

Training Programs to Promote the Nursing Practice Skills of Overseas Qualified Nurses: A Scoping Review

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Abstract: For overseas qualified nurses, training is important for adaptation to the nursing practices in their new country. As a precursor to a systematic review, we conducted a scoping review to map the contents and outcomes of all training programs used to promote the ability of overseas qualified nurses to adapt to nursing practice in their host country. We conducted a scoping review based on the framework proposed by the Joanna Briggs Institute. The searched databases were PubMed, EMBASE, CINAHL PLUS, British Nursing Index (BNI), and Japan Medical Abstracts Society. The search was conducted in December 2021.

Fourteen studies that met the eligibility criteria were included in this scoping review. The program contents included language, knowledge for nursing practice in the host country, and clinical practice. Language skills included pronunciation and culture-based communication needed in nursing practice, while knowledge for nursing practice provided what was needed in the actual setting. Outcomes were assessed by participant experience, useful aspects and challenges of the program, language communication skills, and nursing competencies. Regarding program effectiveness, in the 11 studies that reported program evaluation, one of the three experimental studies found significant improvement of the skills of the intervention group. Six other studies, which evaluated qualitatively, reported positive responses from the participants. Programs that provided content that enabled overseas qualified nurses to acquire the knowledge and skills required in the host country contributed to promoting their ability to adapt to nursing practice. Only three experimental studies were conducted, indicating a lack of evidence to assess the effectiveness of the program.

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Introduction

The World Health Organization (WHO)¹ reports that nurses and midwives constitute more than 50% of the global health workforce shortage. Approximately 3.7 million nurses are working in a country other than the one in which they were born or trained as a nurse.² Many developed countries invite overseas qualified nurses to fill their nursing shortage.³ While nurses

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work abroad for better salaries, working conditions, and living standards,⁴ adaptation to a new language and a different clinical setting are significant barriers for overseas qualified nurses.^{5,6} In particular, professional

language skills are required even for overseas qualified nurses since communication is essential for the nursing care of patients and also for collaboration with nurses, doctors, and other healthcare teams.⁶ Differences in culture, nursing education, nursing roles, and nursing care also present barriers to overseas qualified nurses practicing nursing in a new country.^{7,8} These barriers can lead to restrictions on overseas qualified nurses' ability to provide nursing care, discrimination, and even mental health problems.^{9,10}

The Global Code of Practice on the International Recruitment of Health Personnel by the WHO¹¹ recommended that overseas qualified nurses are provided with appropriate programs to enable them to work safely and effectively in the host country. Overseas qualified nurses have unique educational needs in their new clinical practice settings that are different from those of domestically educated nurses.¹² Previous studies have reported that continuous learning, such as in programs, help overseas qualified nurses overcome barriers and adapt to nursing practice in their new country^{13,14}

There have been several systematic reviews of training programs to help overseas qualified nurses to adapt to work in their new country.^{15,16} However, there are no recent reviews that provide an overview of the content and effectiveness of programs to promote the ability of overseas qualified nurses to adapt to nursing practice in their new country. Identifying the content and effectiveness of previous programs would be a useful resource for future development of programs for overseas qualified nurses.

Review of Literature

Challenges and barriers of working overseas

The first barriers that overseas qualified nurses face in a new country are immigration regulations and nursing licensure.⁷ Lack of information about them makes it difficult for overseas qualified nurses to find jobs and work as nurses in new countries.⁷ Bridging

programs assist overseas qualified nurses in finding their work in new countries, but regional maldistribution and tuition burdens prevent their participation in the programs.¹⁷ Language is the most common barrier for overseas qualified nurses transitioning to a new country.^{7,18} It is an issue that can threaten patient safety because it leads to communication errors in nursing tasks.⁷ To communicate smoothly in the workplace, an ability in intercultural communication according to the communication style of the host country is also required.⁷ Language is also a barrier that affects daily life in a new country.⁷ In addition, differences in culture, professional values, nursing tasks, and roles with the overseas qualified nurses' country also affect their nursing practice.^{7,8,18} Overseas qualified nurses have to adapt to new technologies and tasks for which they are not educated in their own country. The mismatch between overseas qualified nurses' expertise and new nursing practices affects not only their adaptation but also their relationship building with nurses in the host country.⁸

The importance of adaptation

Barriers due to differences in language and nursing practice lead to skill underutilization of overseas qualified nurses.⁷ These barriers can cause discrimination, prevent the building of relationships with colleagues, and augment overseas qualified nurses' stress.⁷ These make overseas qualified nurses prone to loneliness and mental health issues, making it difficult to continue working.⁷ On the other hand, learning language and cultural differences and improving their nursing practice skills in a new country can lead to resilience of overseas qualified nurses,¹⁸ which in turn leads to satisfaction with working and living in the host country.¹⁹

Recommendations for promoting the adaptation of overseas qualified nurses to nursing practice

WHO¹¹ established a global code of practice in 2010 for the ethical international recruitment of health personnel. Within this code, it was recommended that all migrant health personnel

should be offered appropriate induction and orientation programs that enable them to operate safely and effectively within the health system of the destination country. The International Council of Nurses also stated that overseas qualified nurses are entitled to be provided with appropriate clinical and cultural orientation because they are at risk of discrimination for educational and career opportunities.²⁰ Therefore, it is recommended that appropriate programs be offered to support overseas qualified nurses in their adaptation to the host country.

Previous reviews of programs for overseas qualified nurses

Two previous studies have reviewed programs to promote the adjustment and transition of overseas qualified nurses. Konno¹⁵ summarized interventions supporting overseas qualified nurses' adjustment to nursing practice in Australia through a systematic review. The review covered all interventions that support adjustment of overseas qualified nurses and included a qualitative research design, and findings were reported in narrative form. The three program evaluation studies included language, which is a major barrier for overseas qualified nurses, and a bridging course to transition into the Australian nursing workforce.¹⁵ However, the study setting was limited to Australia and program outcome measures were not reported.¹⁵

Zizzo and Xu¹⁶ conducted a systematic review to evaluate transitional programs for overseas qualified nurses. Twenty post-hire programs were reviewed, including proposed programs and expert opinions without empirical data, and findings were summarized by program structure, content, and indicators. The importance of language and communication training to support the transition of overseas qualified nurses was identified, and five programs actually included these contents.¹⁶ As program outcome measures, registration rate on completion of the program and qualitative feedback from participants were used.¹⁶ However, this systematic review¹⁶ did not report on the content of programs other than language training to promote

the ability of overseas qualified nurses to adapt to nursing practice in their host countries. In addition, these reviews^{15,16} need updating as they were published more than a decade ago.

Review Questions

The research questions for this scoping review were:

- 1) What were the content and period of the training programs conducted to promote the ability of overseas qualified nurses to adapt to nursing practice in the host country?
- 2) How were outcomes measured?
- 3) Were these identified training programs effective?

Method

Study design: Since the content and outcomes of the training programs may vary depending on the characteristics of the overseas qualified nurses and the host country, a scoping review was selected to summarize the study results and identify gaps in existing knowledge. The study methods were based on a framework proposed by Arksey and O'Malley,²¹ and advanced by Levac et al.²² and the Joanna Briggs Institute.²³ The framework involves the following stages:²¹ identifying relevant studies, study selection, charting the data, and summarizing and reporting the results.

Identifying relevant studies: This scoping review was conducted for all relevant literature in English and Japanese. The search included five databases: PubMed, EMBASE, CINAHL PLUS, British Nursing Index (BNI) and NPO Japan Medical Abstracts Society. The search terms used in the review were Medical Subject Headings (MeSH), title/abstract (ti/ab) and text words (tw). The following keywords were used and combined by Boolean terms such as "AND" and "OR": "Nurses international (MESH)," "foreign nurse," "migrant

nurse,” “nurse migration,” “international nurs,*” “program,” “workshop,” “educat,*” “training,” “support,*” and “adaptat.*” Because the primary aim of this review was to identify the content of the training programs implemented to promote the ability of overseas qualified nurses to adapt to nursing practice, keywords related to outcomes were not included in the search phase. The search formula was created by consulting an expert.

The study eligibility criteria:

These criteria were defined within the following PCC framework (P-Population, C-Concept, and C-Context) and by study designs.²³

Population: Overseas qualified nurses working or planning to work in a country different from the country where they received their nursing education.

Concept: Training programs were of limited duration developed to promote the ability of overseas qualified nurses to adapt to nursing practice in their host country. These programs included educational content such as language, nursing care and workshops.

Context: Nurses going from low- or middle-income countries to high-income countries were included. The definition of low-middle income and high-income countries was based on that of World Bank data.

Study design: Studies included were experimental, including randomized controlled trials and non-randomized controlled trials, observational studies, including individual case reports and qualitative studies.

Study exclusion criteria:

1. Participants did not have a nursing license in their home country.
2. Participants worked abroad from high-income countries to low- and middle income countries were excluded because their purpose was often not to work in the country but to support.
3. Programs that did not include educational content, but rather an organizational system such as personal support or mentorship.
4. Studies which did not describe the program content.
5. Review study or opinion papers.

The search was conducted in December 2021. Since there were not many studies on program development for overseas qualified nurses, it was anticipated that few studies would meet the PCC framework. Therefore, we did not limit the year of publication of the studies to prioritize an overview of information on existing programs from a larger number of studies available. A manual search of the reference lists of relevant systematic review and all identified studies were confirmed to identify additional studies that were not retrieved from the above databases.

Study selection: Studies retrieved from the databases were removed from duplicates using RefWorks, and then two reviewers independently conducted an initial screening of the study titles and abstracts retrieved from all databases, according to the study eligibility criteria described above. Next, all potentially relevant studies underwent full-text screening and two reviewers critically assessed their eligibility in detail. When the two reviewers disagreed on whether studies were eligible for inclusion through the study selection process, they discussed their differences until consensus was reached, and irrelevant studies were excluded. The process and results of study selection was reported with use of a study flow diagram in accordance with the PRISMA-ScR.²⁴

Charting the data: Studies that met the eligibility criteria were extracted and presented in a tabular form including the following key information: year of publication, author, study design, objectives of the program, study setting, participants (number and country of origin of participants), program content (type of the program), term of program, outcome measurements, and results. If the reviewers disagreed on whether studies were eligible or should be included, they discussed discrepancies in extracted data until a consensus was reached.

Summarizing and reporting the results: Data were summarized in tables to report the results. Tools to assess the quality of the studies were not used, as an assessment of the quality of the included studies is not necessary because of the nature of a scoping review.²³

Results

Using the PCC framework, 3254 studies were extracted from the database search and 22 from the reference list. After screening, 14 studies were finally included in this scoping review. Many studies were

excluded because they were opinion papers or conference reports. **Figure 1** shows the study selection flow chart. The study design, objectives of the program, setting, participants, program content, term of the program, outcome measurements, and results for the 14 studies are summarized in **Table 1**.

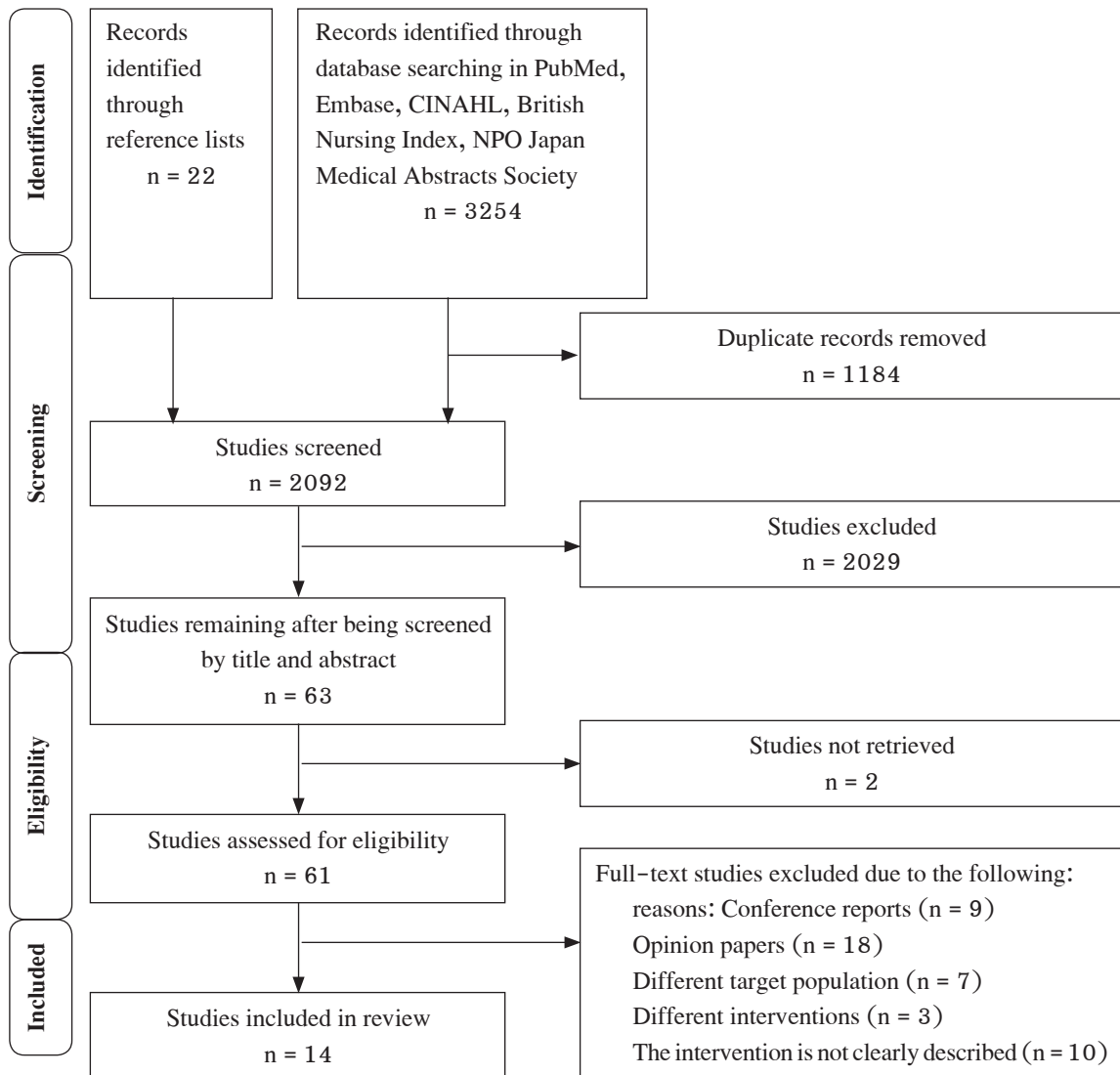


Figure 1. Study selection flow diagram

Table 1. List of included studies

Year Author	Study design	Objectives of the program	Setting	Participants	Program content (type of the program)	Term of the program	Outcome measurement	Results
2021 ²⁵ Aggar et al.	A quasi- experimental, pre-post-test design	To support overseas qualified nurses in developing the communication and leadership skills	University in Australia	India, Philippines etc n = 152	Weekly learning content and activities in the areas of clinical communication and leadership, and weekly detailed reflections while on clinical placement (The interactive mobile application mPreceptor)	Six weeks (Weekly learning content)	The Nurse Self-Concept Questionnaire (NSCQ)	The mPreceptor program was beneficial for improving the leadership skills of overseas qualified nurses on the NSCQ score. The total NSCQ score was significantly higher post-program than pre-program, but there were no significant differences between the intervention and control groups.
2021 ³⁶ Hadziabdic et al.	A qualitative descriptive design	Be able to supplement their education to qualify for nursing work in Sweden	University in Sweden	Ethiopia, Gambia, Iran, Belarus, Syria, Turkey, Russia, Armenia n = 11	1. Education about the nursing profession, nursing, pharmacology and pharmaceutical calculation as well as learning and leadership 2. The clinical training, (Lecture and clinical training)	One year	Participants' experiences of the bridging program by interview	The program provided a chance to learn about the Swedish healthcare system and the differences in the scope of nursing practice in Sweden compared to their previous experiences. While the clinical training contributed to a deeper understanding of the scope of nursing, some participants reported experiences of misunderstandings about their roles and abilities by supervisors.
2020 ²⁶ Aggar et al.	A longitudinal, mixed-methods, exploratory design	To develop understanding of nursing in the Australian healthcare context	University in Australia	India, UK, China, Netherlands, Philippines n = 9	1. Intensive theoretical component including simulated learning 2. Full-time facilitated professional experience placement in an acute care hospital (Lecture and clinical training)	12 weeks (Four weeks for lectures, eight weeks for clinical training)	1. The Six-Dimension Scale of Nursing Performance assessed self-rated competence 2. The Casey-Fink (p = .045). Nurse Experience Survey assessed IQNs' confidence and program experience 3. Intention to remain in the Australian healthcare system 4. Focus group interview that assessed the most enabling, and most challenging aspects of the program	After the program, participants experienced an overall decrease in perceived work transition difficulties and significantly increased perceived clinical leadership ability Experiencing the professional nursing role in the program was rated as beneficial by most participants. They were interested in gaining exposure to the Australian healthcare setting, progressing their careers in the Australian system.

Table 1. List of included studies (Cont.)

Year Author	Study design	Objectives of the program	Setting	Participants	Program content (type of the program)	Term of the program	Outcome measurement	Results
2018 ²⁷ Fukuyama	Not reported	Be able to notice troubles associated with medical treatment at home Be able to learn appropriate measures in case of emergency	Japan	<ul style="list-style-type: none"> Nurse n = 0 Filipino caregivers n = 5 	Observation points and timing of contact in the following problems 1. Fall problems 2. Indwelling bladder catheter problems 3. Gastrointestinal problems (E-learning)	Five minutes per content	Not described	No results for overseas qualified nurses
2017 ²⁸ Squires et al.	Not reported	To prepare Mexican nurses with the competencies needed to work in any clinical setting in the United States	Hospitals in U.S.	Mexico The number of participants in the program was not clearly described	1. Core nursing knowledge by case-based approach 2. Effective teamwork and communication skills 3. NCLEX-RN review course 4. The computer-based learning (Lecture including online) training 5. U.S hospital-based clinical practicum with dedicated preceptors (Clinical training)	6 months (12-14 weeks for lecture, and 3-6 weeks for clinical training)	The NCLEX-RN, an English language competency test, pass rates	This program graduates had higher NCLEX-RN pass rates than Mexican nurses who did not participate in the program
2012 ³⁷ Atack et al.	A qualitative study	To become comfortable with the scope of practice for nurses in Canada as well as with the Canadian health care system and culture	Nursing school in Canada	Philippines etc n = 62	1. Theory and clinical practice 2. Preceptorship module 3. English language skill activities (Lecture and clinical training)	Two semesters of theory and clinical practice and a 15-week preceptorship module	Nurses' experiences with the new program and its effectiveness as graduates made the transition to the workplace	Participants acknowledged that the program was necessary and that the coursework was helpful. On the other hand, most nurses reported that the program workload and schedule were overwhelming Some participants wanted more help with professionally related vocabulary rather than everyday English conversation Interviews with participants after graduation indicated a discrepancy between theory and practice in teaching, and called for the addition of communication practice with patients with accent difficulties to the program
2012 ²⁹ Shen et al.	A quasi-experimental design	To reduce phonologic errors affecting foreign accent	Community hospitals in U.S.	Philippines, India, Korea, China etc n = 61	Phonologic accent reduction course taught by a certified speech pathologist with specific expertise in foreign accent reduction (Lecture)	Ten weeks (Each of the ten 2-hour sections was offered twice a week)	CPAFA (foreign accent evaluation instrument developed in 1983) 1. The total number of errors made by participants based on the CPAFA	The phonologic accent reduction course was effective in improving the language skills of overseas qualified nurses, as the intervention group made significantly reduce phonologic errors than the comparison group

Table 1. List of included studies (Cont.)

Year Author	Study design	Objectives of the program	Setting	Participants	Program content (type of the program)	Term of the program	Outcome measurement	Results
2010 ³⁰ Xu et al.	A quasi-experimental design	Not described	Community hospitals in U.S.	Philippines etc n = 28	1. Skills to develop a trusting nurse-patient dialog 2. Non-verbal cues that might conflict with cultural practices from the international nurses' home countries 3. Therapeutic communication skills and appropriate communication from the perspective of the American health care culture 4. Telephone communication (Workshop)	Not described (Four weekly workshop)	2. The difference in the total number of errors between pre and post - assessment 3. The total percentage reduction of phonologic errors between the pre and post-assessments Standardized patients were hired to evaluate socio-cultural communication skills performance using 21 items checklist	There was no significant improvement in participants' socio-cultural communication skills after the intervention. The reason was considered that the participants had a mean of 13.8 years of living in the United States and were already familiar with the American culture
2006 ³¹ Parry & Lipp	Not described	To achieve the outcomes and competencies required by the Nursing and Midwifery Council	University and hospice in UK	Philippines n = 15	The content focused on the theoretical components relating to palliative care (Lectures, workshops, case studies and role-plays including discussions)	12 days in 12 weeks	Self-report questionnaire about the most/least useful aspects, satisfaction of teaching aides and facilitators, relation to competencies, and the format/structure of the course	All participants affirmed that one of the most useful aspects of the course on policies and procedures especially the administration of medicines The topics that participants would like to added to the course are wound care, nutritional assessment, communication, the role of the multidisciplinary team and nursing and family support surrounding death There was a response that one study day per week was not enough. There was a lack of attendance of the mentors to the support sessions
2004 ³² Gandhi & French	Not described	To consider applications for registration in the UK for nurses or midwives who are registered overseas to ensure their fitness for practice	The nursing and midwifery council in UK	Country of origin was not described n = 22	English National Board ten key elements of nursing (Class room sessions)	Six months	Not described	Not described

Table 1. List of included studies (Cont.)

Year Author	Study design	Objectives of the program	Setting	Participants	Program content (type of the program)	Term of the program	Outcome measurement	Results
2004 ³⁸ Gerrish & Griffith	An instrumental case study	Not described clearly	Acute hospitals and a specialist cancer hospital in UK	China, the Philippines, India, sub- Saharan Africa n = 17	Classroom-based induction and supervised practice in a designated clinical area (Lecture and clinical training)	Minimum 12 weeks (2 weeks for lectures and 10 weeks for clinical training)	The various meanings of success of the program by interview	As the meaning of the programs' success, gaining professional registration, fitness for practice, reducing the nurse vacancy factor, equality of opportunity and promoting an organizational culture that values diversity were identified
1996 ³³ Yahes & Dunn	Not described	To be able to demonstrate effective and coherent communication	A community college and hospital	Country of origin not described n = 30	The verbal and therapeutic aspects of communication with patients, staff, families and physicians, including pronunciation, accent remediation, phonetics, and voice intonation in relation to cultural variance (Classroom sessions)	Two-hour sessions for 12 weeks	A video-taped role play format with peer observer evaluation	Participants' feedback was positive and they also reported increased self- satisfaction in being able to communicate therapeutically with patients In the follow-up evaluation, the nursing administrators identified fewer communication related complaints from physicians and staff
1995 ³⁴ Baj	Not described	1. Socialization to the role of professional nursing in the U.S. to obtain and retain work in American healthcare settings 2. Demonstration of competency in American nursing workplace standards 3. Improvement of English skills to communicate effectively in the nursing workplace 4. Retention of 80% of those nurse in their jobs after successful placement	University and hospital in U.S.	Russia n = 45	1. Vocational English instruction with a curriculum designed to teach the language and communication skills required in a professional nursing setting 2. Instructions in theoretical nursing course of basic nursing skills and role of the nurse as professional 3. Practice and job skills including clinical preceptorship training on the medical/surgical units (Lecture and clinical training)	420 hours over 20-week period	1. Perform basic nursing procedures 2. Function as a member of a nursing team, carrying out established nursing procedures and performing related duties 3. Communicate successfully with other staff members, patients, and families 4. Understand and complete hospital documentation forms	87% of the nurses completed the program The program's evaluation of outcomes was not clearly described
1989 ³⁵ Palmer	Not described	To display sufficient written and spoken English language ability to enable them to operate efficiently in a predominantly English-speaking work environment	College in Australia	Cambodia, Chile, Poland etc n = 6	Language support, caregiving skills, work environment, family and society, family resource and society, field work etc (Lecture and fieldwork)	534 hours in 4 months	Not described	Not described

The study designs of the included studies were quasi-experimental design, a qualitative descriptive design, a longitudinal mixed-methods exploratory design, and an instrumental case study. The study settings were the United States, the United Kingdom, Australia, Canada, Sweden, and Japan. The participants were from the Philippines, India, Russia, China, Mexico and other countries. Studies were published between 1989 and 2021.

In 11 studies,²⁵⁻³⁵ programs had been developed by the authors of the articles, and seven of these studies^{25,26,28-31,33} also provided some evaluation of the program. Three studies³⁶⁻³⁸ provided a qualitative evaluation of an existing program.

The program content was categorized into “knowledge for nursing practice,” “language,” and “clinical practice.” The programs of the three studies^{28,34,37} combined all of these contents.

Program Contents

Knowledge for nursing practice

In nine studies, knowledge for nursing practice was included in the program.^{26-28,31-32,34-37} Specifically, the content included nursing profession,^{34,36} leadership,³⁶ basic nursing skills such as a physical assessment,³⁴ legal aspects and cultural issues in the host country.³¹ In two studies^{31,35} the knowledge and skills provided in the program included those more specific to the field in which overseas qualified nurses would work, such as palliative care and child care. Computer-based learning was also provided for overseas qualified nurses with limited experience using electronic health records.²⁸ E-learning materials were developed to help overseas qualified nurses deal with potential problems encountered in home healthcare.²⁷ Simulation learning²⁶ and case-based approach²⁸ were used in the learning process.

Language

Eight studies included content to help overseas qualified nurses with language communication skills

in their programs.^{25,28-30,33-35,37} Language skills included communication required in nursing settings,^{25,30,33,34} pronunciation,^{29,33} culture-based communication including non-verbal cues,^{30,33} and telephone.³⁰ mPreceptor was an interactive online learning tool designed to facilitate critical reflective learning, and included clinical communication in its content.²⁵ Two studies^{29,30} were part of a large project focusing on improving the language communication skills of overseas qualified nurses. A 10-week phonologic accent reduction course taught by a certified speech pathologist was conducted,²⁹ and a program to improve socio-cultural skills in communication based on the needs of overseas qualified nurses was developed.³⁰ A curriculum model also focused on the linguistic and therapeutic aspects of communication with patients, families and medical staff in the host country, including the correction of pronunciation and accent related to cultural differences.³³

Clinical practice

In six studies,^{26,28,34,36-38} the program included clinical practice in specialized areas for a defined period or number of hours.

Types and terms of the programs

The type of program was categorized as lecture or classroom sessions, workshops, clinical practice, and online. The program terms ranged from four weeks to one year. Programs that included clinical practice were six weeks or longer, and four programs were longer than six months.^{28,32,36,37} The number of sessions in programs varied; for example, three programs^{25,30,31} offered weekly sessions, while one²⁹ offered sessions twice a week.

Program outcome measurements and results

Outcome measurements and results were reported in eleven studies.^{25-26,28-31,33-34,36-38}

Participants' experience

Two studies^{36,37} used interviews to qualitatively assess participants' experiences in a bridging program. Participants found that the program helped them to learn in depth about differences in nursing practice

from their home countries, including the healthcare system, the role of the nurse, and relationships with patients.^{36,37} It was also noted that supervisors and preceptors in clinical practice had misunderstanding of the program and the role of participants.^{36,37} While the clinical training contributed to a deeper understanding of the scope of nursing, some participants reported experiences of misunderstandings about their roles and abilities by supervisors.³⁶

Useful aspects and challenges of programs

The most useful aspects and challenges of programs were reported through focus group interviews^{26,38} and self-report questionnaires.^{26,31} It was revealed that the program was helpful to understand the host country's healthcare and nursing,²⁶ policies and procedures,³¹ and to experience the professional nursing role.²⁶ Participants also indicated that peer support and preceptorship opportunities were important.²⁶ However, the inability of mentors to attend sessions due to lack of time was reported as an educational challenge.³¹ Overcoming the differences in the medical management of patients, equipment, and nursing care, and fitting into the nursing practice of the host country meant success as a program.³⁸ Nothing was reported as being unhelpful, but the addition of content on wound care, nutritional assessment, communication, the role of the multidisciplinary team, and nursing and family support surrounding the death were requested by participants.³¹ A challenging aspect of programs was the nursing workload, particularly the combination of clinical practice and assignments.²⁶

Language communication skills

In a program focusing on language communication, the foreign accent evaluation instrument was used and found a significant reduction in the number of phonologic errors among program participants.²⁹ A standardized patient who performed according to a clinical scenario was employed to evaluate socio-cultural communication skills of participants with a checklist.³⁰ However, there was no significant improvement in the scores of participants in the intervention group.³⁰ This was considered to be related to the fact that the participants had lived in the

host country for a long time (13.8 years on average) and were already familiar with the culture.³⁰ The Nurse Self-Concept Questionnaire (NSCQ) was used to measure any changes to perceived professional self-concept, including communication and leadership skills before and after the program.²⁵ The total NSCQ score was significantly higher post-program than pre-program, but there were no significant differences between the intervention and control groups, which was considered to be due to insufficient sample size.²⁵ Participants' communication skills were evaluated utilizing a videotaped role-play format with peer observer evaluation, which increased participant self-satisfaction in being able to communicate therapeutically with patients.³³ The pass rates on the U.S. Nursing Credentialing and Licensure Exam for Registered Nurses (NCLEX-RN), an English language competency test was used as an outcome, and found that program graduates had higher pass rates.²⁸

Nursing competencies

The Six-Dimension Scale of Nursing Performance was used as an outcome measure for the competence of participants, and performance in all domains improved after a program.²⁶ Participants' competencies were measured by assessing their abilities to perform nursing procedures, function as a member of the nursing team, communicate with other staff and patients, and complete hospital documentation forms.³⁴ However, results for these outcome measures were not described.³⁴

Discussion

This scoping review mapped the content and outcomes from the 14 included studies of training programs to promote the ability of overseas qualified nurses to adapt to nursing practices in their host countries. The programs' contents were knowledge for nursing practice, communication language skills, and clinical practice. The outcome measurements were participants' experience, useful aspects and challenges of the program, language communication skills, and nursing competency.

Training program contents and tools

As language barriers and different nursing practices are major issues for overseas qualified nurses working in a new country,⁶ many programs included this content. The programs, which focused on the knowledge and skills of nursing in the host country, provided overseas qualified nurses with valuable learning to facilitate the transition.³⁶ In particular, in addition to general content, some programs provided more specific knowledge of the fields where the overseas qualified nurses planned to work.^{27,31,35} Since burnout has been reported as a factor in the intention to leave, allowing overseas qualified nurses to receive training in the nursing practices required in their workplace may reduce burnout and help to enable overseas qualified nurses to work longer.³⁹ With regard to language communication, some programs were designed to improve more detailed skills, such as communicating with patients in real nursing care situations and correcting pronunciation and intonation, over the course of several months.^{29,30,33}

Regarding the tools of the program, clinical placement was also valued for acquiring more practice-oriented skills.³⁶ As Ho⁴⁰ reported, clinical practice and shadowing are considered being beneficial program contents to learn about communication with patients and charting the medical documents required in actual nursing practice. As a simulation learning, the standardized patient, in which a person plays the role of a patient according to the pre-written clinical scenario used, is also a unique tool.³⁰ Since this tool can provide training that is closer to the actual situation, it is considered to be an effective tool in the learning of overseas qualified nurses. In addition, the interactive mobile application (mPreceptor) introduced by Aggar et al.²⁵ is considered to be a useful tool for overseas qualified nurses, in that they can easily access and share information at any time during their clinical practice. Fukuyama²⁷ also provided an e-learning-based education. To facilitate early adaptation, the introduction of pre-departure training for overseas qualified nurses is required.⁴¹

Training programs using online tools could help future overseas qualified nurses learn in their home country to facilitate their adaptation more smoothly. Although the terms of the programs and the amount of content varied, participants reported workload burdens, so it is desirable to consider a duration that would allow participants to continue learning without a significant burden on them.

Outcome measurements and results of the training program

Outcome measurements varied across studies. Five studies^{25,26,29,30,33} evaluated the program by measuring the participants' skills corresponding to the learning content provided in the program, while the other evaluated the participants' experience of the course as a whole^{31,36-38} and their success rate in the final examinations.²⁸ Only three experimental studies were conducted as intervention studies, in which the programs were implemented, and their effects were evaluated.^{25,29,30} Further research is required to assess participants' skills as a result of the program in order to provide more beneficial training for overseas qualified nurses. Xu et al.'s experimental study³⁰ did not show significant improvement in outcomes; this was attributed to the fact that the participants had lived in the host country for more than 10 years and had already acquired the knowledge and skills. The content of a program should be considered according to the participant's characteristics, and especially the language skills and sociocultural knowledge would be particularly suitable for newly arrived overseas qualified nurses.³⁰ Furthermore, communication language skills in the medical field are complicated and cannot be fully covered by a time-limited program; ongoing language skills programs are needed.²⁹

Since a lack of attendance at the mentors' support sessions led to disappointment among participants, another important issue for improving the effectiveness of the program is to manage the work shifts of the host country nurses who support the training and increase their attendance.³¹ In addition, collaboration with the

supervisor of clinical practice was considered a challenge because the supervisor misunderstood the purpose of the program, which limited the participants' learning and led to disappointment.³⁶ Although all included studies in this review were conducted with overseas qualified nurses, the cooperation of the nurses in the host countries is essential in order to promote overseas qualified nurses' adaptation to their new work environment.

Implications for future program development

Based on previous research on barriers to working overseas, language skills including intercultural communication, and knowledge and skills about nursing practice in the host country, will help overseas qualified nurses adapt to new nursing practice.^{7,8} In eight studies^{25,28-30,33-35,37} included language skills in their program content, specifically targeting the ability to communicate smoothly with patients in the therapeutic aspect of real medical settings. In ten studies,^{26-28,31-32,34-38} knowledge and skills for nursing practice in the host country were included in the programs. As knowledge about the culture and laws of the host country was also provided,³¹ learning about the health care system, the nurses' roles, and the relationship with patients in the host country, based on the differences in nursing practice from their own country, helped overseas qualified nurses adapt to new nursing practices.^{36,37} Participants requested additional content on wound care, nutritional assessment, the role of the multidisciplinary team, and issues surrounding death.³¹ It is also necessary to provide knowledge about nursing care according to the health problems of the host country. During the Covid-19 pandemic, foreign health care workers were involved in a critical role in the treatment of patients,⁴² but it was also reported that language barriers prevented them from receiving appropriate training opportunities.⁴³ Programs that enable overseas qualified nurses to acquire the skills necessary for actual medical practice are desired so that they can work safely in the host country.

Strengths and Limitations

This scoping review included 14 studies, eight of which^{25-30,36-37} were new and updated with information not found in previous reviews.^{15,16} The novelty of this review is that it reported on the content of programs that used recent online learning tools and studies that evaluated the program's effect on participants' skills through an experimental study design. As a limitation of this review, some studies may not have been included because the language of the study was limited to Japanese and English. Studies that did not describe the program's content were excluded from the study selection process, so it was not possible to cover all programs actually reported. Given the priority of providing an overview of all reported studies, this scoping review did not assess the quality of the included studies.

Conclusion

From the 14 included studies, this scoping review mapped the contents and outcomes of training programs used to promote the ability of overseas qualified nurses to adapt to nursing practice in their host country. The programs' contents were knowledge for nursing practice, communication language skills, and clinical practice. The outcome measurements were participants' experience, useful aspects and challenges of the program, language communication skills, and nursing competency. In the 11 studies that reported program evaluation, one of the three experimental studies found significant improvement in the skills of the intervention group. Other studies, which evaluated qualitatively, reported positive responses from the participants. Since only three experimental studies were conducted, future studies that can provide evidence of the program's effectiveness are required. To promote the ability of overseas qualified nurses to adapt to nursing practice in the host country, it is recommended that programs be implemented to help

overseas qualified nurses understand the differences between their home and host countries regarding culture and nursing and to learn skills actually needed in their new workplace.

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โครงการฝึกอบรมเพื่อส่งเสริมทักษะการปฏิบัติการพยาบาลของพยาบาลต่างประเทศที่มีคุณสมบัติเหมาะสม: การทบทวนวรรณกรรมแบบกำหนดขอบเขต

Rina Shoki,* Hitomi Suzuki, Erika Ota

Abstract: สำหรับพยาบาลต่างประเทศที่มีคุณสมบัติเหมาะสมนั้น การฝึกอบรมมีความสำคัญในการช่วยให้ปรับตัวกับแนวปฏิบัติทางการพยาบาลในประเทศที่เข้าทำงานใหม่ ในฐานะที่เป็นผู้นำในการทบทวนวรรณกรรมอย่างเป็นระบบ ทีมผู้ศึกษาได้ทำการทบทวนวรรณกรรมแบบกำหนดขอบเขตเพื่อจัดระบบความสัมพันธ์ของเนื้อหาและผลลัพธ์ของโปรแกรมการฝึกอบรมทั้งหมดที่ใช้เพื่อส่งเสริมความสามารถของพยาบาลต่างประเทศที่มีคุณสมบัติเหมาะสมให้ปรับตัวเข้ากับการปฏิบัติการพยาบาลในประเทศเจ้าบ้าน ทีมผู้ศึกษาดำเนินการทบทวนวรรณกรรมแบบกำหนดขอบเขต ตามกรอบที่เสนอโดย Joanna Briggs Institute ฐานข้อมูลที่ค้นหา ได้แก่ PubMed, EMBASE, CINAHL PLUS, British Nursing Index (BNI) และ Japan Medical Abstracts Society การสืบค้นดำเนินการในเดือนธันวาคม พ.ศ. 2564 พบว่ามีงานวิจัยจำนวน 14 เรื่องที่ตรงตามเกณฑ์ที่กำหนดที่ใช้ในการทบทวนวรรณกรรมครั้งนี้ ด้านเนื้อหาของโปรแกรมประกอบด้วยการใช้ภาษา ความรู้สำหรับการปฏิบัติการพยาบาลในประเทศเจ้าบ้าน และการปฏิบัติทางคลินิก ทักษะทางภาษาประกอบด้วยการออกเสียงและการสื่อสารตามวัฒนธรรมที่จำเป็นในการปฏิบัติการพยาบาล ในขณะที่ความรู้สำหรับการปฏิบัติการพยาบาลมีการเตรียมเนื้อหาที่จำเป็นที่ใช้ในสภาพแวดล้อมจริง ผลลัพธ์ได้รับการประเมินจากประสบการณ์ของผู้เข้าร่วม แง่มุมที่เป็นประโยชน์และความท้าทายของโปรแกรม ทักษะการสื่อสารทางภาษา และสมรรถนะทางการพยาบาล ส่วนประสิทธิผลของโปรแกรม มีงานวิจัย 11 เรื่องที่รายงานเกี่ยวกับการประเมินโปรแกรม โดยหนึ่งในสามของงานวิจัยเชิงทดลองพบว่าการพัฒนาทักษะของกลุ่มทดลองเพิ่มขึ้นอย่างมีนัยสำคัญ ส่วนงานวิจัยอีก 6 เรื่องที่ใช้การประเมินในเชิงคุณภาพ รายงานการตอบสนองเชิงบวกจากผู้เข้าร่วมวิจัย โปรแกรมที่จัดเตรียมเนื้อหาที่ช่วยให้พยาบาลต่างประเทศที่มีคุณสมบัติเหมาะสมได้รับความรู้และทักษะที่จำเป็นในประเทศเจ้าบ้านมีส่วนส่งเสริมความสามารถในการปรับตัวให้เข้ากับการปฏิบัติการพยาบาล มีงานวิจัยเชิงทดลอง 3 เรื่องที่รายงานว่ายังขาดหลักฐานที่ชัดเจนในการประเมินประสิทธิผลของโปรแกรม

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คำสำคัญ: พยาบาลต่างชาติ พยาบาลต่างประเทศที่มีคุณสมบัติเหมาะสม การศึกษาพยาบาล การย้ายถิ่นทางการพยาบาล การปฏิบัติการพยาบาล การทบทวนวรรณกรรมแบบกำหนดขอบเขต การฝึกอบรม

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