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Return to Nursing: A Meta-Synthesis of Academic Bridging Programs' Effect on Internationally Educated Nurses

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Abstract

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Keywords

Internationally Educated Nurses, IENs, Effects of Bridging Programs, Bridging, Meta-Synthesis

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Return to Nursing: A Meta-Synthesis of Academic Bridging Programs' Effects on Internationally Educated Nurses

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This meta-synthesis explored the effect of bridging programs on internationally educated nurses (IENs). Eight papers that met the inclusion criteria were selected for this review. There were 437 participants from eight studies who come from different parts of the globe and who settled in either Australia, Canada, New Zealand, or the United Kingdom. Using a grounded theory approach for data analysis, four effects of bridging programs on IENs were identified. These are: (a) the concepts from the regulatory body, the client-centred care; (b) do something better for us, for our future; (c) we have to learn English; and, (d) faculty, program coordinator and preceptors that were willing to work with them. These effects were defined and explored in light of the study samples selected for this study. Keywords: Internationally Educated Nurses, IENs, Effects of Bridging Programs, Bridging, Meta-Synthesis

While it can be assumed that nurses generally study from the same body of knowledge, it is recognized that differences exist in regards to practice standards and expectations from one jurisdiction to another (Atack, Cruz, Maher, & Murphy, 2012). However, a study by Matiti and Taylor (2005) showed that internationally educated nurses (IENs) make the assumption that the kind of nursing they learned and practised back home is the same elsewhere. This creates tension within the IEN, as well as their colleagues in the host country, and may put their licensure and employment at risk. It is, therefore, not surprising that these IENs, upon gaining registration in the host country, may experience challenges integrating to the workforce and assuming their roles as nurses in their new jurisdiction.

There is some literature which report on IENs' negative experiences in their host countries. Alexis and Shillingford (2012), Alexis, Vydellingum, and Robbins (2007) and Allan (2007) reported how IENs working within in the United Kingdom (UK) National Health Service (NHS), notably black and minority nurses, expressed feelings that their previous knowledge and work experience were being devalued, in some instances ignored, in the workplace to the extent that they felt like they were being treated like children who required constant supervision. An action-based research done in Cork, Ireland on the adaptation process for IENs showed feelings of distrust between local nurses and IENs (Dunnion, O'Riordan, & Dunne, 2008). Irish nurses noted that Philippine-trained nurses' scope of practice was different from how nursing was being practised in Ireland, prompting Irish nurses to develop feelings of distrust amongst Filipino nurses, leading to double-checking of the IENs' work (Dunion et al., 2008). In certain instances, IENs were prevented from doing the "nursing" tasks they were very skilled at doing, leading them to think that the kind of nursing they learned

and practised was not being recognized (Matiti & Taylor, 2005). Unclear role expectations led IENs to develop feelings of distrust and frustration.

The challenges experienced by IENs relate to English language and professional communication, lack of familiarity with the host country's health care system, unfamiliar skills being learnt, as well as patient roles and expectation within the health care continuum (Taylor, 2005; Thekdi, Wilson, & Xu, 2011). In the Canadian province of Saskatchewan, IENs from the Philippines noted a huge difference in providing care to clients and the role of nurses within the health care team (Bassendowski & Petrucka, 2010). Having been trained in a biomedical health care system where nurses were treated like physicians' handmaidens, these Filipino IENs remarked how, in Canada, they needed to critically think as they are treated as partners in the care of patients (Bassendowski & Petrucka). While this may appear to be a positive aspect of Canadian nursing, this group of nurses were at a loss and needed time and support to get used to their new workplace culture. While IENs in Jose's (2011) study appreciated the opportunity to use new technologies, they reported the need for more training and support to master the use of unfamiliar equipment. In the UK, it has been suggested that IENs also experienced feelings of racism owing to their inability to immediately become familiar with and understand local dialects; there were those who reported how their UK colleagues made fun of their accents which discouraged them from giving reports (Likupe, 2006). These situations create tension between locally-trained nurses and IENs.

In many Canadian provinces such as Ontario, academic bridging programs have been offered to IENs as a means to promote their rapid integration, allowing them to move quickly into Canada's nursing workforce (Lum, 2006; Lum & Turriffin, 2007). It is also required of IENs who have been identified by the regulatory body as having gaps in the competencies expected of entry-level registered nurses in that province. In addition, it may also be required of the IEN as a way to provide proof of safe practice, especially those IENs who have not worked as nurses for three years or more. Different models of academic bridging programs exist across Canada. The Canadian Association of Schools of Nursing (CASN, 2012) noted that these programs differ greatly from each jurisdiction and provider. Bassendowski and Petrucka (2010) suggested further that bridging programs are fairly new and research needs to be done to understand their value, and how these facilitate (or not) the acculturation of IENs to the health care system. In the USA, Jose (2011) suggested the limited availability of research on IENs that could have been useful in identifying the learning outcomes and needs of these nurses.

The idea for the study emerged from the experiences of the authors who are all immigrants. EVC and RFFR are both IENs who completed their undergraduate nursing education in the Philippines. To prepare for registration in Canada, EVC opted to enroll in a bridging program for IENs. EVC and CPM both work with IENs who attend a bridging program in their institution, and have witnessed the challenges encountered by these nurses in obtaining registration and licensure in their new home country. Therefore, to address the issues identified in literature, it is important to look at the effects of bridging programs in IENs through a systematic review. This meta-synthesis will help contribute to the state of knowledge on academic bridging programs for IENs. It will also be useful in understanding the training and education needs of IENs, as well as their readiness to practice based on available literature.

Methods

Design

This study is a meta-synthesis that used a grounded theory (GT) design. A meta-synthesis is a qualitative study that utilizes findings outlined in primary individual studies that

have been selected owing to their similarities or relatedness in addressing a research phenomenon (Saini & Shlonsky, 2012; Zimmer, 2006). Unlike other methods of qualitative synthesis, a meta-synthesis uses an integrative approach that focuses on summarizing research findings, while creating “taxonomies of the range of conceptual findings and [providing] the foundation for the development of conceptual descriptions of phenomena across studies” (Sandelowski & Barroso, 2007, as cited in Saini & Shlonsky, p. 29). A meta-synthesis allows the inclusion of primary qualitative studies that meet the inclusion criteria and which address the predefined problem (Saini & Shlonsky). According to Dixon-Woods, Agarwal, Jones, Young and Sutton (2005), GT may be a fitting approach to synthesize primary studies in a meta-synthesis. GT, using the constant comparative method described by Glaser and Strauss (1967/1999) for data analysis, facilitates the analysis and identification of patterns and interrelations in primary research articles, both qualitative and quantitative, that have been included within a meta-synthesis (Dixon-Woods et al., 2004). GT is an essential tool for changing systems and enhancing interventions as the process involves addressing problems and its root causes (Kearney, 2009). This is well suited to understanding how academic bridging programs impact IENs’ practice in their host country.

Sampling Criteria and Process

A research librarian provided assistance in September 2012 in designing database search strategies using the following electronic databases: CINAHL, Medline, ERIC, Scopus and Web of Science (Table 1). Papers were included if they: were published in English; investigated a topic relevant to (a) how bridging programs facilitated the ability of internationally educated nurses (IEN) to pass the registration exam, provide nursing care based on entry-to-practice competencies, standards/scope of practice and code of ethics, (b) the practice differences between IENs who attended bridging programs or not, or (c) the benefits of bridging programs seen as most important for IENs; and, were empirical research reports. Papers were excluded if they were anecdotal papers, discussion papers, narrative reviews, policy papers, theses and dissertations (due to time constraints), without an explicitly stated methodology, or were published in a language other than English. No limits on publication dates were made to ensure inclusion of all studies relevant to the topic of interest. To screen for relevant studies, search results were uploaded to Refworks. This also allowed checking for duplicate articles/research studies. After removing duplicate literature, a total of 1,372 remained in Refworks. An initial screening was done based on the study’s title, abstract and bibliographic information (Saini & Shlonsky, 2012). Of the initial 1,372 articles identified, it was determined that 693 articles were not related to IENs while another 407 were about IENs but did not meet the inclusion criteria. Fifteen articles were selected for retrieval and subjected to full review by two coders (Figure 1). A research librarian was subsequently consulted by RFFR in June 2016 to update the search results; no new articles were published between September 2012 to June 2016.

A total of eight research articles published between 2003 and 2012 were determined to have met the inclusion criteria and subsequently comprised the sample for this meta-synthesis (Table 2). A total of 437 IENs participated in the eight samples used for this meta-synthesis.

Table 1. Electronic databases search strategy, keywords and result

Database	Key words	Search result
CINAHL	MH "Foreign Nurses") OR IEN* OR ((international* or foreign or immigra* or migra* or overseas) n5 nurse*) AND MH "Transitional programs" OR (transition* or bridg* or adapt* or acculturat* or sociali* or integrat* or adjust* or train* or retrain* or "re-train*" or "re-educat*" or competenc* or program*	193
Medline	MH "Foreign Professional Personnel+") AND nurse* OR (international* or foreign or immigra* or migra* or overseas) n3 nurse* AND transition* or bridg* or adapt* or acculturat* or sociali* or integrat* or adjust* or train* or retrain* or "re-train*" or "re-educat*" or program*	1,048
ERIC	SU "Foreign Nationals") AND nurse* OR (international* or foreign or immigra* or migra* or overseas) n3 nurse* AND transition* or bridg* or adapt* or acculturat* or sociali* or integrat* or adjust* or train* or retrain* or "re-train*" or "re-educat*" or program*	1,034
Web of Science	(international* PRE/3 nurse*) OR (foreign PRE/3 nurse*) OR (immigra* PRE/3 nurse*) OR (migra* PRE/3 nurse*) OR (overseas PRE/3 nurs*) AND TITLE-ABS-KEY(transition* OR bridg* OR adapt* OR acculturat* OR sociali* OR integrat* OR adjust* OR train* OR retrain* OR "re-train*" OR "re-educat*" OR program*)	194
Scopus	international* or foreign or immigra* or migra* or overseas) near/3 nurse*) AND Topic=(transition* OR bridg* OR adapt* OR acculturat* OR sociali* OR integrat* OR adjust* OR train* OR retrain* OR "re-train*" OR "re-educat*" OR program*	310

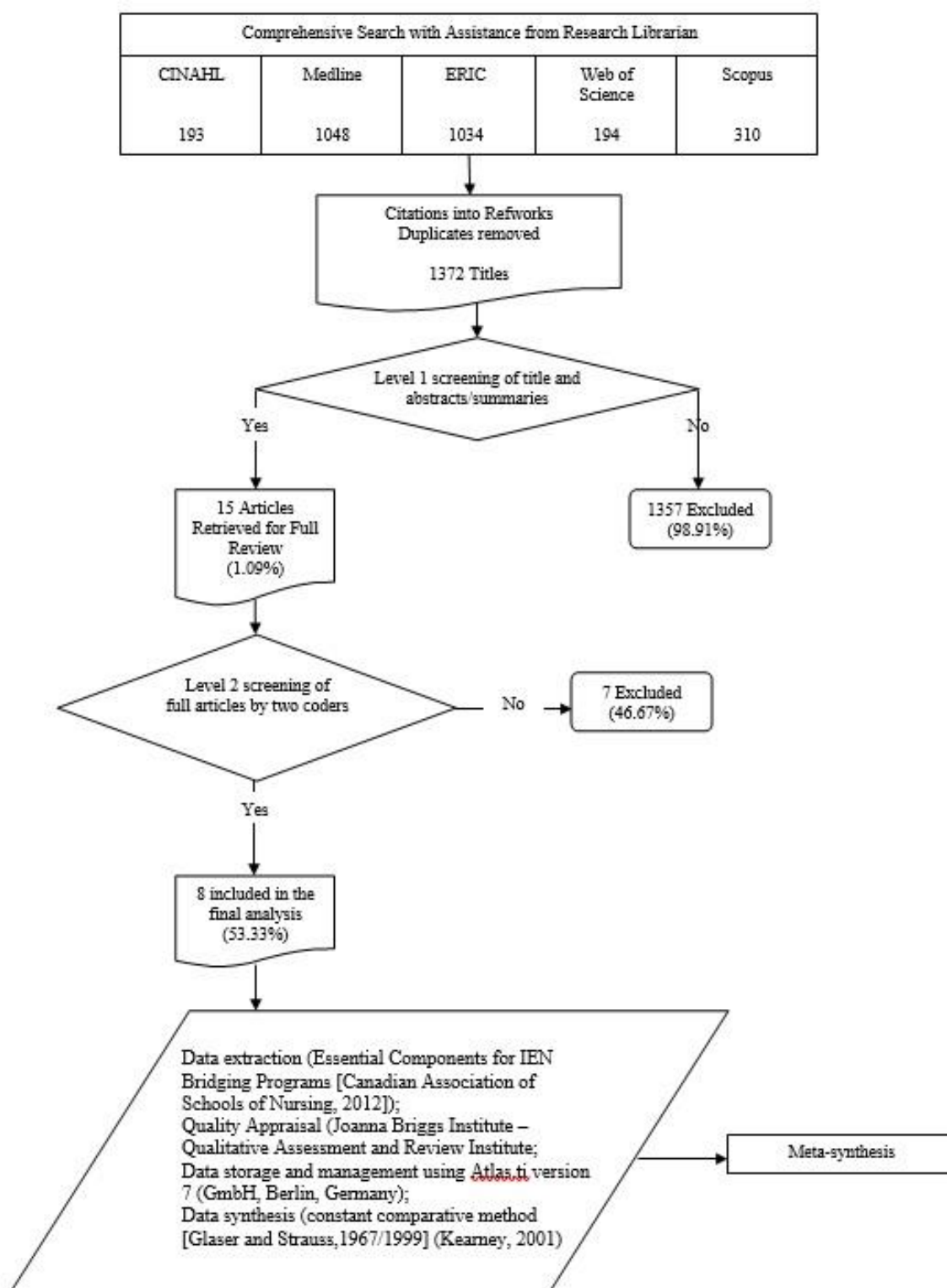


Figure 1. Screening for relevant studies for this meta-synthesis.

Table 2
Studies Included in Sample

Authors	Year Published	Host Country	Method	Interview Sample	Ages / Race / Ethnicity	Level of Education	Data Collection Method	Bridging Program Characteristics	Themes / Findings
Atack, Cruz, Maher & Murphy	2012	Canada	Qualitative Descriptive	2 focus groups 1 st = 29 2 nd = 26 Telephone interview = 9	Article only provided the first language spoken by participants	College diploma Nursing degree	Demographic survey Focus groups Telephone interviews	Administered by a community college Program length: 31 to 45 weeks Delivery: in-class, clinical & one hybrid course Program delivery hours: full-time Credential: Diploma in Practical Nursing	Bridge programs are essential to ensure that internationally educated nurses are prepared for practice in their adopted country. Tailored language assessment, emphasis on the philosophy and culture of nursing and health care, language development, and ample clinical practice time are essential components of an effective bridge program.
Bland & Woolbridge	2011	New Zealand	Qualitative inquiry, informed by participatory action research	10	23 – 35 years old Indian	Not described	Semi-structured focus groups	Provider: College (Universal College of Learning) Credential awarded: BN	The program led to an internationally-recognized qualification that increased their professional competence and which enhanced their nursing status.

								Program deliver: in-class	IENs became more aware of the need to provide culturally-safe, person-centred care in accord with the host country's standards of practice for nurses.
								Program hours: full-time	
Deegan & Simkin	2010	Australia	Modified grounded theory	17	25 – 40 years old	Not described	Semi-structured interviews	Theoretical and clinical components	The program provided IENs an opportunity to undertake a formal assessment process which was a prerequisite for registration in the State of Victoria in Australia.
					India, China, Philippines, El Salvador, and the Czechoslovakia Socialist Republic		Journal entries Informal conversation before, during and following direct observation	Carried out in two universities and four hospitals around Melbourne	
Gerrish & Griffith	2004	United Kingdom	Instrumental case study (Stake, 1994)	17	Ages not described	Not described	Focus group Interviews	Period of supervised practice together with taught input, and had a minimum duration of 12 weeks, the length being determined by the Nursing and Midwifery Council requirements	Five ways in which the 'success' of the programme was given meaning were identified: <ul style="list-style-type: none"> • gaining professional registration; • fitness for practice; • reducing the nurse vacancy factor; • equality of opportunity;

- promoting an organizational culture that values diversity.

Jordan & Brown	2011	United Kingdom	Descriptive cross-sectional survey consisting of closed- and open-ended questions	251	25 – 40 years old (69.9% of respondents); under 25 years old (8.8%); over 40 years old (21.3%)	Higher academic level of education Nursing degree	Survey questionnaire which contained a mixture of tick box and open ended questions	20-day period of protected learning and, where appropriate, a period of supervised practice IENs from ‘old commonwealth’ countries i.e. Australia, New Zealand, USA, Canada and South Africa undertook the theory only component. For nurses from other countries the NMC request that they undertake supervised practice as well (G. Jordan, personal communication, February 26, 2013).	Only one third of IENs in this study felt there was a need to undertake an Overseas Nurse Programme (ONP_). Of the remainder many felt it should only include the topics of Delivery of the Health Service in the UK and Legal and Professional (NMC) Issues. Overall only a very small number of nurses felt that the overseas nurses programme had a significant impact on their current nursing practice in the UK, and almost half of the participants, notably those from Australia, New Zealand, South Africa, Canada and the United States, felt that it had no impact at all.
			Qualitative data were analyzed using content analysis		Australia, New Zealand, Canada, the United States, South Africa, India, the Philippines, Singapore, Zimbabwe, the Gambia, China, Nigeria	Diploma or a pre-registration course without academic credit			
O’Neill	2011	Australia	Qualitative approach (Creswell, 2007)	10	India, China, Nepal	Not described	Semi-structured interviews	English as a second language program for three months	IENs for whom English is a second language meet challenges in the Western workforce that go beyond notions of proficiency, and

								Completion of the required Competency Based Assessment Programme	involve them managing the roles of language learner and professional simultaneously. The experiences of the participants in this study show the difficulties and risks to cultural and professional identity they face, when forced to bridge the gap between language preparation and clinical practice on their own.
Parry & Lipp	2006	United Kingdom	Program evaluation	15	The Philippines	Not described	Structured self-report in the form of a questionnaire	Adaptation programme delivered within a hospice environment Incorporated four domains: professional and ethical practice; care delivery; care management; and personal and professional development.	The adaptation programme in this study allowed IENs to undertake professional development and an opportunity to specialize in palliative care. Support for mentors of IENs is essential in ensuring the success of an adaptation programme. Acknowledging the IENs' professional background and experience is essential in promoting professional respect.

									There is a need for both formal and informal support in clinical practice in addition to consolidation during the programme.
Withers & Snowball	2003	United Kingdom	Qualitative, holistic approach within the interpretive paradigm	Postal questionnaire = 45 Semi-structured interview = 8	25 – 39 years old The Philippines	Not described	Postal questionnaire Semi-structured interview	The adaptation program included orientation to the NHS trust and ways of practicing as a nurse in the UK, as well as orienting the nurses to cultural and language issues Offered in a partnership facilitated by the Oxford Brookes University's School of Health Care and the International Centre of English Language Studies	Most of the questionnaire respondents were positive about the success of the adaptation programme. The programme provided knowledge about work and, importantly, it exposed participants to both cultural and language issues.

The host countries for IENs in the samples were Australia (2), Canada (1), New Zealand (1), and the United Kingdom (4). The bridging programs participated in by IENs in the samples consisted of theoretical and/or clinical components, generally dependent on the requirements made by the host country's nursing regulatory body. These programs were offered by an educational institution and/or a host health care facility, and ranged from a 20-day "period of protected learning" (Jordan & Brown, 2011) to a full year of diploma or post-diploma baccalaureate credential. All studies, wholly or in part, addressed the research question for this meta-synthesis.

Data Collection and Analysis

The Joanna Briggs Institute – Qualitative Assessment and Review Institute (JBI – QARI) (Joanna Briggs Institute [JBI], 2014) checklist was used to appraise the quality of samples used in this study. An extraction template was used to systematically collect relevant data from each sample. The extraction template was designed using the Essential Components for IEN Bridging Programs developed by a group of IEN educators from across Canada and published by the Canadian Association of Schools of Nursing (CASN) (2012). These essential components are a list of best practices that have been deemed relevant in offering quality bridging programs that can assist IENs in gaining registration and/or licensure in Canada (CASN). Data extracted from the reports included, but were not limited to the authors' name/s, year of publication, methodology, host country for IENs, source country of IENs, participant demographics, level of education of IENs, data collection methods, bridging program characteristics, and major themes/findings relevant to the research question. Information extracted from each of the samples was tabulated in an "extensive grid to facilitate cross-case comparison" (Kearney, 2001, p. 274). Emails were sent to the authors of five samples to seek clarification on certain aspects of their studies and/or request additional information. Only one author provided the information requested. Another author responded but, owing to the length of time since the publication of the paper, the information requested was no longer available. Another author provided the title of her thesis which was the basis of the published paper. However, this document was not included in the review because of the previously established exclusion criteria for this meta-synthesis. One of the samples used a cross-sectional descriptive survey; only the qualitative component of the study generated from open-ended questions were used in this study. Atlas.ti version 7 (GmbH, Berlin, Germany) was used for data storage, management and analysis.

The constant comparative method (CCM) described by Glaser and Strauss (1967/1999) was used to analyze the data gathered. Constant comparative method is the primary means for the development of grounded theory requiring the researcher to simultaneously collect and analyze data (McCann & Clark, 2003). The steps involved for CCM are: (1) comparison of events applicable to categories, (2) integration of categories and their properties, (3) theory delimitation, and (4) theory writing (Glaser & Strauss, 1967/1999). The constant comparison process continues until there is sufficient detail and abstraction generated from the data to formulate a theory (McCann & Clark, 2003). Theoretical sampling, as described by Kearney (2001), required reviewing and referring back to the samples repeatedly to guide analysis of data gathered. Some of the samples used had limited information on concepts and theoretical relationships pertinent to the research question for this meta-synthesis but these were deemed useful in validating experiences portrayed in other samples. As suggested by Kearney (2001), bringing together studies for synthesis provides an opportunity to compensate for the limited scope of individual reports. This study used the steps for GT development described by Strauss (1987; as cited in Kearney, 2001): choosing the phenomenon for initial focus of analysis, selecting an initial data source, coding data using descriptive and then theoretical coding,

beginning to write theoretical memos, seeking the next data using theoretical sampling, continuing theoretical sampling, thinking comparatively at each step, and making as specific as possible the connection of each concept of the core phenomenon (Kearney, 1998).

Findings

Concept and Context

Bridging programs

As described in the samples used in this study, bridging programs were regulatory requirements generally intended to address identified gaps in IENs' previous education and experience in the home country. It was also referred to as bridge program (Atack, Cruz, Maher, & Murphy, 2012), competency based assessment program (Deegan & Simkin, 2010; O'Neill, 2011), overseas nurses program (Jordan & Brown, 2011), and adaptation program (Parry & Lipp, 2006; Withers & Snowball, 2003). These programs may include theory and/or clinical components, and may be hosted in-class within an educational institution and/or a health care agency, or by distance modalities. At the conclusion of the program, an IEN either gained a credential (diploma or baccalaureate degree) or the eligibility to write the registration exam or for licensure. While bridging programs were perceived as generally helpful by most of the IENs in the samples for this meta-synthesis, participants in one study indicated ambivalence over the administration of the bridging program they attended (Jordan & Brown, 2011).

Return to nursing

The primary reason that motivated IENs to undertake a bridging program was the desire to *return to nursing*. Return to nursing was described as a noun in two ways. In the first instance, return to nursing was a form of life struggle for IENs. This life struggle can be rooted from being compelled to do a bridging program in order to gain registration and/or licensure in their host countries. They presented with challenges owing to the multiple roles as partner, parent and/or relative who needed to support themselves through schools, while supporting their families in the host country or back home. One IEN said,

A lot of us... move to another country and move there as skilled workers. So, they move with their family and of course they need to take some refresher courses or need some time to study to get a license. But when they come here as a family, it's not easy to go back to school. They need to work, so they do need money... I know a lot of professionals move here and then they end up working in the kitchen because they need money. (Atack et al., 2012, p. 373)

Secondly, return to nursing also referred to a set of outcomes that came as a result of an IEN's attendance in and successful completion of a bridging program in his/her host country, which ultimately led to their ability to gain registration and/or licensure, and subsequent employment as a nurse in the host country. The components of return to nursing are shown in Table 3.

Table 3. Return to nursing: Effects and components of process

Effect	Definition of effect	Strategies
The concepts from the regulatory body, the client-centred care	Acquisition of knowledge and skills needed to gain registration and/or licensure as a nurse, and to provide safe care to clients in the host country	Classroom instruction Instructor- and preceptor-supervised clinical practice Provision of modules
Do something better for us, for our future	Opportunities that become available to IENs as a result of their successful completion of a bridging program, and gaining registration and/or licensure, and subsequent employment as nurses in the host country, subsequently contributing to their personal, professional and career development and success	Earning an academic credential Eligibility for registration / licensure
We have to learn English	Developing and/or enhancing IENs' English language skills as well as professional communication	Classroom instruction Clinical practice
Faculty, program coordinator and preceptors were willing to work with them	Sources of moral and emotional support for IENs as they attend a bridging program Support provided to IENs by their mentors that contribute to the development of their self-confidence and self-worth	Providing program staff and clinical preceptors resources to better understand IEN background

Components of Return to Nursing for IENs

“The concepts from the [regulatory body] – it’s a big difference... the client-centred care; back home, we just tell them what to do.” (Atack et al., 2012, p. 374)

Attending a bridging program generally helped IENs recognize and understand the differences in standards and scopes of practice for nursing practice between their home country and their host country. This was facilitated by various learning activities and strategies offered in the program that helped prepare them for classroom and clinical practice (Atack et al., 2012).

IENs in the study of Gerrish and Griffith (2004) also acknowledged the differences in the delivery of nursing care in the UK, suggesting that “many [IENs] were familiar with a more task-orientated approach to practice, but now found themselves responsible for providing holistic care for a small group of patients” (p. 582). Attending a bridging program helped address these challenges. Atack et al. reported how IENs in their study found one course in the bridging program, Introduction to Nursing in Ontario, as very relevant in understanding “their scope of practice, current legislation, patient safety, ethical standards..., interdisciplinary practice... and the concept of the nurse-patient partnership that is at the heart of Canadian nursing. The program helped nurses to gain awareness of what that meant in practice” (p. 374). One nurse remarked that “the [bridging] program is very good. It helped us a lot before they exposed us to the wards” (Withers & Snowball, 2003, p. 284). This was further supported by Parry and Lipp (2006) who noted that IENs valued their program content relating to policies and procedures of nursing practice. Another course, Health Assessment, was deemed relevant by IENs. It appeared that health assessment was a role not usually expected of IENs in this sample. In fact, as noted by Atack et al., “Health Assessment course was useful because the concept of assessment was new to most nurses” (p. 374).

Successful completion of the bridging program allowed IENs to gain registration and/or licensure in their host country. In addition to gaining licensure and/or registration in the host country, the bridging program helped IENs prepare for clinical practice. Atack et al. (2012) reported that most IENs in their study cited their clinical preceptorship experience as an excellent opportunity to gain supervised clinical experience in the host country that helped increase their confidence. This subsequently led to recognition of their previous experience and skills which soon acknowledged and valued by employers and their colleagues (Bland & Woolbridge, 2011). While some instances of overt racism were reported by some IENs, they were generally received, supported, and accepted by their colleagues in the ward (Gerrish & Griffith, 2004).

Attending a bridging program, as well as gaining experience and confidence in clinical practice, also helped facilitate the IENs’ appreciation of the societal and practice culture in the host country. Bridging programs exposed IENs to the host country’s culture through inclusion of relevant topics in the bridging curriculum as well as other innovative strategies such as cultural and social tours (Withers & Snowball, 2003, p. 284). One nurse said, “I need to adjust to the culture. You have a different culture. It takes time... I’m not putting it as a bad experience but a learning experience” (Withers & Snowball, p. 284).

A group of IENs in one sample were initially reticent in attending a bridging program, This was reflected in the comments provided by the IENs, “I don’t feel I have learned a lot from my [bridging program] – most of the information I have already covered in my degree back home” while another IEN remarked, “I do not believe the [bridging program] helped me in my practice; it was my original undergraduate course that enabled me to learn the skills I use today” (Jordan & Brown, 2011, p. 6). However, other IENs in the same sample also acknowledged its value in the following words:

I truly believe that the ONP standardises the experience for all foreign nurses and does benefit us. The benefit might not be recognised right away at the end of the course, but the true value comes once you are in the workplace and you have a better understanding of where you fit in’ as an overseas trained nurse I feel it was necessary to complete [a bridging program] because it introduced me to nursing policies and let me know what is expected of me as a nurse in the UK. (Jordan & Brown, p. 7)

“Do something better for us, for our future.” (Bland & Woolbridge, 2011, p. 21)

Bridging programs provided IENs opportunities for future personal and professional advancement in addition to the nursing knowledge and skills relevant to registration and/or licensure. Gaining an academic credential in the host country was perceived as a pathway to a better life. One nurse said, “I found out that this school was offering a registered practical nurse fast track. I’m fortunate to grab it because it’s only [one] year and maybe someday I can be a registered practical nurse” (Atack et al., 2012, p. 372). Various components of the bridging program they attended were deemed useful in improving their knowledge and skills with the use of technology, and in finding employment (Atack et al.).

Having earned an internationally recognized credential, IENs also reported “better job opportunities, pay rates, and working conditions” (Bland & Woolbridge, 2011, p. 21). As IENs gain employment opportunities, professional development and specialty training in the workplace also became available. In Parry and Lipp’s (2006) study, they reported that IENs “integrated into a new specialty — palliative care,” as well as settled well into the community (p. 88). IENs are hopeful that the knowledge they gained from their bridging program, and their on-going experience in the host country can help them inform nursing practice in their home country. An IEN in New Zealand remarked,

When we come from New Zealand we will tell them [nursing colleagues] about the practices they are using in New Zealand, and they will use those techniques in India, and in this way they can improve the nursing profession in India. (Bland & Woolbridge, 2011, p. 22)

“We have to learn English.” (Atack et al., 2012, p. 373)

Learning and/or enhancing the IENs’ English language proficiency, both for professional communication as well as daily conversations, was a significant component of bridging programs. Enhancing their English fluency was closely related to the provision of safe and competent care. Ruth, an IEN in Australia, said

We don’t know, what is this! And we read quite slowly, we can understand that but we read quite slowly. Yeah, so we need more time to pick up some main point. Yeah but the problem is, in the hospital setting you don’t have enough time. For the local nurse, they just skip the paragraph and they pick it up. For us we really need to sit down and read and try to organize, figure it out. Which makes us look stupid! (O’Neill, 2011, p. 1125)

Alana, a nurse from El Salvador working in Australia, said,

Very nervous about communication in the clinical environment, they try to make it short and it’s hard for me to know what they exactly are talking about. Lots of abbreviations and I feel bad, I think maybe I’m not good enough. (Deegan & Simkin, 2010, p. 22)

These situations created pressure and turmoil amongst IENs who were afraid to be perceived as incompetent because of their accent and slower response time to conversations in English.

Nevertheless, attending bridging program facilitated the development and/or enhancement of an IEN’s English language proficiency as well as their professional communication skills. According to Atack et al. (2012), IENs felt that the program they

attended supported the development of their English language skills, and felt that the amount of time spent developing these skills was adequate. Gerrish and Griffith (2004) added that although IENs continued to experience some challenges with local dialects and accents in communicating with staff, most of them were more assertive by the end of the bridging program. Nevertheless, IENs in the study by Atack et al. “reiterated that they needed more occupation-specific courses where they could work more on terminology and professional vocabulary that would prepare them for work” (p. 374).

“Faculty, program coordinator and preceptors were willing to work with them.” (Atack et al., 2012)

The impact that faculty members (classroom and clinical), program coordinator, mentors and preceptor had on IEN success was described in the samples for this meta-synthesis. When being heard, listened to and understood by the individuals they work with as they go through their bridging program journey, IENs feel more empowered. IENs in one bridging program reported that the coordinator, who was also an IEN, and faculty members made significant changes in program delivery as a result of a dialogue; this contributed to their confidence in, and positive outlook of the program (Atack et al., 2012). In addition to the support provided by program staff, IENs also reported the benefits of knowing other IENs in their program. Jordan and Brown (2011) suggested that IENs “related the benefits of meeting other students and in many cases reported making lasting new friends. They appreciated discussing issues of working and living in the UK with others in a similar position” (p. 8).

Discussion

Return to nursing offers a model to explain the effects of bridging programs in IENs based on studies that wholly or in part, addressed the research question for this meta-synthesis - *What are the effects (perceived or otherwise) of bridging programs on IENs?* This is a first attempt at consolidating information from relevant literature to shed light on the value of bridging programs in the credentialing process for IENs. It must be emphasized, however, that the findings presented are based on empirical literature in English that used different methodologies and did not include grey literature owing to time constraints. Furthermore, owing to the nature of samples used in this study, it was not possible to fully acknowledge the experiences of IENs represented by the eight studies. Differences in jurisdictional credentialing process as well as delivery of bridging programs are additional factors that could have potentially impacted the findings in this study.

Recognizing the difference in standards and scopes of nursing practice from one jurisdiction to another played a significant role in helping IENs acknowledge their learning needs. This was particularly observed amongst IENs whose first language was not English. While they may have initially resisted the idea of attending a bridging program, this group of IENs subsequently acknowledged the invaluable help they obtained from their re-training. This afforded the IEN an opportunity to earn a domestic credential and/or experience that was understood by and readily accepted in the host country, an important tool for subsequent employment in many instances. Furthermore, it equips the IEN with relevant knowledge and skills that promote safety for both the client and the IEN. Unfortunately, IENs from Australia, New Zealand, South Africa, Canada and the United States of America who sought registration and employment in the UK had a different perspective on this. These nurses were more vocal in declaring that the bridging program they attended had no value, with one nurse claiming, “I would have adapted and learnt the UK system while working” (Jordan & Brown, 2011, p. 6). This situation emphasizes the need to establish a fair, equitable and rational approach in

credentialing IENs as persons become more mobile. While the remark by this IEN may have resulted from frustration with the credentialing process, it raises concerns over how IENs overestimate their knowledge and skills by ignoring any form of difference in standards and scopes of practice that can affect client safety. Conversely, does this situation indicate arrogance or ignorance on the part of some IENs who come from developed countries who may have the wrong notion that nursing practice is similar around the world?

Successful completion of a bridging program is a pathway to a better life for the IEN and his or her family. It opens doors of opportunities to advance their careers in the host country and become active members of the society. Bridging programs need to consider broadening IENs' knowledge beyond discipline-specific knowledge and skills to ensure competence in nursing in the host country. It may also be worthy to consider including citizenship components that will help the IEN gain a better understanding of the host country's values. Therefore, it is essential that bridging programs incorporate additional skills beyond nursing knowledge and practice that can enhance the IEN learner's employability, and career success, along with an opportunity to experience socio-cultural activities within the community and the larger society.

While bridging programs have been successful in developing and enhancing IENs' English fluency, it must be recognized that the time spent in classroom and clinical settings while attending the program will not be sufficient to completely address all language difficulties experienced by IENs. The role of collaboration between bridging programs and various stakeholders and employers must be emphasized in providing continuous language learning opportunities. Support should also be provided to individuals who work directly with IENs to ensure that they have the necessary knowledge and skills to facilitate the IENs' transition to the workplace.

Conclusion

Return to nursing offers some insight on the value of bridging programs in IEN credentialing. As nursing shortages across the globe continues, nation states seeking to hire IENs to augment their nursing workforce may need to put in place strategies that will facilitate the ability of IENs to succeed and contribute to the health care needs of the host country. In an era where there is also scarcity of financial resources, this is particularly important if host countries are to retain IENs. Putting in place bridging programs that meet both the IENs' and host country's needs may prove to be an essential tool to facilitate IENs' return to nursing.

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