

COMMENTARY



Supporting Practice Transition and Workforce Integration for Internationally Educated Nurses

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Internationally educated nurses (IENs) are vital to the healthcare workforce, particularly as healthcare systems continue to contend with persistent staffing shortages. According to the 2024 Trumerit (CGFNS) Nurse Migration Report, international nurse migration to the United States remained strong throughout 2024, with the U.S. healthcare systems continuing to rely on foreign-educated nurses to address persistent staffing shortages. The report also cautions that disruptions to this migration pipeline could exacerbate workforce gaps, increase nurse patient workloads, and intensify burnout among U.S. nurses. More broadly, the report emphasizes that while destination countries benefit from migrant nurses in filling critical shortages, source countries may experience workforce losses thus highlighting the shared global responsibility inherent in nurse migration (Trumerit, 2024). However, the transition into practice for IENs is often shaped by systemic and cultural barriers. This paper is in response to a presentation by Caso Vega et al. (2025) at the National Teaching Institute & Critical Care Exposition (NTI), hosted by the American Association of Critical-Care Nurses. Drawing on recent scholarship and professional insights from this event, this commentary examines key challenges, evidence-informed strategies, and future directions, adopting a solution-focused lens that emphasizes leadership approaches to support the successful transition to practice and workforce integration for internationally educated nurses.

Strengths of Internationally Educated Nurses

Internationally educated nurses (IENs) contribute significant strengths to the healthcare workforce, including enhancing culturally competent care, supporting workforce sustainability, and bringing diverse clinical perspectives that improve patient outcomes and team performance (Sedgwick & Kelley, 2025; Cubelo et al., 2024). These strengths align with AACN Healthy Work Environment standards, particularly skilled communication and true collaboration, as IENs facilitate cross-cultural understanding and team-based care. However, despite these contributions, IENs continue to face challenges such as communication barriers, cultural differences in practice expectations, and systemic obstacles related to credentialing and workforce integration (Olanrewaju et al., 2026; Miyata et al., 2023). Additional barriers, including discrimination, lack of mentorship, and insufficient organizational support, may further hinder full integration and professional identity formation (Shiju et al., 2024). From an HWE perspective, these findings underscore the critical role of authentic leadership and effective decision-making in creating inclusive structures—such as mentorship programs, equitable policies, and psychologically safe environments—that move beyond assimilation toward true integration and belonging.

Challenges in Transition

IENs face multifaceted challenges that extend beyond clinical adaptation. Research documents ongoing difficulties related to workplace integration, psychological stress, and gaps in professional development (Rajpoot et al., 2024; Padilla, 2023a). Language barriers, differences in scope of practice, and unfamiliarity with electronic health records further

compound the stress associated with relocation and licensure, often leaving IENs feeling undervalued or isolated (Rajpoot et al., 2024).

Literature reviews indicate that IENs frequently experience outsider status driven by intercultural communication barriers and the demands of adapting to unfamiliar nursing practices (Balante et al., 2021; Rajpoot et al., 2024; Olanrewaju et al., 2025). In the United States (U.S.), integrative reviews similarly identify stigma, communication challenges, cultural differences, and legal complexities as recurring barriers to successful transition (Ghazal et al., 2020). When these challenges are not addressed through structured orientation, mentorship, and peer support, IENs are at increased risk of burnout, diminished confidence, and attrition, outcomes that undermine workforce stability and threaten patient care.

Strategies for Success

Evidence supports the use of comprehensive orientation programs, culturally inclusive workplace policies, and ongoing professional development to promote successful IEN transition and retention (Beriones, 2023). Organizational advocacy is central to these efforts requiring nurse leaders to actively champion mentorship, cultural support, and meaningful recognition of IENs' contributions. The importance of organizational support is critical, as it helps IENs feel valued and integrated into the healthcare team. Without this support, IENs may face isolation, burnout, and job dissatisfaction, which can lead to high turnover and instability in the workforce (Ghazal et al., 2020)

Extending beyond initial onboarding, structured initiatives such as a “Bridge to Success Program” provide sustained mentorship, emotional intelligence training, and tailored resources. This program is designed to help IENs adapt to U.S. healthcare settings by offering personalized guidance, developing leadership skills, and enhancing cultural competence (Cruz et al., 2025; Padilla, 2023b). Additionally, credentialing and licensure pathways must ensure educational comparability and entry-to-practice safety competencies, while reinforcing patient safety and facilitating workforce integration (Chiu et al., 2025). Recent research further demonstrates that IEN transition is shaped by expectation-versus-reality gaps, socio-cultural adjustment demands, and integration challenges (Porter et al., 2024; Pressley et al., 2023). Orientation quality, workload, communication, and organizational support have also been identified as major determinants of job satisfaction and turnover among IENS (Olanrewaju et al, 2024).

Together, these approaches underscore that effective transition is not a singular event but an ongoing, systems-level commitment that extends beyond initial orientation

The American Association of Critical-Care Nurses’ (AACN) Healthy Work Environment (HWE) standards offer a practical framework for operationalizing strategies such as skilled communication, authentic leadership, true collaboration, effective decision-making, appropriate staffing, and meaningful recognition to support IENs. These standards align with individual, team, and leadership characteristics that influence IEN transition. Skilled communication enhances IENs' ability to thrive and structured tools bridge linguistic and cultural differences, improving clarity and collaboration (Shrivastava et al.,2025). Authentic leadership fosters psychological safety, belonging, and engagement, enabling IENs to feel

valued and supported. True collaboration emphasizes mutual respect and teamwork, essential for delivering quality patient care. Leadership strategies, such as appropriate staffing, ensure IENs have the resources and support needed to perform effectively, reducing burnout (Olanrewaju et al., 2025). Meaningful recognition further reinforces IENs' contributions, boosting morale and retention.

These principles provide the foundation for the following evidence-based recommendations which outline actionable strategies across individual, team, organizational, and system levels.

Individual-Level Strategies

Communication coaching, simulation-based training, and structured tools such as SBAR (Situation, Background, Assessment, Recommendation) strengthen confidence and reduce errors. Evidence consistently shows that skilled communication supports foundational IEN success and enhances clarity during interprofessional interactions (Shrivastava et al., 2023). Individual level transition factors such as coping, communication, and cultural adjustment have been emphasized in recent integration and qualitative studies (Olanrewaju, 2025, Pressley et al., 2023,).

Team-level Strategies

Peer buddy systems, interdisciplinary huddles, and team-based reflection sessions promote belongingness. A collaborative team culture reduces emotional burden and enhance integration, particularly during the early transition period (Balante et al., 2021, Rajpoot et al., 2024).

Organizational Leadership Strategies

A yearlong mentorship, culturally responsive preceptorship and structure orientation remain central to the IEN retention and successful transition into practice (Beriones, 2023, Cruz et al., 2025). Applying the AACN HWE standards provides a practical framework for supporting IENs. Research shows that workload, safety perceptions, and orientation quality significantly influence IEN job satisfaction and retention (Olanrewaju et al., 2025; Porter et al., 2024). A recent concept analysis identified three defining attributes essential to IEN successful integration, preparation, onboarding, and acculturation, highlighting that transition is staged, longitudinal process rather than a single orientation event (Chen & Caboral-Stevens, 2024).

System and Policy-Level Strategies

Ethical recruitment prevents exploitation and supports global workforce equity (Garcia-Dia, 2022; Biluan 2025). Policies addressing discrimination, staffing equity, and licensure timelines are essential to long-term sustainability and ensuring that IENs can transition safely and effectively into practice.

Organizational culture plays a critical role in both recognizing the contributions of internationally educated nurses (IENs) and supporting the intersectionality of workforce identity. Evidence demonstrates that structured transition programs, mentorship, and inclusive policies enable organizations to highlight IENs' unique cultural and clinical contributions, particularly in communication and patient-centered care (Covell et al., 2022). At the same time, culturally responsive environments that promote psychological safety, peer support, and bidirectional learning ensure that diverse identities—including cultural, linguistic, and

professional backgrounds—are not marginalized but integrated into the fabric of the organization (Covell et al., 2022). This shifts the focus from assimilation to mutual adaptation, fostering a truly inclusive and high-performing workforce (Covell et al., 2022).

Reframing the Narrative

IENs are too often viewed through a deficit-based lens that emphasizes perceived gaps rather than professional strengths. This framing obscures the reality that IENs contribute diverse clinical expertise, cultural competence, and resilience shaped by global practice experiences, enriching team dynamics and patient care (Primeau et al., 2021). The central challenge lies not in IEN readiness, but in healthcare systems' lack of capacity to recognize, support, and leverage these assets.

Career satisfaction among IENs in the United States is closely linked to equitable treatment, recognition, and opportunities for advancement (Primeau et al., 2021). Experiences of discrimination and limited career mobility undermine retention, whereas progress toward professional goals enhances satisfaction and workforce stability (Primeau et al., 2021; Ghazal et al., 2020). Meaningful recognition is particularly influential, as it fosters confidence, promotes professional growth, and enhances engagement. By shifting from deficit-oriented narratives to empowerment-focused approaches, healthcare organizations can strengthen retention and position IENs as leaders, innovators, and advocates for high-quality, patient-centered care.

Directions for Future Work

Future research should prioritize sustainable models of support for IENs that extend beyond initial orientation. Longitudinal studies are necessary to examine the impact of mentorship, leadership development, and emotional intelligence training on retention, professional growth, and patient outcomes over time (Prendergast et al.,2025). As IENs' roles evolve, support structures must adapt accordingly to ensure continuity across career stages.

Importantly, future scholarships should explore how individual-level interventions interact with organizational and system-level structures to produce durable outcomes. Evaluating mentorship and professional development in conjunction with workplace policies, staffing models, and leadership practices may help identify comprehensive approaches that promote workforce stability and well-being. Sustainability remains critical; initiatives should be regularly reassessed, drawing on feedback from IENs, to remain responsive to evolving needs.

Policy-focused research also warrants greater attention. Streamlined credentialing processes, equitable staffing practices, and ethical recruitment frameworks are essential to supporting IEN integration while safeguarding patient safety. Aligning recruitment practices with the World Health Organization's Code of Practice is particularly important to balance global workforce demands and prevent exploitation (Garcia-Dia, 2022; Biluan, 2025). Global evidence continues to demonstrate that discrimination across destination countries, including the United States, remains a significant barrier, underscoring the need for coordinated systemic reform (Primeau et al., 2021).

Conclusion

The transition of IENs into U.S. practice presents both challenges and opportunities. By reframing the narrative, embracing inclusive strategies, and committing to systemic change, nursing leaders can transform the experience of IENs from one of struggle to one of empowerment. The future of nursing depends on valuing and supporting diverse voices that strengthen patient care. Supporting IENs is essential to sustaining safe and effective care delivery.

References

- Balante, J., van den Broek, D., & White, K. (2021). How does culture influence work experience in a foreign country? An umbrella review of the cultural challenges faced by internationally educated nurses. *International Journal of Nursing Studies*, *118*, 103930. <https://doi.org/10.1016/j.ijnurstu.2021.103930>
- Beriones, G. L. (2023). Nurse leaders' strategies and tool kit for internationally educated Filipino nurses' transition to practice in the United States. *Nurse Leader*, *21*(1), 42–46. <https://doi.org/10.1016/j.mnl.2022.10.014>
- Biluan, P. (2025). IEN ready toolkit: A global health advocacy action plan for ethical nurse migration. *Journal of the Society of Internationally Educated Nurses*, *2*(1). <https://doi.org/10.31542/sn370q90>
- Chen, S-H. & Caboral-Stevens, M. (2024). Transition to U.S. Practice among Internationally Educated Nurses: A Concept Analysis. *The Philippine Journal of Advanced Nursing*, *1*(1), 1-14.
- Caso Vega, L. E., Garcesa-Duque, J. C., & Padilla, M. (2025, May). *Supporting internationally educated nurses in transition to U.S. practice* [Conference presentation]. National Teaching Institute & Critical Care Exposition (NTI), American Association of Critical-Care Nurses, New Orleans, LA, United States.
- Chiu, P., Alostaz, N., Hermosisima, A., Li, R., Ben-Ahmed, H. E., Atanackovic, J., Iduye, D., Thiessen, N., Salami, B., & Leslie, K. (2025). Licensure pathways for internationally educated nurses: An environmental scan of Canadian nursing regulatory bodies. *Journal of Nursing Regulation*, *16*(2), 99–110. <https://doi.org/10.1016/j.jnr.2025.06.004>

- Covell, C. L., Primeau, M. D., Kilpatrick, K., & St-Pierre, I. (2022). Supporting internationally educated nurses' transition into practice: An integrative review. *International Journal of Nursing Studies*, 126, 104132. <https://doi.org/10.1016/j.ijnurstu.2021.104132>
- Cruz, E. V., Tay, J., Bradley, P., & Baxter, C. (2025). Supporting internationally educated nurses through effective preceptorship: A Canadian perspective. *Journal of the Society of Internationally Educated Nurses*, 2(1). <https://doi.org/10.31542/y4tw3g36>
- Cubelo, F., Turunen, H., & Jokiniemi, K. (2024). Recruit, integrate, and retain: Internationally educated nurses mobility to the Nordic region: A two-round policy Delphi study. *Nursing outlook*, 72(6), 102299. <https://doi.org/10.1016/j.outlook.2024.102299>
- Garcia-Dia, M. J. (2022). The ethical recruitment of internationally educated nurses: A leadership perspective on labor migration. *Nurse Leader*, 20(1), 43–47. <https://doi.org/10.1016/j.mnl.2021.10.002>
- Ghazal, L. V., Ma, C., Djukic, M., & Squires, A. (2020). Transition-to-U.S. practice experiences of internationally educated nurses: An integrative review. *Western Journal of Nursing Research*, 42(5), 373–392. <https://doi.org/10.1177/0193945919860855>
- Miyata, C. (2023). Challenges and career consequences of internationally educated nurses: Empirical research qualitative. *Nursing Open*, 10, 7244–7254. <https://doi.org/10.1002/nop2.1977>
- Olanrewaju, S., Loeb, S. J., Boltz, M., & Jao, Y. L. (2026). Internationally Educated Nurses' Experiences of Working in U.S. Long-Term Care Settings. *Research in nursing & health*, 49(1), 74–86. <https://doi.org/10.1002/nur.7003>
- Olanrewaju, S., Kitt-Lewis, E., & Phillips, K. (2025). Bridging cultures in care: A narrative

review of strategies for internationally educated nurses to navigate end-of-life practices in host countries.. *Journal of the Society of Internationally Educated Nurses*, 2(1).

<https://doi.org/10.31542/w6dyhj37>

Padilla, M. (2023a, May 1). Internationally educated nurses' experiences working in the U.S.

AACN Blog. <https://www.aacn.org/blog/internationally-educated-nurses-experiences-working-in-the-us>

Padilla, M. (2023b, September 28). Empowering internationally educated nurses for success in

the U.S.-based healthcare system. *AACN Blog*. <https://www.aacn.org/blog/empowering-internationally-educated-nurses-for-success-in-the-us-based-healthcare-system>

Porter, MT., Williams, K., & Gembol, L. (2024). Transition to Professional Practice in the United

States: Exploring the Experiences of Internationally Educated Nurses. *The Journal of Continuing Education in Nursing*, 55(12), 568-574. <https://doi.org/10.3928/00220124-20241107-01>

Prendergast, N., Rahman, R., Boakye, P., Fu, V., Venzon Cruz, E., Maina, G., Grinspun, D., &

Wong, J. (2025). Equity-Oriented Mentorship for Internationally Educated Nurses: A Rapid Review . *Journal of the Society of Internationally Educated Nurses*, 2(1).

<https://doi.org/10.31542/kvekym90>

Pressley, C., Newton, D., Garside, J., Stephen, J., & Mejia-Olivares, J. (2023). Internationally

recruited nurses and their initial integration into the healthcare workforce: A mixed methods study. *International Journal of Nursing Studies Advances*, 5, 100154.

<https://doi.org/10.1016/j.iinsa.2023.100154>

Primeau, M. D., St-Pierre, I., Ortmann, J., Kilpatrick, K., & Covell, C. L. (2021). Correlates of career satisfaction in internationally educated nurses: A cross-sectional survey-based study. *International Journal of Nursing Studies*, 117, 103899.

<https://doi.org/10.1016/j.ijnurstu.2021.103899>

Rajpoot, A., Merriman, C., Rafferty, A. M., & Henshall, C. (2024). Transitioning experiences of internationally educated nurses in host countries: A narrative systematic review. *International Journal of Nursing Studies Advances*, 6, 100195.

<https://doi.org/10.1016/j.ijnsa.2024.100195>

Sedgwick, M., & Kelley, H. (2025). Internationally educated nurses experiences of rural nursing practice in Western Canada. *Journal of Nursing Education and Practice*. 15(8):1-14.

<https://doi.org/10.63564/jnep.v15n8p1>

Shiju M, Hall H, Lee C, Whitehouse C. Barriers and Enablers of Successful Workplace Integration of Internationally Educated Nurses (IENs) in a Host Country: A Qualitative Evidence Synthesis. *Policy, Politics, & Nursing Practice*. 2024;25(4):228-240.

doi:[10.1177/152715442412768](https://doi.org/10.1177/152715442412768)

Shrivastava, S. R., Chong, S. V., & Bobhate, P. S. (2025). Facilitating effective communication through the adoption of SBAR tool in medical training. *Journal of Education and Health Promotion*, 14(1). https://doi.org/10.4103/jehp.jehp_1213_24

TruMerit. (2025, February 10). *CGFNS International reports nurse migration rates to the U.S. remained high in 2024*. <https://www.trumerit.org/nurse-migration-rates-to-the-u-s-remained-high-in-2024/>

Trumerit. (2025, February 10). 2024 nurse migration report. <https://www.trumerit.org/2024-nurse-migration-report/>