

REVIEW OF THE LITERATURE



Exploring the education of internationally educated nurses in end-of-life care: A narrative review

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Abstract:

Introduction: The purpose of this narrative review is to understand what and how Internationally Educated Nurses (IENs) learn about end-of-life care and practices in the host country of employment. Internationally educated nurses (IENs) are nurses who have received their nursing education in one country but are practicing in a different country. **Methods:** A narrative review was completed using a search from PubMed, CINAHL, and PsycINFO. Articles (n=131) were uploaded to Zotero. After two rounds of review, title and abstract, and full-text, eleven (n=11) articles were included in the final dataset. **Results:** The findings represent the host countries from Asia, Australia, Europe, and North America and the IEN's country of origin from Africa, Asia, and Europe. Specific countries were listed in the results. Five themes emerged from the data and included IENs Are Unprepared to Practice EOL Care, Standardized EOL Education is needed to Support IENs, Communication is a Barrier to Delivering EOL Care, EOL Evokes Strong Feelings, IENs have Diverse EOL Skill Set. **Conclusions:** While there are many challenges, there are also many opportunities. There are important implications for healthcare leaders in host countries who employ IENs. If IENs remain, at least in part, a solution to minimize the nursing shortage in host countries, leaders must understand the IEN workforce to ensure effective integration into the workplace. Developing a workforce that is culturally competent, and all nurses are able to manage cultural conflicts when IENs and domestic nurses encounter these situations.

Keywords: Education, End-of-Life Care, Foreign Educated Nurses, Internationally Educated Nurses, Narrative Review, Professional Preparedness.

Introduction

Internationally educated nurses (IENs) are nurses who have received their nursing education in one country but are practicing in a different country. Many IENs come from resource-constrained countries and are recruited by industrialized or high-income countries to assist with the nursing workforce shortage (Balante et al., 2021; de Loryn, 2021; Hadziabdic et al., 2021; Olanrewaju & Loeb, 2024; Ryten, 2022; Padilla, 2023). These nurses play critical roles across various healthcare settings, including end-of-life (EOL) care, where approximately 20 million people worldwide require support (Huffman & Harmer, 2019).

A well-educated nursing workforce is essential for ensuring high-quality healthcare outcomes, particularly for patients at the end of their lives (Baker et al., 2021). However, there is significant variation in nursing knowledge and education across countries, influenced by different national healthcare systems, nursing practices, cultural values, and beliefs. Culture significantly impacts healthcare, including EOL care, and understanding these cultural nuances is essential (Wong et al., 2022). Some governments have initiated reforms to enhance the quality of nursing education (Baker et al., 2021), highlighting the need for high baseline education standards to address current healthcare challenges. Understanding the quality of the baseline entry-to-practice education is essential to ensure nurses are prepared to respond to the current healthcare system challenges and demands.

The migration of IENs from developing to industrialized countries has been increasing, with IENs now constituting 10-14% of the nursing workforce in some countries post-COVID-19 (Canadian Institute for Health, 2022; Balante et al., 2021; Crea-Arsenio et al., 2023). The World

Health Organization (2024) reported that one in eight nurses works in a country different from where they were born and trained. In the United States, 81% of new visa applications in 2022 were for registered nurses (Padilla, 2023). This trend is expected to continue as IENs seek better financial security and social, professional, and personal opportunities, aiming for an improved quality of life (Dahl et al., 2021). IENs work in diverse settings, including acute, sub-acute, long-term care, and community care. Notably, in Canada, while most domestic

nurses are employed in acute care, IENs are twice as likely to work in long-term care settings, where wages are generally lower (Crea-Arsenio, 2023). IENs also support individuals requiring EOL care (Balante et al., 2021). Approximately, 20 million people worldwide need some form of end-of-life (EOL) care (Huffman & Harmer, 2019). IENs are employed in settings that provide EOL care supporting people at the EOL (Balante et al., 2021).

Cultural competence in healthcare is complex and crucial, particularly in EOL care. Attitudes and beliefs about EOL issues vary widely among and within cultures (Licquirish et al., 2017; Napier et al., 2014). Socio-cultural and spiritual beliefs influence EOL care plans, which must be person-centered (Glyn-Blanco et al., 2023). As societies become more multicultural, providing culturally competent care becomes increasingly important. However, the cultural experiences and foundational education of IENs from diverse backgrounds may not always align with host country expectations. Previous studies have highlighted the struggles IENs face due to differing socio-cultural norms and customs, which can lead to anxiety, fear, and other emotional challenges (Javanmard et al., 2017; Zanjani et al., 2018).

Upon arriving in a host country, many IENs are not fully prepared for practice due to differences in educational standards and healthcare systems (Crea-Arsenio et al., 2023).

Additional education and training, such as bridge programs, are often necessary to ensure practice readiness (Hadziabdic et al., 2021; Balakumaran, 2023; Crea-Arsenio et al., 2023; Njie-Mokonya et al., 2024). The World Health Organization (2020a; 2020b) has recommended modernizing regulatory rules and standardizing credentialing globally. However, since nursing curricula are typically tailored to local and cultural contexts, achieving globally recognized standards can be challenging. The Global Pillars Framework offers guidelines for nursing education that balance evidence-based practice with adaptability to various socio-cultural contexts (Global Alliance for Leadership in Nursing Education and Science, 2019a; 2019b). Standardizing nursing education guidelines could enhance the quality of nursing practice and services, facilitating a smoother transition for IENs and better integration into host country healthcare systems (WHO, 2020a).

Purpose

The purpose of this narrative review is to understand the education and preparation of Internationally Educated Nurses (IENs) about end-of-life care and practices in their country of origin and the host country of employment. This includes the education and preparation the IEN receives before and while in the host country.

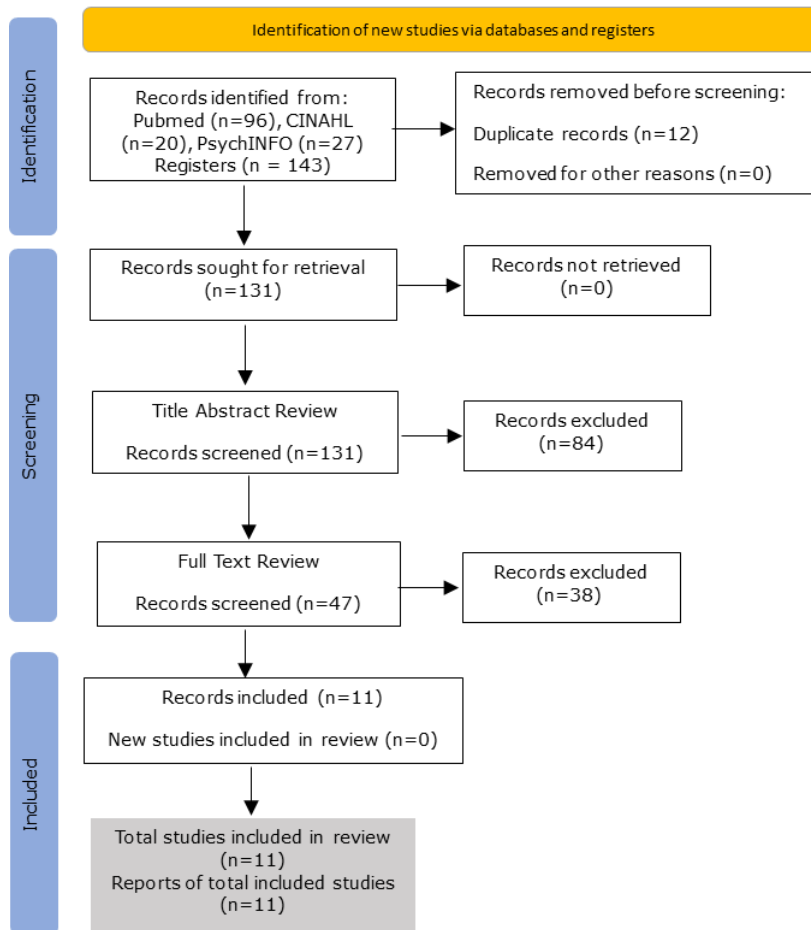
Methods

Since the authors wanted to summarize the current literature and identify gaps in end-of-life care education for IEN, a narrative review was completed using PubMed, CINAHL, and PsycINFO. The search strategies include the following: ((end-of-life care OR dying OR terminal care OR life-threatening illness care OR hospice care OR death and dying OR advanced care planning OR do not resuscitate orders) AND (Internationally educated nurse* OR IEN OR migrant nurse* OR immigrant nurse* OR foreign nurse*)) AND (Instruction OR education OR teaching OR tutoring OR guidance OR learning)) AND (Mentor* OR skill-building OR peer support OR support* OR nurtur* OR role model* OR facilitat*). It is important to explain that the use of different terminology is used to refer to IENs and include Foreign Educated Nurses, Foreign Nurses, Foreign-Born Nurses, and Internationally Recruited Nurses; however, IEN will be used for this study. The search was not restricted to any specific dates and therefore the initial search yielded articles from 1993-2023.

One researcher searched Pubmed (n=96), CINAHL (n=20), and PsycINFO (n=27), which yielded n=143. Duplicate articles (n=12) were removed and the remaining articles (n=131) were uploaded into Zotero. One researcher completed the first review by reviewing the title and abstract and excluded 84 articles. The articles were excluded if the title or abstract did not contain text on educational or professional development focused on end-of-life care or EOL outcomes. A full-text review of the remaining articles (n=47) was conducted by two researchers independently. The research met and discussed discrepancies until a consensus was reached. Thirty-eight articles were excluded, and eleven (n=11) articles were included in the final dataset.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart provides the details (Figure 1: PRISMA Flowchart).

Figure 1: PRISMA Flowchart



Results

The host countries included New Zealand, Australia (n=2), Singapore, United Kingdom, Sweden, Austria, United States (n=2), and “Western Countries.” The countries of origin included Albania, Armenia, Azerbaijan, China (n=2), Croatia, Czech Republic, Georgia, Hungary, India (n=2), Kosovo, Kyrgyzstan, Lithuania, Mongolia, Nepal, Nigeria, Philippines (n=3), Poland, Romania (n=2), Russia, Serbia, Slovakia, Ukraine and “others.” One article was a systematic review that did not specifically list the host country or the country of origin. The sample

included licensed practical nurses, registered nurses, midwives, and graduate nursing students, and the sample size ranged from 12-276 participants. The publication dates ranged from 2002-2023.

Five themes were generated from the data: *IENs Are Unprepared to Practice EOL Care*, *Standardized EOL Education is needed to Support IENs*, *Communication is a Barrier to Delivering EOL Care*, *EOL Evokes Strong Feelings*, and *IENs have Diverse EOL Skill Sets*. The themes and the respective subthemes are explained below.

Theme: IENs Are Unprepared to Practice EOL Care

IENs feel unprepared to practice including EOL care in host country (Ahern et al., 2013; Angus et al., 2021; Balante et al., 2020; McKinlay et al., 2007; Northam et al., 2015; Parry et al., 2006; Perivakoil et al., 2013; Phua et al., 2023; Strang et al., 2002; Vosit-Stellar et al., 2011; Zheng et al., 2022). This was in part due to their unfamiliarity with local EOL and palliative care practices (Ahern et al., 2013; Angus et al., 2021; Balante et al., 2020; McKinlay et al., 2007; Northam et al., 2015; Parry et al., 2006; Perivakoil et al., 2013; Phua et al., 2023; Strang et al., 2002; Vosit-Stellar et al., 2011; Zheng et al., 2022;), with types of healthcare systems (e.g., long-term care, intensive care)(Angus et al., 2021; Perivakoil et al., 2013; Vosit-Stellar et al., 2011), and cultural differences (Ahern et al., 2013; Angus et al., 2021; Balante et al., 2020; McKinlay et al., 2007; Northam et al., 2015; Parry et al., 2006; Perivakoil et al., 2013; Phua et al., 2023; Strang et al., 2002; Zheng et al., 2022). IENs from the Philippines and India described that they were unfamiliar with aged residential care systems in New Zealand (Angus et al., 2021).

Subthemes: Cultural Differences with Conflicting Models of EOL Care

Some of the IENs noted that culture models of care prevent them from providing high-quality EOL practices and care (Ahern et al., 2013; Angus et al., 2021; Balante et al., 2020; Parry et al., 2006; Perivakoil et al., 2013; Phua et al., 2023; Northam et al., 2015; Strang et al., 2002; Zheng et al., 2022). For instance, the Philippines base their care practices on a curative model of care rather than a holistic approach to care (Parry et al., 2006). IENs from China

emphasized their perception of death and that perception of practice compared to Western countries (Zheng et al., 2022). A final example of IENs from Nepal, India, China, and Nigeria believed that the Australian model of care was more complex with EOL clinical issues as compared to those in their country of origin (Northam et al., 2015).

Themes: Standardized EOL Education is needed to Support IENs

Lack of education about the host country's EOL care practices, healthcare systems, and culture was another reason IENs were not prepared. One noteworthy finding is that none of the IENs received EOL care training or mentorship before moving and working in their host country, which was explicitly identified as a need to adequately prepare IENs to practice in their host countries (Ahern et al., 2013; Angus et al., 2021; Balante et al., 2020; McKinlay et al., 2007; Northam et al., 2015; Parry et al., 2006; Perivakoil et al., 2013; Phua et al., 2023; Strang et al., 2022; Vosit-Steller et al., 2011; Zheng et al., 2022). One study identified the End-of-Life Nursing Education Consortium (ELNEC), which is an educational program, as a standardized program to train IENs from 17 different countries (McKinlay et al., 2007). ELNEC is an evidence-based, national (United States), and international education initiative to improve EOL and palliative care. Developed in 2000, ELNEC has been revised and adapted and serves as a "train the trainer" approach to educate nurses in pediatrics, oncology, critical care, geriatrics, and palliative care so they can teach this essential information to practicing nurses and other healthcare professionals (American Association of Colleges of Nursing, n.d.). IENs (n=38) participated in the 12-month ELNEC program and overall rated the program very high (McKinlay et al., 2007). This study further highlighted the need for improved EOL and palliative care training for nurses throughout the world.

Some studies suggested support must go beyond education and use mentorship, role modeling, and/or leadership training to enhance education programs (Angus et al., 2023; Balante et al., 2020; McKinlay et al., 2007; Northam et al., 2015; Parry et al., 2006; Perivakoil et al., 2013; Vosit-Steller et al., 2011; Zheng et al., 2022). The Excellence in Cultural Experiential Learning and Leadership Program (EXCELL) provided an educational framework to increase cultural learning and build leadership skills (Northam et al., 2015). Another program was

designed to help IENs who were nurse midwives from the Philippines adjust to the UK healthcare system and specific palliative and hospice care practices (Parry et al., 2006). This education program includes adaptation and supervised practice that is tailored to IENs needs (Parry et al., 2006). Vosit-Steller et al (2011) describes the development of a collaborative mentorship program with of focus of EOL care for IENs from Romania who are practicing in the United States. Unfortunately, only the program's development was described, and its outcomes were not reported. Similarly, Ahern (2013) described content priorities that should be included in training international healthcare professionals who practice in Australia.

Theme: Communication is a Barrier to Delivering EOL Care

Nearly every study noted communication as a barrier to IENs delivering EOL care (Agnes et al., 2021; Zheng et al., 2022; Northam et al., 2015; Phua et al., 2023; Parry et al., 2006). English as a second language (ESL) was one aspect of the communication barrier as staff, patients, and families found it difficult to understand the IEN's dialect or accent. However, ESL was not only a communication barrier. Misunderstandings about EOL practices and expectations were another challenge that both IENs faced, as well as patients and families. At least one study noted that when it comes to discussing EOL issues and care, patients and their families preferred not only to speak with local nurses from the host country, they also would prefer nurses who have experience and are "more senior" (Phua et al., 2023).

Theme: EOL Evokes Strong Feelings

Some reported that the topic of "end-of-life care" can be taboo and evoke strong feelings such as fear and anger (McKinlay et al., 2007; Northam et al., 2015; Zheng et al., 2022). In some cultures, speaking about EOL can be viewed as bad luck, and, therefore, not discussed (Zheng et al., 2022). When working with IENs from cultures where conversations about EOL care and practices are prohibited, it is understandable how these IENs are unprepared to provide care not only in their country of origin but also in a host country.

Theme: IENs Have Diverse EOL Skill Set

Despite some of the challenges that were mentioned above, it was noted that IENs do possess a diverse skill set and knowledge that has the potential to enhance EOL care (Angus et al., 2021). These were specific to their personal and cultural experiences that were learned in their country of origin.

Discussion

The findings represent the host countries from Asia, Australia, Europe, and North America and the IEN's country of origin from Africa, Asia, and Europe. Specific countries were listed in the results. Themes included *IENs Are Unprepared to Practice EOL Care*, *Standardized EOL Education is needed to Support IENs*, *Communication is a Barrier to Delivering EOL Care*, *EOL Evokes Strong Feelings*, and *IENs have Diverse EOL Skill Sets*.

IENs expressed feelings that they were unprepared to practice EOL care in the host country and that nursing education needs to be standardized to assist with transitions to the host country. Previous literature supported these findings. The host country's healthcare system and workplace environment may be very different from the IEN's country of origin, which can impose unique challenges when providing care to people at the EOL. Patient/client EOL care expectations can vary significantly cross-culturally. Family members may have varying levels of involvement in EOL care depending on the relationship and the cultural norms. IENs must understand person-centered care, which is a universal philosophy that can ensure individualized care based on patient and family preferences, when delivering EOL care, assisting with decision-making, and explaining patient rights and care standards (Tomaselli et al., 2020). In addition, country-specific healthcare may pose unique challenges based on their national philosophy (e.g., private healthcare, private health insurance, universal healthcare, government-sponsored public health, pharmaceutical policies). For example, hospice and palliative care are common levels of care in North America and Western Europe; however, some countries do not utilize these types of care. Another issue that may create uncertainty is the scope and standards of practice in the host country. Nursing autonomy may not be a standard in all countries. Roles and responsibilities could vary greatly depending on the country (e.g., interdisciplinary, physician-centered) and in some countries like the U.S. across states and

healthcare systems (e.g., standing orders, nursing versus physician orders). In the United States, the nurse and patient, in collaboration with a multidisciplinary team, develop the plan of care. While this may be a norm in some countries, it is not a regular practice in all countries and the physician directs care. Finally, technology can vary greatly within and between countries and healthcare systems. Many industrialized countries have electronic medical records or electronic durable medical equipment, which assist with communication and enhance care at the EOL.

Governments in several countries have undertaken measures to enhance the quality of nursing education (Baker et al., 2021). Understanding the quality of baseline entry-to-practice education, including what is learned about EOL care, is essential to ensure nurses are prepared to respond to the current healthcare system's challenges and demands. A comprehensive sociocultural and nursing education program could facilitate the integration of IENs into the host country's culture and specifically, the host country's nursing. Bridging programs have been used in several countries and have seen some success (Hadziabdic et al., 2021; Balakumaran, 2023; Njie-Mokonya et al., 2024). However, the bridging programs are competency-based educational programs, which predominantly focus on clinical aspects of nursing and are not inclusive of broader healthcare, host country culture, or EOL care practices. In addition, these programs do not appear to value the IENs' previous experiences, foundational education, or culture as part of the program curriculum (Njie-Mokonya et al., 2024). As a result, EOL care expectations and practices are often overlooked.

Fostering positive communication, including active listening and nonverbal communication is necessary when working with patients who are at the EOL of their families. Communication was identified as a barrier by IENs, patients, and colleagues. Padilla (2023) reported that one of the major challenges is verbal and nonverbal communication barriers. Despite language proficiency requirements to work as an IEN, the nuances of language (e.g., accents, slang, jargon, acronyms) create a barrier between patients or co-workers and IENs. Promoting effective cross-cultural communication free of jargon and slang in the healthcare setting can support improved communication between co-workers and IENs. Educating the community at large, including patients, could minimize misunderstandings between patients

and IENs and ultimately improve the quality of care, patient outcomes, and enhance EOL care (Padilla, 2023).

In addition to focusing on the EOL care practices and education, another challenge is socio-cultural differences (Padilla, 2023). Supporting the IENs beyond the “job” is important to integrate them into the healthcare facility and the community, so that when IENs are working they can be the best nurses at providing high-quality patient care, including EOL care. Before arriving, orienting them to the region or country can help with the initial transition. Discussing the climate and weather, food preferences and places to purchase staple foods, housing, transportation and driving, and financial norms including banking and taxes. Finally, assisting in learning about religious preferences and assisting them in finding a place of worship can provide them an opportunity for additional social support.

There continues to be a need for additional research and the development of educational programming. Research that examines the IENs working in the United States and their experiences providing EOL care in the United States is needed. Evidence-based, standardized educational programming is needed to train all practicing nurses irrespective of background or location of training (e.g., domestic, international) to ensure EOL cultural sensitivity.

Limitations

The search was limited to three databases. Although these databases were selected based on the databases that are likely to include most if not all the evidence on IEN, it is possible that some scholarly work was not identified. In addition, the search only included articles in English, and relevant articles published in other languages could have enhanced the data set and subsequently, the findings.

Conclusions

While there are many challenges, there are also many opportunities. There are important implications for healthcare leaders in industrialized countries who employ IENs. If

IENs remain, at least in part, a solution to minimize the nursing shortage in host countries, leaders must understand the IEN workforce to ensure effective integration into the workplace. Developing a culturally competent workforce, and all nurses are able to manage cultural conflicts when IENs and domestic nurses encounter these situations.

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