Integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments: An umbrella review

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ABSTRACT

Aims: The aim of this umbrella review was to establish recent evidence on integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments.

Design: Umbrella review conducted according to Joanna Briggs institute guidelines.

Data sources: Data were collected from CINAHL, PubMed, Medc, ProQuest and Scopus electronic databases in 2021.

Review methods: Two researchers simultaneously screened studies’ eligibility by title, abstract and full text. Quality appraisal for the selected studies was assessed according to Joanna Briggs institute critical appraisal. Data were synthesized by conducting content analysis.

Results: Twenty-seven reviews were included in the final synthesis. Strategies and models for supporting the transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments were structured as intra-organizational, sociocultural, and professional development. Intra-organizational strategies and models were unique to a particular organization and included policies and support, diversity, collegial and peer support, employee treatment and workplace environment. Sociocultural strategies and models addressed social, cultural and group dynamics using cultural training, learning and support, social support and friendships, language and communication, and personal skills development. Professional development enhanced nursing competence, ability to practice and workplace professional development. This was supported through licensure and orientation to work, career and competence development, and workplace mentorship and preceptorship.

Conclusion: There is a need to understand culturally and linguistically diverse nurses’ needs and motivation to integrate, which is essential toward developing efficient integration strategies and models. Strategies and models also need to support cultural and personal competence development of native nurses to aid efficient integration of culturally and linguistically diverse colleagues. Future studies can evaluate nursing workforce shortages and their implications on integration process.

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What is already known

• Culturally and linguistically diverse nurses, have been found to experience challenges while integrating to the workforce.

• There is no previous umbrella review of integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments.

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What this paper adds

- This research identifies the need for healthcare organizations’ provision of sufficient resources for the efficient integration of culturally and linguistically diverse nurses.
- The study recommends the promotion of diversity, development and support for a multicultural workforce and healthcare system.
- The review highlights the need to improve culturally and linguistically diverse nurse competences, work satisfaction, wellbeing, quality of life and retention rates.

1. Introduction

The global nursing workforce deficit in 2020 was estimated as 5.9 million, and statistics show that one out of six nurses is projected to retire by the year 2030 (World Health Organization, 2020). This high retirement rate will exacerbate nurse workforce shortages (Drennan and Ross, 2019). A myriad of factors have been related to global nurse shortages, e.g., failure to attract males into the profession, lower renumeration of nurses compared to national average wages, mass nurse retirements, aging populations and increased demand for care (Drennan and Ross, 2019; World Health Organization, 2020).

Various measures have been adopted to increase the number of nurses within national healthcare systems, such as attracting more males to nursing, increments in the number of local and international nursing students, restructuring of nursing education and intensified recruitment of overseas, internationally educated nurses (Buttigieg et al., 2018; Nortvedt et al., 2020).

The global nursing workforce deficit has increased movement of nurses across international borders (Sherwood and Shaffer, 2014). The transnational movement of nurses is not a new phenomenon and has helped to relieve nursing workforce deficits in many nations (Sherwood and Shaffer, 2014; Gea-Caballero et al., 2019). Migration motivating factors for nurses include economic factors, career development, higher employability, family and friends, and favorable social conditions (Nagórska et al., 2017; Gea-Caballero et al., 2019; Nortvedt et al., 2020).

Despite the positive effects migrant nurses bring to the host nation’s healthcare system, they face many sociocultural and professional related challenges (Gea-Caballero et al., 2019). These challenges include linguistic, communication, professional differences, unfair treatment and discrimination, that have been found to be rooted in the diversity of culture, beliefs and values within a multicultural workforce (Xu, 2008; Choi et al., 2019).

The objective of this umbrella review was to identify the current knowledge gap on existent strategies and models used to integrate culturally and linguistically diverse nurses, in healthcare organizations and facilitate their transition and adaptation. The aim was to examine the most recent evidence on integration strategies and models to support the transition and adaptation of these nursing staff into healthcare environments.

1.1. Background

Nurses with a migrant background have been defined as culturally and linguistically diverse, owing to their different country of birth and language (Pham et al., 2021). Existing research has shown that migrant nurses face many challenges within healthcare settings, e.g., racial and ethnic problems, bullying, discrimination, limited career mobility, and cultural and linguistic hurdles (Likupe, 2015). These challenges have been shown to affect their effective integration in healthcare organizations, delivery of care and wellbeing (Ramji et al., 2019). For instance, Covell et al. (2018) found that in some instances, culturally and linguistically diverse nurses faced diminished employment opportunities due to linguistic and professional obstacles, and failure to acquire licensure. Previous research has also established that when culturally and linguistically diverse nurses’ linguistic competence was not at the expected level, they were either employed as lower cadre nurses or worked in non-nursing jobs (Nortvedt et al., 2020).

Limited understanding of migrant nurses regarding the healthcare system, organization and planning of care in the country of practice has been found to affect their delivery of quality and safe care (Sherwood and Shaffer, 2014). Negative experiences with patients and colleagues, and social challenges have been shown to have an adverse effect on their work wellbeing (Nortvedt et al., 2020). Culturally and linguistically diverse nurses’ fear of otherness in the host country and inability to integrate has been shown to impact on their work satisfaction and retention (Gea-Caballero et al., 2019). Owing to the diversity of migrant nurses and their differing experiences in host countries, there is a need for both universal and individualized interventions that enable an efficient organizational integration process (Likupe, 2015).

Adaptation has been defined as the process by which a newcomer becomes acquainted with an organization, its goals, expectations, culture, and structure. It also includes learning roles, work expectations and familiarization with colleagues (Gajda, 2019). It has been established that culturally and linguistically diverse nurses adaptation has two aspects: a short-term transition period, within which basic skills required in employment are gained, and a long-term integration period, within which the nurses acquire linguistic, cultural, and professional competences, and are able to gain independence within their work roles and environment (Xu, 2008). Integration is a two-dimensional process undertaken by both culturally and linguistically diverse nurses and the organization and entails respect for diversity, divergence, inclusivity, and equity, and requires interaction between culturally and linguistically diverse and host nurses for practice adaptation (Ramji et al., 2019; Xiao et al., 2014). Through the process of integration nurses develop a sense of belonging, become part of the workforce and organization, and can effectively practice nursing. This process is dependent on the organization and culturally and linguistically diverse nurse (Covell and Rolle Sands, 2021).

The process of integration of migrant nurses has been found to be time and resource demanding and influences their physical and mental wellbeing (Nortvedt et al., 2020). Integration involves culturally and linguistically diverse nurses, local colleagues, their managers, and the entire organization, and requires support toward organizational, cultural, and social integration (Gea-Caballero et al., 2019; Buttigieg et al., 2018; Sherwood and Shaffer, 2014). The concepts of adaptation and integration are similar to, organizational socialization, which has been defined as the entire process and actions undertaken by an organization and individual to enable a smooth adaptation to the organization (Van Maanen and Schein, 1977).

Organizational socialization theory is based on the assumption that socialization happens collectively for a group and individually toward meeting a newcomer’s particular needs and orientation to complex tasks. Formal and informal approaches are applied, where organizations tailor activities and spontaneous socially driven processes. In instances where a newcomer is expected to attain certain professional aspects, a more structured socialization process is adopted because a lack of structure may make the process random and unclear. Newcomers are also subjected to a timed process with a stipulated period where particular events occur, such as promotion to new roles. The timed socialization process allows the newcomer to have clear expectations and acknowledging when certain events may occur (Van Maanen and Schein, 1977).

Within the organization, members who are more experienced are involved in the process of socializing newcomers and act as role models. On the contrary, socialization can also happen without the involvement of experienced members. In these instances, the newcomer may experience challenges and a lack of role modeling. During the socialization process, newcomers may face a situation where the organization aims to enhance the existing skills; hence, they may not be expected to shed off the skills and experiences they already have. On the contrary,
in instances where the organization may desire that a newcomer creates a new professional image of themselves, a change in the individual thinking and self-image is expected (Van Maanen and Schein, 1977).

The concepts of organizational socialization, adaptation and integration of culturally and linguistically diverse nurses are used interchangeably in our review.

2. The review

2.1. Aims

The aim of this umbrella review was to establish recent evidence on integration strategies and models to support the transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments.

The main research question guiding this umbrella review was as follows: what kind of integrational strategies and models have been developed to support the transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments?

2.2. Design

An umbrella review was conducted to establish evidence from a wide range of existing systematic reviews (Aromataris et al., 2015) related to integration strategies and models that support transition and adaptation of culturally and linguistically diverse nurses into healthcare organizations. Guidelines published by the Joanna Briggs institute guided this review (Aromataris and Munn, 2020). Reporting of the umbrella review was performed against preferred reporting items for systematic reviews and meta-analyses (Page et al., 2020).

2.3. Search methods

Electronic databases CINAHL, PubMed, Medic, ProQuest and Scopus were searched in March 2021. P - participants, C - concept, C - context was used in formulating the research question (Aromataris et al., 2015). Inclusion and exclusion criteria were formulated to limit the scope of the research question within participants, concept and context. Studies that met the following criteria were included: 1) P = participants as nurses, nurse managers and nurse teachers; C = concept as integrational strategies and models of culturally and linguistically diverse nurses into healthcare organizations; C = context as healthcare organizations, including primary, secondary and community care. Published systematic or integrative reviews and peer-reviewed articles published in English or Finnish from the year 2000 onwards were included. A library information specialist was consulted to enhance the search strategy for each database. The search was aligned according to the inclusion criteria and combined with Boolean operators AND, OR and NOT (see Supplementary file 1).

2.4. Search outcomes

A total of 13,752 publications were retrieved from the database searches (see Fig. 1). In total, six researchers were involved in the screening process. Initially, n = 5301 duplicate studies were eliminated, leaving a total of 8451 studies to be screened. The next phase entailed screening based on titles and abstracts, during which 7694 studies were eliminated. Next, full text screening of n = 757 studies was conducted, where 507 papers that did not meet the initial inclusion criteria were eliminated. From the screened (n = 250) studies, studies that were neither systematic nor integrative reviews were eliminated. During the entire screening process, research articles were eliminated if they were not peer reviewed or full text, or had wrong outcomes, time limit, language, population, and setting. Each study underwent a double screening process and conflicts were resolved by a third reviewer. A total of (n = 27) articles met the inclusion criteria and were subjected to quality appraisal.

2.5. Quality appraisal

Quality appraisal for the chosen articles was performed by two researchers separately and later agreed together using the Joanna Briggs institute critical appraisal tool for systematic reviews and research syntheses (Aromataris et al., 2015). This appraisal tool examines a research article for trustworthiness, quality and findings using eleven distinct aspects. The eleven aspects were analyzed using “yes”, “no”, “unclear” and “not applicable” criteria. One point was awarded to each criterion that was rated “yes”. Initially, both reviewers separately analyzed and scored all the 27 studies. Disagreements were discussed and agreed together. Studies were included in the review if they met at least six out of the eleven requirements. All the articles chosen for the review were found to be of good quality the highest scored the maximum of eleven points and the lowest seven points (see Supplementary file 2).

2.6. Data extraction

Data that were relevant to the review question were extracted, hence minimizing the risk of bias (Aromataris and Munn, 2020). Data extracted included authors, year, country, study title, study type, description of participants, concept, context, methodology and key findings related to integration interventions and models (Table 1).

2.7. Synthesis

Inductive content analysis was used to synthesize data in the umbrella review. A three-step process of data reduction, grouping and formation of concepts related to the research question was adopted (Kyngäs et al., 2019). As a result of the analysis, 165 codes, 111 subcategories, 10 categories and 3 main categories were defined that answered the research question. The analysis process is presented in Fig. 2.

3. Results

The 27 reviews included in this umbrella review were published between 2006 and 2018 in Australia (7 reviews), Japan (1), USA (5), Canada (4), China (1), Finland (1), Germany (2), Hong Kong (1), Singapore (1), Norway (1), United Kingdom (2) and New Zealand (1). The reviews comprised integrative reviews (n = 10) and systematic reviews (n = 17). Reviews were composed of non-empirical and empirical studies based on qualitative, quantitative, and mixed methods. In eight studies, critical appraisal was not clearly reported.

Integrational strategies and models that supported transition and adaptation of culturally and linguistically diverse nurses were categorized into three domains, i.e., intra-organizational, sociocultural, and professional development. The first domain represented intra-organizational strategies and models that were tailored specifically to a particular organization’s characteristics and needs. These were in the form of organization and management support and policies, workplace environment, diversity, employee treatment, and collegial and peer support. The second domain presented sociocultural strategies and models used to meet the social and cultural aspects of culturally and linguistically diverse nurses and enhance both group and individual relations. Strategies in this domain included cultural training, learning and support, social support and friendships, language and communication, and personal skills development. The third domain represented professional development strategies and models that improved culturally and linguistically diverse nurse competence, ability to practice and workplace professional development. This domain included licensure and orientation to work, career and competence development, and workplace mentorship and preceptorship.
3.1. Intra-organizational strategies and models

This domain was present in 22 reviews. Organization and management support and policies included fair recruitment policies that alleviated downward professional mobility (Montayre et al., 2018) and facilitated recruitment of more culturally and linguistically diverse nurses and promoted diversity in the workforce (Moyce et al., 2016). To protect the nurses against racism and discrimination within the workforce, healthcare organizations employed antiracism and antidiscrimination policies. Existence of these policies also allowed for managerial action in the defense of culturally and linguistically diverse nurses (Chun Tie et al., 2018). It was also noted that management support alleviated negative integration experiences and promoted efficient integration through adopting strategies and models that promoted professional and linguistic competence development (Covell et al., 2014).

Competence development through managers’ support also increased job satisfaction among culturally and linguistically diverse nurses (Hyvärinen et al., 2017) and managers’ ability to efficiently manage employee cultural diversity was found to advance equality within the nursing workforce (Nichols and Campbell, 2010). Organization supported managers through the provision of resources (Chun Tie et al., 2018), support for conducive working environment (Schilgen et al., 2017) and the development of a diverse workforce (Javanmard et al., 2017). Where organizations’ support was deemed sufficient, there was a noted reduction in deskilling and helped improve integration and retention in the workforce and organization (Davda et al., 2018).

Workplace environment, diversity and employee treatment were supported through acceptance of workplace cultural diversity and intergroup support (Chun Tie et al., 2018; Javanmard et al., 2017). Conducive working terms, conditions, modalities, arrangements and conducive workplace atmosphere and environment improved workplace equality and fair treatment (Wellard and Stockhausen, 2010; Zhong et al., 2017; Hyvärinen et al., 2017; Pung and Goh, 2017; Javanmard et al., 2017; Viken et al., 2018; Ng Chok et al., 2018b; Lin et al., 2018). Healthcare environments with sufficient workforce and existent workplace support were experienced to positively affect culturally and linguistically diverse nurses competence development and delivery of safe and quality care; this further affected nurses work wellbeing (Viken et al., 2018; Ng Chok et al., 2018a). Involvement of labor and professional organizations...
during the integration process of culturally and linguistically diverse nurses, resulted in their professional development and work satisfaction (Moyce et al., 2016; Covell et al., 2016).

Collegial and peer support presented as organized formal and informal relations (Konno, 2006; Pung and Goh, 2017), these relations were experienced as collegial social interactions (Ho and Chiang, 2015; Javanmard et al., 2017; Ng Chok et al., 2018a) and collegial workplace interactions (Ng Chok et al., 2018a). Social and workplace interactions helped culturally and linguistically diverse nurses become acquainted with nurses of same background or native nurses, and share cultural experiences. These interactions were found to influence integration and care outcomes. Where there was support from nurses with a similar background (Ghazal et al., 2020; Kawi and Xu, 2009), collegial social interactions and peer support (Lin et al., 2018; Chun Tie et al., 2018; Moyce et al., 2016) culturally and linguistically diverse nurses experienced that this promoted their positive work experience and helped alleviate negative cultural experiences (Abuliezi et al., 2021).

3.2. Sociocultural integration strategies and models

This domain was present in 23 reviews. Cultural training, learning and support involved cultural enhancement programs, training and education, and improved cultural competency (Schilgen et al., 2017; Ghazal et al., 2020; Ng Chok et al., 2018b). Sociocultural training (Abuliezi et al., 2021) and multicultural and diversity training (Hyvärinen et al., 2017; Nichols and Campbell, 2010) allowed appreciation of diversity, creation of a conducive work environment, equality, and collegiality.

Prolonged cultural orientation, induction and enhanced cultural sensitivity enabled social engagements, intercultural communication, cultural awareness, positive racial experiences, and further promoted integration in the work community (Moyce et al., 2016; Pung and Goh, 2017; Viken et al., 2018; Lin et al., 2018). Support for cultural awareness, intercultural support and cultural learning for the local workforce alleviated stereotyping and misperceptions, and promoted a multicultural workplace and workforce, which further enhanced positive social and professional relations (Chun Tie et al., 2018; Javanmard et al., 2017).

Social support and friendships involved provision of social amenities and cost reimbursements, which promoted acculturation to the host community, improved culturally and linguistically diverse nurse perception of the employing healthcare organization, cushioned against accrued costs to nurses during the relocation and registration process, reduced isolation and had an overall positive effect on nurses’ quality of life (Chun Tie et al., 2018; Zizzo and Xu, 2009; Covell et al., 2016; Lin et al., 2018; Moyce et al., 2016). Organized friendly relations and friendships supported culturally and linguistically diverse nurses through the integration process, enabled them to effectively practice nursing and promoted their overall wellbeing (Konno, 2006; Schilgen et al., 2017; Pung and Goh, 2017). Collegial social activities, peer interactions and engagements increased cultural adaptation, linguistic, communication and intercultural competences (Javanmard et al., 2017; Lin et al., 2018).

Language and communication developed through organizational supported language learning by linguistic specialists and integrating language learning into transition programs, which enabled culturally and linguistically diverse nurses to learn the local language and use their rich linguistic capabilities in the delivery of care within the healthcare organization (Hyvärinen et al., 2017; Konno, 2006; Cruz et al., 2017). Communication learning helped nurses to learn cultural communication and cushioned communication induced challenges (Ho and Chiang, 2015; Zizzo and Xu, 2009). Language training and tailored language and communication courses allowed a smooth culturally and linguistically diverse nurse transition and helped build professional language competence (Kawi and Xu, 2009; Khan-Gökêkaya et al., 2019).

Personal skills development were supported through self-skills training, e.g., to establish openness and a welcoming attitude for local nurses toward culturally and linguistically diverse nurses (Hyvärinen et al., 2017). Development of self-qualities such as resilience, confidence, determination and hope helped culturally and linguistically diverse nurses overcome adaptation and transition challenges, and enhanced their confidence, independence, and work satisfaction (Moyce et al., 2016; Zhong et al., 2017; Ghazal et al., 2020). Support for personal qualities of culturally and linguistically diverse nurses boosted their morale, self-worth and supported their development within a healthcare organization (Ng Chok et al., 2018b).

3.3. Professional development strategies and models

This domain was present in 26 reviews. Licensure and orientation to work for culturally and linguistically diverse nurses, focused on gaining rights of practice which was supported through organizational support for licensure, certification, and competence recognition (Kawi and Xu, 2009; Covell et al., 2016). Culturally and linguistically diverse nurses were provided with important certification and licensure information (Abuliezi et al., 2021; Ho and Chiang, 2015; Covell et al., 2014) beyond the provision of information, nurses were also allowed extra time for certification and licensure exams (Abuliezi et al., 2021). At the workplace, culturally and linguistically diverse nurses’ efficient orientation to work occurred through personalized transition and orientation (Chun Tie et al., 2018), continuous individualized orientation (Pung and Goh, 2017), tailored orientation (Javanmard et al., 2017), practice transition and adaptation (Konno, 2006; Davda et al., 2018; Primeau et al., 2014), and support for professional integration (Covell et al., 2016).

Organized orientation to work and scope of practice, and organizational supported and prolonged orientation helped culturally and linguistically diverse nurses attain cultural, professional, and linguistic competences. These strategies and models also allowed for the nurses to become self-reliant, accepted as part of the workforce and promoted their work satisfaction (Moyce et al., 2016; Zhong et al., 2017; Pung and Goh, 2017; Cruz et al., 2017; Khan-Gökêkaya et al., 2019; Javanmard et al., 2017; Kawi and Xu, 2009; Lin et al., 2018; Chun Tie et al., 2018; Primeau et al., 2014; Viken et al., 2018; Covell et al., 2014; Xu, 2007).

Career and competence development were supported through recognition of prior competence (Davda et al., 2018; Primeau et al., 2014; Cruz et al., 2017; Covell et al., 2016; Ng Chok et al., 2018a; Ng Chok et al., 2018b; Covell et al., 2014; Nichols and Campbell, 2010; Wellard and Stockhausen, 2010). Culturally and linguistically diverse nurses were also supported toward the acquisition of competence and development of existing competence; this helped them integrate to the workforce and healthcare system (Ng Chok et al., 2018b). Healthcare organizations supported competence acquisition through competence training (Ho and Chiang, 2015), learning support (Zhong et al., 2017) and by offering opportunities for career development (Cruz et al., 2017). Labor and professional organizations also supported culturally and linguistically diverse nurse career development and integration, this strategy allowed for work satisfaction and helped alleviate attrition (Covell et al., 2016; Moyce et al., 2016).

Workplace mentorship and preceptorship, in the form of mentorship to work, helped culturally and linguistically diverse nurses adapt to the host country and organization, utilize their skills, gain professional and linguistic competences, and derive satisfaction from their work (Chun Tie et al., 2018; Primeau et al., 2014; Pung and Goh, 2017; Zizzo and Xu, 2009; Javanmard et al., 2017; Covell et al., 2014; Lin et al., 2018; Xu, 2007). Mentorship from colleagues with similar backgrounds was found to improve nurses’ feeling of acceptance (Ghazal et al., 2020). When colleagues efficiently mentored and interacted with culturally and linguistically diverse nurses, there was a positive impact on adaptation and facilitated rapid integration into the organization (Kawi and Xu, 2009). Supervised mentorship and preceptorship not only helped adaptation to the host healthcare system but also allowed the nurses utilize existing competences and skills (Primeau et al., 2014; Ho and Chiang, 2015; Zhong et al., 2017; Viken et al., 2018; Montayre et al., 2018; Khan-Gökêkaya et al., 2019).
Extended time and information regarding board exams help FENs to prepare for examinations and improve interrelationships between FENs and promote the efficient use of skills and knowledge.

Thematic synthesis

Language training and sociocultural programs allow learning of Japanese and culture, and the healthcare system, and hence support related learning, term of immigration, and adaptation. Effective communication and cultural integration between FENs and host nurses are important. Pre-arrival orientation helps nurses adjust to the Japanese healthcare context.

Anti-racism and anti-discrimination policies help to alleviate and handle racism prejudice and discrimination. Mentoring and peer support help acculturate into the organization and workplace. Creation of positive work environment, cultural diversity, appreciation of professional backgrounds and experience, and develop workforce cohesiveness and overall retention.

Table 1

<table>
<thead>
<tr>
<th>Author/s, year, country and title</th>
<th>Study type</th>
<th>Participants</th>
<th>Concept</th>
<th>Context</th>
<th>Methodology</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Kamau, M. Koskenranta, H. Kuivila et al. / International Journal of Nursing Studies 136 (2022) 104377</td>
<td>Systematic review</td>
<td>Foreign educated nurses</td>
<td>Systematic review</td>
<td>Australian healthcare context</td>
<td>Thematic synthesis</td>
<td>Supported intergroup and intercultural programs enable a conducive working environment, cultural diversity, appreciation of professional backgrounds and experience, and development of workforce cohesiveness and overall retention.</td>
</tr>
<tr>
<td>Moyce et al., 2016, USA</td>
<td>Systematic review</td>
<td>Immigrant nurses</td>
<td>Systematic review</td>
<td>USA, Australia and Canadian healthcare contexts</td>
<td>Systematic review</td>
<td>Scholarship, resilience, hope and aspiration help MNs cope with the challenges of integrating to work and society.</td>
</tr>
<tr>
<td>Hyvärinen et al., 2017, Finland</td>
<td>Systematic review</td>
<td>Finnish migrant nurses</td>
<td>Systematic review</td>
<td>Finnish healthcare work communities in healthcare settings</td>
<td>Systematic review</td>
<td>Adaptation to work and work communities in healthcare settings.</td>
</tr>
<tr>
<td>Zhong et al., 2017, Australia</td>
<td>Systematic review</td>
<td>Chinese migrant nurses</td>
<td>Systematic review</td>
<td>Adaptation to work and work communities in healthcare settings</td>
<td>Systematic review</td>
<td>Adaptation to work and work communities in healthcare settings.</td>
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</tbody>
</table>
Nursing practice adaptation programs help international educated nurses ease of practice in the host country. These programs include language training, healthcare system information, nursing practice development workshops, cultural diversity and competence workshops, supported adaptation to the workplace, and workforce introduction workshops. They are designed to help nurses understand and become familiar with the host country's healthcare context and improve patient safety and retention of international nurses.

**Acculturation programs** enhance positive aspects of the host culture. Transition programs, including cultural training for both migrant nurses and their colleagues, help to increase the health and wellbeing of migrant and minority nurses, as well as cultivate cultural competency, which helps alleviate racial and professional discrimination. Social support/networks promote the mental wellbeing of MNs.

**Professional autonomy** leads to job satisfaction. Positive collegial relationships promote a positive and conducive working environment. Organizational support helps to avert bullying, discrimination, racism and promotes career development, better working conditions and sufficient orientation.

**Adaptation programs** help bridge the gap between training culture and foreign work environment and improve patient safety and retention of international nurses. Competency tests help to cover the knowledge gap and avert professional discrimination. **Training in equality and diversity** helps retention levels. Tailored support programs are necessary to improve integration, retention, skill recognition and job satisfaction.

**Nursing practice adaptation programs** (language training, healthcare system information, nursing practice development workshops, supported adaptation to the host country's living environment and workforce introduction workshops) help international educated nurses ease of practice in the host country. **Workplace integration** (orientation spanning from 12 to 16 weeks up to 6 months, mentoring and preceptorship, continuous training, work environment awareness) enables successful workplace integration for internationally educated nurses.

**Language competency training** takes a practical approach in teaching professional language competency proficiency and communication support the learning of professional jargon and communication culture. **Workplace preceptorship schemes** support socialization and adjustment to the professional role. Mentorship that is goal oriented, supervised and assessed supports MCW socialization to the professional role. **Resilience training** allows MCW adaptation process to the workplace. Bridging programs minimize professional barriers by offering information regarding registration, employment and the local healthcare system. **Interactions between the local and MCW**, existing organizational values and norms, and provision of information regarding stereotype and risk reduction reduce prejudice and discrimination.

**Favorable policies** related to recruitment, retention and support. **Preceptorship programs** and integration of transculturalism within the workforce help foreign trained nurses familiarize themselves with routine nursing practice in the host country and alleviate work related challenges and discrimination.

**Equal opportunities and fair treatment** help tackle language obstacles, discrimination, marginalization and professional development of INs within work environments. **Transition programs** (mentoring and clinical orientation) help nurses familiarize with the host country. **Orientation program workshops** familiarize INs with local policies and help them adapt to work environments. **Cultural sensitive mentorship** helps in integration to the healthcare system. Progressive clinical orientation attends to the individual needs of INs. **Buddy programs** (native buddies) matched to the INs’ cultural background help guide them through the transition period. Enhanced contact with native nurses and watching local television programs ensures constant communication and understanding of the host culture, hence better integration and professional development.

**Bridging programs** aid transition and adaptation by orienting INs to the healthcare context of practice, acquisition of competence, advancement of language learning and career advancement.

(continued on the next page)
Culturally-sensitive transition programs (education) provide language learning within multicultural teams, promoting adaptation and enhanced cultural sensitivity.

An extended orientation period benefits FENs by developing care competences and enabling them to use existing skills and knowledge in the host healthcare system.

**Transition and adaptation to work**

| Mentoring, preceptorship, and support of a mentor or supervisor enhance skills and improve feedback, support, and commitment. |
| Language, communication, teamwork, culture, and ethics, as well as the healthcare system, standards, and scope of practice, help towards gaining professional, formal, and language skills. |
| Access to information before migration, related to possession of relevant documents and professional examination for licensure, helps IEHPs prepare for professional re-establishment and facilitate employment in the host country. |
| Helps IEHPs offset costs accrued during the process of registration. |
| Professional associations can assist in providing information about the licensing process and facilitate harmonization and certification and facilitate integration to the workforce. |
| Immigrant health professionals (e.g., registered nurses, graduates, nurses and allied healthcare workers) face challenges related to the adaptation period, professional integration, and multilingualism. Community groups and cultural centers allow peer support, networking, and social support. |

**Integration to workforce and competence development**

| Transition and adaptation to work | Mentoring, preceptorship, and support of a mentor or supervisor enhance skills and improve feedback, support, and commitment. |
| Language, communication, teamwork, culture, and ethics, as well as the healthcare system, standards, and scope of practice, help towards gaining professional, formal, and language skills. |
| Access to information before migration, related to possession of relevant documents and professional examination for licensure, helps IEHPs prepare for professional re-establishment and facilitate employment in the host country. |
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| Professional associations can assist in providing information about the licensing process and facilitate harmonization and certification and facilitate integration to the workforce. |
| Immigrant health professionals (e.g., registered nurses, graduates, nurses and allied healthcare workers) face challenges related to the adaptation period, professional integration, and multilingualism. Community groups and cultural centers allow peer support, networking, and social support. |

**Pre-immigration testing and verification**

| An extended orientation period benefits FENs by developing care competences and enabling them to use existing skills and knowledge in the host healthcare system. |
| Provides emotional support of IENS outside the work environment. Coping mechanisms (empathy, self-control, and resilience) help in tackling disappointments, role-assignment, and the cultural background. |

**Cultural pluralism**

| Transition and adaptation to work | Mentoring, preceptorship, and support of a mentor or supervisor enhance skills and improve feedback, support, and commitment. |
| Language, communication, teamwork, culture, and ethics, as well as the healthcare system, standards, and scope of practice, help towards gaining professional, formal, and language skills. |
| Access to information before migration, related to possession of relevant documents and professional examination for licensure, helps IEHPs prepare for professional re-establishment and facilitate employment in the host country. |
| Helps IEHPs offset costs accrued during the process of registration. |
| Professional associations can assist in providing information about the licensing process and facilitate harmonization and certification and facilitate integration to the workforce. |
| Immigrant health professionals (e.g., registered nurses, graduates, nurses and allied healthcare workers) face challenges related to the adaptation period, professional integration, and multilingualism. Community groups and cultural centers allow peer support, networking, and social support. |

**Systematic review**

| Transition and adaptation to work | Mentoring, preceptorship, and support of a mentor or supervisor enhance skills and improve feedback, support, and commitment. |
| Language, communication, teamwork, culture, and ethics, as well as the healthcare system, standards, and scope of practice, help towards gaining professional, formal, and language skills. |
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| Helps IEHPs offset costs accrued during the process of registration. |
| Professional associations can assist in providing information about the licensing process and facilitate harmonization and certification and facilitate integration to the workforce. |
| Immigrant health professionals (e.g., registered nurses, graduates, nurses and allied healthcare workers) face challenges related to the adaptation period, professional integration, and multilingualism. Community groups and cultural centers allow peer support, networking, and social support. |
4. Discussion

Successful organizational socialization of a newcomer relies on support from the organization, management, colleagues, and the individual (Sluss and Ashforth, 2007; Tomietto et al., 2015). Our results show that integration strategies and models of culturally and linguistically diverse nurses in healthcare organizations are structured within three dimensions: 1) intraorganizational, 2) sociocultural, and 3) professional development. We established that the strategies and models conform to the theory of organizational socialization by Van Maanen and Schein (1977). First, we found that the nature of nursing practice involves some level of risk to nurses, patients, and the organization. Thus, the three domains of strategies and models established in this study contain aspects of both formal and informal tactics aimed at competence development and risk mitigation. For instance, structured language and communication learning as well as professional competence development for culturally and linguistically diverse nurses comprise a formal approach, whereas informal aspects may include, e.g., their socialization through unstructured peer and colleague support.

Efficient integration is resource and time dependent (Primeau et al., 2021; Nortvedt et al., 2020). Interventions identified in our results, such as prolonged orientation, workplace mentorship and preceptorship, and provision of social amenities, involve the use of human, material, and time resources. This review further established that provision of resources to managers by the organization is important. These resources help managers develop and implement integration strategies toward culturally and linguistically diverse nurses. Furthermore, informal aspects may include, e.g., their socialization through unstructured peer and colleague support.

An organization’s resources also affect the sufficiency of staff and the possibility for mentorship and preceptorship. Global nursing workforce shortages (Drennan and Ross, 2019) might further impede culturally and linguistically diverse nurse integration processes.

This review established that intervening to provide a conducive workplace environment is crucial. Healthcare workplaces are characterized by the nurses who operate within them. These nurses are diverse and interact with each other within social and professional domains. The specific integration strategies and models related to culturally and linguistically diverse nurses identified in this study are similar to the process of integration of Ramji et al. (2019), where aspects such as diversity, inclusivity, respect, and acceptance of culturally and linguistically diverse nurses within the work environment are applied. A conducive work environment helps to improve work satisfaction, wellbeing, proficient professional practice, and retention (Ramji et al., 2019; Rahman et al., 2020; Covell and Rolle Sands, 2021).

Organizational socialization relies on collegial support and relationships (Sluss and Ashforth, 2007). Our study highlights the crucial role that both native and peer colleagues play toward culturally and linguistically diverse nurse integration through their formal and informal support. Formal collegial mentorship and preceptorship have been found to have a positive effect on nurse competence development. These findings correlate with two dimensions of organizational socialization reported by Taormina (2009), namely training and co-worker support, whereby skills and abilities to perform roles are acquired; social relations are established and acceptance by colleagues at the workplace is achieved. These aspects enable efficient integration. Establishing and supporting friendships both inside and outside of work promote a positive work environment and work wellbeing (Sluss and Ashforth, 2007).

This was supported by the findings of this review, which showed that friendships both formal and informal have been used toward culturally and linguistically diverse nurse socialization, cultural interaction, and professional development.

Culturally and linguistically diverse nurses come from various cultural and linguistic backgrounds. Their diversity and that of their native colleagues contribute to a multicultural workforce and organization. Cultural
diversity has been found to have positive outcomes on an organization (Dols et al., 2019). In the established integrational strategies and models identified in our research, there was an expressed need for culturally and linguistically diverse nurses to behave or adjust in some way toward acculturating to the host culture, learning the language, gaining professional competence, and acquiring certain self-skills. Our findings also revealed interventions directed at host colleagues, albeit minimally and only concentrated on their cultural competence development (Javanmard et al., 2017) and building an open and welcoming attitude toward culturally and linguistically diverse nurses (Hyvärinen et al., 2017). However, it is still a crucial finding since cultural adjustment and integration is a two-way and organizational wide process (Taormina, 2009; Dols et al., 2019). Hence, ensuring native colleagues’ cultural competence and attitude is essential for efficient nurse integration.

Culturally and linguistically diverse nurses’ welfare is important toward their eventual integration into an organization (Primeau et al., 2021). This study established that provision of social amenities as an intervention enabled integration in an organization. Previous research has shown that organization provision of amenities, such as subsidized housing, helps nurses settle well into an organization and influences attrition (Alreshidi et al., 2021).

Organizational socialization theory by Taormina (2009) has shown that work satisfaction and retention in an organization is influenced by relationships between employees, knowledge of duties and prospects for career development. This study identified various interventions that have been used to support culturally and linguistically diverse competence development and career growth. Culturally and linguistically diverse nurses may have experience from other settings (Likupe, 2015) as well as special competences and qualities (Choi et al., 2019). Support for these experiences and competencies has been found to improve nurses’ development, work satisfaction, feeling of being valued and eventual retention in an organization (Primeau et al., 2021).

Ensuring nurses’ work satisfaction and wellbeing contributes to equal labor practices within an organization (Rahman et al., 2020). It has been documented that some culturally and linguistically diverse nurses experience unfair contractual terms, cadre and even conferred duties at work (Nortvedt et al., 2020). Beyond the organization, our results established that labor and professional organizations are important in supporting culturally and linguistically diverse nurses in their professional growth and eventual integration.

According to Taormina (2009), organizational socialization programs are efficient when they include four components, i.e., training, understanding of formal and informal rules of the context, co-worker support and future prospects. Our findings show that the first three components have been mostly used, i.e., culturally and linguistically diverse nurse training toward gaining certain competences, understanding of the organization and healthcare system of the host country, and collegial and peer support. Future prospects entail motivating aspects such as remuneration, bonuses, professional development and career advancement (Taormina, 2009). In the analyzed reviews, there were few findings indicating the popularity of future prospects as an integrational approach. This may relate to findings by Tomietto et al. (2015), who studied organizational socialization factors within the first two years of employment in relation to turnover intentions. Training and formal understanding of policies and protocols within the organization were found to be more effective than informal understanding. The priorities of newcomer nurses also differ with time; initially there is a need to master the required competencies via training and later a need to access professional development opportunities within the organization.

Van Maanen and Schein’s (1977) model of organizational socialization established that institutional strategies are more effective than individualized strategies. This might relate to our finding that clear induction programs, mentorship, preceptorship, and cultural and language competence support strategies at the institutional level are beneficial toward culturally and linguistically diverse nurses’ integration. However, we find that future prospects seem not to be given priority in the initial stages of integration even though we establish that this factor is likely to be important considering that remuneration in nursing is low compared to other professions and culturally and linguistically diverse nurses might face low career mobility and even low wages (Drennan and Ross, 2019) and some nurses experience unfair labor terms (Likupe, 2015) and downward career mobility (Nortvedt et al., 2020). Planning clear career paths and professional development opportunities at the institutional level may further motivate culturally and linguistically diverse nurses, support their career growth, satisfaction, and retention in the profession and organization.

4.1. Limitations and strengths

To the best of our knowledge, this is the first umbrella review conducted to establish the integration strategies and models used toward supporting transition and adaptation of culturally and linguistically diverse nurses into healthcare organizations. Joanna Briggs institute guidelines for conducting reviews were adhered to, minimizing any probable bias, and the preferred reporting items for systematic reviews and meta-analyses checklist was used to ensure transparency of the report. The database search was limited to nurses and did not include other healthcare professionals with culturally and linguistically diverse background, which might have limited the results of this study. Even though there might be similar culturally and linguistically diverse healthcare workforce integrational experiences, each type of healthcare professional might have norms and interprofessional characteristics that are unique to their group and affect their integration differently. Another limitation is that we were not able to conduct a meta-analysis due to the narrative research reports in previous studies.

5. Conclusion

Efficient organization integration of culturally and linguistically diverse nurses is an essential process that enables their onboarding and efficient practice within a host healthcare system. This study has established important strategies and models for creating and implementing integrational interventions. However, we find that most interventions have focus on addressing cultural diversity, linguistic challenges, and differences in the scope of practice. Further inquiry might be needed toward evaluating and understanding nurses’ personal needs, goals, and future prospects and how this might strengthen the outcomes of the integration process. For instance, meeting some of the social needs of culturally and linguistically diverse nurses and competitive remuneration might help them settle in well at work and motivate them to integrate.

This study impacts the healthcare organizations toward allocating more material and human resources in support of the integration of culturally and linguistically diverse nurses. The nurse manager’s role is pivotal in ensuring a ward-level conducive work atmosphere, collegial relations, and competence development. At the workforce level, collegial and peer relations, support and cultural understanding are important aspects of integration. Further research is needed to understand the effect of the current global nursing workforce shortage and its impact on culturally and linguistically diverse nurse integration process within various healthcare systems. Finally, we suggest that reverse integration may be a useful approach to evaluate native nurses’ competences and effects toward culturally and linguistically diverse integration so that interventions to support positive native nurse competences might enhance co-worker support even further.

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