from several days and up to a year.

According to Miyata (2023), IENs frequently face encounters that can lead to reduced professional development and a devaluing of their competence in host countries. These encounters can be related to differences in nursing, adaptation to their new roles and workplace culture. Others are related to cultural dissimilarities, which can lead the IENs to incorporate the feeling of being an outsider and being discriminated (Balante et al, 2021; Zhong et al, 2023). According to Roth et al. (2021), a negative effect on the integration process and retention of IENs can be caused by their expectancies not being met, before migration. Previous research has shown that IENs participating in a bridging program, assists in their understanding of the host country's nursing practices, healthcare system and culture, as well as improving their language skills (Cruz et al., 2017). The bridging program can also assist IENs in the reduction of their exposure to environmental shock (Chun Tie et al., 2019). IENs describe clinical training in healthcare institutions as an occasion to learn about the host country's healthcare organization and system, to both learn and re-learn nursing skills (Högstedt et al., 2021).

There is a vast number of research studies that have identified recommended areas for onboarding of IENs globally. In the Nordic countries, Sweden and Finland are front-runners in research in identifying onboarding recommendations for successful integrations into the local nursing workforce (Cubelo, 2023; Högstedt et al., 2021). The recertification process, bridging programs, clinical practice education and language proficiency classes and tests, are to be considered as important onboarding measures for IENs.

2.1 Onboarding or organizational socialization

According to Frögéli et al. (2023), onboarding or organizational socialization describes all the procedures, guidelines or policies aimed to structure the new employee's early experiences. Furthermore Frögéli et al. (2023), states that "organizational socialization is the process through which individuals acquire the knowledge, skills, attitudes, and behaviours required to adapt to a new role". Organizational socialization differs from occupational socialization, the latter focusing on learning the norms of one's profession (Bauer et al., 2011).

Organizational socialization is illustrated in Figure 1, the socialization model:

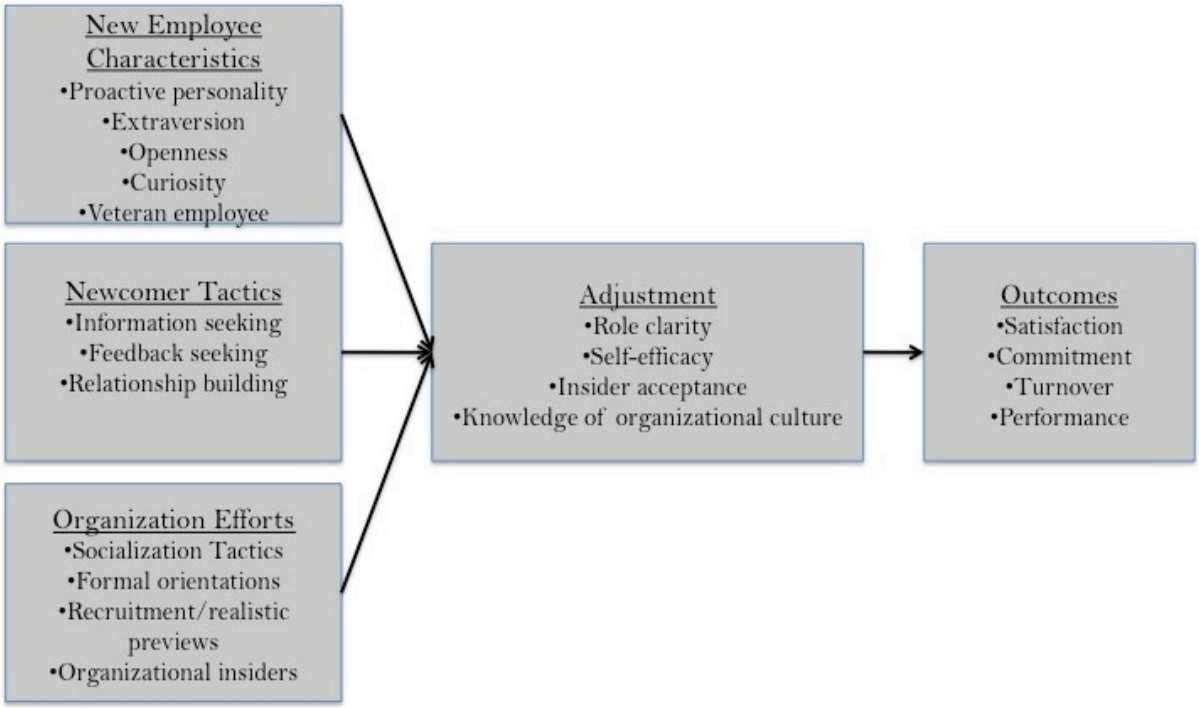

Figure 1: Organizational socialization: The effective onboarding of new employees (Bauer et al., 2011).

According to Lanada et al. (2023), socialization, through formal and informal interfaces, is the key to integrating IEN's into a workforce. Furthermore, Lanada et al. (2023) enumerates some elements to successfully onboard IENs:

-diminishing institutional or systemic biases and racial discrimination.

-implementation of a preceptor framework and allocation of mentors.

-the source country's recruitment agency conducting seminars on cultural awareness for IENs to assist manage their expectations.

-the recruiting country's employers working together with international nursing associations to gain a better understanding of cultural diversity.

The finding of Lanada et al. (2023) is supported by a study by Correa-Betancour et al. (2023), who also emphasizes the importance of both colleague's and society' views and expectations of IENs in the workforce.

Therefore, the main theoretical focus from the organizational socialization model will be the concepts of relationship building, organization efforts, and employee adjustment, which leads to ideal employee-employer outcomes.

2.1.1 Relationship building

A significant precursor of socialization outcomes is the aspect of relationship building. New employees can dynamically build relations by pursuing conversations with their new colleagues and supervisor (Bauer et al., 2011). This supports the findings of previous research, wherein cultivating fruitful working relationships, for optimal socialization outcomes, can be done by forming interpersonal and professional relationships between colleagues, and between colleagues and managers (Foste et al., 2012).

2.1.2 Organization efforts

When organizations adopt an organized and methodical approach to new employee socialization, or when they adopt an approach wherein new employees struggle to find out what is anticipated of them, is known as socialization tactics (Bauer et al., 2011). According to Eastin et al. (1977), these tactics influence socialization by outlining the type of information the new employees collect, where the information comes from, and how easy it is attaining the information. Plentiful research also indicates that formal orientation programs are efficacious in communicating the organization's objectives, history and authority structure (Bauer, 2010).

According to Klein et al. (2006), new employees who obtain a vast extent of data about a job, prior to being socialized, is inclined to adapt better through recruitment events which gives future employees realistic previews of what is expected of them during employment. Recruitment events are important in recognizing which possible employees are a possible match. The events allow employees to collect data about an organization's prospects, as well as the culture of the organization. The facility of internship openings can provide representative job broadcasts (Bauer et al., 2011).

On the thought of mentorship, Ostroff et al. (1993) says that new employees with mentors become more familiar about an organization versus new employees without a mentor, as this makes new employees attain knowledge of organizational insiders. Mentorship is, therefore, a crucial aspect to the socialization of new employees (Bauer et al., 2011).

2.1.3 Newcomer adjustment

According to Bauer et al. (2011), role clarity is a good index of how well a new employee is accustomed to their new job role. Furthermore, this is found to be one of the best predictors of work fulfilment and organizational assurance during the socialization process. Utilizing a strong onboarding program, new employees are found to be more productive, since they have a better understanding of what is expected of them (Bauer et al., 2011).

Another indicator of newcomer adjustment is self-efficacy, which indicates the confidence a new employee feels when doing their job (Bauer et al., 2011). According to Schwarzer et al. (1995), this is the belief in one's ability to deal with obstacles or demanding situations. This is further thought to be related to both problem-solving and self-directed learning capabilities, which is critical for nurses (Chen et al., 2019; Zhao et al., 2015).

Favourable qualities of the relationships with both colleagues and superiors are related to sufficient socialization outcomes. Acceptance by organizational insiders is, therefore, often found to be an indicator of effectual employee adjustment (Bauer et al., 2011).

Comprehending the politics of an organization, the goals and values, as well as learning the language, which is individual to the organization, are all related to socialization outcomes (Bauer et al., 2011). New employees are therefore also found to be adjusted to the organization, when they have obtained the necessary knowledge of the organization's culture.

2.1.4 Summary of the socialization model

Socialization tactics, formal orientations, recruitment events and mentorship, along with building both personal and professional relationships, lead to effective adjustment of the new employees. When new employees are well-adjusted due to optimal onboarding measures, an organization can attain high employee commitment and satisfaction and a low employee

turnover rate. This is also applicable to the recruitment and onboarding of IENs, which this study aims to explore.

3 Purpose and Research Questions

The aim of this research study is to explore the current research with guidelines for onboarding internationally educated nurses (IEN) in the Nordic countries, and recommend guidelines based on the global onboarding guidelines and the theory of onboarding or organizational socialization. The study seeks to answer the questions:

- Which onboarding guidelines are implemented in the Nordic countries for IENs?
- What recommendations for onboarding guidelines can be implemented in the Nordic countries for IENs, based on global onboarding guidelines?

4 Material and Methods

The author acknowledges the implication of thoroughly considering previous significant literature as essential for all studies. In this study, the author has selected scoping review, as the suitable methodological tool to provide the answers to the research questions.

Scoping reviews (mapping reviews or scoping studies) are used to identify ideas that support a research area, as well as to refine operational descriptions, and/or the theoretical boundaries of a topic (Arksey & O'Malley, 2005). The three most common reasons for forming a scoping review are to explore the extent of the literature, chart and synopsize the data, and update future research (Tricco et al, 2016). Munn et al. (2018) describes the necessity for a scoping review when there are: 1.) informative gaps that needs to be investigated and categorised, 2.) key concepts in literature that need to be refined, 3.) investigations needed on how research is conducted on a certain subject, 4.) key descriptions or elements associated to an idea that need to be detected. Furthermore, Munn et al. (2018) describes scoping reviews as predecessors to systematic reviews.

Arksey & O' Malley (2005), proposed an original framework for conducting scoping reviews which will be utilized in this study: identifying the research question, identifying relevant studies, study selection, charting the data, and collating, summarizing and reporting the results.

According to Kao et al. (2019), scoping reviews have wider ranges with similarly less restrictive inclusion criteria. Thus, the author utilized inclusion criteria based on the PCC model (Population, Concept, and Context). According to the JBI Scoping Review Manual (2024), the following terms have been defined accordingly:

Population

The types of participants in the data required for inclusion, should be related to the aim of the scoping review. In this study, the population is designated as foreign or internationally educated nurses.

Concept

When clearly described and studied, this guides the scope and extensiveness of the investigation. In this study, the concept is designated as the scope of guidelines for onboarding foreign or internationally educated nurses.

Context

This should also be distinctly described, and may include cultural factors such as geography, and aspects about exact locations such as hospitals. In this study, the context is designated as the scope of guidelines pertaining to onboarding of foreign nurses into all levels of healthcare settings in the Nordic countries.

A qualitative content analysis is used to analyse the findings in this review. To answer the questions of why, how, or what, a qualitative content analysis is the most fitting method to be used. Qualitative content analysis is the subjective explanation of text data through the systematic classification manner of coding and detecting themes or patterns (Hseih & Shannon, 2005, p.1278).

4.1 Data Collection and Analysis

The author conducted a literature search using the online databases CINAHL, PubMed and Academic Search Complete. The author did not utilize any specific terms for study designs or study outcomes.

BOOLEAN terms were used in the databases. Table 1 displays the databases and terms used in the literature search process.

Database	Terms
CINAHL	strateg* AND guideline* OR protocol* AND onboarding AND integrat* AND foreign nurs* OR internationally educated nurs* AND nordic countries
Academic Search Complete	strateg* AND guideline* OR protocol* AND onboarding AND integrat* AND foreign nurs* OR internationally educated nurs* AND (nordic countries or finland or sweden or denmark or norway or iceland)
PubMed	(((((((strateg*) AND (guideline*)) OR (protocol*)) AND (onboarding)) AND (integrat*)) AND (foreign nurs*)) OR (internationally educated nurs*)) AND (nordic countries)

The inclusion criteria for the articles were as follows: 1.) research studies and reviews that were conducted between the years 2014 – 2024, 2.) articles that were focused on foreign and internationally educated nurses, 3.) articles that focused on onboarding and integration of foreign and internationally educated nurses in the Nordic countries, and 4.) articles that were written in English.

The exclusion criteria for the articles were as follows: 1.) articles that focused on other healthcare and medical staff rather than nurses, e.g. physicians, radiologists etc., 2.) qualitative and quantitative research studies that were conducted before the year 2014, 3.) grey literature, 4.) articles that were not written in the English language, and 5.) articles that did not permit full-access reviews.

The platform Covidence was utilized to screen the articles. Covidence is an online software program that streamlines the procedure of screening and extracting data. It assisted with a methodical approach to handling the large collection of literature identified through the literature search. Covidence allows authors to 1.) import and screen citations and full text articles, 2.) resolve conflicts between authors, 3.) extract data with different customized forms, 4.) export in different formats, and 5.) track the data in PRISMA in real time (Cleo et al., 2019; Kellermeyer et al., 2018; Tello, 2021). Due to the nature of Covidence, there was a need to

register a second researcher to confirm the author's extraction results. The second researcher is a master's degree holder of Healthcare from Arcada University of Applied Sciences from year 2023. The second researcher held no bias or conflict of interest while confirming the author's extraction data. The second researcher simply approved all the data extracted by the author without reading the content.

The author imported a large number of articles (n=6024) into the platform Covidence in RIS format. The RIS file format is a standardized tag format developed by Research Information Systems company, used for exporting search results from a database into a citation management tool. Due to the large number of articles yielded from the search in both CINAHL (n=86,495) and Academic Search Complete (n=549,930), only the first 3000 articles were selected to be imported from each of the respective databases. The database, PubMed yielded (n=24) articles. Once the articles were uploaded, Covidence automatically removed all the duplicates (n=715).

The first phase of data screening was title and abstract screening. This process is aimed to remove research studies that are not related to the topic. The process of removing research studies is based on both inclusion and exclusion criteria. The author screened (n=5309) articles. During this process, there was full access to the following elements in the articles: titles, author, DOI, and abstract. Articles were either marked as a "yes", "no", or "maybe"; which yielded an exclusion of (n=5297) articles. This method eradicates the need to navigate through large spreadsheets. This exclusion phase resulted in (n=12) articles sought for both retrieval and eligibility.

The next phase of data screening was a comprehensive review of the full texts. A total of (n=5) studies were excluded. This process safeguards that the author critically evaluated the literature and retained the articles that were considered most relevant to the objectives and scope of the study. The articles excluded were due to the wrong setting (n=3), the wrong outcomes (n=1), and the wrong population (n=1). This yielded a result of (n=7) articles that were included in this study and were eligible for both extraction and assessment. The classifications of the included articles were (n=1) qualitative discourse analysis, (n=4) qualitative interview studies, (n=1) longitudinal mixed methods study, (n=1) cross – sectional study. A list of the articles can be found in the appendix.

The last phase of data screening was extraction, utilizing a data extraction template in Covidence. The contents of the template were: ID, article title, study location, study aim, study design, publication date, inclusion/exclusion criteria, participant recruitment method, total number of participants, and interventions in the form of recommendations for guidelines, strategies and/or policies. The definitions of the designated term for recommendations are as follows, according to the online Merriam Webster Dictionary (Merriam-Webster, n.d.): Policy ("a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental body"), Strategy ("careful plans or methods"), and Guideline ("an indication or outline of policy or conduct").

The PRISMA diagram extracted from Covidence is shown below.

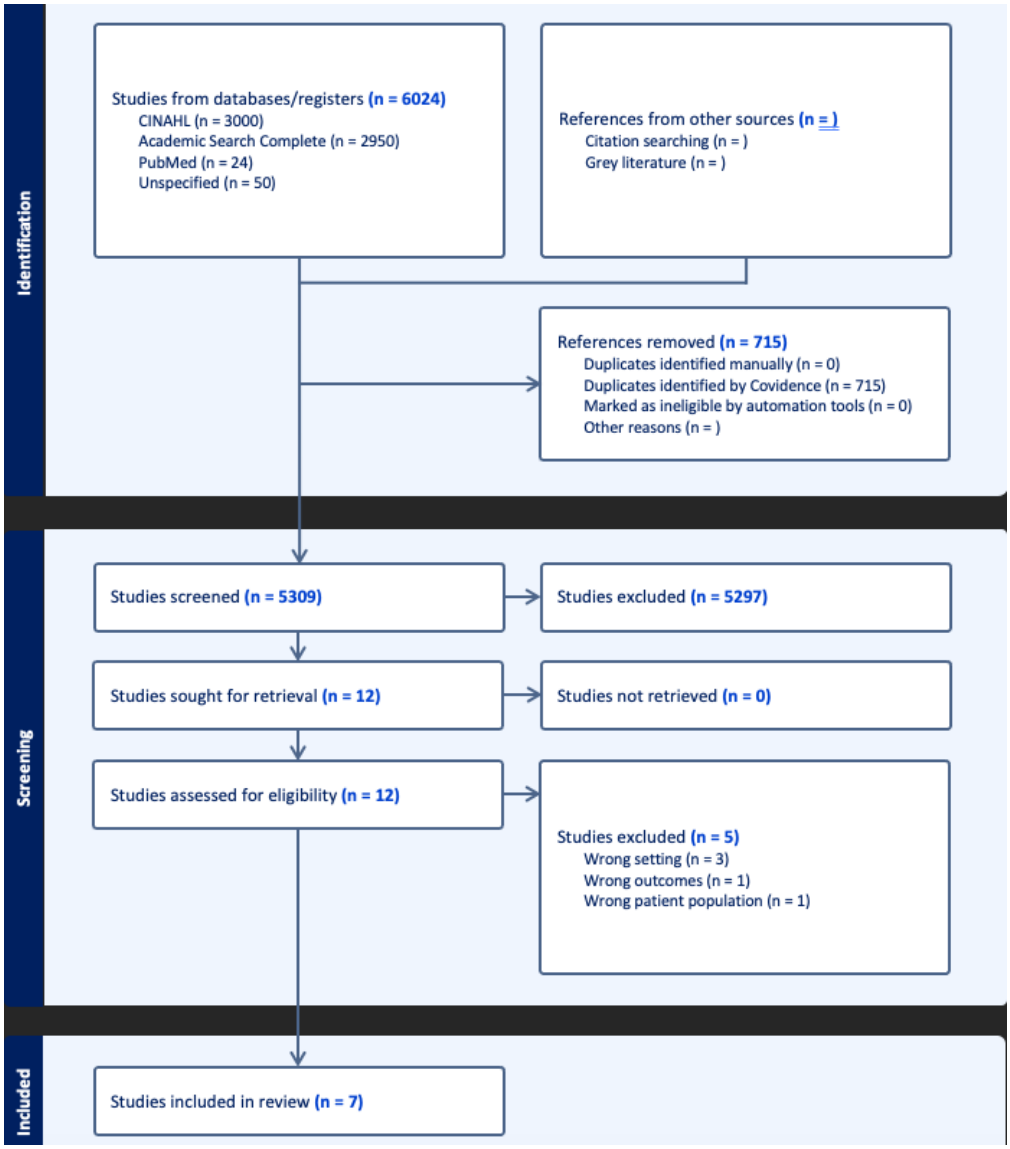

Figure 2 shows the identification, screening and extraction process for all articles in this study.

5 Ethical Considerations

The research topic and aim were submitted to the thesis supervisor for approval. The author actively took action to avoid plagiarism and research misconduct. Based on the inclusion and exclusion criteria, the author has included relevant articles demonstrating a wide area of assessments and opinions, to refrain from selecting articles that only match the author's view. Data extracted were presented in their original format. Covidence was used to foster transparency and prevent bias. The author has followed the responsible conduct of research based on the guidelines from Arcada University of Applied Sciences.

6 Results

Different themes regarding recommendations for policies, guidelines and/or strategies for onboarding IENs in the Nordic countries were identified and listed in Table 2:

Themes	Number of articles with the theme (out of 7)
Language training in an educational institute and during clinical training	6
Informing employees, mentors/preceptors, and staff on onboarding procedure for IENs	6
Tailored support on supplementary classroom/clinical training in the bridging program	5
Accessible and updated information about qualification pathway for IENs	4
Cooperation between educational institute and employing healthcare institute for onboarding program of IENs	3
Establishment of qualification pathway for IENs	1
Establishment of a bridging program	1
Onboarding program focusing on social and welfare benefits	1

The succeeding sections, listed in descending order, describes the themes identified in the relevant articles. A summary of the articles is listed in the Appendix section.

6.1 Language training

Six out of the seven articles described the common theme of language training in an educational institute and during clinical training, as an onboarding guideline or strategy.

According to the qualitative study of Högstedt et al. (2020), the authors have recommended that IENs attend language training classes pre-, intra-, and post-bridging program, as an onboarding guideline. The Swedish studies make the same recommendation, categorizing their recommendation as either an onboarding strategy or guideline (Eriksson et al. 2018; Eriksson et al. 2023; Högstedt et al. 2022; Högstedt et al. 2024). Isolation, exclusion and challenges with advancement in careers, are shown to be common themes surrounding IENs in Sweden, when language proficiency among the IENs is not at acceptable levels, for communicating with patients and healthcare staff (Eriksson et al. 2018; Eriksson et al. 2023; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024). The Swedish studies do not recommend a model for implementation but have supported the recommendation with suggestions from the participants interviewed for their studies.

The qualitative study of Lillekroken et al. (2024) interviewed IENs taking part in the bridging program, where classes are online and digital, instead of face-to-face. Lillekroken et al. (2024), explains that IENs undergoing the bridging program have already had previous employment in Norway, thereby already allowing an introduction to Norwegian language training. Furthermore, Lillekroken et al. (2024) makes the recommendation for a policy on addressing language problems through language training, similar to the recommendations in the study of Högstedt et al. (2020), when IENs apply to the Norwegian bridging program. Lillekroken et al. (2024) does not recommend a model for implementation.

6.2 Informing on onboarding procedure for IENs

Six out of the seven articles described the common theme of informing employees, mentors/preceptors, and staff on the onboarding procedure for IENs, as an onboarding guideline or strategy.

The qualitative study of Lillekroken et al. (2024) recommend that staff and preceptors be informed about the onboarding procedure for IENs, as an onboarding strategy to produce an all-encompassing learning milieu for the IEN who is considered a novice, through the understanding and recognizing of cultural differences. This is also recommended as either an onboarding guideline or strategy, in the Swedish studies (Eriksson et al. 2018; Eriksson et al. 2023; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024). The context for this recommendation, is mainly based on the IENs reporting discrimination/harsh criticism from colleagues, due to the lack of information in the clinical setting about the language proficiency, culture, experience and training of the IEN attending the bridging program (Eriksson et al. 2018; Eriksson et al. 2023; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024; Lillekroken et al. 2024). According to the qualitative study of Eriksson et al. (2018), managers in the organizations have the primary responsibility of ensuring that information be disseminated among the staff members, to proactively prevent discrimination and ensure the integration of the IEN in the clinical setting.

It is also recommended that an onboarding guideline or strategy, should be focused on the preceptors/mentors, specifically by training the preceptors/mentors in different pedagogical tools and supervision approaches when supervising IENs in clinical training, cultural diversity, and cultural and geographical differences in nursing focus and training (Eriksson et al. 2018; Eriksson et al. 2023; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024; Lillekroken et al. 2024). A further recommendation for effective onboarding of IENs is that the preceptor be given enough time to prepare for supervision and a lesser patient load (Eriksson et al. 2023), which needs to be addressed and planned by management since the preceptor's colleagues had a tendency to lack understanding of the situation, if preparation time and the lesser patient load was addressed by the preceptor alone (Eriksson et al. 2023; Lillekroken et al. 2024).

6.3 Tailored support in the bridging program

Five out of the seven articles described the common theme of tailored support on supplementary classroom/clinical training in the bridging program, as an onboarding guideline or strategy.

IENs depicted learning and encouragement in the advancement of competency during the bridging program (Högstedt et al. 2022), due to the tailored support on supplementary classroom/clinical training during a bridging program, which is another recommendation for an onboarding guideline or strategy (Eriksson et al. 2018; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024; Lillekroken et al. 2024). Tailored support is recommended due to IENs learning needs being multifactorial, e.g. their level of professional work experience, their cultural and familial background, proficiency in the Nordic language of their host country, as well as their adaptation to the host country's own culture, healthcare system and routines (Eriksson et al. 2018; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024). The study of Eriksson et al. (2018), further describes that the IENs thought it was better with more clinical training and lesser classes focusing on theory; no other studies included in the review mention this.

6.4 Information about qualification pathway for IENs

Four out of the seven articles described the common theme of accessible and updated information about the qualification pathway for IENs, as an onboarding policy.

The qualitative study of Lillekroken et al. (2024) recommends an onboarding policy, due to the following findings: firstly, the study participants experiencing the feeling of helplessness including an absence of dialogue with Norwegian authorities, during validation of their credentials; and secondly, some of the study participants had started on courses offered by the bridging program, only for the courses not to be recognized at a later point, due to a reorganization of the bridging program, which almost resulted in the participants almost giving up the opportunity to obtain a Norwegian nursing license.

The three Swedish studies commonly describe the Swedish registration process as long and confusing, and therefore recommends this to be made into policy. Furthermore, IENs sometimes did not receive information from the Swedish National Board of Health, about the requirements before applying for a Swedish nursing license (Eriksson et al. 2018; Högstedt et al. 2022; Högstedt et al. 2024).

6.5 Cooperation between educational institute and employing healthcare institute for onboarding program

Three out of the seven articles described the common theme of cooperation the educational institute and employing healthcare institute for the onboarding program for IENs, as an onboarding guideline or strategy.

The qualitative study of Eriksson et al. (2023) focuses mainly on the experiences of preceptors/mentors in the clinical area. The study participants talked about the inadequate information they had about the IENs, e.g. IEN's nursing knowledge, professional experience and language proficiency. This kind of information could assist the preceptor in their preparation for supervising IENs in the clinical area, and able to estimate the time needed for supervision. Furthermore, preceptors mentioned the lack of information on the bridging program's curriculum, as well as what is expected of the IEN and preceptor during the clinical training part of the bridging program. This is further mentioned in the qualitative studies of Lillekroken et al. (2024) and Högstedt et al. (2022).

6.6 Establishment of qualification pathway, a bridging program, and onboarding program

The last three themes are only mentioned in the qualitative study of Cubelo (2024), as recommendations for onboarding policies.

The qualitative study of Cubelo (2024) focuses on the qualification pathway for IENs in Greenland. Denmark's laws and regulations pertaining to the validation process of IENs is applicable to Greenland due to the country being a part of the kingdom of Denmark. Cubelo (2024) makes the following recommendations for policies: firstly, the establishment of a qualification pathway for IENs, by creating a group of experts (e.g. IENs) who have experience living in Greenland and comprehend the Greenlandic healthcare system, and who can streamline the regulatory practices to foster efficient assimilation into the Greenlandic healthcare system; secondly, the establishing of a bridging program, to ensure the transition of IENs into RNs in Greenland; and finally the establishing of an onboarding program focusing on social and welfare benefits, to further attract IENs to Greenland and ensure current IENs needs for settlement in the Greenlandic community. Furthermore, Cubelo (2024) recommends that Greenland collaborate with Finland and Sweden, regarding the best practices for IEN qualification pathways, and eventually modify them to the Greenlandic healthcare system.

7 Discussion

A highlight of this review is that there is no "golden set" of effective onboarding policies, guidelines and/or strategies for IENs in the Nordic countries, but several similar onboarding themes have been identified from the review of the articles' findings and recommendations for onboarding policies, guidelines and/or strategies of IENs. The review recommendations are based both on the national validation process and qualification pathway, as well as the experiences by the individual article's study participants. The articles' main themes for onboarding revolve around:

-language training, the importance of bridging programs hereunder the content of the programs (tailored- support theoretical classes and clinical training).

-a focus on preparing preceptors to supervise IENs (cooperation between the educational institute and healthcare facility regarding the background of the IEN, offering pedagogy courses for supervising IENs, as well as, gaining the understanding from managers of the healthcare facility and staff for the need for ample time for supervision).

-accessible and updated information on the qualification pathway for IENs, and information dissemination and preparing employees in the healthcare institute regarding the upcoming IENs entering clinical training to minimize discrimination.

The next part of the discussion is focused on the theoretical concept of organizational socialization (Bauer et al., 2011) and its relationship to the onboarding themes that have been identified.

Language training

Organizational efforts and building both personal and professional relationships reflect the need for different modes of communication (Bauer et al., 2011), thereby necessitating the need for language training, before, during and after the bridging program. Language training is not limited to educational institutes but encompasses the learning opportunities during clinical training which should be a priority of the employer/management, as part of the organizational effort for onboarding.

Language difficulties, in both educational institutes and healthcare facilities, can lead IENs to feelings of isolation, exclusion, and can negatively affect their adjustment to the workplace, specifically focusing on their level of self-efficacy and perception of their own level of

competence (Eriksson et al. 2018; Eriksson et al. 2023; Högstedt et al. 2020; Högstedt et al. 2022; Högstedt et al. 2024; Lillekroken et al., 2024). This is further supported by the studies of Pung et al. (2017) and Skjeggestad et al. (2017), who describe that language barriers have led the IENs to feelings of depreciation and low self – esteem, as well as the lack of interactions among colleagues and patients. The study of Germack et al. (2017) found that one of the contributing factors for a hospital with low patient satisfaction was a higher percentage of employed IENs, wherein language was perceived as a barrier.

The communicative ability of IENs therefore greatly influences how they understand their professional role in the national/local healthcare system (role clarity), how confident they are when they do their clinical training (self-efficacy), how they are accepted by colleagues, and comprehending the culture of the organization (acceptance by organizational insiders and knowledge of organizational insiders). As a part of the bridging programs, IENs describe theoretical classes to be difficult, due to the literature to be read and assignments to be accomplished. Lillekroken et al. (2024) explains that Philippine IENs in Norway, had studied the language in their home country, but were surprised that what was studies was quite different from what was expected in communication skills in Norwegian healthcare facilities.

Bridging program and its' contents

Bridging programs expediate the acknowledgement and integration of IEN qualifications (Cubelo, 2024)., therefore classifying it under organizational effort, from the socialization model.

The studies included in the review all describe the importance of the bridging programs, as well as, that IENs have seen it as big and great resource from obtaining a local nursing license in the Nordic countries. This is supported by the study of Lillekroken et al. (2024) who reports that the bridging program provide IENs with the necessary proficiencies, to effectually traverse the complexities of the Norwegian healthcare system. Furthermore, the study of Högstedt et al. (2021), report that the IENs have found the contents of the Swedish bridging program both rewarding and beneficial for their future careers in the Swedish nursing profession. Furthermore, the study of Högstedt et al. (2024) reports that IENs who have undergone the Swedish bridging program describe themselves as having a high level of self – efficacy and nursing competence.

IENs come from different backgrounds and most probably differ in their learning needs. Furthermore, IENs have reported the complexities with the differences in healthcare system, local culture, the greater focus on documentation, teamwork, reflection and person-centered care, which was not a focus in their home country, and can be addressed with a bridging program. The study of Eriksson et al. (2018) describes that former professional knowledge needs to be incorporated with knowledge about the host country's healthcare system and routines and all their underlying elements. Therefore, individually tailoring the bridging program to their needs is recommended (Chun Tie et al. 2018; Eriksson et al. 2018), as a method for the organization to ensure that IENs are made aware of what is expected of them through socialization tactics, e.g. through formal orientations and reflection under supervision, as well as, providing the IENs with future job prospects in their designated clinical training area which is, based on the socialization model, categorized as recruitment and realistic previews.

For efficient adjustment and integration in the workplace, the elements in a bridging program should include topics about local culture and the healthcare system, opportunities to deliberate and reflect on the variances and resemblances between practices and the healthcare system with colleagues and mentors, as well as recommending learning opportunities (Snelgrove et al., 2015), as well as language training.

Preceptorship and mentoring

Preceptorship and mentorship are not synonymous. The American Nurses Association of Massachusetts defines preceptorship as (cit.) "short – termed and is commonly associated with orienting the new nurse employee to his/her role and work environment, guiding the new nurse in adapting patient care and the nursing profession, and to supervise and evaluate the new nurse's progress". Furthermore, the American Nurses Association of Massachusetts define mentoring as (cit.) "long – termed and involves the building of a relationship between a novice and experienced nurse, and promotes support during transition periods, teaching/learning, increased coping skills, and a safe environment for sharing and discovery".

Mentoring primarily occurs after the bridging program. When an IEN lands their first professional employment, they are assigned a mentor to onboard them as professionals and not as students, as opposed to the bridging program when they are under supervision where they can therefore be considered as students. Therefore, the focus of this part of the discussion will be on preceptorship.

Preceptorship occurs during the clinical training part of a bridging program, and good preceptorship can influence a new nurse's confidence and competence (Irwin et al., 2018). The main goal of preceptorship of IENs is also based on the definition mentioned earlier, making it an important onboarding strategy and guideline. Preceptors are the first working relationships, that IENs establish during their clinical training, which allows the IENs to experience less nervousness when supervision starts. This is supported by the study of Mikkonen et al., (2016), which states that preceptors can diminish the feelings of social isolation by creating a welcoming environment. Based on the socialization model, relationship building for IENs is a significant element for optimal adjustment and effective socialization outcomes, hereunder integration and adjustment.

Numerous studies describe the role of preceptors as assisting and supervising IENs in their adaptation to the healthcare system in a practical setting, continuous language development, the focus of the host country's nursing competence, and the ability to utilize reflection in nursing practice. Therefore, a collaboration between the educational institute and the clinical training area is vital to prepare preceptors, in terms of aiding the preceptor in tailoring their supervision program and methods. Due to this large responsibility and which can also be considered as an onboarding strategy is by preparing the preceptors for their role. Preceptors need different pedagogical tools to tailor their supervision, according to the IENs needs which can greatly vary. Networking between preceptors can also be beneficial for both knowledge-sharing of both positive and negative experiences, which can be used to further strengthen the supervisions, but also aid in improving the bridging program at a higher organizational level, thereby, ensuring positive socialization outcomes.

Accessible and updated information on the qualification pathway for IENs

The qualification pathway for IENs needs to be updated and easily accessible by the host country for potential applicants. Lillekroken et al. (2024) adds that further information on financial support during the validation process and bridging program, should also be made accessible and updated. This is further supported by the study of Cubelo (2024) and Alsadaan et al. (2021), which describes that an onboarding program should include social and welfare benefits, to make employment attractive for IENs. Outlining the type of information the IENs need for validation of their credentials and the ease of navigating the source of that type of

information, is part of the socialization tactic of an organization which is, in this case, the host country.

Information dissemination within the healthcare institute

Similar to the process of welcoming a new local employee in a healthcare institute, management and preceptors should also prepare the rest of the employees to welcome the IEN. Feeling welcomed by a healthcare institute and employees can be considered as a foundation for the building of both social and professional relationships, which is also integral for the IEN to be able to adjust to the new workplace in the host country and reach optimal socialization outcomes such as integration into the national/local healthcare system. This is supported by the UK study of Davda et al. (2018), which shows that cultural understanding, language proficiency and both formal and informal networks were significant to integration experiences.

Another highlight of the review is that there is no data available from Denmark and Iceland, from the time of the review. The Icelandic Nurses Association (*Licence | Félag Íslenskra Hjúkrunarfræðinga*, n.d.) and the Danish Patient Safety Authority (*Non-EU Countries*, n.d.) only describe the validation process for IENs from non-EU countries. There is no information available on a past or current bridging program in Iceland, although Denmark has between the years 2005 – 2009 offered a bridging program for IENs residing in the country.

With regards to the former bridging program in Denmark, it was mentioned in 2021 that the reestablishment of the bridging program for non-EU IENs, could be a short- and long-term strategy, to ensure that Denmark could cope with the nurse shortage (*Venstre Vil Oprette Uddannelse for Sygeplejersker Fra Lande Udenfor EU*, 2021).The bridging program was established in 2005, in cooperation with Metropol Sygeplejerske Uddannelse, the Danish Patient and Safety Authority, and Health Ministry, to help non-EU IENs qualify for a Danish nursing license. This was unfortunately abolished after 3 years, due to the lack of funding from the national government. The Program required 3 months of theoretical classes focusing on the organization and structure of the Danish healthcare sector and multidisciplinary collaboration, nursing as a profession in Denmark, and collaboration with patients and staff. This was also supplemented by Danish language classes twice a week. After 3 months of schooling, the applicants were granted a 7-month clinical training period coordinated by the educational institute and hospitals. After the employment period, hospital departments frequently offered permanent employment to the non-EU IENs.

7.1 Application of results

Many of the themes discussed should be discussed, planned and implemented at different levels.

At the policymaker level, the policymakers, such as national and local governments, health authorities and councils, can utilize the recommendations for policies and strategies for implementation of a qualification pathway. Furthermore, the Nordic countries can benefit from collaborating with each other, with regards to cooperative planning and implementation of policies and strategies for onboarding IENs. Policymakers are responsible for making the host country an attractive area for IENs to migrate to and be part of the qualification pathway to obtain a local professional nursing license. Creating a qualification pathway for IENs, where this is lacking is also an onboarding measure that falls to the policymakers.

At the interorganizational level, different organizations such as nursing unions, educational institutes and healthcare institutes can benefit from a collaborative union for planning and implementation of the onboarding policies and strategies for IENs which are formulated by the policymakers. This form of collaboration is beneficial to ensure that guidelines and strategies are implemented in the same way, to both measure the effectivity of the proposed/suggested onboarding measures, but also make further recommendations to policymakers for improvements for onboarding.

At the organizational level, individual organizations such as the employing healthcare institute can benefit from creating guidelines and strategies in the form of structured onboarding programs for IENs, based on the recommendations from the intraorganizational level.

This review implies the need for further research into whether there is brain – drain in non – EU countries when IENs migrate for work opportunities in the Nordic countries, and whether there is a need for bilateral agreements to ensure that the effects of brain – drain are minimized in non – EU countries, should brain – drain occur.

7.2 Strengths and Limitations of the Study

7.2.1 Strengths

The study had several strengths, mainly focusing on a time – appropriate and relevant topic utilizing an exploratory and thematic approach. The studies used are limited to a specific locality, which was deemed appropriate for the research subject and its' purpose. The studies utilized references for onboarding from an international level, which further strengthens the choice of studies included in the review.

The author is an IEN, therefore the emphasis of transparency throughout the study's process, was guiding tool, to ensure that the author's own biases did not influence this study. Another important strength identified, is that the study is both replicable and accessible.

7.2.2 Limitations

The number of studies obtained from the databases was limited but is considered sufficient due to the nature of the scoping review. The studies selected did not describe actual guidelines, strategies or policies that were effective for onboarding IENs, but only recommendations. A different set of BOOLEAN terms may be able to yield studies with onboarding measures that are effective in the Nordic countries, as well as including studies that are non-English.

8 Conclusion

Optimal organizational socialization is a commonality when new employees start in a workplace, which can be also relevant for IENs undergoing a qualification pathway to attain the title of registered nurse (RN) in the Nordic countries. Different elements can lead to employee adjustment and socialization outcomes, such as relationship building and networking, organizational efforts hereunder socialization tactics, formal orientations, recruitment/realistic previews, and mentoring/preceptorship.

The scoping review revealed common themes that were recommended as either an onboarding guideline, strategy or policy for IENs in the Nordic countries, hereunder: 1.) language training, 2.) informing employees in the healthcare institute on the onboarding procedure for IENs, 3.) tailored support on supplementary classroom/clinical training during the bridging program, 4.) accessible and updated information about qualification pathway for IENs, and 5.) cooperation

between educational institutes and employing healthcare institutes on the onboarding program for IENs. Applying the socialization model when formulating onboarding measures for IENs in the Nordic countries, at the policymaker, interorganizational and organizational levels, can further ensure integration and favourable onboarding outcomes.

The importance of onboarding or organizational socialization is applicable to all new employees, including IENs. A greater focus on onboarding measures, utilizing the themes mentioned in the review, is an important supplement in solving the nursing shortage in the Nordic countries, and aid in the maintaining of the concept of the welfare state.

9 Conflicts of interest

The author declares no conflict of interest.

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Appendix

Summary of Results

Title/Author/Yr./Study Design/ Nordic country	Aim of study	Recommendations for Policies (P), Guidelines (G), and/or Strategies (S)	Themes
Policy Reform on the Qualification Pathway of Internationally Educated Nurses in Greenland and Its Relationship With the Danish System: A Qualitative Discourse Analysis, DOI: 10.1177/15271544241245975 Floro Cubelo, RN, MPH (2024) Qualitative Discourse Analysis Greenland, whose healthcare system is governed by the rules of the Kingdom of Denmark	"This article aims to discuss the existing policies and propose recommendations for a policy reform that ensures an inde-pendent and clear registration process and credentialing pathway for IENs in Greenland."	(P) -"Advocating for a specialized group of diverse experts within the nursing field, particularly those IENs with extensive experience living in Greenland and a thorough understanding of the Greenlandic healthcare system under the National Board of Health, is proposed to ensure a diverse and inclusive perspective on the IEN qualification pathway. This approach will optimize regulatory processes for the unique challenges posed by the smaller and diverse cohort of IENs, fostering effective integration into the local healthcare system. Greenland can engage in the sharing of best practices by collaborating with Finland and Sweden to understand their policies and regulations to recognize IEN qualifications. This exchange of ideas can help identify effective strategies and adapt them to suit Greenland's healthcare system. It is also crucial to identify the existing competency assessment frameworks utilized in Finland and Sweden providing valuable guidance for policymakers and educators. Understanding the methodologies, criteria, and standards used to evaluate IEN competencies can help develop a comprehensive and fair	-Establishment of qualification pathway for IENs. -Establishment of a bridging program for IENs. -Onboarding program focusing on social and welfare benefits.

		assessment process for the future development of Greenland's group of diverse nursing specialists under the National Board of Health". -"The introduction of the bridging education program and a qualification assessment system would recognize Greenland's independence and ensure a pathway model for IENs to become RNs". -"It is imperative to institute an onboarding program within the social and healthcare system, addressing various challenges such as housing, kindergarten, schools meeting expectations, and employment opportunities for spouses, among other considerations".	
Internationally educated nurses' and medical graduates' experiences of getting a license and practicing in Sweden – a qualitative interview study, DOI: https://doi.org/10.1186/s12909-018-1399-4 Elisabet Eriksson, Sören Berg, Maria Engström, (2018) Qualitative Research Sweden	"The aim of the present study was to describe IENs' and IMGs' experiences of getting a license to practice and work in the Swedish health and social care system. A further aim was to evaluate their ability to use their intercultural competence at work, and whether intercultural competence	(S) -"Strategies intended to promote successful integration of IENs and IMGs should, therefore, focus specifically on people coming from outside the EU. Further, information about the application process, the required supplementary training and the support available during this process should be made more accessible". -"Supplementary training for non-EU IENs and IMGs should more clearly include topics about culture and how the host country's healthcare system works. There should also be more opportunities to discuss and reflect on differences and similarities between	-Accessible and updated information about qualification pathway for IENs. -Tailored-support on supplementary classroom/clinical training in the bridging program. -Language training in an educational institute and

	could be an asset in an increasingly multicultural society".	routines and the healthcare systems with colleagues/mentors". -"Language courses specifically aimed at healthcare staff need to be more accessible. Employers need to facilitate learning opportunities for IENs and IMGs to develop their language skills, in this way helping them acclimatise more efficiently". (G) -"Managers and organizations employing internationally educated healthcare professionals must be aware that discrimination can occur and work proactively to prevent it".	during clinical training. -Informing employees, mentors/preceptors, and staff on onboarding procedure for IENs.
Preceptors' experiences of supervising internationally educated nurses attending a bridging program: An interview study, DOI: https://doi.org/10.1016/j.nedt.2023.105975 Elisabet Eriksson, Maria Engström, Denice Högstedt, Inger Jansson, (2023) Qualitative research Sweden	"The aim of this study was to describe preceptors' experiences of supervising internationally educated nurses undergoing clinical practice education during a bridging program".	(G) -"Preceptors need specific preparation before supervising internationally educated nurses as well as that internationally educated nurses need more specific preparation before entering clinical practice". -"To plan for supervision, the preceptor also needs specific information about the student's knowledge and earlier nursing experiences, Swedish language skills and experience of the Swedish care context. To meet these needs, a formalized document for self-introduction can be developed and introduced for both supervisors and students and then followed up by the universities, ensuring that information reaches the preceptor before clinical practice begins".	-Informing employees, mentors/preceptors, and staff on onboarding procedure for IENs. -Language training in an educational institute and in clinical training. -Cooperation between educational institute and employing healthcare institute for onboarding

		-“It is important that preceptors gain understanding from co-workers and managers that supervision may require extra time for explaining things and helping the student develop good relationships with other professionals (assistant nurses and physicians), but also with patients and their relatives. The specific areas the supervision must focus on included how nursing care is performed in a Swedish context”. -Preceptors need knowledge about how they can use different pedagogical methods to encourage internationally educated nurses and nursing students to feel safe in the learning process”. -“Although bridging programs for internationally educated nurses help with language improvement, the preceptors' descriptions of the situation suggest that more language support may be needed”. -“The present study shows that teamwork and person-centered care are areas that can be a challenge for students in encounters with the staff, patients and relatives, and here guidance from the preceptor is impor-tant. These areas need to be pointed out during preparation of preceptors, and more focus needs to be placed on preparing students prior to clinical practice for how work in these areas is performed in the Swedish context”.	program of IENs.
Attending a bridging program to obtain a Swedish nursing license: An interview study	“The present study aimed to examine IENs’	(G)	-Informing employees, mentors/precept

with internationally educated nurses, DOI: https://doi.org/10.1016/j.nedt.2021.104744 Denice Högstedt, Maria Enström, Inger Jansson, Elisabet Eriksson, (2020) Qualitative research Sweden	experience of attending a one-year bridging program to obtain a Swedish nursing license".	-"IENs may benefit from more language practice, both before and after the bridging program". -"To facilitate the IENs' transition, the individuals who work directly with IENs should also be provided the support, knowledge and skills they need". -"Tailored support programs created to meet the needs of individual IENs have been emphasized".	ors, and staff on onboarding procedure for IENs. -Language training in an educational institute and in clinical training. -Tailored-support on supplementary classroom/clinical training in the bridging program.
Self-rated professional competence and well-being at work after obtaining a Swedish nursing license: A longitudinal mixed-methods study of internationally and domestically educated nurses, DOI: https://doi.org/10.1016/j.ijnurstu.2024.104812 Denice Högstedt, Maria Enström, Inger Jansson, Elisabet Eriksson, (2024) Longitudinal descriptive and correlational design Sweden	"By using a longitudinal study, the aim was (1) to examine determinants of self-rated competence and well-being (thriving and stress) among internationally and domestically educated nurses. In addition, by using a mixed-methods design, the aim was also (2) to examine internationally educated nurses'	(G) -"Given that the new context and language have been shown to be challenging for internationally educated nurses, more attention may need to be paid to these factors, both in the bridging program and in the validation process".	-Accessible and updated information about qualification pathway for IENs. -Informing employees, mentors/preceptors, and staff on onboarding procedure for IENs. -Language training in an educational institute and in clinical training.

	perceived competence and well-being during the first year working as nurses in a new country, and (3) to examine whether and how interview descriptions concur with factors found to be related to self-rated competence and well-being in the survey".		-Tailored-support on supplementary classroom/clinical training in the bridging program.
Hope, passion and perseverance: experiences of internationally educated nurses pursuing nursing authorisation in Norway–a qualitative study, DOI: https://doi.org/10.1186/s12912-024-02297-x Daniela Lillekroken, Line Nortvedt, (2024) Qualitative research Norway	"The aim of the present study is to gain knowledge about the experiences of students in DIGISKOMP-D, related to being a nurse educated outside the EU/EEA and a student with a Norwegian as a second language (N2) and migrant/refugee background".	(S) Educational institutions "It is crucial to incorporate IENs' prior clinical experience and knowledge when designing a bridging program curriculum. Moreover, the institutions should incorporate social inclusion initiatives into their core activities, addressing both pre-and post-admission phases to the bridging programme". Nurse educators and preceptors "It is essential that nurse educators and preceptors create an inclusive learning environment by understanding and respecting cultural differences. This may be achieved through targeted courses and resources for those involved in training and supervising IENs during clinical placements". Policymakers and authorities	-Accessible and updated information about qualification pathway for IENs. -Tailored-support on supplementary classroom/clinical training in the bridging program. -Language training in an educational institute and in clinical training.

		"It is vital to develop policies that address language programs, provide clear information about the application process and bridging program requirements, and offer financial support tailored to the needs of IENs. Simplifying and clarifying regulations related to employment and practice for IENs can reduce bureaucratic hurdles and facilitate smoother transitions into the workforce".	-Informing employees, mentors/preceptors, and staff on onboarding procedure for IENs. -Cooperation between educational institute and employing healthcare institute for onboarding program of IENs.
Three paths to a Swedish nursing license: Two for internationally educated nurses and one for regular nursing students – A cross-sectional study of self-rated professional competence, self-efficacy, and thriving, DOI: https://doi.org/10.1016/j.nedt.2022.105595 Denice Högstedt, Maria Enström, Inger Jansson, Elisabet Eriksson, (2022) Cross-sectional comparative design Sweden	"The present study aimed to compare how two groups of IENs – those from bridging programs and those who choose validation – and one group of regular nursing students estimate their professional competence when they are about to start working as RNs".	(G) "Bridging programs, used to integrate IENs into the Swedish healthcare system and help IENs attain their Swedish nursing license, should keep their focus on": -"person-centered care and teamwork, as this was something they had to adapt to in the new country". -"development, leadership and organization of nursing care". -"documentation and administration of nursing care". "It is further imperative that language proficiency classes and examinations are done, before attending a bridging program or going through the process of validation".	-Accessible and updated information about qualification pathway for IENs. -Tailored-support on supplementary classroom/clinical training in the bridging program. -Language training in an educational institute and in clinical training.

			-Informing employees, mentors/preceptors, and staff on onboarding procedure for IENs. -Cooperation between educational institute and employing healthcare institute for onboarding program of IENs.