




SYSTEMATIC REVIEW

Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review

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Abstract

Background: Recruitment of internationally qualified nurses as a labour source is a long-standing human resource strategy being implemented to address the current and increasing global nursing shortage. Internationally qualified nurses transitioning into the health workforce of developed countries following immigration often possess specialty skills. A lack of a clear pathway of specialty skill utilisation makes recognising and using these specialty skills complex for many nurses. The ability for nurses to transition between countries and maintain specialty practice demands immediate attention in the current atmosphere of the global pandemic and the predictions to recruit more specialist nurses from overseas.

Aim: To identify and synthesise strategies taken by various developed countries in transitioning specialist internationally qualified nurses into practice.

Methods: An integrative review was conducted to identify common themes, patterns, and best practices in order to inform policy development and improve the successful integration of internationally qualified nurses into the healthcare systems of developed countries. The study employed the Whittemore and Knafl five-stage integrative review approach. To conduct a comprehensive search, four electronic databases, namely Medline, CINAHL Complete, ProQuest Health, and EMBASE, were systematically searched in October 2021. The search was updated in March 2022 to ensure the inclusion of the most recent literature. Additionally, Google Scholar was utilised to avoid overlooking any important articles. Prior to the full-text review, three reviewers independently evaluated titles and abstracts. The included papers' quality was determined using the JBI critical appraisal tools.

Results: This study included 10 papers, comprising three studies and seven reports. However, none of these documents provided information on how internationally qualified nurses could transfer their specialty skills acquired overseas to developed countries after immigrating. The guidelines and policies reviewed only offered generic advice on becoming a specialist nurse. Although some countries mentioned that post-graduate qualifications were not mandatory for nurse specialists, the majority of

documents in this review emphasised the need for a national framework of education at level eight or higher (equivalent to a post-graduate level) to attain the status of a nurse specialist. Moreover, the included documents did not provide clear information on whether an international specialisation degree would be recognised during the registration process. As a result, confusion persists regarding the requirement of post-graduate qualifications for nurses aiming to specialise and the recognition of international specialisation degrees during the registration process.

Discussion: The lack of consistency in defining nurse specialty and the skill transferability among institutions and state borders were evident in this review. According to all the 10 documents analysed, developed countries appear to have minimum policies on the transfer of internationally qualified nurse's specialty skills. Recommendations for policymakers, employers, and aspirant migrants have been proposed. Limited research has been done on how developed countries used their internationally qualified nurses' overseas-acquired specialist skills after immigration, indicating a lack of a distinct specialist skill transition pathway.

Conclusions: This review presents data to support the need for greater research in this area to better utilise the abilities that internationally qualified nurses bring from their home country and put them to constructive use in the host country, especially in the context of a global pandemic.

KEYWORDS

nurse specialty, nursing expertise, nursing practice, nursing skill, public policy, skill utilisation

1 | INTRODUCTION

The World Health Organization (WHO) states that, by 2030, there will be a 40 million rise in worldwide demand for healthcare workers; many of these positions will be for nurses (WHO, 2016a, 2016b). It has further been reported that 77 per cent of developed countries have a nurse shortage (WHO, 2014). To ease the problem of nurse shortages and fill the vacancies, developed countries rely on nurses immigrating from developing countries (Kurup et al., 2022; Li et al., 2014). Due to the difficulty of filling nursing vacancies in hospitals and aged care institutions with domestic nurses, countries like Germany, Canada, the United States, and New Zealand have adopted overseas recruitment to meet skilled nurses' shortfalls (Lauxen et al., 2019). Internationally qualified nurses contribute to a sizeable portion of the healthcare workforce in major English-speaking countries (Head, 2017). The current COVID-19 pandemic has caused the demand for nurses to increase substantially (Chan et al., 2021; Litton et al., 2020, 2021).

The Nursing and Midwifery Board of Australia (NMBA) refers to nurses from other countries as Internationally Qualified Nurses (Australian Nursing and Midwifery Council [ANMC], 2009; NMBA, 2021). Internationally Educated Nurses (IEN) (Cruz et al., 2017; Xu & He, 2012), Foreign Educated Nurses (FEN; Viken et al., 2018), Foreign-Trained Nurses (FTN; Drennan & Ross, 2019; Primeau et al., 2014), Overseas Trained Nurses (OTN; O'Brien, 2007; Wellard & Stockhausen, 2010), Overseas Qualified Nurses (OQN;

Stankiewicz & O'Connor, 2014), and Overseas Nurses (OSN; O'Brien & Ackroyd, 2012) are some of the terms identified in studies from Australia and internationally. The term Internationally Qualified Nurse (IQN) will be used in this review to refer to a nurse who received their initial nursing qualification in another country from which they are practising.

1.1 | Background

Many internationally qualified nurses come to the new country with extensive specialist nursing skills. Specialist nursing roles have been recognised for almost 40 years in Canada and the United States and were later introduced to Europe (Htay & Whitehead, 2021). Globally, over 70 countries, both developing and developed, have identified the existence of specialist nursing roles (International Council of Nurses, 2018). Specialised nurse's service has been widely used to manage task-shifting, or the delegation of responsibilities (WHO, 2006), mainly to manage medical substitutes or provide care to geographically remote regions (Nzinga et al., 2019).

A specialist nurse is internationally defined as someone who maintains a current generalist nurse licence and has finished an education programme that meets the mandated standard for specialised nursing practice (WHO, 2020b). Nurse specialists are becoming more popular worldwide for reasons including cost-effectiveness,

medical staff shortages, increasingly complex care needs, and as a career progression for nurses (Latter et al., 2019). International studies highlight that specialised nurses are essential in health care. They help convert research into practical knowledge and drive positive changes in healthcare delivery (Doody et al., 2022; Kerr et al., 2021). Due to healthcare restructuring, care demands, and policies, there has been statistically significant growth in the type and quantity of specialised nursing roles globally, since their debut (Bryant-Lukosius et al., 2004; Coyne et al., 2016; Dunn et al., 2006; Gordon et al., 2012; Pulcini et al., 2010; Sherry, 2010).

Specialty skill sets promote nurses to think deeply and critically (Dewi et al., 2021). Stewart and Horowitz (2003) investigated the significance of specialist nurses in managing patients with chronic heart failure and discovered considerable clinical and financial benefits for the patients. Not only did the approach reduce recurring hospital stays by 30–50 per cent compared to standard treatment, but it also cut hospital costs by one-third. Nurses' specialty skill deficit is often associated with adverse incidents in care deliveries (Twigg et al., 2019). The immigration of nurses with specialist skills becomes crucial to manage the deficit of specialty skills and specialised nurses in developed countries (Health Workforce Australia, 2014; Hillmann et al., 2022). In contrast, working outside their specialty area may limit the nurses' full functionality and sometimes lead to serious adverse outcomes for patients (Karlsson et al., 2019).

The immigration of specialised nurses comes with challenges (Kurup et al., 2022). Those challenges include nurse distribution, public safety, and skill underutilisation. Nurse distribution is a major ethical issue, particularly in developing countries prone to health care-related events and malnutrition (WHO, 2016a; World Population Review, 2021). For example, South Africa (an internationally qualified nurse source country) in the Year 2017 had 1.3 nurses per 1000 population (The World Bank, 2018), which is below the WHO recommendation of 4.45 nurses per population of 1000 (WHO, 2016b), and currently is on a projected nurse deficit of 34,000 nurses by 2025 (Elna, 2021). In contrast, the Philippines trains more nurses than they need, specifically to supply the international market (The Economist, 2020). The issues in nurse distribution in developing countries are managed by WHO policies and recommendations, which are still to take effect (WHO, 2020a, 2020b).

A further challenge for nurse immigration is the variance in training programmes. Nursing is taught and administered differently in different countries (Deng, 2015). This variance is not only between developed and developing countries but also among countries with similar healthcare systems. Nurses from the United Kingdom and Canada have had challenges adapting and transferring their specialty abilities to Australia due to variations in professional training and scope of practice (Stephenson, 2014; Vafeas, 2013). Due to linguistic and cultural unfamiliarity and the transition to a new job and work environment, internationally qualified nurses from developing countries face statistically significant skill transfer issues (Jenkins & Huntington, 2015). Some developed countries such as the United Kingdom, the United States of America, and Canada handle internationally qualified nurse training gaps by assessing degrees and,

in some cases, providing tailored training for newly arrived nurses (Philip et al., 2019). To ensure the safety of Australia's healthcare system, the Nurses and Midwifery Board of Australia reviews the qualifications of internationally qualified nurses before awarding a generalist registration to practise (NMBA, 2019, 2020a, 2020b).

The least mentioned but important challenge of internationally qualified nurse immigration is skill underutilisation or downward occupational mobility in the host country (Kurup et al., 2022; Ressler et al., 2017). Skill underutilisation occurs when internationally qualified nurses work at lower levels of competence and qualification than they were trained and specialised in (An et al., 2016). The specialised expertise that internationally qualified nurses bring to the host country, such as intensive care unit (ICU), cardiology, respiratory, and renal, is in high demand in developed countries but is underutilised (Siar, 2013). Internationally qualified nurses face a variety of types of skill underutilisation as a result of immigration, including working at a lower level than they were trained, being unable to perform the skills for which they are qualified (Tregunno et al., 2009), not being recognised for their prior experience and being placed on a new graduate pay scale (Salami et al., 2018). In some cases, they may even choose to leave the profession and work in a lower role (Adhikari, 2011).

This review focuses on the processes available for transferring the specialty expertise of internationally qualified nurses to their host country. Internationally qualified nurses bring specialised skills to developed countries, and they are often underutilised. As a result, the significance of this integrative review becomes clear: it aims to find and synthesise strategies employed by different developed countries to transition internationally qualified nurses' specialty skills into practice.

2 | METHODS

2.1 | Aim

The aim of this study was to identify and develop a synthesis of strategies employed by various developed countries to leverage the specialty skills of internationally qualified nurses. To achieve this, an integrative review methodology was selected to conduct a comprehensive examination and synthesis of the existing literature on this subject (Souza et al., 2010). By incorporating a wide range of materials, including diverse sources and perspectives, the integrative review aimed to provide a deeper understanding of the strategies implemented in different developed countries (Souza et al., 2010).

Through the process of conducting an integrative review, the researchers sought to identify common themes, patterns, and best practices. The ultimate goal was to inform policy development (Dhollande et al., 2021) and enhance the successful integration of internationally qualified nurses into the healthcare systems of developed countries (Souza et al., 2010). By undertaking this comprehensive approach, the study aimed to contribute valuable insights that could improve the utilisation of specialty skills possessed by

internationally qualified nurses and enhance their contribution to healthcare delivery.

2.2 | Design

The study design utilised the Whittemore and Knafl (2005) five-stage updated methodological framework for integrative reviews. The stages included problem identification, literature review, data evaluation, data analysis, and synthesis. The research question addressed was what processes are in place to enable the use of specialty skills by internationally qualified nurses in developed countries after immigration. The literature review stage involved gathering relevant studies and information. In the data evaluation stage, various data sources were collected and assessed for relevance and reliability. Data analysis involved organising, coding, and categorising the data. In the synthesis stage, the authors integrated the findings, summarised insights, and evaluated the safety and feasibility of transferring specialty skills for internationally qualified nurses in developed countries' health systems after immigration. Ethical clearance was not required; the review was registered in Prospero (CRD42022286404).

2.3 | Search strategies

A comprehensive literature search was undertaken in October 2021 and updated in August 2023. Two expert health science librarians collaborated in developing a modified PICO (Population, Issue, and Context) method, which focused on the population of interest (specialist internationally qualified nurses), the issue of concern (transition into practice), and the specific context encompassing various developed countries. The initial search was carried out using CINAHL keywords. Subsequently, synonyms of keywords, mesh terms, thesaurus entries, and subject headings were employed to effectively retrieve appropriate peer-reviewed literature that addresses the transfer of specialty skills among internationally qualified nurses. The usage of search terms (Table 1) was unrestricted, both individually and in combination. To separate terms, the Boolean search connector 'OR' was used, while 'AND' was used to combine concepts. Electronic databases, Medline CINAHL Complete, ProQuest Health, and EMBASE were all searched using different variations of search phrases. Furthermore, Google Scholar was employed to prevent the omission of any statistically significant articles. A manual examination of the reference lists of all included studies was conducted to identify any additional articles that may have been overlooked during the database searches. Grey literature sources like thesis dissertations and organisational reports were also included.

Contemporary research articles published in English were sought. No date limit was set with the goal of capturing all available evidence on the topic (The Joanna Briggs Institute [JBI], 2014). Grey literature, conversations, comments, websites, and information

from internationally qualified nurse registration bodies were also included due to the scarcity of studies on the topic. Studies focusing on medical conditions, study protocols, or commentary articles were excluded. Studies that explored the broad immigration experience among internationally qualified nurses, not specifying specialty skill transfer, were also excluded.

One reviewer (CK) undertook the removal of duplicates and title screening. Two reviewers independently assessed each abstract against the inclusion and exclusion criteria (EJ, AB), with disputes handled by another reviewer (VB). The Endnote 20 (Clarivate Analytics) citation manager was used to manage references. To maintain transparency and rigour, the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) chart (Figure 1) was used to describe inclusion/exclusion decisions (Moher et al., 2009; Tricco et al., 2018). To facilitate the screening process, all identified records were exported into the Covidence software (Veritas Health Innovation; Babineau, 2014).

2.4 | Quality appraisal

The quality appraisal process for this review involved using specific tools: the Joanna Briggs Institute Opinion Appraisal Tool (McArthur et al., 2015) and the Qualitative Appraisal Tool (Lockwood et al., 2015). The appraisal was managed through the Covidence platform using a blindfolded method to prevent reviewer influence. Articles underwent quality assessment, with two specific articles (Adhikari, 2011; Tregunno et al., 2009), receiving scores of 6/6 using the Opinion Appraisal Tool. Another article (Xiao et al., 2014) scored 7/10 using the JBI Critical Appraisal Checklist for Qualitative Research. Two reviewers independently assessed each study (Table 2). Records from websites, organisations, and registering bodies underwent a consensus process to ensure diverse perspectives. No documents were eliminated or prioritised during the discussion.

2.5 | Data extraction

An initial data extraction template was used as recommended by Arksey and O'Malley (2005) for identifying elements to be extracted from included studies. Author one (CK) retrieved pertinent data from a set of documents and summarised it in data collecting tables (Tables 3 and 4). This table was then reviewed by three independent reviewers (EJ, AB, VB). Any disagreements were raised and resolved through consensus-building conversations.

2.6 | Data synthesis

Whittemore and Knafl (2005)'s five-stage methodological framework offered a well-defined step-by-step review enabling in addressing the question 'What processes are in place to enable the use of specialty skills by internationally qualified nurses in developed

TABLE 1 CINAHL, MEDLINE ProQuest, and Embase search.

OR	Concept 1	AND	Concept 2	AND	Concept 3	AND	Concept 4
Keywords: (List synonyms or alternative terms for each concept, separated by OR)	"international" qualif* Nurs*" OR "foreign#qualif* Nurs*" OR "overseas#trained Nurs*" OR "foreign#trained Nurs*" OR "International" qualif* Registered Nurse*" OR "international* qualif* RN" OR "Overseas educat* Registered Nurse*" OR "Overseas* RN*" OR "Overseas#Trained RN*" OR "Overseas# Trained Registered Nurse" OR "international* trained Registered Nurse" OR "international* trained RN"	AND	"Clinical Nurs* skills" OR "Nurs* skills"	AND	"Post#graduate Skill*" OR "Skill Utili*ation" OR "Skill Transfer*" OR "Specialit* skill"	AND	"Developed Countr*" OR "First#world Countr*" OR "Developed econom*" OR "High Socio#Economic Countr*" OR "High Income#earn* Countr*"
Database name:	CINAHL		CINAHL		CINAHL		CINAHL
Subject headings: (refer to database thesaurus to select, separated by OR)	(MH "International Nursing") OR (MH "Foreign Nurses") OR (MH "Foreign Professional Personnel") OR (MH "Overseas Deployment") OR (MH "Registered Nurses") OR (MH "Career Mobility, international")		(MH "Clinical Competence") OR (MH "Nursing Skills")		(MH "Specialties, Nursing") OR (MH "Nurses by Specialty") OR (MH "Nursing Skills") OR (MH "Skill Retention") OR (MH "Clinical Competence")		(MH "Developed Countries")
Database name:	MEDLINE		MEDLINE		MEDLINE		MEDLINE
Subject headings (you will need a new row for each database that has a thesaurus)	(MH "Nurses, International") OR (MH "Nurses") OR (MH "Transcultural Nursing")		(MH "Clinical Competence") OR (MH "Nurses, International") OR (MH "Specialties, Nursing")		(MH "Specialties, Nursing") OR (MH "Nurses, International") OR (MH "Clinical Competence") OR (MH "Nursing Skills") OR (MH "Skill Retention") OR (MH "Clinical Competence")		(MH "developed countries")
Database name:	ProQuest		ProQuest		ProQuest		ProQuest
Subject headings (you will need a new row for each database that has a thesaurus)	Nurses, International OR Emigration OR Immigration OR Human Migration OR Health Care OR Nurses, international		Clinical Competence OR Professional Competence		Specialisation OR Nurses, International OR Specialties, Nursing OR Quality of Health Care OR Clinical Competence OR Professional Competence		Developed countries OR internationality
Database name:	Embase		Embase		Embase		Embase
Subject headings (you will need a new row for each database that has a thesaurus)	Foreign worker or foreign nurse or foreigner international nurse or nurses international or foreign-born registered nurse		Competence or nursing skill		Skill retention or nursing specialties or nursing specialty or specialties or nursing, competence or nursing skill or nursing expertise		Developed, developed countries or industrialised countries or industrialised countries or industrialised countries or economic status

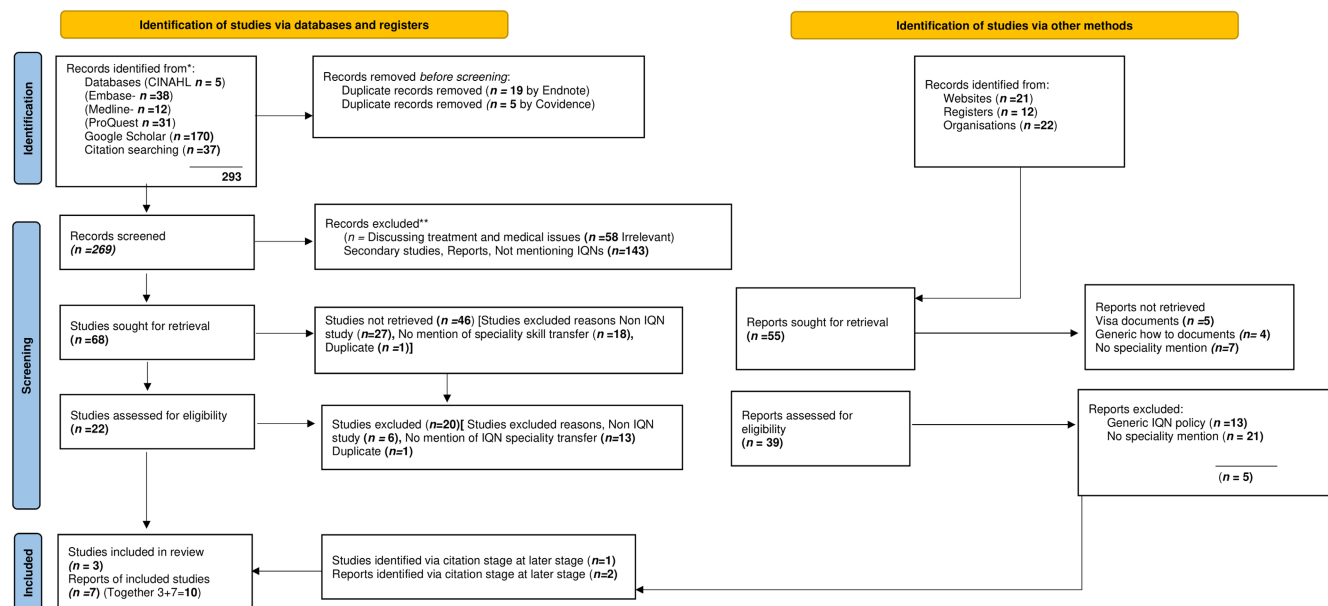


FIGURE 1 Prisma Flowchart. From: Page et al. (2021). For more information, visit: <http://www.prisma-statement.org/>.

countries after immigration?'. During the data extraction phase, the data collection template by Arksey and O'Malley (2005) was customised to include relevant data columns such as the name of the report, the country of origin, the aim of the report, the chosen research methodology, the reporting body or author, participant characteristics, primary findings and recommendations, and any specific stages of registration that pertained particularly to the transfer of specialty skills. Subsequently, the modified template was uploaded to Covidence. In the data-checking phase, the extracted findings were meticulously reviewed by three independent reviewers (authors 2, 3, and 4). In case of any disagreements, consensus-building conversations were initiated to resolve them. The extracted data were downloaded into two separate Excel spreadsheets. At this stage, the findings from both studies and reports were integrated coherently. This integration process aimed to identify commonalities, differences, and overarching patterns within various policies. This holistic approach sought to provide a comprehensive understanding of the multifaceted strategies employed to facilitate the utilisation of specialty skills among internationally qualified nurses in developed countries.

3 | RESULTS

The initial database search retrieved a total of 293 articles. After removing duplicate titles and conducting screening of abstracts, full-text review, and critical appraisal, three studies ($n=3$) remained for further examination. Records identified from websites, organisations, and registers ($n=55$) were screened, and after eliminating documents that failed to match the study focus, seven ($n=7$) were seen to fit the research focus. These, along with the identified studies, yielded a total

of 10 ($n=10$) articles for analysis (Figure 1). The documents included in this integrative review were published between 2006 and 2021, as shown in Tables 3 and 4. All studies employed qualitative research methods (Adhikari, 2011; Tregunno et al., 2009; Xiao et al., 2014), with interviews as the most common data collection method used. The review included seven reports from various countries and organisations to offer practical guidance and clarity on different aspects of healthcare practice. Two reports came from Australian government departments, namely the Australian Commission on Safety and Quality in Health Care (ACSQHC, 2015) and Chief Nursing and Midwifery Officers Australia (CNMO, 2017). These reports aimed to assist managers and practitioners in credentialing, determining, and managing a health practitioner's scope of clinical practice. Additionally, they aimed to provide a better understanding of advanced practice nursing for professionals, consumers, policymakers, and the broader health system in Australia (CNMO, 2017). Two reports were sourced from Ireland, including the National Council of the Professional Development of Nursing and Midwifery (NCNM, 2008) and the Nursing and Midwifery Board of Ireland (NMBI, 2021): these reports focused on creating role descriptions for clinical nurses/midwife specialist positions and providing guidance on the nursing registration process for "Qualified outside Ireland" applicants. One report came from Sweden (Socialstyrelsen, 2021), which provided guidelines for specialist nurses who received their education outside the European Union and the European Economic Area. Another report was obtained from Denmark (International Advanced Practice Nursing [IAPN], 2014), which aimed to guide advanced practice nursing in Denmark for aspiring applicants. Another report from the United Kingdom by Smith et al. (2006) analysed the experiences of overseas-trained healthcare professionals working in the UK. Together, the review captured data from 188 participants.

TABLE 2 JBI checklist.

JBI opinion checklist criteria	Studies					
	Adhikari (2011)		Tregunno et al. (2009)		Xiao et al. (2014)	
	Reviewer 1	Reviewer 2	Reviewer 1	Reviewer 2	Reviewer 1	Reviewer 2
1. Is the source of the opinion clearly identified?	Yes	Yes	Yes	Yes	Yes	Yes
2. Does the source of opinion have standing in the field of expertise?	Yes	Yes	Yes	Yes	Yes	Yes
3. Are the interests of the relevant population the central focus of the opinion?	Yes	Yes	Yes	Yes	Yes	Yes
4. Is the stated position the result of an analytical process, and is there logic in the opinion expressed?	Yes	Yes	Yes	Yes	No	No
5. Is there reference to the extant literature?	Yes	Yes	Yes	Yes	Yes	Yes
6. Is any incongruence with the literature/sources logically defended?	Yes	Yes	Yes	Yes	Yes	Yes
Total score	6/6	6/6	6/6	6/6	7/10	7/10
Quality	Include	Include	Include	Include	Include	Include

3.1 | Internationally qualified nurses' specialty skills transfer

From the 10 ($n=10$) documents assessed in this review, none clearly stated how internationally qualified nurses were able to transfer their overseas-acquired specialty skills to developed countries after immigration. Guidelines (CNMO, 2017; IAPN, 2014; NCNM, 2008; Socialstyrelsen, 2021), and policy (NMBI, 2021) only provided generic advice on becoming a specialist nurse. Even though countries indicate that nurse specialists do not necessarily need to have a post-graduate qualification, the majority of documents included in this review stated that a national framework of education level eight or higher (post-graduate level) is required to be a nurse specialist (Adhikari, 2011; CNMO, 2017; IAPN, 2014; NCNM, 2008; Smith et al., 2006; Socialstyrelsen, 2021). Whether an international specialisation degree was recognised during registration was also not clearly stated in the included studies or documents.

The research studies supported the findings regarding the policy and guidelines that issues exist with the host country registration process in identifying specialty skills. According to Adhikari (2011), nurses who immigrate to a developed country frequently lose years of specialist skills due to issues such as the host country's registration, accreditation, and poor support network. Adhikari (2011) examined 21 internationally qualified nurses, 11 of whom had specialised skills and found indications of skill underutilisation following their immigration to the United Kingdom. All 21 of Adhikari (2011)'s participants began their careers as caregivers in the United Kingdom's health system, and seven of them were still doing so at the time of the interview. Only one internationally qualified nurse in Adhikari (2011) study indicated that they were working in a specialty matching their previous experience at the time of the interview. As per Adhikari (2011), university specialisation courses and degrees were commonly available to nurses who were already working in a particular specialty. However, these courses were not designed to assist internationally qualified nurses in transitioning into a specialty field. Furthermore, the cultural and linguistic unfamiliarity of internationally qualified nurses in their new country further hinders their ability to secure employment that aligns with their specialised skills (Adhikari, 2011). This was supported by Xiao et al. (2014), who found that despite the fact that immigrant nurses submitted a complete portfolio of their specialised skills to registering organisations, there were no processes in place to assess their ability as specialist nurses.

The study by Tregunno et al. (2009) also found that specialty skills were unable to be utilised by nurses who migrated to Canada. Tregunno et al. (2009) conducted a study in which they gathered data from 30 nurses who immigrated to Canada from 20 different countries. The findings of Tregunno et al. (2009) indicated that when internationally qualified nurses begin working in their host country, they undergo a transition from being clinical experts in their home country to becoming cultural novices in the new environment. In other words, a nurse who was highly proficient or considered a clinical expert in their native jurisdiction may revert to an advanced beginner or cultural novice status in their new nation. Despite having an average

of 15 years of nursing experience, the nurses in the study were only deemed to be "good enough" for their new roles in the host country.

Xiao et al. (2014) conducted a study involving 24 immigrant nurses from non-English-speaking backgrounds and 20 senior nurses. Their findings supported the earlier research by Adhikari (2011) regarding the underutilisation of skills among immigrant nurses. Additionally, Xiao et al. (2014) corroborated Tregunno et al. (2009)'s claim that immigrant nurses may not have their up to 15 years of specialty experience acknowledged in their new country. The study also highlighted the challenges faced by immigrant nurses in obtaining employer-sponsored visas, which further contributes to skill underutilisation. Nurses who possess expertise in areas that differ from the available opportunities in the host countries expressed dissatisfaction with the inadequate preparation and support they received during their career transition. This lack of support and preparation resulted in heightened levels of stress among these immigrant nurses. Furthermore, the study revealed a prevalent belief among nurse recruiters that nursing practice in developing countries is inferior to that in developed countries (Xiao et al., 2014).

4 | DISCUSSION

This review identified that there is no clear and collective framework for shared strategies taken by developed countries in transitioning specialist internationally qualified nurses into practice. There appears to be a clear gap in the current knowledge base of the skill transition process after immigration. Even though various researchers established skill underutilisation as a problem (Adhikari, 2011; Smith et al., 2006; Tregunno et al., 2009; Xiao et al., 2014), a detailed exploration of the same problem is not identified. No successful support programmes to enable the utilisation of specialty skills in the developed countries' healthcare context were identified. The 10 articles included in the review, both research and non-research publications, failed to show a clear pathway for internationally qualified nurses' skill integration into a developed host country.

Internationally, there is a lack of consistency in defining the specialised nurse job. Years of post-registration experience in a specialty are accepted as a qualifying criterion of specialisation by the New South Wales Ministry of Health (2021). But a post-registration educational qualification of a national framework of eight or above is getting more acceptance to secure a specialist nurse role (NCNM, 2008). The scope, functions, and terminologies associated with advanced practice roles change between countries, states, jurisdictions, and institutions (CNMO, 2017; IAPN, 2014). Different advanced practice nurse roles and their scope of practice were not well understood by Australian nurses (CNMO, 2017; Dunn et al., 2006; IAPN, 2014). Because of the ambiguous understanding of specialty role definition, it has become more difficult for internationally qualified nurses to establish their specialisation skills and, as a result, secure specialty nursing employment in the developed country.

The ability of internationally qualified nurses to practise their specialised roles in their host country is hindered by obstacles in pre-employment checks. The ACSQHC (2015) recommends the establishment of a credentialing framework and the formation of credentialing

TABLE 3 Study characteristics.

No	Authors	Aim	Location; settings	Population	Gender, age range	Design	Methods	Main findings	Specialty
1.	Adhikari (2011)	To explore and understand the experience of Nepali nurses who migrated to the UK	Nepal and UK; Natural settings and interviews at informants place	Nepali nurses who migrated to the UK. N = 21	Not provided	Qualitative ethnographic	Observation, fields work interviews and focus group	Nurses who came to the United Kingdom from Nepal aim to stay in the country and not return home with relevant new nursing skills, resulting in a lack of brain circulation. They lack the confidence to perform the tasks they were used to performing before migrating due to deskilling in the United Kingdom	Cardiac, orthopaedic, ICU, family health, maternal, operation theatre, ophthalmic
2.	Tregunno et al. (2009)	To examine the barriers and challenges, internationally educated nurses transitioning into the workforces	Ontario; settings not provided	Internationally qualified nurses who received registration in 2003, 2004 and 2005, N = 30	27 female and 3 were males. Age range not provided	Qualitative thematic analysis	Semi-structured interviews, field notes and memos	Migrant nurses overwhelmingly described nursing as "different" from their home country. Internationally qualified nurses reported discrepancies in professional nursing practice requirements and the involvement of patients and families in decision-making. Challenges with English language fluency also cause work-related stress and intellectual fatigue. As policy and management decision-makers try to balance increasing the internationally qualified nurse workforce and providing safe patient care, this study can help	Clinical expert
3.	Xiao et al. (2014)	To examine interplaying relationships between social structures and nurses actions that either enabled or inhibited workforce integration in hospital settings	Australia; two major general hospitals in an Australian metropolitan city	Australian and immigrant nurses from 2 hospitals. N = 44	34 females and 10 males Group 1 26–46 (34) Group 2 33–56 (47)	Qualitative double hermeneutic analysis	Focus groups and face-to-face, in-depth interviews with participants	According to a study, inadequate laws and resources used to recruit, categorise, and employ immigrant nurses at the national and organisational levels can constitute structural barriers to their adaptation to professional nursing practice and integration into the workforce in a host country. The results revealed four distinct themes. These were: (1) employer-sponsored visa as a constraint on adaptation, (2) two-way learning and adaptation in multicultural teams, (3) unacknowledged experiences and expertise as barriers to integration, and (4) unquestioned sub-group norms as barriers for group cohesion	ICU

TABLE 4 Report characteristics.

No	Name of study/ Report/Policy	Country	Aim	Method	Reporting body/ Author	Participant characteristics if provided	Main findings/ Recommendations	Specific mention
1.	Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners	Australia	To provide practical guidance for managers and practitioners responsible for credentialing and determining and managing a health practitioners scope of clinical practice	Report	ACSQHC (2015)	NA	Develop a framework for credentialing, determining a health practitioners' scope of clinical practice, and resolving challenges that may occur in adhering to an agreed-upon scope of clinical practice	Additional information and thorough reference checks would aid in better understanding the talents and specialisations of foreign-trained individuals
2.	Advanced nursing practice; guidelines for the Australian context	Australia	Provide clarity and understanding about the scope of advanced practice nursing for the nursing profession, consumers, health policymakers, and Australia's broader health system	Guideline	CNMO (2017)	NA	Generalist preparation is followed by specialist practice, which builds on it. Nurse specialists display extensive knowledge, abilities, and expertise in their chosen nursing field	Advanced practice is not achieved solely through post-graduate study; it results from a mix of graduate education and clinical experience that develops the abilities and traits required for advanced practice
3.	Advanced practice nursing in Denmark	Denmark	To guide advanced practice nursing in Denmark, for aspirant applicants	Guidelines	IAPN (2014)	NA	At the county or regional level, specialties are offered and maintained. After receiving permission from a particular region to work as a specialist nurse, a Danish nurse may practice in that specialty in any of the country's regions, according to the restrictions of those regions. Three months to 1.5 years of post-registration courses are required for a specialty practice	Advanced practice licences from other countries are accepted in Denmark

(Continues)

TABLE 4 (Continued)

No	Name of study/ Report/Policy	Country	Aim	Method	Reporting body/ Author	Participant characteristics if provided	Main findings/ Recommendations	Specific mention
4.	Valuing and recognising the talents of a diverse healthcare	Northern England, Southeast England, London, Wales, and Ghana	To analyse overseas-trained healthcare professionals experiences of working in the UK; analyse their patterns of employment mobility and career progression; consider social relations, strategies used to inform policy development	The study, exploratory, descriptive, Semi-structured interviews via telephone and case study fieldwork by visiting healthcare workplaces	Smith et al. (2006)	Overseas-trained healthcare professionals: qualified nurses, but also some midwives, doctors, physiotherapists, and other professional groups. Age range 21–61, 66 female, 27 male, 93	The sponsored promotion system, which obscures the formal competitive promotion and career advancement model, exhibits the nature of discrimination and its implications prevalent in National Health Service (NHS) recruitment practice	Some recruitment agencies fail to follow the Code of Practice principles. Cultural variations between the UK and the country of training/origin are not considered in adaptation programmes. There is a lack of adequate local assistance and mentoring for international recruits. Indirectly discriminatory personal development and recruitment processes, disproportionate degrees of bullying and harassment stagnation, and underachievement in the workplace
5.	Specialist nurse educated outside EU EEA	Sweden	Guidelines for specialist nurses educated outside the EU and EEA	Guideline	Socialstyrelsen (2021)	NA	After acquiring a nurses licence to practice, if necessary, evidence is produced	NA
6.	Framework for establishing clinical nurse/midwife specialist posts: intermediate pathway - 4th ed	Ireland	Guidelines to form a role description for clinical nurse/midwife specialist posts	Guideline	NCNM (2008)	NA	The National Council performs periodical audits as part of its statutory monitoring responsibility to determine the commitment to complete post-registration education at national framework level 8 for those nurses and midwives who have provided a contractual promise to do so and to take appropriate action as needed	The essential elements of advanced practice nurse roles

TABLE 4 (Continued)

No	Name of study/ Report/Policy	Country	Aim	Method	Reporting body/ Author	Participant characteristics if provided	Main findings/ Recommendations	Specific mention
7.	Qualified outside Ireland applying for registration in one or more divisions of the register	Ireland	To provide guidance on the Ireland nursing registration process for 'Qualified outside Ireland' applicants	Policy	NMBI (2021)	NA	There are some specific qualifications recognition requirements if an Internationally qualified nurse wants to apply for qualifications recognition in a particular register division. The training for that division was completed after the Internationally qualified nurses initial training as a nurse or midwife. For example, before evaluating an application for registration in another division, the Nursing and Midwifery Board of Ireland must first consider initial registration as a general nurse or midwife. This will happen when the application of an internationally qualified nurse is reviewed	Specialty registration is feasible if the internationally qualified nurse can submit evidence that meets the Nursing and Midwifery Board of Ireland criterion

committees to validate the qualifications of overseas-trained health-care workers. However, the availability of evidence regarding the implementation of these recommendations was not found. According to ACSQHC (2015), more documentation may be necessary for internationally qualified nurses to demonstrate the breadth of their competence and the setting where they worked, which differs from the Australian health system. There is a lack of evidence regarding the extent to which overseas reference checks are effectively conducted to assess the specialty skills of internationally qualified nurses before their recruitment. The ACSQHC (2015) does not provide instructions for translating internationally obtained training or recommendations on managing non-English-speaking referees.

Mentoring pathways for internationally qualified nurses to practise in their host country are unavailable. Three studies (Adhikari, 2011; Tregunno et al., 2009; Xiao et al., 2014) identified that internationally qualified nurses were unprepared for the transition to the Australian context, irrespective of their specialised expertise. In a linguistically and culturally new context, internationally qualified nurses might be a novice and experts simultaneously (Tregunno et al., 2009). According to Smith et al. (2006), inflexible formal certification and assessment procedures in the United Kingdom impacted internationally qualified nurses' mentoring and adaptability since they did not accurately recognise their specialty skills and areas of expertise. Furthermore, Smith et al. (2006) identified that rather than being recognised as trained nurses with valuable abilities to contribute to the workforce, internationally qualified nurses were viewed as students whose primary goal is to learn how to function in the British nursing system.

According to this review, internationally qualified nurses who immigrate to developed countries face obstacles in effectively utilising their specialised skills. The registration, accreditation, immigration, and employment processes for healthcare professionals in developed countries are influenced by regulatory, legislative, and assessment agencies, which creates difficulties for these nurses in finding a clear pathway to apply their specialty skills (Cooper et al., 2020). A gap in knowledge of the nurses and recruiting managers about the internationally qualified nurse journey, the previous course they completed, and the level of skills they possess were also evident in the literature, which hinders the successful utilisation of the specialty skills (Kishi et al., 2014; Kurup et al., 2022; Smith et al., 2011; Zhou, 2014; Zhou et al., 2011). Establishing specific certification requirements for immigrant nurses' specialty abilities allows them to fully participate in the host country's health system while contributing to safer care delivery (Xiao et al., 2014). By utilising internationally qualified nurses' specialty skills, host countries such as Australia can maintain professional practice standards and ensure the safety of their healthcare clients while also meeting ever-changing labour demand trends (Hawthorne, 2013).

4.1 | Limitation

Only studies and reports published in the English language were considered, potentially limiting the number of publications identified; as a result, the data collection did not go beyond the information provided

in the selected studies. No specific recommendations could be made because the studies lacked specific outcomes in terms of specialty skill transition among internationally qualified nurses. However, if all studies had been omitted, for this reason, there would be no studies to include in this analysis, which the authors believe is a finding in and of itself. The number of studies found through a database search may have influenced the generalisability of the findings. The limited literature on this topic highlights that there is still work to be done on skill utilisation among internationally qualified nurses.

5 | CONCLUSION

This study reveals that there are no clear pathways for the use of specialty skills by internationally qualified nurses after immigration. Internationally qualified nurses' specialty skills often remain underutilised in developed countries after immigration due to a lack of clarity in the terminology used in advanced practice nursing roles and formal processes for assessing specialty skills. The importance of specialist nurses in delivering quality care in the healthcare sector is well known. Recognising and utilising previously acquired specialty skills ensures that the nurses with the right skill sets provide care in specialty departments, resulting in safer health care. Given the large number of internationally qualified nurses working in developed countries and a projected trend of increased overseas recruitment, no research is currently available on strategies to safely transfer their skills after immigration. This review highlights developed countries' urgency for greater research and training in this area in order to effectively utilise internationally qualified nurses' specialty skills, especially in the event of a global pandemic.

AUTHOR CONTRIBUTIONS

Study design, Data search, Data synthesis, Manuscript writing, and Critical revisions for important intellectual content were made by CK, EJ, VB, and AB.

ACKNOWLEDGEMENTS

None.

FUNDING INFORMATION

No external funding was obtained for this project.

CONFLICT OF INTEREST STATEMENT

The authors have declared no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in [https://osf.io] at <https://doi.org/10.17605/osf.io/txh4c>, link <https://osf.io/txh4c/>.

ETHICS STATEMENT

Ethical approval and informed consent were not required for this integrative review.

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How to cite this article: Kurup, C., Betihavas, V., Burston, A., & Jacob, E. (2023). Strategies employed by developed countries to facilitate the transition of internationally qualified nurses specialty skills into clinical practice: An integrative review. *Nursing Open*, 10, 7528–7543. <https://doi.org/10.1002/nop2.2023>