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*COMMENTARY*

# Rethinking Onboarding for Internationally Educated Nurses: Centering Belonging in Orientation Practices

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**Abstract**

This commentary examines six recent publications on the onboarding and transition experiences of internationally educated nurses (IENs) and foreign-educated nurses (FENs) into Western healthcare systems. Across these works, consistent barriers emerge, including language and communication mismatch, cultural disorientation, discrimination, scope-of-practice differences, and inconsistent organizational support. Despite two decades of largely convergent findings, the field remains mostly descriptive, with no experimental studies evaluating the effectiveness of onboarding strategies such as mentorship, tailored orientation, or peer support programs. This commentary argues that the persistence of "one-way integration logic," where adaptation is seen as the sole responsibility of the IEN, has limited progress toward more equitable, organization-level solutions. Drawing on the concept of "two-way" workplace integration, this piece calls for reframing onboarding as a shared organizational responsibility rather than an individual adjustment process. A tiered, time-staged onboarding framework is proposed. It spans pre-arrival orientation, an extended clinical bridge period, and a longitudinal career-integration phase, paired with standardized outcome metrics. This approach aims to move the field beyond perception-based recommendations toward evaluable, evidence-based interventions that can improve retention, job satisfaction, and workplace equity for IENs.


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**Rethinking Onboarding for Internationally Educated Nurses: Centering Belonging in Orientation Practices**

I still remember attending a "welcome week" for a group of new nurses years ago. One nurse nodded politely through a PowerPoint about hospital parking, but what she really needed was reassurance that it was okay to ask questions more than once. The gap between what institutions think onboarding should be and what internationally educated nurses (IENs) actually need has not closed as much as all the research would suggest. After reading six recent studies on this topic, I felt a strong sense of déjà vu: different countries and decades, but the same complaints, the same recommendations, and the same note in every discussion section that no one has really tested if any of it works. That repetition is worth stopping to consider, and that is where I want to begin.

The six studies I reviewed all tell a familiar story: IENs arrive with strong clinical skills but face the same predictable challenges, like language and communication issues, cultural adjustment, discrimination, differences in scope of practice, and inconsistent support from organizations (Rajpoot et al., 2024; Shiju et al., 2024; Thomas & Lee, 2024). What stands out to me is not the barriers themselves, but how little our response has changed, even after twenty years of similar findings. We have become better at describing the problem, but we have not made much progress in finding solutions. I believe our next step should be to focus on structural changes that can be measured, instead of writing yet another account of how tough the first year is.


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**The evidence is saturated, but the evaluation gap is unaddressed**

Connolly et al. (2026) make the most consequential observation in this set of papers, and it is one I found genuinely sobering. Across 20 systematic reviews and primary studies spanning a decade, not a single experimental study evaluating onboarding strategies could be located. Every recommendation in this literature, whether mentorship, tailored orientation, peer buddy systems, or cultural competence training, rests on participant perception data rather than comparative outcome data. Thomas and Lee (2024) reach a parallel conclusion in the U.S. context, noting that very little is known about how structured transition programs causally affect retention or turnover. I no longer think this is a minor limitation to flag politely in a discussion section; it is the central unresolved problem of the field. We know *what* IENs say helps them. We do not know *how much* it helps, relative to cost, or whether one strategy (e.g., the six-month structured orientation described in Squires, 2017, as cited in Thomas & Lee, 2024) outperforms another (e.g., ward-level peer mentorship, per Shiju et al., 2024).

**Reframing integration as organizational, not individual, work**

There is another pattern that deserves more attention, and as an IEN myself, it concerns me the most. Many studies repeatedly find what Rajpoot et al. (2024) call "one-way integration logic," where host institutions quietly assume that newcomers alone must adapt. Ramji and Etowa's (2018) idea of "two-way" integration, which is supported by both Shiju et al. (2024) and Steakin (2024), could help address this issue, but it has not yet been put into practice. If we truly want integration to go both ways, we should measure outcomes for host nurses and organizations, such as manager cultural competence or bystander intervention during


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discrimination, with the same care we use for IEN adjustment. Porter et al. (2024) found that IENs experienced both a "just culture" and incivility from colleagues in the same 12-month program. This finding stuck with me because it shows that structural support and interpersonal hostility can exist at the same time. As a result, policy changes alone will not be enough unless we also hold current staff accountable.

**A proposal: tiered, time-staged onboarding with embedded measurement**

Synthesizing across these sources, I want to propose something more concrete than another call for "more support." Future onboarding models should abandon the single-point orientation model in favor of a tiered, time-staged framework: (1) pre-arrival cultural and systems orientation (Delos Reyes, 2019, as cited in Thomas & Lee, 2024; Steakin, 2024); (2) an extended clinical bridge period of no less than three months, addressing the "disintegration phase" of culture shock that Porter et al. (2024) place at around six months; and (3) a longitudinal, 12-month-plus career-integration phase incorporating mentorship and assertiveness training, since empowerment and voice, not clinical skill alone, predicted positive outcomes in Porter et al. (2024). Each phase should be paired with standardized, comparable metrics, including retention, validated job-satisfaction instruments, and incident-reporting rates, so future research can finally answer the evaluation question this literature has left open for far too long. Until then, we will keep producing rich, moving portraits of a problem we are no closer to solving at scale, and nurses like the one I remember from that welcome week will keep nodding politely through the parking policy.


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**References**

Connolly, C., Mcdonald, J., Unger, L., Williams, D., Cains, G., & Laver, K. (2026). Strategies to support internationally educated nurses from non-English speaking backgrounds transition into the Western healthcare workforce: A systematic review. *BMC Nursing*. https://doi.org/10.1186/s12912-026-04654-4

Porter, M. T., 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

Rajpoot, A., Merriman, C., Rafferty, A., & 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

Shiju, M., Hall, H., Lee, C., & Whitehouse, C. (2024). Barriers and enablers of successful workplace integration of internationally educated nurses (IENs) in a host country: A qualitative evidence synthesis. *Policy Politics & Nursing Practice*, *25*(4), 228–240. https://doi.org/10.1177/15271544241276860

Steakin, L. (2024). Onboarding foreign-educated nurses. *Journal for Nurses in Professional Development*, *40*(6), 317–321. https://doi.org/10.1097/nnd.0000000000001090

Thomas, J. B., & Lee, M. A. (2023). Factors influencing the transition of foreign-educated nurses to the US healthcare setting: A systematic review. *International Nursing Review*, *71*(3), 440–456. https://doi.org/10.1111/inr.12862


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