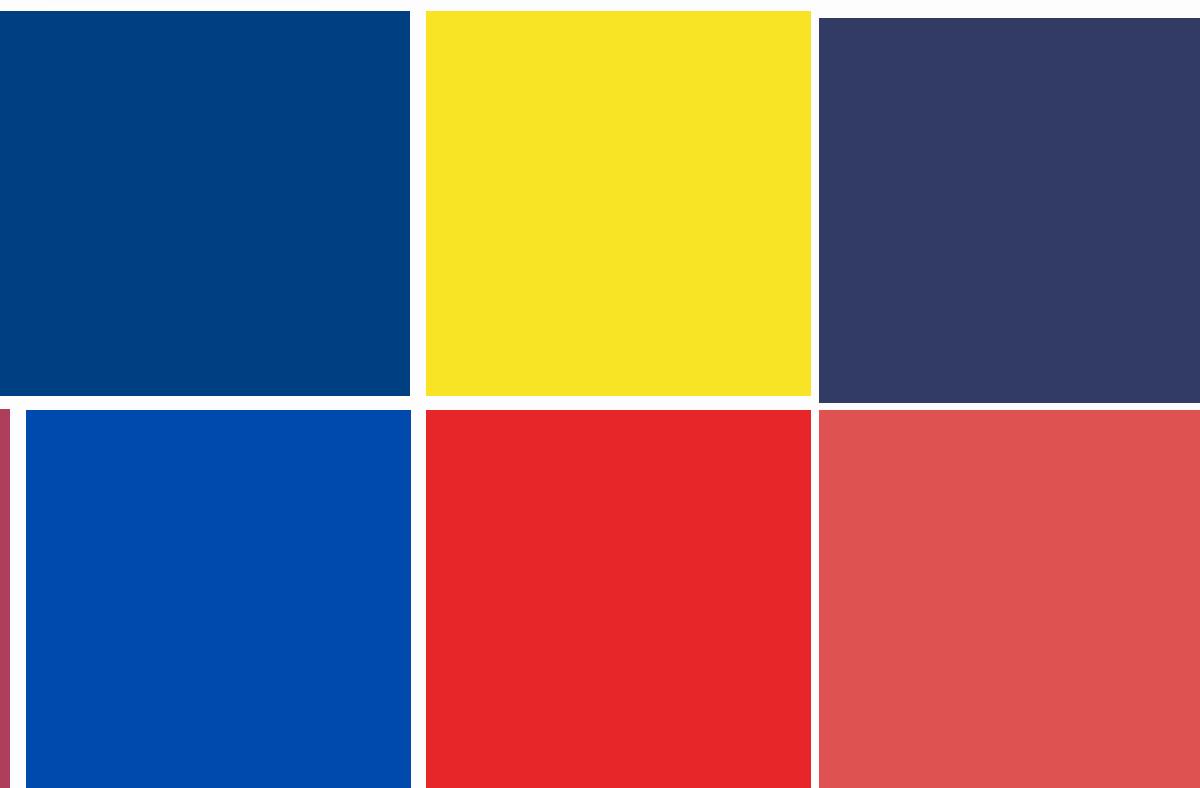


2021-2024

Triennial Report

The State of Filipino Internationally Educated Nurses in the Nordic Region



Workforce Realities and Policy Implications

2021-2024

Triennial Report

The State of Filipino Internationally Educated Nurses in the Nordic Region

Workforce Realities and Policy Implications



Edited By:

Floro Cubelo, PhD, MPH, RN, CGNC, FFNMRCISI, FETNA

Triennial Report: The State of Filipino Internationally Educated Nurses in the Nordic Region: Workforce Realities and Policy Implications

ISSN 2954-1204

Cubelo, F. (2025). Triennial report: The state of Filipino internationally educated nurses in the Nordic Region: Workforce realities and policy implications. The Filipino Nurses Association in the Nordic Region. doi: 10.5281/zenodo.15782384

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Registered Non-profit Organization

The Filipino Nurses Association in the Nordic Region (FiNAN) is a registered non-profit organization in Finland, Denmark, and Iceland. This makes the association a legal entity and can cooperate with other organizations and authorities within the Nordic Region.

WHAT WE DO

Mission

To empower and strengthen the global image of Filipino Nurses as a source of nursing manpower and care in the Nordic Region

Vision

To be the leading Filipino Nurses Association in the Nordic Region for highly skilled and competitive Filipino Nurses

Goals

1. Monitor Filipino Nursing Workforce Migration to the Nordic Countries
2. Participate in the achievement of Sustainable Development Goals (SDGs)
3. Negotiate to decision and policy-makers
4. Collaborate in the integration of Filipino Nurses in the Nordic work-life
5. Involve in peer support and mentoring
6. Produce evidence-based data



REGISTERED NON-PROFIT ORGANIZATION

The Filipino Nurses Association in the Nordic Region (FiNAN) is a registered non-profit organization in Finland, Denmark, and Iceland. This makes the association a legal entity and can cooperate with other organizations and authorities within the Nordic Region.



FINLAND

Patentti- ja rekisterihallitus.

Y-tunnus: 3084026-2

DENMARK

Erhvervsstyrelsen

CVR number: 40349367



RÍKISSKATTSTJÓRI

ICELAND

Ríkisskattstjóri

Registration number: 5208190450

SWEDEN

Organisationsnummerr:
802537-7097





FOUR PILLARS

The non-profit association is established on four fundamental pillars to guide its long-term strategic initiatives.

HUMANITY

Helping achieve the Sustainable Development Goals (SDGs)

EMPOWERMENT

Giving voice to Filipino nurses in the Nordic region in decision-making

RESEARCH

Basing decisions and policies on evidence-based practice

PROFESSIONAL DEVELOPMENT

Promoting professional networking and continuing education



ORGANIZATION'S BACKGROUND

The Filipino Nurses Association-Nordic (FiNAN) is the inaugural intraregional non-profit organization for Filipino nurses in the Nordic Region. The inaugural members of the association were recruited from social media platforms, hailing from a variety of educational and professional backgrounds in the domain of nursing. The necessity to establish an association that would serve as a representative voice for Filipino nurses residing in the region was of paramount importance, in alignment with the World Health Organization's (WHO) Code of Ethical Recruitment of Health Personnel. The recruitment process has given rise to a series of ethical concerns that have come to the fore and necessitate immediate attention from the various stakeholders within the Nordic society.

Since its establishment in 2018, the non-profit organization has functioned as the international voice of Filipino nurses in the Nordic Region, operating on several platforms, including forums, discussions, summits, and education coordination. Despite the association's limited financial resources, it plays a pivotal role in addressing critical issues affecting Filipino nurses, necessitating prompt and decisive action. The organization has also demonstrated a commitment to supporting the achievement of the United Nations' Sustainable Development Goals (SDGs).



CHAIRPERSON'S MESSAGE

Mabuhay!

As the incumbent Chairperson of the Filipino Nurses Association in the Nordic Region (FiNAN), it is my privilege to submit this Triennial Report, which attests to the fortitude, tenacity, and expertise of Filipino nurses throughout the Nordic countries.

This report is not merely a compilation of data; it is an attestation to the lives and contributions of our internationally educated nurses. It underscores the strides made and the persistent challenges in attaining equitable recognition, integration, and support within healthcare systems.

I would like to express my sincerest gratitude to our members, partners, and advocates who have dedicated themselves to uplifting our community. This report is intended to serve as a catalyst for ongoing collaboration, policy reform, and a shared commitment to equity and excellence in nursing.

We are committed to moving forward together, guided by a sense of purpose, unity, and optimism.

Sincerely,

Floro Cubelo
Chairperson, FiNAN



FOREWORD

The Triennial Report 2025 signifies a substantial landmark in the continuous progression of Filipino Internationally Educated Nurses (FIENs) within the Nordic Region. This report, which encompasses the years 2021 to 2024, signifies the culmination of meticulous data collection, policy analysis, and community engagement spearheaded by the Filipino Nurses Association in the Nordic Region (FiNAN). This phenomenon is indicative of the evolving landscape of healthcare migration, as well as the resilience, dedication, and aspirations of Filipino nurses who have chosen to establish their professional careers in Denmark, Finland, Iceland, Norway, Sweden, and the self-governing territories of Greenland, the Faroe Islands, and Åland.

The report is grounded in the lived experiences of FIENs, defined as nurses who have navigated complex systems of credential recognition, language acquisition, cultural adaptation, and professional integration. The accounts of the subjects, the challenges they faced, and their subsequent triumphs are interwoven throughout the document, thereby providing a human dimension to the discourse on statistics and policy. The findings presented herein transcend the realm of academia; they serve as impassioned calls to action for governments, educational institutions, healthcare employers, and civil society.

This publication is also indicative of FiNAN's commitment to ethical recruitment, sustainable development, and evidence-based advocacy. Since its inception in 2018, FiNAN has functioned as a pivotal platform not only for FIENs but also other internationally educated nurses (IENs) in the Nordic Region. It has done so by advocating for their rights and amplifying their voices in national and international forums. Despite its limited financial resources, the association has made significant strides in influencing policy, fostering professional development, and promoting intercultural understanding.

The Nordic countries have gained international recognition for their progressive values, robust healthcare systems, and commitment to human rights. However, the report indicates the persistence of systemic barriers that impede the full integration of IENs into the workforce. A multitude of issues persist in exerting a deleterious effect on a considerable number of FIENs. The most salient of these issues include, but are not limited to, deskilling, language barriers, unclear credentialing pathways, and labor exploitation. These challenges are not isolated; rather, they are indicative of broader structural gaps that necessitate coordinated, cross-sectoral solutions.



FOREWORD

As the global demand for healthcare professionals intensifies, the ethical and strategic integration of IENs becomes not only a moral imperative but also a practical necessity. This report presents specific recommendations and policy pathways to ensure that the contributions of FIENs are recognized, valued, and maximized. The initiative is congruent with the United Nations Sustainable Development Goals (SDGs), particularly those pertaining to health, education, gender equality, and decent work.

Readers, including policymakers, researchers, healthcare leaders, and fellow nurses, are encouraged to engage deeply with the insights presented in this report. It is crucial that this document serves as a foundational framework for inclusive policy reform, a comprehensive reference source for academic inquiry, and a catalyst for collective action. It is possible to construct a healthcare system that is more equitable, resilient, and compassionate. This system would honor the dignity and potential of every nurse, regardless of their place of education.



STATISTICS

According to the 2020 annual report of FiNAN, the number of FIENs is projected to reach 10,000 across the Nordic countries by the year 2030. This projection is made irrespective of the possession of a license to practice nursing, whether or not the individual has a license, or their role as a nursing assistant. Moreover, the projection is informed by the diverse migratory pathways of these FIENs, which may be influenced by factors such as employment opportunities, educational pursuits, and familial connections.

A review of the data collected by national health authorities in the major Nordic countries as of June 2025 reveals significant variations in the distribution of FIENs licensed to work as RNs across the region. To date, nearly 2,000 FIENs have obtained licensure as RNs. The data set under consideration is derived from individuals whose education was obtained outside the geographical confines of the European Union and the European Economic Area (EU/EEA). Norway has the highest number of FIENs, with a total of 1,410. Iceland is the second-highest contributor, with 234 FIENs. Finland and Denmark follow with 116 and 111 FIENs, respectively.

In addition to enumerating the number of FIENs in the five main Nordic nations, FiNAN also included data on FIENs in self-governing territories. Greenland has four, the Faroe Islands have three, and Åland has one. Sweden, while not providing individual FIEN data, is estimated to have a notable number of health and medical personnel whose education was obtained from outside the EU/EEA countries.

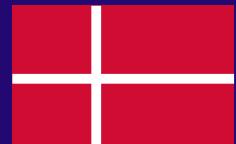
116

FINLAND



111

DENMARK



234

ICELAND



1410

NORWAY



The following self-governing nations in the Nordic region have the following number of FIENs:

Åland= 1 (Part of Finland)

Faroe Islands= 3 (Part of Denmark)

Greenland= 12 (Part of Denmark)

**The data were collated by the main editor from healthcare authorities and representatives of the organization as of June 2025.*

***Sweden does not collect data specifically for FIENS. However, the health authorities have recorded 1,150 health and medical care personnel whose education is from countries outside the EU/EEA.*

****The aforementioned figures are reflective of the number of individuals registered whose education was obtained outside of the EU and EEA countries, as documented in the registries of the national health authorities.*



CHAPTER I

THE KINGDOM OF DENMARK

DENMARK, FAROE ISLANDS & GREENLAND



DENMARK

Authors: Floro Cubelo, Cristal Tolosa-Warburg and Katherine Perez-Luckmann

Over the past three years, significant changes and ongoing challenges have shaped the landscape for FIENs seeking qualification and integration into the Danish healthcare system. Despite the absence of any direct recruitment initiatives over the past decade, the nation has undergone a transition towards outsourcing from countries outside the European Union and European Economic Area (EU/EEA). This strategic shift is driven by the nation's aging workforce and the introduction of new study programs within its higher education systems. However, these measures are insufficient to ensure self-sufficiency.

For the past decade, FIENs have been migrating to the country for a variety of reasons, including employment as au pairs, the establishment of family ties, and other professional opportunities. This migration pattern poses significant challenges to the career development of FIENs within the country.

According to the most recent data, as of June 2025, at least 111 FIENs had obtained licenses to practice as RNs in the country. However, a survey of the status of FIENs residing in the country suggests that many FIENs encounter difficulties in obtaining the RN qualification.

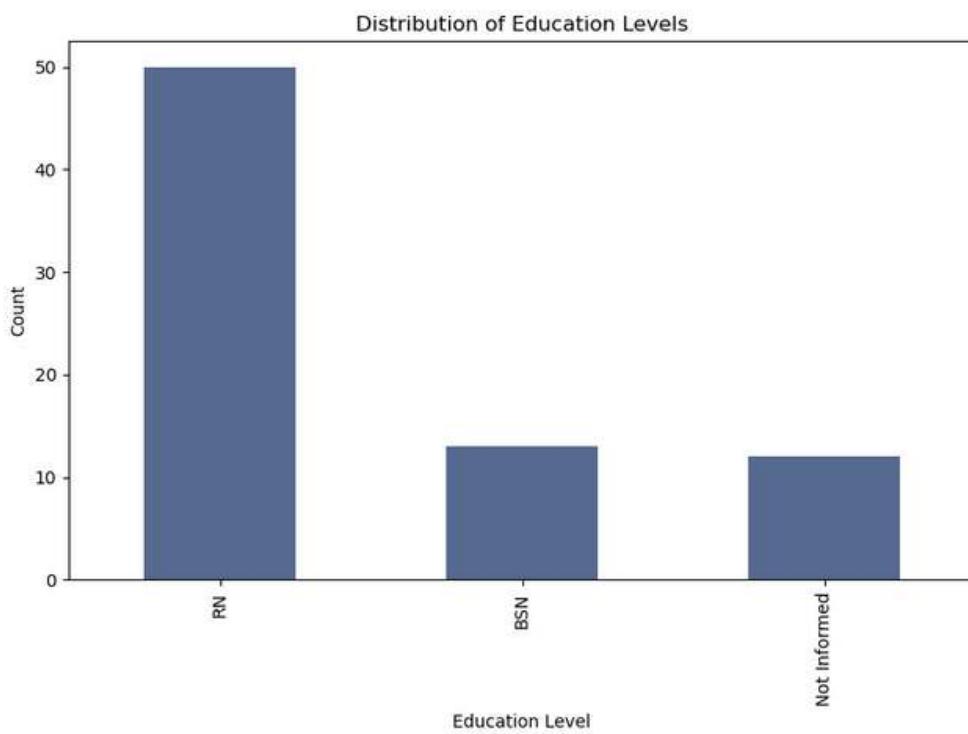


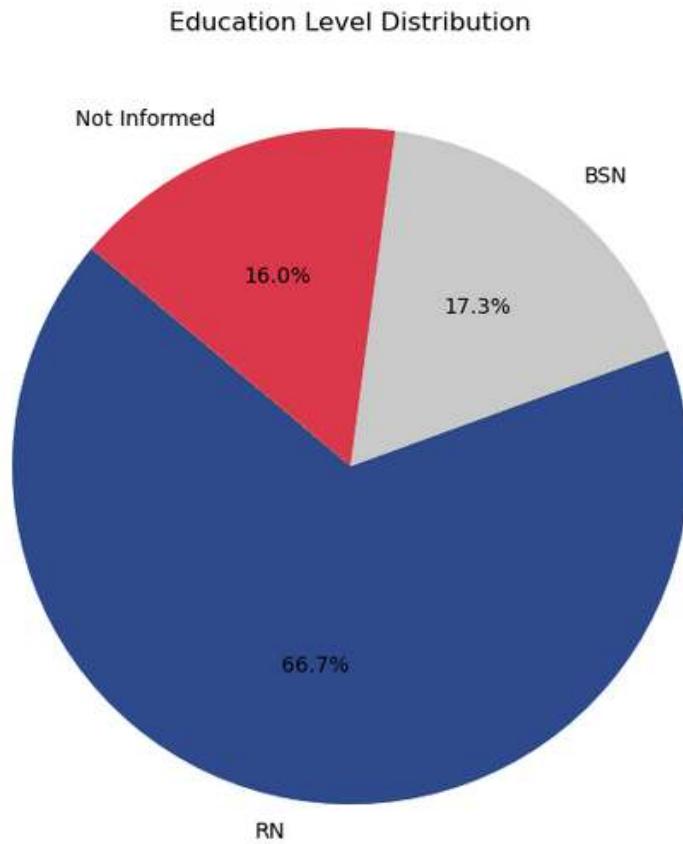
Significant number of FIENs still do not have RN qualification in Denmark

The following data set presents the number of FIENs who participated in the survey, which explored their professional background and current employment status. This analysis places particular emphasis on the qualifications held by FIENs and the diversity of their current roles. The objective of the present data is to map the current numbers, thereby providing decision-makers with the necessary data to redesign programs in Denmark regarding the recognition and qualification of not only FIENs but also other IENs in general.

In a data collected by FiNAN Denmark Chapter in 2024, 73 FIENs who participated in the survey lacked the necessary qualifications to work as RNs in Denmark. A review of the provided list of FIENs shows that 50 individuals are identified as Registered Nurses (RNs), 13 of whom have a Bachelor of Science in Nursing (BSN), and 12 individuals have not disclosed their educational attainment. The majority of FIENs (22) did not disclose their current occupation. FIENs generally occupy positions in assistant and other unskilled roles.

The actual number of FIENs without RN qualification might be high, as the survey might not have reached those who are not on social media or who do not wish to participate.





Authorization and Requirements

The Danish health authorities have issued an update on the licensing process for individuals educated outside of the EU/EEA. A notable modification has been implemented in the protocol for nurse authorization. The requirement for language proficiency has been eliminated from the formal authorization requirements (1). Nevertheless, employers who intend to hire IENs from outside the European Union, including the Philippines, continue to require proof of Danish language certification at Level 3. Therefore, although language exams are no longer required by the authorities, they remain essential for employment. Consequently, FIENs must still enroll in accredited Danish language programs to meet employer expectations.



Challenges, updates and actions

A close examination of the relevant data has led to the conclusion that one of the primary challenges is the existence of the 6-year rule (2). This indicates that FIENs who have not been professionally engaged in the nursing field for a period of six years or more may encounter difficulties in their attempts to obtain an RN license from the Danish Patient Safety Authority (Styrelsernes for Patientsikkerhed, STPS). However, FINAN has facilitated the successful authorization of four RNs from the Philippines in Denmark. This was achieved by assisting them in pursuing a nursing assistant training program in July 2024. Additionally, team leaders (charge nurses) received guidance. The following inquiry seeks to ascertain the methodology for composing a recommendation letter that meticulously enumerates the competencies of RNs through the medium of FiNAN.

Future Direction

At the 2023 Congress of FiNAN in Copenhagen, Denmark, Jens-Kristian Lütken, Mayor of Employment and Integration, and Chairperson of the Employment and Integration Committee in the Municipality of Copenhagen, presented a forward-thinking strategy to enhance the professional integration of internationally educated nurses within the Danish healthcare sector. He asserts that there is a need to assist IENs in their integration process by formally recognizing the education they have received from institutions outside of their country of origin. This approach is expected to ensure the effective utilization of the existing workforce within the country.



Jens-Kristian Lütken, Mayor of Employment and Integration and is the Chairperson of the Employment and Integration Committee in the Municipality of Copenhagen speaks at the Filipino Nurses Association in the Nordic Region Congress in 2023 in Copenhagen, Denmark.

FUTURE DIRECTION

FiNAN continues to advocate for the implementation of the top-up education program in the country. The program should be managed by higher education institutions, particularly those without experience and those who have been away from the nursing profession for more than six years. This approach will facilitate the effective utilization of the skills and competencies of IENs within the country.

In 2024, Cubelo's policy analysis reveals a nexus between Greenland's challenges in recognizing IEN qualifications and the Danish system (3).

Achieving optimal patient and public health safety necessitates a collaborative approach between these two systems. The necessity for a bridging education program or national licensure examination is also evident, as such measures could expedite the recognition of IENs. The establishment of a mutual recognition agreement for nurse licenses between Greenland and Denmark is imperative to ensure the efficient delivery of healthcare and the maintenance of professional standards (3).



FAROE ISLANDS

The Faroe Islands has a long history with Denmark in terms of legislation. Despite its status as an autonomous nation, it is imperative to acknowledge that the Faroe Islands employs a unified system of governance in conjunction with the Kingdom of Denmark (4). Consequently, the protocol for registering to become an RN is contingent upon the protocols and policies in the Kingdom of Denmark. A review of FiNAN's current data indicates that there are only three FIENs licensed to work as RNs in the Faroe Islands. A considerable proportion of FIENs have chosen to seek employment opportunities in other industries, largely influenced by the arduous and protracted nature of the recertification process required to become an RN. Moreover, a number of FIENs have not been engaged in the nursing profession due to a paucity of opportunities to do so within their respective countries.

Influencing qualification pathway

A meeting organized by FiNAN at the Faculty of Health Sciences of the Faroe Islands University revealed that there are approximately 15 FIENs with an RN background from the Philippines who have yet to obtain the necessary qualifications to work as RNs in the Faroe Islands (5). This finding is based on a collected data set. On July 10, 2021, Kristianna Whinter Poulsen, a politician representing the Social Democratic Party (SDP), accepted an invitation from the Filipino Nurses Association in the Nordic Region (FiNAN) at the University of the Faroe Islands' Faculty of Health Sciences Department. During this meeting, Poulsen was presented with a proposal by the association, which outlined a strategy to make the integration program more systematic (6).

Kristianna has identified integration as a matter of significant political importance. It is evident that she is dedicated to addressing these concerns at the political level. On the occasion of the FiNAN meet-and-greet day, Filipino nurses imparted their experiences and concerns regarding the qualification and credentialing process for becoming a registered nurse in the Faroe Islands (6).



The challenge of acquiring recognition for the qualification to become an RN is compounded when IENs are required to comprehend and articulate the Faroese language, which is the country's official language. Despite its autonomy and the existence of its own constitution, the country remains dependent on the policies of the Danish health care system (6).

Manilyn Estrella Jacobsen, the first Filipina nurse to become a registered nurse in the Faroe Islands and FiNAN's official representative to the country, stated during the discussion that proficiency in the Faroese language is a key factor in achieving enhanced opportunities for international nurses. During the meeting, she proposed the implementation of a comprehensive language training program designed to integrate nurses into their respective work environments. Manilyn faced significant challenges in her efforts to obtain her qualification. In contrast, Jessica Deliso Dam, the second official representative of FiNAN to the country and a Filipino registered nurse in the Philippines and Faroe Islands, followed a path that closely resembles the Finnish education system.

FiNAN has formally entered into an official Memorandum of Understanding (MoU) with Arcada University of Applied Sciences, which will promote the Top-Up program. The primary objective of this initiative is to expedite the entry of internationally educated nurses into the workforce and facilitate their seamless integration into Finnish society. The long-term objective entails the provision of support for novel educational models intended for internationally trained nurses, with the potential for implementation across the Nordic region. The objective of this program is to be replicated in the country with the assistance of the University of the Faroe Islands, Faculty of Health Sciences.



Filipino Nurses and FiNAN Team in a meet and greet on proposed bridging education program at the University of Faroe Islands.



The FiNAN Team met with Magni Mohr, PhD, the Dean of the Faculty of Health Sciences, as well as with staff and teaching personnel at the University of the Faroe Islands.

FUTURE DIRECTION

Magni Mohr, PhD, the Dean of the Faculty of Health Sciences, has expressed his full support for the implementation of the program, which is intended to assist Faroese society in addressing the shortage of nursing personnel in the country. FiNAN convened a productive meeting to deliberate on the implementation of the Bachelor of Science in Nursing program in English. However, the implementation of the program necessitates financial resources (6).



GREENLAND

Authors: Floro Cubelo, Cherisa Dupitas and Girard Dupitas

A parallel can be drawn between the Faroe Islands and Greenland, given their shared history as colonized states under Danish rule. Despite its recent attainment of independence and sovereignty, the Greenlandic government is currently engaged in a process of legislative modernization. This initiative, while constituting a substantial challenge, constitutes a component of a more extensive strategic direction for the nation. This encompasses the acknowledgment of the qualifications of IENs who have obtained their education outside of the European Union (EU) and the European Economic Area (EEA).

A total of approximately 12 FIENs are present in Greenland. The majority of these FIENs, specifically 4 of them, are in possession of a license that authorizes them to practice as RNs. The necessity for IENs is increasing in the country due to its geographical characteristics, in order to address the social and healthcare requirements of the population (3).

At the 2024 World Health Organization meeting in Nuuk, Greenland, FiNAN representatives Girard Dupitas and Cheri Dupitas were invited to share their insights on the integration of healthcare systems and the processes and solutions employed. According to the representatives, the integration is to be executed in a manner that ensures seamless collaboration with the hospital, encompassing the internship component and the financial compensation. Following the meeting, there was no further information forthcoming regarding the potential implementation of the top-up education program in the country.



CHAPTER II

FINLAND



FINLAND

Authors: Floro Cubelo, Marie Lagundi, Jeanny Mae Tuominen, Ryann Deloso

Finland has been actively recruiting FIENs and other IENs from Africa and East Asia for the past decade. Recruited IENs encounter a number of significant challenges, including but not limited to the following: deskilling, unequal remuneration, professional language proficiency levels, and human and labor rights (7). In recent instances, there have been isolated reports of the emergence of non-communicable diseases (8), accompanied by documented mortality rates. Despite the country's proactive recruitment efforts, a comprehensive nurse labor migration model has yet to be formally adopted at the national or governmental level (7), hindering the facilitation of a seamless transition for recruited IENs.

Recognition on the qualification of IENs educated outside EU/EEA countries

In Finland, IENs with education from outside the EU/EEA have three pathways to apply as an RN: 1) direct application to the national health authority; 2) admission pathway; and 3) top-up or bridging education programs (9). According to the available data, the aforementioned pathways demonstrate that the top-up pathway is the most economically and person-centered option, ensuring work-life balance.

Two programs have recently been initiated as part of a government-funded project designed to facilitate the licensing process. These programs, titled "Sairaankoitaajaksi Suomessa" (10) and "SAILA - Sairaankoitaajan laillistaminen Suomessa," (11) aim to streamline the licensing process for individuals seeking to practice as a registered nurse in Finland. This initiative is designed to initiate a national operating model for the legalization of nursing qualifications from countries outside the European Union and European Economic Area. This initiative is designed to expedite the licensing process in conjunction with the relevant authorities in higher education and licensing.

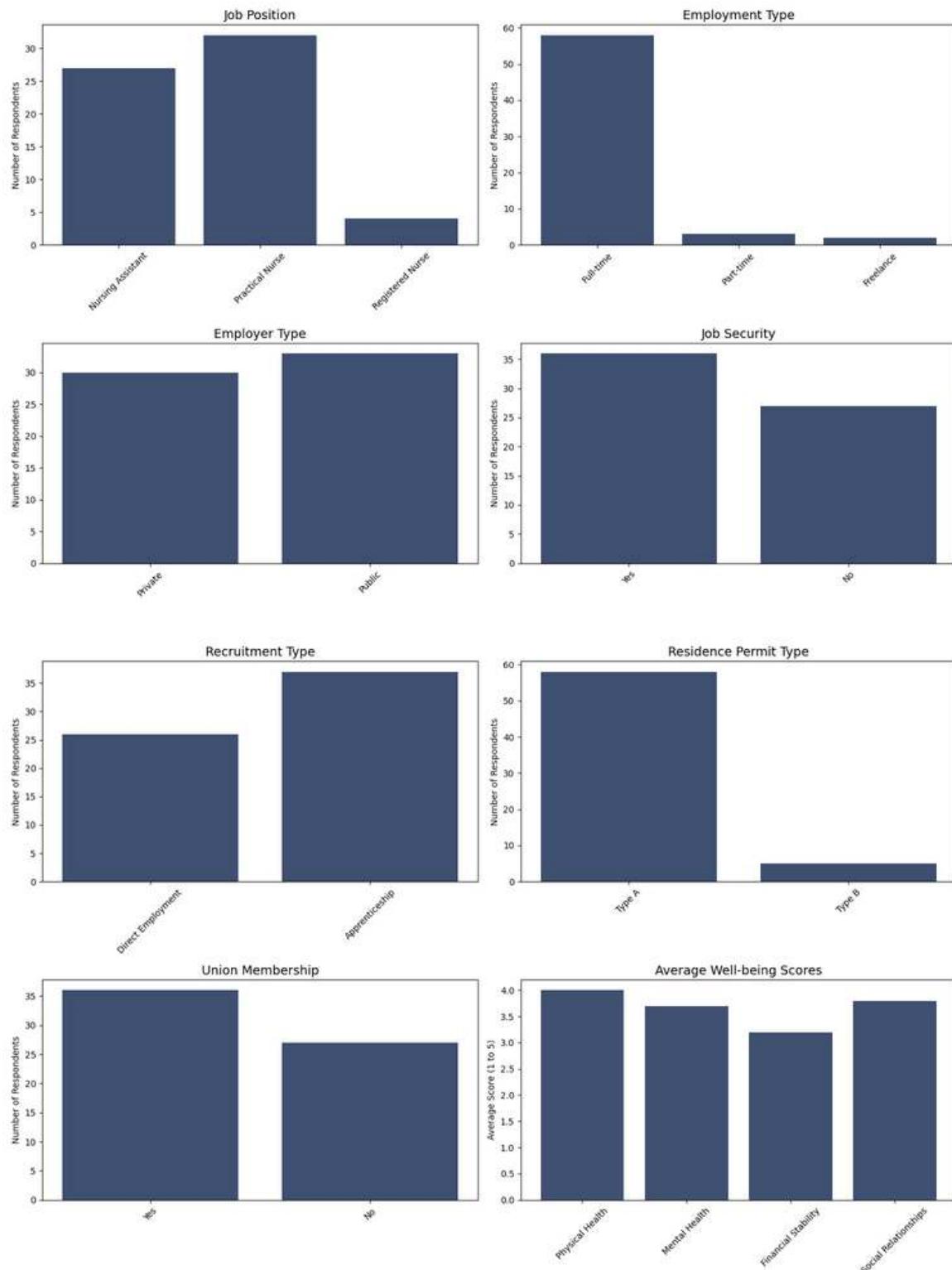
A rigorous evaluation of the efficacy, both professional and economic, is imperative.



Challenges of FIENs in Finland: Rising Unemployment

Category	Option	Count	Percentage
Job Position	Nursing Assistant	27	42.90%
	Practical Nurse	32	50.80%
	Registered Nurse	4	6.30%
Employment Type	Full-time	58	92.10%
	Part-time	3	4.80%
	Freelance	2	3.20%
Employer Type	Private	30	47.60%
	Public	33	52.40%
Job Security	Yes	36	57.10%
	No	27	42.90%
Recruitment Type	Direct Employment	26	41.30%
	Apprenticeship	37	58.70%
Residence Permit Type	Type A	58	92.10%
	Type B	5	7.90%
Union Membership	Yes	36	57.10%
	No	27	42.90%

Challenges of FIENs in Finland: Rising Unemployment





A survey was conducted in November and December of 2024 by the Filipino Nurses Association in the Nordic Region (FiNAN), in collaboration with the Finnish-Philippine Society and BIBAK Ry, to ascertain the number of Filipino internationally educated nurses (FIENs) who were either unemployed or facing the threat of unemployment. This survey was conducted in response to the growing concern over layoffs among healthcare workers in Finland.

The findings from this self-reported survey of 63 FIENs revealed that the majority were employed as practical nurses (50.8%) and nursing assistants (42.9%), with only a small proportion working as registered nurses (6.3%). The majority of the participants (92.1%) reported being employed full-time. The distribution of employment was almost equal between the public and private sectors, with 52.4% and 47.6%, respectively. However, concerns regarding job security were also expressed, with 57.1% of respondents indicating that they felt at risk of losing their jobs. With respect to the recruitment pathways, 58.7% of the subjects were brought into Finland under apprenticeship programs, while 41.3% were directly employed. A substantial proportion of the sample (92.1%) held Type A residence permits, and 57.1% were affiliated with labor unions. When asked to rate their well-being, respondents reported relatively high scores in physical health and social relationships, while financial stability received the lowest average score, reflecting underlying economic pressures.

A series of meetings were convened with representatives from both the private and public sectors, with a particular focus on union representatives. The purpose of these meetings was to address the concerning trends of unemployment and to explore potential strategies for its prevention through the implementation of policies and the utilization of government-to-government solutions.

Given the nature of the survey as a self-reported questionnaire, the actual number of affected individuals may exceed the findings indicated by the responses. According to the available data, a subset of FIENs have departed the Philippines, while others have been compelled to seek employment in alternative sectors, such as manufacturing and cleaning services, due to the ongoing labor negotiations.



Qualitative analysis of the responses

The application of the Elo & Kyngäs (12) inductive content analysis approach resulted in the identification of five primary categories from the open-ended responses, each comprising distinct subcategories.

Main Category	Subcategories
Job Security and Contract Clarity	Uncertainty about contract renewal Lack of permanent positions Concerns about layoffs
Workplace Treatment and Conditions	Unfair treatment by supervisors Heavy workload and understaffing Lack of support from management
Education and Training	Delays in graduation Lack of support for studies Unpaid school days
Language and Integration	Difficulty with Finnish language Language as barrier to employment Need for language support
Legal and Policy Concerns	Contract discrepancies Need for government intervention Unclear employment rights

The respondents articulated considerable apprehension regarding job security, particularly with regard to the absence of permanent contracts and the potential for layoffs. A significant number of respondents highlighted the profound emotional and financial pressures stemming from ambiguous employment terms. Issues pertaining to workplace treatment were also prominent, with reports of unfair supervisory practices and inadequate staffing levels resulting in burnout.

Educational challenges were frequently cited, especially delays in graduation and a lack of institutional support. The analysis revealed a recurring theme of language barriers, with several respondents noting that their limited Finnish proficiency hindered their integration and career progression. Consequently, legal and policy concerns were raised, particularly regarding contract transparency and the necessity for enhanced governmental oversight to protect the rights of migrant nurses.



CHAPTER III

ICELAND AND NORWAY



NORWAY

Authors: Floro Cubelo and Ian Faigones

Norway has the highest number of FIENs granted a license to work as RNs, with a total of 1,410. In a 2013 report by Jenssen and colleagues (12), some FIENs recruited in 2012 to work at a university hospital encountered labor challenges. The employer has been accused of exploitation, a claim that the institution has denied. It has been documented that these IENs were requested to contribute fees, which were derived from loans in the Philippines, to cover expenses incurred in Norway. However, recruiters have refuted these allegations (12). In the wake of these incidents, the nation has suspended its active recruitment of FIENs. Consequently, the migratory patterns of FIENs are marked by a multitude of avenues, including studies, au-pair work, family ties, and other employment opportunities outside the nursing field (7).

Qualification pathway of FIENs in Norway

Two universities in Norway are actively engaged in the process of assisting International Education Nurses (IENs) in acquiring the necessary qualifications to become Registered Nurses (RNs) in the country. Western University of Applied Sciences offers a "part-time, decentralized Bachelor of Nursing program" specifically designed for foreign nurses who have received their education outside the EU/EEA countries. Similarly, Oslo Metropolitan University provides a program titled "Supplementary Education for Nurses Educated Outside the EU/EEA," which is intended to support IENs in acquiring the necessary qualifications to practice nursing in Norway. The program is principally designed for foreign nurses who are currently residing and employed in Norway. It is crucial that nurses have attained the requisite Norwegian language proficiency level of B2, as stipulated by the Helsedirektoratet (the licensing authority in Norway).



From a logical perspective, FIENs have recently embarked on a different migration pathway, such as studies or family ties. Therefore, the program has been meticulously designed to align with the needs of the IEN population, with a particular emphasis on ensuring the prioritization of individuals already residing within the country.

Main Category	Subcategory
Language Training	Free Norwegian language courses
	Support for language exam preparation
	Access to language schools
Bridging Programs	Offer bridging programs
	Provide nursing adaptation courses
	Support for credential recognition
Information Access	Clear guidance on process
	Information sessions
	Help with documentation
Policy and Recognition	Government-to-government agreements
	Recognition of PH credentials
	Faster processing of applications



In a qualitative content analysis of the 49 FIENs who participated in a survey and did not have an RN license in Norway, the participants placed significant emphasis on the necessity of language training. They identified language training as a crucial element for enhancing linguistic proficiency. This commitment involves offering complimentary Norwegian courses, providing assistance in exam preparation, and facilitating access to language schools. The FIENs also made an appeal for the implementation of programs designed to facilitate the transition of individuals into the nursing profession. These programs encompass a range of initiatives, including nursing adaptation courses and support services aimed at recognizing and validating existing credentials. The importance of facilitating access to information was emphasized, accompanied by calls for enhanced guidance, assistance through documentation, and the organization of structured information sessions.

FIENs addressed two primary areas: policy and recognition. Specifically, they advocated for government-to-government agreements, the recognition of Philippine credentials, and the expedited processing of applications. However, this necessitates a coordinated support system that addresses both structural and personal barriers, thereby enabling Filipino nurses to fully integrate into the Norwegian healthcare workforce.

ICELAND

In Iceland, the nursing education system in the Philippines is formally acknowledged by the authorities. This development is expected to expedite the integration of IENs within the healthcare workforce in the country. Consequently, when employers seek to hire RNs, the primary consideration is the candidates' professional language proficiency. As demonstrated by the data obtained from the national health authorities, there is a discrepancy in the number of FIENs who have obtained licenses to practice as RNs in Iceland and Finland. A quantitative analysis of the available data indicates that the number of FIENs with RN licenses who obtained their education outside the EU/EEA countries in Iceland is 234, which is double that of Finland, despite the smaller population size in Iceland.

A significant challenge faced by FIENs in Iceland was identified in a 2025 study by Christiansten et al. (15). The study revealed that FIENs frequently encountered discord with local nurses concerning their involvement in labor disputes, with the objective of enhancing salaries and working conditions. FiNAN draws parallels between this phenomenon and the context of the Philippines, where the prospect of unionization can be daunting due to the fear of losing one's employment.



CHAPTER IV

SWEDEN



SWEDEN

Authors: Floro Cubelo, Maryrose Velasco Mårtensson, Joy Kong, Gemma Epler

Private nursing home companies have recruited FIENs in the Philippines to work as nursing assistants in Sweden. In 2016, the private nursing home recruited 60 FIENs as trainees while they waited for their Swedish license, which took around 12-18 months. The FIENs needed to learn Swedish healthcare laws and be able to speak professionally (16).

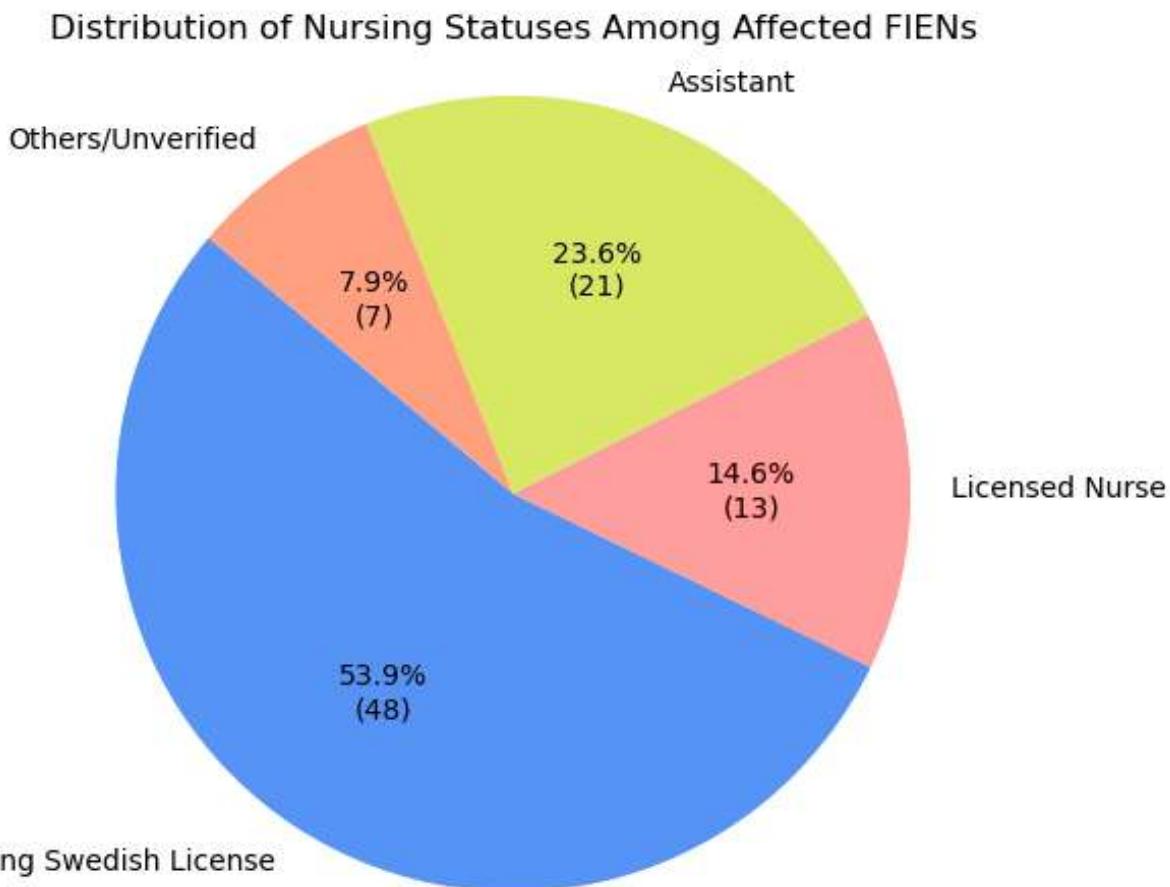
Challenges of FIENs in the Swedish Healthcare Labor Market

In Sweden, there are two recertification pathways to become an RN. The first path is to pursue advanced training through a specialized bridging program. The second path is to undergo a series of rigorous examinations to attain validation. However, a study by Högstedt (2024) found that IENs, including FIENs, encountered undervaluation, discrimination, exclusion, and racism upon entering the workforce in a new country (17).

In 2023, the organization received word of a deportation decision made by the Swedish authorities after several FIENs contacted them. The decision had a significant impact on these FIENs, affecting their emotional, mental, and physical well-being. Representatives of FiNAN in Sweden, Maryrose Velasco Mårtensson, Joy Kong, and Gemma Epler, coordinated the case of deportation decisions affecting nearly 100 Filipino nurses (FIENs), escalating the matter to the FiNAN Chairperson. In the spring, the Swedish Migration Board issued a series of deportation decisions targeting nurses employed by one of the nursing home companies in Sweden (18).

Despite the case's significance, the courts found no evidence of fraud in the recruitment process. The coordinated response involved both public and private sector stakeholders, aiming to address the legal and humanitarian implications of the deportations.

Media coverage of the situation has brought attention to the legal judgments that may now improve the chances for these nurses to remain in Sweden. The case demonstrated the complexities of labor migration, legal interpretation, and the crucial role of advocacy networks like FiNAN in protecting the rights of foreign healthcare workers in the Nordic region.

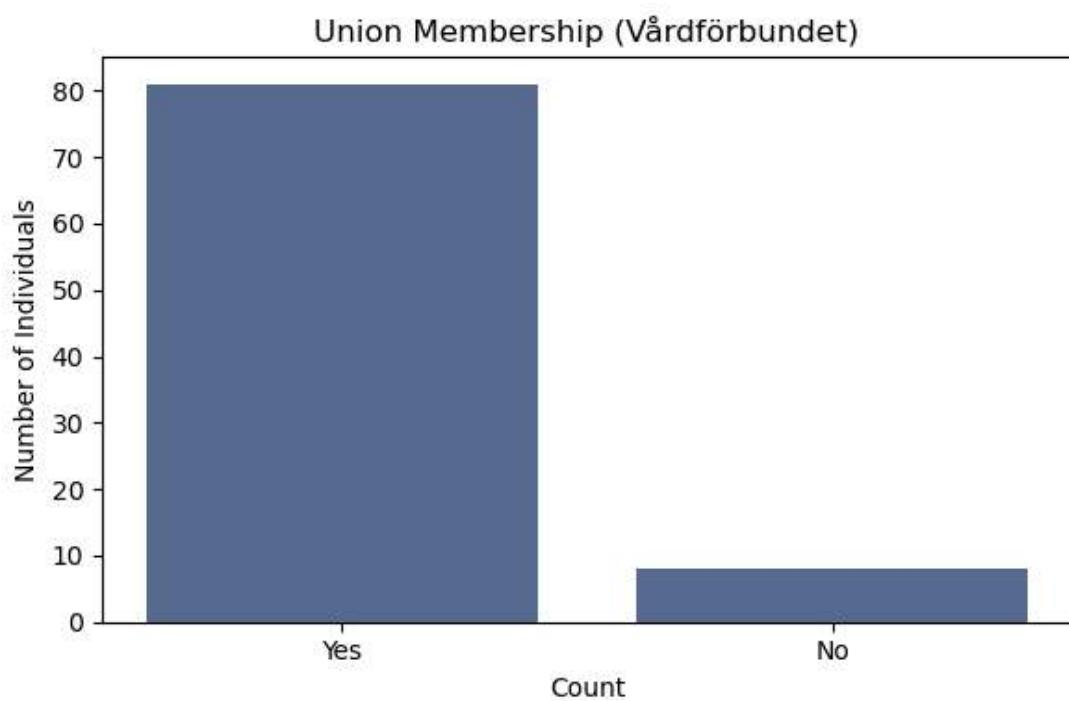




A total of 89 Filipino nurses have been identified as having received international education, with 13 of these individuals having obtained professional licensure in Sweden as Legitimerad Sjuksköterska (Leg. SSK), signifying a complete acknowledgement of their qualifications. Concurrently, 48 individuals are in the process of obtaining their Swedish nursing license (inväntar svensk legitimation), and 21 are designated as Yrkesverksam, signifying their engagement in healthcare, albeit not necessarily as licensed nurses. The remaining seven participants fall into other categories, as they are either unverifiable or the participant has not disclosed them.

A significant proportion of the respondents indicated that they were employed at a nursing home that had recruited them. This highlights the fundamental role of private sector employers in the integration of FIENs into the Swedish healthcare system. Among the 89 respondents, the majority are affiliated with Vårdförbundet, the Swedish Association of Health Professionals. Union membership has been identified as a significant indicator of workplace integration and access to labor protections.

Additionally most of the respondents also reported affiliation with FiNAN at the time of their deportation cases. This finding suggests that FIENs proactively seek out community networks during times of crisis, with the objective of obtaining support for network support and the protection of human labor rights.





CHAPTER V

RECOMMENDATIONS TO POLICY AND DECISION-MAKERS



RECOMMENDATION AND POLICY IMPLICATIONS

This report identifies critical areas requiring immediate policy attention by drawing from the lived experiences, statistical data, and systemic challenges faced by FIENs across the Nordic Region. The findings indicate the presence of persistent barriers in credential recognition, language proficiency, workplace integration, and ethical recruitment. These challenges hinder the professional advancement of FIENs and curtail the contributions they could offer to Nordic healthcare systems. In response, the following strategic recommendations are proposed to guide policymakers and decision-makers in creating inclusive, equitable, and sustainable frameworks for integrating not only FIENs but other IENs into the healthcare workforce.



RECOMMENDATIONS AND POLICY IMPLICATIONS

Policy Area	Strategic Actions
Recognition and Credentialing	<ul style="list-style-type: none">Establish mutual recognition agreements for nursing qualifications across Nordic countries.Implement bridging and top-up education programs tailored to FIENs.Expedite licensure processes through national proficiency exams and bilateral agreements.
Language and Integration Support	<ul style="list-style-type: none">Provide free or subsidized language training aligned with healthcare terminology.Develop structured integration programs including mentorship and cultural orientation.
Workplace Equity and Protection	<ul style="list-style-type: none">Enforce anti-discrimination policies and ensure fair treatment in the workplace.Promote union membership and labor rights awareness among FIENs.Address deskilling and underemployment through targeted career development pathways.
Data and Monitoring	<ul style="list-style-type: none">Mandate data collection on FIENs across all Nordic countries for informed policymaking.Support longitudinal studies on FIENs' career progression and well-being.
Ethical Recruitment	<ul style="list-style-type: none">Align recruitment practices with the WHO Global Code of Practice.Monitor and regulate private recruitment agencies to prevent exploitation.



STRATEGIC ACTIONS FOR POLICYMAKERS

- Audit and streamline the credential recognition process for foreign-trained nurses.
- Fund and expand top-up education and language programs in collaboration with universities.
- Establish bilateral agreements with the Philippines and other source countries.
- Create a centralized database for tracking FIENs' employment and licensure status.
- Implement legal safeguards to protect FIENs from labor exploitation and deportation.
- Design national integration frameworks that include mentorship, peer support, and cultural training.
- Engage FIENs in policy dialogues to ensure their voices shape future reforms.
- Support global health goals by aligning national strategies with the UN SDGs and WHO guidelines.



APPENDIX

PROJECTS, EVENTS AND FINANCIAL STATEMENT

PROJECTS

Despite limited resources, FiNAN has contributed to the United Nations Sustainable Development Goals (SDGs) through small membership contributions from officially recognized members. The organization continues to receive inquiries from Filipino nurses in the Philippines and other countries, including the Middle East and some European countries, regarding how to become an RN in different Nordic countries.

STEP-TO-A-DREAM PROJECT

The objective of this initiative is to support underprivileged children in accessing education and achieving Sustainable Development Goal No. The first objective is to eliminate poverty. 4 (Quality Education). The first five scholars have successfully completed their basic education. A new cohort of scholars will be selected in 2025.



Vice President of FiNAN Cristal Tolosa Warburg met with the indigenous children scholars of the Step-to-a-Dream project who have already graduated in 2024.

PLANT-A-TREE-WHEN-YOU-GO-HOME PROJECT

FiNAN has made a substantial impact in addressing climate change. The organization acknowledges that the phenomenon of labor migration, precipitated by long-haul flights of the recruitment from the Philippines and the concomitant vacation flights, results in a substantial carbon footprint. In the aftermath of the CleanMed Europe conference, the European Nurse Climate Champions initiative was inaugurated in 2020. In a collaborative effort with the government, Irish Nurses proceeded to plant an impressive number of trees, surpassing 80,000. The program draws inspiration from the FIENs in Finland.



FiNAN collaborated with the local government agency to continue the initiative of planting trees in the Philippines, a country particularly impacted by climate change.



MAJOR EVENTS



In 2021, FiNAN inaugurated the first Arctic Circle Nursing Awards, which were held virtually due to the ongoing challenges posed by the pandemic. Representatives from FiNAN were present at the event in person and online at Arcada University of Applied Sciences.

This pioneering initiative celebrated excellence in nursing and allied fields across the Nordic region. The following individuals and organizations were recognized: Best Association of the Year – The Joint Virtual Swedish Nurse Organization (JSNO), a collaboration between the Swedish Nursing Association and VårdförbundetBest Diplomatic Service – The Philippine Embassy in DenmarkArcada University of Applied Sciences has been recognized as the Best Academic Institution. Rosemary Toledo-Menta of ABS-CBN has been presented with the esteemed Medal of Journalism. Elizabeth Iro, the World Health Organization's Chief Nursing Officer, has been bestowed the esteemed Medal of Nursing Leadership.

The winners were selected by a distinguished panel of jurors. Professor Danet Lapiz-Bluhm, PhD, RN, MSCI, FAAN (USA), and Professor Cindy Leigh, PhD, RN, FACN (Australia). The event signified a substantial landmark in recognizing and promoting leadership, diplomacy, education, and media excellence within the global and Nordic nursing communities.



MAJOR EVENTS

In June 2022, during the World Health Summit Regional Meeting at Sapienza University in Rome, Italy, the chairperson of FiNAN was invited to participate in a distinguished panel discussion on biomedical education. The chairperson, representing the Nordic Region, presented three key educational solutions to support Internationally Educated Nurses (IENs). The first solution is the establishment of Bilateral Education Agreements, which are designed to facilitate professional transitions. The second solution is the implementation of Top-Up Education Programmes, which aim to recognize prior learning and prevent skill waste. The third solution is the development of a National Proficiency Test in Nursing, which is intended to directly assess theoretical and clinical competencies. The proposals are consistent with the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel, which was adopted in 2010.

The panel was chaired by Professor Carlo Della Rocca, Full Professor of Pathological Anatomy at Sapienza University of Rome and President of the Permanent Conference of the Medical Faculties and Schools of Medicine and Surgery in Italy, and Teresa Massara, Associate Publisher for EMEA & Australia at McGraw Hill Global Publishing. Other speakers included Dr. Donia Bouzid, ER Physician from Paris, France; Professor Fabrizio Consorti, Professor of Surgery at Sapienza University of Rome; Mr. Floro Cubelo, Head of the Degree Programme in Nursing and Senior Lecturer at Oulu University of Applied Sciences, Finland; and Associate Professor Titi Savitri Prihatiningsih from the Faculty of Medicine, Public Health and Nursing at Universitas Gadjah Mada, Indonesia. The session highlighted diverse global perspectives and reinforced FiNAN's commitment to inclusive, evidence-based educational strategies.



MAJOR EVENTS

During the World Health Summit in 2021 in Berlin, Germany, the chairperson of FiNAN delivered a compelling message on the vital role of nursing in global health systems. During the panel on Biomedical Education, the chairperson made the following statement: "It is imperative to recognize the significance of nursing in society and the healthcare system. Failure to do so will have far-reaching consequences for all of us." It is anticipated that the ongoing presence of mortalities will persist, both during the present period of the ongoing global pandemic and in the future, should another pandemic occur. This assertion serves to underscore the pressing necessity for systemic recognition and support for the nursing profession, particularly in light of the potential for future global health crises.

The panel was composed of a distinguished group of global health leaders and experts, including Elizabeth Iro, Chief Nursing Officer of the World Health Organization; and Annette Kennedy, President of the International Council of Nurses. The following individuals were present at the event: Katri Vehviläinen-Julkunen, Professor at the University of Eastern Finland; Jim Campbell, Health Workforce Director at the World Health Organization; and Carla Eysel, Chief Nursing Officer at Charité University Hospital. The session was presided over by Floro Cubelo, who serves as a senior lecturer at Oulu University of Applied Sciences and as the president of FiNAN. The panelists shared insights and strategies to prepare the health workforce, especially nurses, for future pandemics.



FiNAN's Chairperson Floro Cubelo chaired the panel discussion on Critical Shortage of Nursing During COVID-19 pandemic at the World Health Summit 2021 in Berlin, Germany.



MAJOR EVENTS

In 2022, the FiNAN Team actively participated in the World Health Summit held in Berlin, Germany, marking a significant milestone as regional representatives from various Nordic countries joined the event for the first time. This global gathering provided a valuable platform for FiNAN to engage with the international health community and gain insights into evidence-based practices, pressing challenges, and forward-looking strategies in global health.

The summit brought together high-level politicians, leading academics, civil society organizations, and health professionals from around the world. FiNAN's presence at the event not only enriched the team's knowledge and network but also underscored its commitment to contributing to global health discourse and innovation from a Nordic perspective.



FiNAN Team at the World Health Summit in 2022 in Berlin, Germany.



FINANCIAL STATEMENT

In 2024, FiNAN maintained a remaining balance of €3,384.77, which served as the primary financial resource for the year. Despite its limited financial resources, the organization employed a strategic approach to budget allocation, directing funds toward key initiatives. These initiatives included website maintenance and updates, supporting indigenous children's scholars, engaging in tree-planting activities, and participating in Congress events.

In addition to its 2024 activities, FiNAN made a significant investment in 2022 by purchasing five sets of adult cardiopulmonary resuscitation (CPR) manikins and one automatic external defibrillator (AED). This initiative explored and developed opportunities for providing basic emergency first aid training to internationally educated nurses (IENs) and other interested allied health professionals in the Nordic Region. The equipment was strategically stored in the Kingdom of Denmark, offering convenient access to neighboring Nordic countries. This initiative exemplifies the robust collaboration and joint efforts of FiNAN's members, thereby enhancing the organization's ability to serve and empower communities across borders.

These efforts are a reflection of FiNAN's unwavering commitment to advocacy, sustainability, and community engagement.



LIST OF RESEARCH CONDUCTED RELATED TO FILIPINO INTERNATIONALLY EDUCATED NURSES IN THE NORDIC REGION

Policy Reform on the Qualification Pathway of Internationally Educated Nurses in Greenland and Its Relationship With the Danish System: A Qualitative Discourse Analysis

Policy, Politics, & Nursing Practice

2024, Vol. 25(3) 172–181

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sagepub.com/journals-permissionsDOI: [10.1177/15271544241245975](https://doi.org/10.1177/15271544241245975)journals.sagepub.com/home/ppn**Floro Cubelo, MPH, RN, BSN, CGNC, FFNMRCISI^{1,2,3} **

Abstract

The nursing profession in Greenland, particularly in rural and remote areas, faces challenges due to geographical limitation and a lack of interdisciplinary collaboration. The registration process and status of internationally educated nurses (IENs) in Greenland are unclear. This article aimed to analyze existing policies and propose recommendations for an independent registration process for IENs in Greenland. A qualitative discourse analysis was used to critically discuss existing policies and regulations governing nursing registration in Greenland. Relevant legislation, government reports, and official documents were reviewed. Legislative regulations protect the title of registered nurse in both Greenland and Denmark. To work in Greenland, an IEN must have a residence permit. With recent health agreements between Greenland and Denmark, both countries have streamlined the permit acquisition process for foreign healthcare professionals, making it more accessible. However, the process of acquiring a license to work as a registered nurse for IENs lacks clarity. Policy reform is needed to establish a group of diverse nurse experts under the National Board of Health responsible for the assessment and registration of IEN qualifications. There is also a need for a bridging education program or national licensure examination which could facilitate faster IEN recognition. Mutual recognition of nurse licenses between Greenland and Denmark should be established to ensure efficient healthcare delivery and maintain professional standards. Embracing IENs can address nursing shortages and improve healthcare services in Greenland.

Keywords

foreign nurses, government, internationally educated nurses, nurses, nursing management, policy

Background

Historical records suggest human arrival in Greenland around 2500 BC, followed by successive waves of migration from North America. Inuit migration from Asia in the 13th century marks a significant lineage that endures today, constituting 88% of the population, predominantly Kalaallit or Danish-Inuit mixed ancestry. The remaining 12% primarily comprises individuals of European descent, predominantly Danish (Huang, 2023).

Greenland, although geographically located in North America, maintains autonomy as a constituent part of the Kingdom of Denmark. Over about a thousand years, it has established political and cultural ties with Europe. Initially a Danish colony from 1721, Greenland became fully integrated into Denmark in 1953. The progression toward self-governance began in 1979 with Home Rule, followed by expanded Self-Rule in 2009, signifying a transfer of decision-

making authority and responsibilities to the Greenlandic government. This transitional framework allows Greenland to progressively assume additional responsibilities from Denmark as it becomes ready (Huang, 2023).

Despite following the Danish system, the nursing profession in Greenland, especially in rural and remote areas, faces many challenges. In rural and remote areas of the country,

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nurses collaborate with various professionals through telemedicine, email, and telephone due to geographical limitations (Hounsgaard et al., 2013; Hounsgaard & Seibæk, 2018). However, there is a lack of interdisciplinary collaboration, and issues arise from a monodisciplinary approach, with each nurse operating within their learning and training (Hounsgaard et al., 2013). As of 2013, nursing stations typically had one nurse and a health assistant, while healthcare units have a larger team of nurses for knowledge sharing and collaboration (Hounsgaard et al., 2013). However, these nursing stations are no longer operational. Periodically, a single nurse may be present in a settlement for a brief duration (H. Hansen, personal communication, March 9, 2024).

In terms of the healthcare system, Dronning Ingrids Hospital in Nuuk serves as Greenland's central hospital, while specialized care is referred to Rigshospitalet in Copenhagen, Denmark. Patient transport logistics in Greenland are complex, often taking days to reach appropriate-sized hospitals. Air Greenland facilitates domestic patient transfers, with Dronning Ingrids Hospital healthcare personnel managing critical flights, and patients typically transported to Copenhagen via Kangerlussuaq Airport by aircraft for advanced care (Gunnarsson et al., 2015).

This complex healthcare infrastructure plays a crucial role in supporting Greenland's nursing education system. According to Møller (2016), nursing education in Greenland follows the European Credit Transfer and Accumulation System (ECTS), which comprises 150 ECTS. When Greenland took over the healthcare system of the country from Denmark, it also established its 4-year nursing education equivalent to a Bachelor of Science in Nursing. The program is financed by the Greenland Self-Rule government and admitted the first batch of nursing students in 1994 where the curriculum is inspired by the Danish nursing program (Møller, 2016).

In 2015, the nursing workforce consisted of around 325 individuals, including 140 who received their education in Greenland. Before the initiation of the nursing education program, approximately 30 native Greenlandic nurses were trained in Denmark (Møller, 2016). At the beginning of 2024, the nursing registry, as per the National Board of Health, documented 5,795 nurses, with 205 having undergone education within Greenland (H. Hansen, personal communication, March 04, 2024). Among these figures, the total number of nurses employed at any given time does not exceed a maximum of 325, and this count has remained unchanged since 2015 (H. Hansen, personal communication, March 9, 2024).

In 2022, 2,040 foreign nationals resided in Greenland, constituting 3.5% of the total population. Key immigrant groups include individuals from the Philippines, Thailand, and Iceland. Conversely, the number of Greenland-born individuals residing in Denmark increased from 14,908 in 2012 to 16,801 by 2022 (Kleemann, 2023). In the nursing sector, 74 individuals received their basic nursing education outside of a Nordic country (H. Hansen, personal communication, March 09, 2024). Nurses educated in Greenland intending to practice in Denmark require Danish authorization from the Danish Patient Safety Authority, while those intending to practice solely in Greenland are exempt from registration in Denmark (National Board of Health, 1995).

The pathway for internationally educated nurses (IENs) educated outside the Nordic countries to become registered nurses (RN) in Greenland has not been extensively studied. Due to Greenland's historical ties with Denmark (Kočí & Baar, 2021), Greenlandic authorities use the Danish requirements as guidelines when issuing authorizations to IENs educated outside the Nordic region (H. Hansen, personal communication, March 10, 2024). However, recognizing

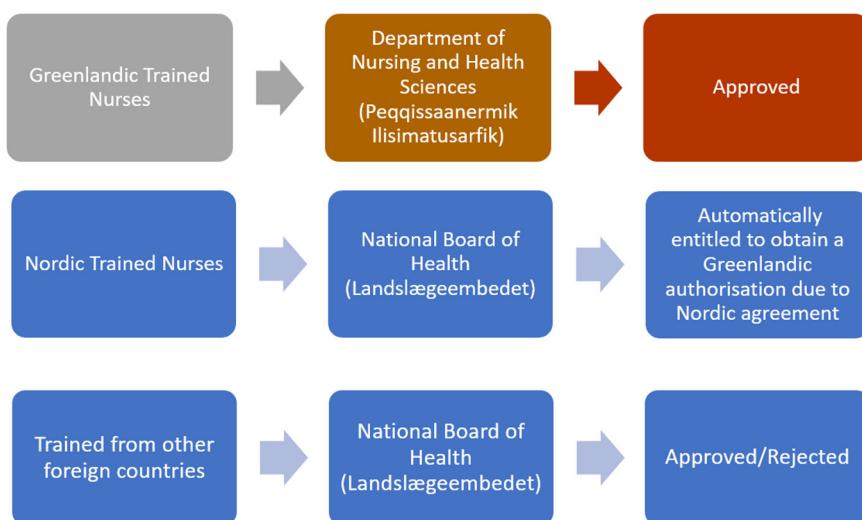


Figure 1. Application process for nurses trained in Greenland, the Nordic region, and other foreign countries.

Greenland's independence necessitates strengthening its own registration system. The National Board of Health (1995) handles the authorization process, requiring an individual assessment for applicants educated outside Greenland and the Nordic countries (see Figure 1). The assessment considers educational background, study duration, curriculum vitae, and confirmation from legal authorities within the last 3 months. Notably, there is no explicit mention of Greenlandic language certification (National Board of Health, 1995), despite Greenlandic being the official language (Kleemann, 2023), and the confirmation process for IENs' skills and competencies remains unspecified (National Board of Health, 1995).

Given Greenland's growing older adult population (Albertsen et al., 2021), a shortage of healthcare personnel (Exner-Pirot et al., 2018; Pedersen et al., 2022), recruitment challenges (Møller, 2016), and the persistent public health challenges faced by Inuits, including adverse childhood experiences, addictive behaviors such as alcohol misuse, mental health issues leading to suicide, dietary concerns and obesity, and smoking (Bjerregaard & Larsen, 2018), there is a compelling need to address these multifaceted challenges. In a recent study, nurses from foreign backgrounds in the Nordic region appeared to be crucial members of the nursing workforce during the COVID-19 pandemic. Despite facing physical and mental challenges, they served as front-line workers, especially during the initial wave of the pandemic when resources were scarce. Their skills played a vital role in addressing the nursing shortage throughout the region (Cubelo et al., 2024). In response to these considerations, there is a need to reform and enhance the pathway for IENs.

With its historical independence from Denmark, Greenland is confronted with the critical need to assert its own national identity while simultaneously enhancing collaboration with Denmark. This collaboration is particularly crucial in establishing more transparent pathways for IENs, especially those educated outside the Nordic region. A notable challenge lies in defining how IENs can practice as RNs in Greenland and ensuring the alignment of their skills and competencies with the country's legislative framework.

Aim

This article aims to discuss the existing policies and propose recommendations for a policy reform that ensures an independent and clear registration process and credentialing pathway for IENs in Greenland.

Method

A qualitative discourse analysis was used to discuss the process of qualifying as an RN in Greenland. This was achieved by establishing connections between existing policies that protect the professional title within the country and their implications for public health. The discursive approach was an appropriate method in this article to understand how

actors construct and modify public policies and how they affect the social norm (Durnova & Zittoun, 2013). Initially, the author engaged with national health authorities and managers experienced in matters related to IENs. Subsequently, the author sought guidance from various official government websites on the qualification pathway for IENs in Greenland. Additional verification and discussions were conducted through phone calls. Following this, data retrieval focused on examining pertinent legislation, government publications, and other relevant documents to understand the political relationship between Denmark and Greenland. Then, further discussion focused on the current policies and regulations governing the registration and certification procedures for nursing in Denmark and Greenland and the IEN authorization process.

Results

Official documents were retrieved from the official government websites of Denmark and Greenland. Five official legislative documents were retrieved, supported by press releases of existing updates in legislation and policies to ensure that the information is up-to-date (see Table 1). Greenland's self-governance is established through the Act on Greenland Self-Government, which grants legislative, executive, and judicial powers to the Government of Greenland, the Parliament of Greenland, and the Self-Government authorities' courts (International Labour Organization, 2009; Kleemann, 2023; The Prime Minister's Office, n.d.). Legislative regulations protect the RN title (Greenland Self-Government, 1995; National Board of Health, 1995) and employment in both Greenland and Denmark. Employers seeking foreign employees in Greenland must obtain permission from the local municipality (Kleemann, 2023). However, a recent Health Agreement has facilitated easier access to work and residence permits for foreign health personnel, reducing processing time and eliminating the need for approval from the Government of Greenland (SIRI, 2023).

Greenland's Self-Governance

According to the Act on Greenland Self-Government no. 473 of June 12, 2009, it is acknowledged that the people of Greenland possess the right of self-determination under international law. The purpose of this Act is to promote equality and mutual respect in the partnership between Denmark and Greenland, with the agreement based on an equal partnership between the Government of Greenland and the Danish Government. Under Chapter 1 of the Act, the Greenland Self-Government authorities are empowered to exercise legislative and executive power in the areas of responsibility they have assumed. The courts established by the Self-Government authorities have jurisdiction over judicial matters in Greenland across all fields of responsibility.

Table 1. Selected Relevant Legislations and Regulatory Bodies, Their Applicability, Limitations, and How They Relate to IENs in Greenland and Denmark.

Regulation/regulatory giving bodies	Limitations and specifics	Relevance to internationally educated nurses
GREENLAND		
Parliamentary Regulation No. 7 Pursuant to § 1 and § 3 of Act no. 369 of 6 June 1991 on the health service in Greenland	<ul style="list-style-type: none"> Authorization granted to those who completed the Greenlandic nursing examination Denial possible based on physical or mental deficiencies or gross incompetence Refusal under specific circumstances (Danish Criminal Code) Overseen by the Government of Greenland 	<ul style="list-style-type: none"> Governs the authorization and activities of nurses in Greenland. IENs completing Greenlandic nursing examination eligible for authorization
Greenland Parliament Act no. 27	<ul style="list-style-type: none"> Priority for Greenlandic workers in employment Employers apply for permission to hire foreign workers Utilization of foreign labor allowed in scarcity of qualified domestic workers Regulatory body for healthcare professionals 	<ul style="list-style-type: none"> Influences employment opportunities in Greenland. IENs may be considered based on the shortage of locally qualified workers
National Board of Health		<ul style="list-style-type: none"> IEN qualification assessment and registration
DENMARK		
Danish Patient Safety Authority Danish Authorization Act	<ul style="list-style-type: none"> Regulates and grants licenses to health professionals License required for nurses educated outside EU/EEA 	<ul style="list-style-type: none"> Governs licensure for nurses in Denmark, including those educated outside the EU/EEA and intending to practice in Greenland
Executive Order No. 731 of 8 July 2019 on authorization of healthcare professionals and healthcare practice	<ul style="list-style-type: none"> Authorization granted to those who completed Danish nursing examination or equivalent foreign examination The Ministry for Interior and Health defines nursing activities and boundaries Facilitates easier access to work and residence permits for foreign health personnel Permits granted without approval from the Government of Greenland under certain conditions Expedited work permits for healthcare professionals Eligibility tied to collective bargaining agreement 	<ul style="list-style-type: none"> Establishes regulations for nursing practice in Denmark, including authorization criteria and Ministerial authority over nursing activities Relevant for IENs educated outside Denmark Expedites permit issuance for healthcare professionals, including IENs, making it easier to work in Greenland
Health Agreement		<ul style="list-style-type: none"> Impacts IENs seeking employment in positions requiring Danish medical authorization Full-time employment under collective bargaining agreement necessary

Note. EEA=European Economic Area; EU=European Union; IEN=internationally educated nurse.

Thus, legislative power rests with the Parliament of Greenland, executive power lies with the Government of Greenland, and judicial power is vested in the courts of law (International Labour Organization, 2009).

Legislations Protecting the Registered Nurse Title and Employment

In Greenland

Parliamentary Regulation No. 7, dated October 30, 1995, addresses the authorization and activities of nurses in

Greenland. This regulation, which amends and replaces previous information, outlines the right to practice as a nurse and the authorization requirements. According to Section 1, only individuals who have obtained authorization following Section 2 or Section 3 are permitted to practice as nurses and use the title of nurse. Section 2 specifies that individuals who have successfully completed the Greenlandic nursing examination are eligible for authorization as nurses on application. However, authorization may be denied if an individual is considered dangerous to others due to physical or mental deficiencies or gross incompetence. Additionally, an authorization may be refused under circumstances outlined in Section 114, subsection 2 of

the Greenlandic Criminal Code. The granting of authorization is overseen by the National Board of Health under the Government of Greenland (Greenland Self-Government, 1995).

However, under Administrative Regulation, no. 15 of April 22, 1998 concerning section 3(4) of Parliamentary Regulation no. 7 of October 30, 1995 on the authorization and activities of nurses, foreign nurses seeking employment in the Greenlandic healthcare system undergo an assessment by the employing authority, considering personal, professional, and other qualifications, including at least 1 year of practical and linguistic experience as a nurse from a Nordic country, language skills equivalent to Danish (Danskprøve 2), or proficiency in Greenlandic or a closely related dialect (Inuktitut) (Greenland Self-Government, 1998).

In Denmark

The Danish Patient Safety and Authority (STPS) regulates and grants licenses to health professionals who seek to work in the country. According to the Danish Authorization Act, nurses educated outside the European Union (EU)/European Economic Area (EEA) must apply for a license before practicing the nursing profession (STPS, n.d.).

Following section 2(4) of the Act on Nurses (Consolidating Act no. 66 of February 27, 1979, as amended by Section 35 of Act no. 217 of April 23, 1986), as stated in the Executive Order on the Nursing Program, the following regulations are established. Chapter 1 focuses on the purpose and structure of the program, aiming at allowing students to develop the personal and professional qualifications necessary for nursing practice. Additionally, the program seeks to provide prerequisites for effective collaboration, professional growth aligned with scientific and social advancements, and the advancement of the nursing profession. The nursing program, conducted at educational institutions with an approved education scheme as specified in Section 10, has a duration of 45 months, comprising a combination of theoretical and practical training in a ratio of 5:4 (Ministry of Interior and Health, 1990).

In Chapter 13 of the legislation governing nursing, specifically Section 54 of Executive Order No. 731 of July 08, 2019, authorization as a nurse is granted to individuals who have successfully completed the Danish nursing examination or a foreign examination deemed equivalent, as outlined in Sections 2 and 3. It is important to note that only those who have obtained authorization as nurses have the right to use the title of the nurse. Furthermore, the Minister for Interior and Health of Denmark has the authority to establish regulations regarding the practice of nursing activities and define their limits in Denmark (Ministry of Interior and Health, 2019).

Limitations with the Danish Legislation

In Executive Order No. 731, under Title VI, specifically in Chapter 28 of the legislation, it is stated that the Act, referring

to the specific legislation being discussed, does not apply to Greenland and the Faroe Islands. However, through a Royal Decree, the Act can be enforced in its entirety or partially, for the Faroe Islands, with the necessary deviations to accommodate their unique conditions (Ministry of Interior and Health, 2019).

This statement implies that the Act being referred to does not directly apply to Greenland and the Faroe Islands. However, there is a provision that allows for the Act to be implemented in the Faroe Islands, either in its entirety or partially, through a Royal Decree. This implementation would involve making necessary adjustments or deviations to account for the specific conditions and requirements of the Faroe Islands. Essentially, it provides a framework for the potential future application of the Act in the Faroe Islands, subject to appropriate modifications as deemed necessary (Ministry of Interior and Health, 2019).

Foreigners Seeking Employment in Greenland

Under the Greenland Parliament Act no. 27 of October 30, 1992 concerning the Regulation of Import of Foreign Workers in Greenland, priority is given to Greenlandic workers over non-Greenlandic workers for employment opportunities within the region. Employers have the responsibility to apply to the local municipality, seeking permission to hire foreign workers (Ministry of Mineral Resources and Labour, 2019).

However, Greenlandic legislation allows the utilization of foreign labor in cases where there is scarcity of qualified domestic workers. The health sector in Greenland has consistently engaged in the recruitment and employment of doctors and nurses from other Nordic countries, both for shorter and longer durations, as a prevailing practice (Preisler, 2019).

Kleemann (2023) states that the Self-Government in Greenland does not issue residence and work permits directly; however, it is consulted by the Danish Agency for International Recruitment and Integration (SIRI) to assess if the proposed terms align with local standards. The final decision regarding the granting or refusing of permits is solely with SIRI. Although Nordic nationals are not required to obtain residence and work permits to work in Greenland, employers must still obtain permission from the municipality if the job falls under the scope of Greenland Parliament Act no. 27 of October 30, 1992 on the Regulation of Import of Foreign Labour in Greenland (Kleemann, 2023).

The Health Agreement

On 11 February, 2021, the Ministry of Immigration and Integration and the Government of Greenland reached an agreement known as the Health Agreement, facilitating easier access to work and residence permits for foreign

health personnel in Greenland. This agreement allows employees in the Greenlandic health sector, such as doctors and nurses, to apply for permits under more favorable conditions than before. They may be granted permits without requiring approval from the Government of Greenland, provided they meet the requirements. Consequently, the application process for residence and work permits for this group can now be conducted in Greenland, and the target processing time has been reduced from 90 to 30 days (SIRI, 2021).

The Health Agreement expedites the issuance of work permits for doctors, nurses, and similar healthcare professionals in Greenland. In the event of securing employment within the Greenlandic Healthcare system, the Danish authorities are authorized to handle the processing of work and residence permit applications without necessitating consultation with the Greenlandic government. Eligibility requires full-time employment under the appropriate Greenlandic collective bargaining agreement, and nurses additionally need Greenlandic authorizations (SIRI, 2023). Nurses holding Danish authorization have the option to apply for Greenlandic authorization. It is also not a prerequisite to possess Danish authorization when applying for Greenlandic authorization (H. Hansen, personal communication, March 9, 2024).

Discussion

There is a lack of research exploring the process and experiences of IENs seeking qualification as RNs in Greenland. It should be noted that the pathway for IENs seeking employment in Greenland can be complex, as they might consider obtaining a license from the STPS before seeking a separate license to work specifically as an RN. If proficiency in the Danish language is a requirement set by the STPS, it can pose challenges to IENs who have migrated to Greenland, as the official language of the country is Greenlandic (Kleemann, 2023), although Danish can be used to handle public affairs (The Prime Minister's Office, n.d.). This language barrier could have implications for effective communication with patients, particularly those who do not speak the local language properly, posing incidences of linguistic racism (Cubelo, 2023b).

In Greenland, reliance on Danish healthcare services and legislation is evident, with existing laws governing separate nurse registration. Policy reform is crucial to establish a group of diverse nursing experts under the National Board of Health responsible for IEN qualification assessment and registration policies. To address the recognition of IENs' qualifications in Greenland, a potential solution is implementing a bridging program, demonstrated in Finland and Sweden, known for its effectiveness and satisfaction among IENs (Cubelo et al., 2023; Högstedt et al., 2021). In addition, employers should collaborate with a higher education provider in developing a bridging education program (Cubelo et al., 2023), offered in Greenlandic and Danish or English, along with organizing a skills assessment test or a national licensure examination.

Despite Greenland's self-autonomous status, the lack of specialized medical care compromises healthcare sustainability, leading to dependence on Denmark and Iceland (Gunnarsson et al., 2015). When transferring patients to Denmark, it is preferable, though not mandatory, for an IEN or local nurse to hold a Danish RN license to comply with regulations and ensure patient safety (STPS, n.d.). This highlights the need for greater cooperation and stronger regulations coordinating licensed nurses between Greenland and Denmark.

Considering the shared healthcare systems of Greenland and Denmark, improving agreements for mutual recognition of nursing qualifications is essential, particularly in emergencies requiring patient transfer to Denmark. This ensures efficient healthcare delivery while upholding professional standards and RN rights in both countries. Additionally, the Health Agreement facilitates the recruitment of Danish nurses to work in Greenland, ensuring a continued supply of healthcare professionals in the region (SIRI, 2021, 2023).

With Denmark's significant nursing shortage, the country has implemented measures to eliminate the Danish language test requirement in the application process (STPS, 2023). This change allows individuals with nursing backgrounds from outside the EU/EEA to work as nurses on a probationary basis, under the supervision of an employer, while their Danish language proficiency is evaluated. Consequently, it becomes the employer's responsibility to assess the language skills of these nurses (STPS, 2023). However, it raises the question of whether employers possess the necessary expertise to formally assess the Danish language proficiency of IENs. Additionally, considering this policy, it remains uncertain whether an IEN planning to work in Greenland during the probationary period would be required to use Danish or Greenlandic languages. The existence of Greenland's separate nursing law and setting Greenlandic as the official language introduces a potential source of confusion for IENs who intend to establish permanent residency and pursue employment in the country.

Greenland, characterized by a vast territory and a small population, often results in residents living at considerable distances from healthcare centers and regional hospitals. When individuals experience severe illness, they are transported to the nearest hospital for medical evaluation and treatment (Kleemann, 2023). Patients requiring specialized care, such as those diagnosed with cancer, receive comprehensive treatment at Queen Ingrid's Hospital in Nuuk or hospitals located in Denmark (Kleemann, 2023). In the event of critical emergencies, patients may be transferred to hospitals in Iceland (Kleemann, 2023). Given this understanding, Greenland must maximize its workforce by fully utilizing IENs who possess clinical nursing skills and educational background from non-EU/EEA countries. By doing so, the country can effectively address the issue of nursing shortages and ensure the availability of healthcare professionals. This approach highlights the potential

benefits of embracing and integrating IENs into the healthcare system, ultimately contributing to the overall healthcare delivery and quality in Greenland.

Advancing the Nursing Profession for IENs in Greenland: Strategic Political Recommendations

The reliance on Danish health services and the lack of clarity on the IEN registration process in Greenland highlight the need for policy reform. Advocating for a specialized group of diverse experts within the nursing field, particularly those IENs with extensive experience living in Greenland and a thorough understanding of the Greenlandic healthcare system under the National Board of Health, is proposed to ensure a diverse and inclusive perspective on the IEN qualification pathway. This approach will optimize regulatory processes for the unique challenges posed by the smaller and diverse cohort of IENs, fostering effective integration into the local healthcare system. The introduction of the bridging education program and a qualification assessment system would recognize Greenland's independence and ensure a pathway model for IENs to become RNs. By achieving a self-sufficient healthcare workforce, Greenland can effectively address healthcare needs within the country while still maintaining collaboration with Denmark for complex cases requiring transportation to Danish healthcare facilities.

Greenland can draw valuable insights and learn from other Nordic neighboring countries, such as Finland and Sweden, that have established pathways for recognizing the qualifications of IENs (Cubelo et al., 2023; Högstedt et al., 2021). These countries have implemented policies and programs to integrate IENs into their health systems, which can serve as a model for Greenland's policy reforms. Furthermore, it is imperative to institute an onboarding program within the social and healthcare system, addressing various challenges such as housing, kindergarten, schools meeting expectations, and employment opportunities for spouses, among other considerations (H. Hansen, personal communication, March 9, 2024).

Before migrating, IENs should have access to an official document in the English language that provides comprehensive information on various aspects relevant to Greenland. This document should cover topics such as Greenlandic healthcare legislation, specifically nursing legislation and the licensure procedure, the Greenlandic healthcare system, labor legislations in Greenland, workers' rights protected by unions, as well as information about the local culture and available social support. To develop this essential resource, a team of specialists can be convened to create an official website that presents this information in a structured and accessible manner (see Table 2).

To advance the nursing profession in Greenland, several political recommendations can be implemented. Greenland can engage in the sharing of best practices by collaborating with Finland and Sweden to understand their policies and

regulations to recognize IEN qualifications. This exchange of ideas can help identify effective strategies and adapt them to suit Greenland's healthcare system. It is also crucial to identify the existing competency assessment frameworks utilized in Finland and Sweden providing valuable guidance for policymakers and educators. Understanding the methodologies, criteria, and standards used to evaluate IEN competencies (Cubelo et al., 2023; Högstedt et al., 2021) can help develop a comprehensive and fair assessment process for the future development of Greenland's group of diverse nursing specialists under the National Board of Health.

The Greenlandic environment must foster inclusive and culturally diverse work environments. This involves ensuring proper staffing and equipping of facilities, along with providing institutional training and mentoring (Preziosi & Kovner, 2023). From the Nordic perspective, language support programs and cultural orientation initiatives are essential to facilitate the integration of IENs into the healthcare system (Cubelo, 2023a; Cubelo et al., 2023; Preziosi & Kovner, 2023). Greenland can study existing programs and develop language training initiatives that address language proficiency requirements (Greenlandic or Danish and English) and provide cultural orientation to help IENs adapt to the local healthcare context.

Recognizing the previous learning and experience of IENs is crucial. Greenland can explore the frameworks and procedures used by Finland and Sweden (Cubelo et al., 2023; Högstedt et al., 2021) to accurately evaluate educational credentials and professional experience. This can contribute to the development of a fair and transparent system for recognizing the qualifications and competencies of IENs based on their previous education and nursing practice. It can also be helpful to involve local nursing associations, local IEN experts, educational institutions, and healthcare employers in the development and implementation of policies to recognize IEN qualifications to ensure inclusivity and reflect local needs thus improving and protecting the public health in general.

Limitations

To the best of the author's knowledge, this is the first scientific article discussing the pathway of IEN qualification in Greenland educated outside of the Nordic and EU/EEA countries. Further empirical research is needed on the experiences, challenges, and procedures among IENs who obtained their nurse license in Greenland that can be used for policy reforms. The economic impact of policy reform warrants further investigation to determine whether additional regulatory amendments are required for better understanding and implementation.

Conclusion

The lack of research on the process and experiences of IENs seeking qualification as RNs in Greenland underscores the

Table 2. Checklist for IENs Educated Outside the European Union/European Economic Area Seeking Employment and Recognition as Registered Nurses in Greenland.

Steps and considerations	Date Done completed
1. Educational background Ensure completion of a nursing program equivalent to Greenlandic standards.	[]
2. Authorization process Familiarize yourself with the authorization process handled by the National Board of Health in Greenland.	[]
Prepare for an individual assessment considering the educational background, study duration, and relevant documentation.	
3. Language proficiency Confirm the language requirements, acknowledging that Greenlandic is the official language but the Danish language is also accepted. Note any language certification requirements, if applicable.	[]
4. Legislation understanding Gain knowledge of the legislative framework governing nursing in Greenland.	[]
Understand the specific regulations outlined in Parliamentary Regulation No. 7 (1995) and other related legislation.	
5. Governmental procedures Familiarize yourself with the procedures outlined by the Greenlandic Government, especially those related to work and residence permits.	[]
Be aware of the Health Agreement and its implications for foreign health personnel.	
6. Communication with authorities Establish effective communication with the National Board of Health for licensing purposes.	[]
Ensure a clear understanding of the roles and requirements set by the Greenlandic authorities.	
7. Cultural competency Emphasize cultural competency and understanding of the Greenlandic environment.	[]
Acknowledge the importance of inclusivity and cultural diversity in the workplace.	
8. Professional networking Seek guidance from experienced managers or professionals in the field of IEN matters.	[]
Connect with relevant healthcare professionals and trade unions in Greenland through official channels.	
9. Continuous professional development Commit to continuous professional development and training.	[]
Stay informed about updates and changes in legislation and healthcare policies	
10. Mental and physical wellbeing Prioritize mental and physical wellbeing, especially considering the challenges associated with migration.	[]
Be prepared for potential physical and mental challenges associated with work.	

Note. This checklist is designed to guide IENs with the key steps and considerations for seeking employment and recognition as registered nurses in Greenland. It is advisable to consult with relevant authorities and stay informed about any changes in regulations.
IENs=internationally educated nurses.

need for further investigation in this area. The complex pathway for IENs educated outside the EU/EEA region, seeking employment and RN status in Greenland, can pose challenges in attracting foreign talent to the country. Additionally, learning the Greenlandic language may present difficulties; therefore, IENs may opt to learn Danish while applying for authorization, with accessibility to language learning resources available abroad. Consequently, the language barrier creates communication challenges, especially for patients who do not speak Danish. To address these issues, policy reforms are necessary, including the establishment of a group of diverse nursing specialists under the National Board of Health responsible for assessing qualifications and registering IENs.

Implementing a bridging education program, similar to that in Finland and Sweden (Cubelo et al., 2023; Högstedt et al., 2021), could facilitate the recognition and integration of IEN

qualifications. Additionally, efforts should be made to strengthen Greenland's nursing registration system which is recognized by Denmark, allowing for mutual recognition of qualifications and efficient healthcare delivery.

The use of IENs with clinical nursing skills and backgrounds outside of the EU/EEA can help alleviate the nursing shortage in Greenland and contribute to the overall healthcare system. This collaborative approach can contribute to the development of a robust and culturally competent healthcare workforce, ultimately benefiting the healthcare system and the wellbeing of the population in Greenland.

Acknowledgment

I would like to express my gratitude to Cherisa Dupitas and Girard Dupitas, both Nurse Managers at Dronning Ingrids Hospital in Nuuk, and Cristal Tolosa Warburg, former consultant of the same organization, for providing information on the legislation

concerning the registration of Internationally Educated Nurses in Denmark and Greenland. Additionally, I extend my sincerest thanks to Henrik L. Hansen, a specialist in public health and Chief Medical Officer at the National Board of Health, for offering statistical insights and local legislative perspectives on the registration system for health professionals in Greenland.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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The impact of bridging education programs on internationally educated nurses becoming registered nurses in high-income countries: A mixed-methods systematic review

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Abstract

Aim: To synthesize the current literature on the impact of bridging education programs for internationally educated nurses (IENs) from low- and middle-income countries (LMICs) seeking to become registered nurses (RNs) in high-income countries (HICs).

Background: The issue of qualification pathways for IENs through bridging programs has garnered significant attention in contemporary discourse. The growing population of IENs in HICs has made it imperative to streamline the qualification process to facilitate their integration into the healthcare system.

Methods: Utilizing a structured review method, we sourced data between January 2023 and April 2024 from the CINAHL, Scopus, and MEDLINE databases with no year limitations. Out of 817 studies, eight were included. The mixed-methods systematic review was carried out by two authors who adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist. We employed a qualitative content analysis from a feminist standpoint to assess the impact of bridging programs on the transition of IENs to become RNs.

Results: Eight studies were included (mixed methods = 1, quantitative = 3, qualitative = 4). Three themes revealed important key findings. Language proficiency emerged as a critical factor influencing success in bridging programs, with IENs needing to attain a certain level of proficiency in the local language required for licensure. Enhancing nursing competence highlighted skepticism and the need for tailored educational approaches. Transitioning into the workplace emphasized cultural challenges, highlighting the importance of targeted support for continuous integration.

Conclusion: Our findings revealed that despite previous higher education attainment in nursing and nursing experience in the home countries from LMICs, bridging programs aided IENs in transitioning and assimilating into the host country's healthcare employment sector.

Implication for nursing policy and practice: It is essential for policymakers in the education sector to integrate language instruction, cultural sensitivity training, and adapted educational approaches into bridging programs to enhance IENs' readiness for efficient healthcare delivery.

KEY WORDS

Bridging program, education, international nurses, migrant nurses nursing education, policy, solution

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INTRODUCTION

The issue of qualification pathways for internationally educated nurses (IENs) via bridging programs has garnered significant attention in contemporary discourse (Aggar et al., 2020; Covell et al., 2017, 2018; Cubelo et al., 2023; Högstedt et al., 2021, 2022; Lum et al., 2016). The increasing number of IENs from low- and middle-income countries (LMICs) in high-income countries (HICs) makes it essential to streamline the qualification process for their integration into the healthcare system. These nurses play a significant role in addressing healthcare shortages in HICs, filling critical gaps in the workforce (Asamani et al., 2020, 2022; Buchan et al., 2023; Garg et al., 2022). In regions such as Asia and Africa, there is a surplus of healthcare professionals relative to available opportunities, leading to high rates of unemployment among nurses (Asamani et al., 2020, 2022; Buchan et al., 2023). Consequently, IENs often choose migration as a solution due to the challenges in securing attractive wage employment within their home countries (Buchan et al., 2023).

In recent years, several studies have highlighted the migration of IENs from LMICs to HICs, particularly to non-English-speaking countries like Finland and Sweden (Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2021, 2022), with some being directly recruited from abroad to address nursing shortages in these countries (Cubelo et al., 2023, 2024). This recruitment strategy raises ethical concerns, as it involves IENs from LMICs with fragile healthcare systems and existing nursing shortages. Without bilateral labor agreements, the risk of exploitation increases, as does the possibility of IENs being deskilled or unable to practice their profession in the host country (Cubelo, 2023c, 2024). However, similar strategies have been employed for years in HICs like the United Kingdom and the United States (Alexis & Shillingford, 2015; Ho, 2015).

The qualification pathway for IENs refers to the process these nurses undertake to have their education, training, and credentials recognized, validated, or aligned with the standards and requirements of the country where they intend to practice as registered nurses (RNs) or healthcare professionals (Cubelo et al., 2023; National Council of State Boards of Nursing, 2023). This includes credential evaluation by assessing transcripts and relevant materials to determine the comparability of an education program with nursing standards in the host country, covering aspects such as nursing education and entry-to-practice criteria (National Council of State Boards of Nursing, 2023).

Licensing and language requirements for nursing differ among HICs. In North America, the United States and Canada require candidates to pass the National Council Licensure Examination-Registered Nurses (NCLEX-RN) for licensure. In the Nordic region, most countries mandate a national examination, except Denmark, where the Ministry of Education and the National Board of Health share decision-making authority. Australia, on the other hand, does not require an examination for its nursing roles (National Council of State

Boards of Nursing, 2020). In the United States, evaluating IENs' credentials by an evaluation agency or a board of nursing is imperative to verify the comparability of their education and training with specific jurisdictional standards, ensuring their safety and competence in professional practice (National Council of State Boards of Nursing, 2023).

In the context of nursing education, the bridging program is an educational initiative tailored for IENs upon their arrival in the receiving country (Cubelo, 2024). It aims to facilitate their attainment of nursing qualifications in alignment with national standards, enabling them to acquire the essential skills, knowledge, and practical experiences mandated by legislation (Cubelo et al., 2023). The duration of the bridging program depends on the regulatory prerequisites and the academic credentials of the nurse, typically lasting around 1 year (Cubelo et al., 2023; Högstedt et al., 2022).

Aim

To synthesize the current literature on the impact of bridging education programs for IENs, seeking to become RNs in HICs. The research inquiry was explicitly defined as:

- What is the impact of bridging programs for the recognition of nursing qualifications among IENs in their country of migration?

Methodology

This systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). It aimed to inform policymakers and decision-makers about the implications of bridging education programs for IENs (Munn et al., 2018). A mixed-methods systematic review using a data-based convergent design was selected (Hong et al., 2017). The review focused on studies addressing bridging programs for the recognition of nursing qualifications among IENs in their country of migration, with the goal of guiding future research and nursing education practices. The PRISMA flow diagram was generated using the Covidence system (PRISMA, 2020).

Literature search

The Sample, Phenomenon of Interest, Design, Evaluation, and Type of Research (SPIDER) tool was employed (see Table 1) to develop search terms aligned with the research question (Cook et al., 2012). The search was conducted across four databases: CINAHL, Scopus, ProQuest, and PubMed, using Boolean operators. Search terms included "bridg*" program" or "top up educ*" and "consequence*" or "impact" or "relation*" or "associat*" AND "foreign nurs*" or "immigrat* nurs*" or "international nurs*" (see Supplementary Table

TABLE 1 SPIDER tool terms.

Criteria	Inclusion	Exclusion
Sample	IENs seeking to become RNs	Other than IENs seeking to become RNs
Phenomenon of interest	Impact of bridging programs for the recognition of nursing qualifications among IENs in their country of migration	No reported impact of bridging programs for the recognition of nursing qualifications among IENs in their country of migration
Design	All designs	None
Research type	Empirical research	Reviews, discussion articles, study protocols, editorials, commentaries
Evaluation	Nursing perspective	Other than the nursing perspective
Time frame	Last 10 years	More than 10 years
Language	English	Languages other than English

1). The search was limited to English-language publications within the last 10 years, resulting in 817 studies (see Figure 1).

Data retrieval

Inclusion criteria were English-language, peer-reviewed articles discussing or mentioning bridging programs for obtaining an RN license. This included IENs who migrated independently to HICs without being specifically recruited for employment. The study included qualitative, quantitative, and mixed-methods studies. Exclusion criteria were non-English articles, literature reviews, editorial and opinion pieces, and studies not addressing the process of obtaining a nursing qualification through a bridging program.

Screening and selection

Initially, 817 references were screened, with four duplicates removed, leaving 813 studies for title and abstract screening. Of these, 785 were excluded based on relevance to the research question. The remaining 28 studies were assessed for full-text eligibility by two reviewers (FC and DK). After a thorough evaluation, 20 studies were excluded: three were not empirical research, nine did not focus on bridging programs or licensure pathways, two lacked full-text availability, two had inappropriate study designs, one did not target the intended population, one had misaligned outcomes, and two were excluded due to wrong settings or study designs. Ultimately, eight studies (1 mixed-method, 3 quantitative, and 4 qualitative) met all inclu-

sion criteria and were included in the systematic review (see Table 2).

Data extraction

Relevant information was directly input into a spreadsheet during the data extraction process. The extracted data encompassed publication details, study objectives, methodologies, geographical focus, settings, sample sizes, participant demographics, pathways studied, and pertinent findings.

Study risk of bias assessment

To reduce potential bias, the study implemented the following strategies: (a) all researchers actively participated in refining the study protocol; (b) two researchers conducted the literature search independently; (c) two researchers independently performed data extraction under the supervision of the senior researcher; (d) two researchers independently assessed the methodological quality of the studies; and (e) decisions at each stage were made collectively, with meetings held to decide on progressing to the next stage.

Quality appraisal of the studies

The chosen articles underwent critical appraisal using the Joanna Briggs Institute Critical Appraisal Tools: four for qualitative studies (Lockwood et al., 2015) and four for quantitative studies (Moola et al., 2020) (see Table 2). Two independent researchers assessed the methodological quality of the studies, resolving any disagreements through discussion until consensus was achieved. Four out of five qualitative studies met almost all criteria outlined in the JBI critical appraisal tool, except for one criterion (statement locating the researcher culturally or theoretically). Only one qualitative study (Lum et al., 2016) met all criteria. None of the quantitative studies met all the criteria as reported in the JBI critical appraisal tool; these studies lacked the assessment of confounding factors (see Supplementary Table 2).

Data analysis and synthesis

Using the convergent integrated approach, we combined qualitative and quantitative data, including mixed-method research (Stern et al., 2020). In this systematic literature review, we employed Mayring's (2014) qualitative content analysis (QCA) method to categorize and interpret textual data, identifying prevalent patterns, themes, and underlying meanings. The QCA was suitable as it allowed for the integration of both quantitative and qualitative data (Vaismoradi et al., 2013).

The QCA process involved several systematic steps: initially coding the text to identify themes and assign relevant

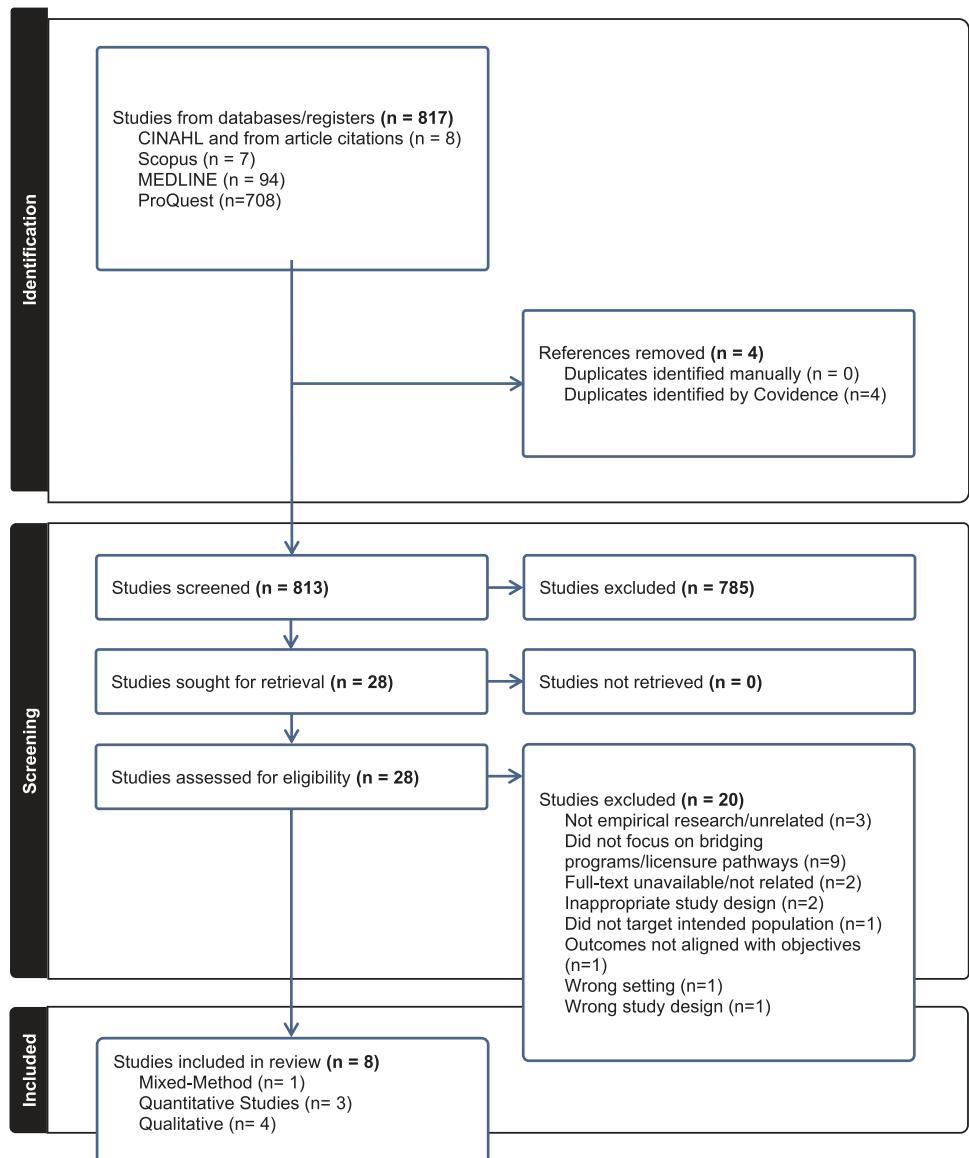


FIGURE 1 PRISMA.

excerpts, defining these themes to select pertinent material, revising categories and themes in comparison with research questions, conducting final coding to refine and develop main themes, and presenting the results in a summative and narrative manner, providing a comprehensive overview of the findings (Mayring, 2014). For the quantitative data, we performed qualitzation, converting it into narrative interpretations (Stern et al., 2020) to reduce potential errors from assigning numerical values to qualitative data, ensuring a more accurate representation of the findings (JBI, 2014).

Additionally, we adopted a feminist standpoint to discuss the implications of bridging programs for IENs, acknowledging social issues and power dynamics. This approach emphasized equality and social justice, recognizing the influence of gender, history, and politics on knowledge (Aranda, 2018), and highlighting the impact of social hierarchies and

oppression (Brown et al., 2013). This perspective integrates academic and political views to advocate for a fairer society (Wilson, 2023).

RESULTS

The selected articles included 2967 IENs, offering extensive geographical diversity, excluding local regular students who were part of the study. Participating countries with established bridging programs included Sweden (2), Canada (3), Finland (1), and Australia (1). The majority of IENs, with clearly stated demographics from the selected studies, originated from the Philippines, India, and the United Kingdom. The results highlighted significant differences in host countries' expectations for nursing licensure, particularly regarding practice and

TABLE 2 Summary of studies included in the analysis.

Author (s)	Aim of the study	Methods	Country	Setting	Sample size and participants	Pathway	Relevant findings	JBI critical appraisal score
Mixed-methods study								
Aggar et al., 2020	To explore the experiences of IENs enrolled in an authorized bridging program and examine their intentions regarding retention and pursuit of employment within the Australian healthcare sector.	Quantitative, longitudinal, mixed-methods and exploratory design	Australia	Regional University	9 IENs from India: 4 UK: 2 China: 1 Netherlands: 1 Philippines: 1	-Bridging Program	The bridging program boosted confidence and understanding of the Australian healthcare system. Nursing competence, especially in clinical leadership, improved. Stress levels rose due to workload, financial strain, and social issues. All IENs intended to stay in Australia after the program.	Qualitative: 8/10 Quantitative: 6/8
Quantitative study								
Covell et al., 2017	To describe the demographic and human capital profile of IENs in Canada, examine recent changes, and determine predictors of their workforce integration	Quantitative, cross-sectional, descriptive, correlational survey design	Canada	10 provinces and 2 territories of Canada	2280 IENs (626 joined bridging programs)	-Bridging Program	Exhibited higher language proficiency and educational qualifications, with more engagement in bridging programs and assistance services, leading to increased success in passing licensure exams and securing employment as regulated nurses. Professional experience, however, did not significantly influence job attainment, with assistance programs proving more impactful.	6/8
Developing country: 1287								
			The Philippines	556			Significantly higher numbers of participants who immigrated ≥2002 participated in bridging programs ($\chi^2 = 37.85, p < 0.001$), had help studying for the licensure exam ($\chi^2 = 12.45, p < 0.001$), and received assistance to find their first job as a regulated nurse ($\chi^2 = 14.84, p < 0.001$).	
			India	181				
Developed country: 888								
			China/Hong Kong	84				
			Lebanon	42				
			Jamaica	41				
Other developing countries: 383								
			Other developing countries:	383				
			383					
Other developed countries: 17								
			United States	107				
			Poland	63				
			Australia	44				
			Other developed countries:	17				

(Continues)

TABLE 2 (Continued)

Author(s)	Aim of the study	Methods	Country	Setting	Sample size and participants	Pathway	Relevant findings	JBI critical appraisal score
Covell et al., 2018	To evaluate IENs' perception of bridging program benefits for nursing practice in Canada, explore variations by source country's economic status, and identify predictive human capital characteristics.	Quantitative and descriptive	Canada	Provincial regulatory bodies	359 IENs High-income country: 68 France: 25 Romania: 16 United Kingdom: 7 Israel: 8 Other HICs: 12	-Bridging Program	IENs from low-income countries perceived bridging programs as more beneficial for enhancing cultural competency, improving language skills, and preparing for regulatory exams compared with IENs from HICs.	6/8
Högstedt et al., 2022	To compare the self-rated professional competence, self-efficacy, and thriving of two groups of IENs (bridging program and validation) with regular nursing students as they were about to enter the nursing profession	Quantitative, cross-sectional, comparative design	Sweden	College and university	- IENs from the bridging program: 162 participants - IENs from the validation process: 103 participants - Regular nursing students from two higher education institutions: 312 participants	-Bridging education program -Validation pathway -Regular pathway -Regular admission	The study compared two groups of IENs and regular nursing students on their self-rated professional competence, general self-efficacy, and thriving as they were about to enter working life as RNs in Sweden. Both groups of IENs rated their competence overall as high and significantly higher than regular nursing students for all three outcome variables, with no statistically significant differences between the IEN groups.	6/8
Cubelo et al., 2023	To understand the experiences of Filipino IENs (FIENs) on their recognition and credentialing pathway in the recruitment process in Finland	Qualitative, thematic analysis	Finland	University and university hospitals	-10 IENs from the Philippines	-Bridging education program	-Bridging program aided IENs in transitioning to work employment and qualified faster as RNs	8/10

(Continues)

TABLE 2 (Continued)

Author (s)	Aim of the study	Methods	Country	Setting	Sample size and participants	Pathway	Relevant findings	JBI critical appraisal score
Hadiabdic et al., 2021	Qualitative, descriptive design	Sweden	University	11 IENs Ethiopia: 2 Gambia: 1 Iran: 1 Belarus: 2 Syria: 2 Turkey: 1 Russia: 1 Armenia: 1			Bridging program participation did play a significant role in making the job search for IENs easier. Improve the knowledge in the Swedish healthcare system Does not see Swedish language as a barrier in life studies but recognized the importance of learning it to succeed in work life Bridging program participation did play a significant role in making the job search for IENs easier.	8/10
Högstedt et al., 2021	The aim was to examine internationally educated nurses' experience of attending a one-year bridging program to obtain a Swedish nursing license.	Qualitative, descriptive	Sweden	Universities	<i>n</i> = 18 IENs	Bridging education program	Studying in a new environment and language was challenging and intensive, as were adapting to a new healthcare system and relearning some nursing practices. However, attending the bridging program was also rewarding and gave feelings of happiness and pride; the nurses developed their nursing skills as well as their language and academic skills. Moreover, they became familiar with Sweden's nursing practices, healthcare system, and culture. Good support was important, but not always enough.	8/10
Lum et al., 2016	To investigate the IENs perceptions regarding the English language and nursing communication proficiency prerequisites in a Canadian bridging education program	Qualitative, grounded theory	Canada	University	-22 IENs from the Philippines, Nigeria and from other European countries	-Bridging education program	The bridging program in a Canadian university highlighted unexpected challenges for participants, particularly in meeting the writing demands that significantly differed from their prior nursing education.	10/10

professional language competencies. These findings underscored the need for bridging programs to address the substantial gaps between past and future practice competencies for IENs.

In Australia, findings revealed that participation in the bridging program significantly increased confidence and understanding of the Australian healthcare system among IENs, with improvements noted in nursing competence, particularly in clinical leadership (Aggar et al., 2020). Similarly, in Canada, IENs with higher language proficiency and educational qualifications, as well as those engaging in bridging programs and assistance services, exhibited increased success in passing licensure exams and securing employment as regulated nurses, although professional experience did not significantly influence job attainment (Covell et al., 2017, 2018).

Findings from Finland indicated that bridging programs aided IENs in transitioning to work and qualifying faster as RNs (Cubelo et al., 2023). Additionally, challenges were highlighted in a Canadian bridging education program, particularly in meeting the writing demands, which significantly differed from participants' prior nursing education (Lum et al., 2016). While in Sweden, both groups of IENs rated their overall competence as high and significantly higher than regular nursing students for all three outcome variables, with no statistically significant differences between the IEN groups (Högstedt et al., 2022). They also had a positive experience in the overall implementation of the bridging program (Hadziabdic et al., 2021).

Theme 1: Language requirement as a bridge and gap

The IENs originating from LMICs perceive participation in bridging programs as beneficial for enhancing their proficiency in the official language of the host country compared with those from high-income nations (Covell et al., 2018). Although IENs found language to be a challenge in attending a bridging program in a non-English-speaking country (Cubelo et al., 2023; Högstedt et al., 2021), they do not view the Swedish language as a hindrance in academic pursuits. Instead, they recognize its significance for achieving success in professional endeavors, such as learning occupation-related vocabulary (Covell et al., 2018). Covell et al. (2017) and Hadziabdic et al. (2021) suggested that the educational background and language skills of IENs likely influence their performance on licensure exams, with many migrants possessing a proficient level of English, thus gaining an advantage.

A discernible contrast in this study revealed that language prerequisites differ between bridging programs offered in countries where English is not the primary language and those where it is the predominant mode of communication, presenting notable obstacles for IENs (Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2021, 2022; Lum et al., 2016). In this context, when IENs opt for a bridging program,

they must provide evidence of their Swedish language proficiency during the application process (Hadziabdic et al., 2021; Högstedt et al., 2022). In contrast, those who pursue the validation pathway have the flexibility to learn the language at any stage but must certify their competency before applying for the nursing license (Högstedt et al., 2022), potentially impeding their ability to successfully complete the program and obtain recognition for their nursing credentials (Cubelo et al., 2023; Högstedt et al., 2022). To improve effective communication, incorporating acronyms and terminology to optimize communication efficacy and foster precise information transmission among healthcare practitioners was crucial for IENs to learn (Lum et al., 2016).

Theme 2: Enhancing nursing competence

During the bridging program, IENs perceive it as instrumental in acquiring technical knowledge, familiarizing themselves with work routines as RNs, and gaining insights into the healthcare system of the host country (Aggar et al., 2020; Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2021). In a comprehensive Canadian study by Covell et al. (2017), it was found that professional experience and study assistance significantly predicted the success of IENs in passing the licensure exam on their first attempt, even for those who did not attend the bridging program. Additionally, the bridging programs positively impacted IENs by enhancing their cultural competency, expanding their knowledge about the nursing profession, and improving their professional skills within the local healthcare setting (Covell et al., 2018).

The IENs employed in Canada expressed doubts regarding the necessity of reassessing their nursing competence and pursuing further education, questioning the justification behind these requirements (Lum et al., 2016). Furthermore, data indicated that IENs in Sweden reported lower proficiency in value-based nursing care, which encompasses ethical principles, patient-focused care, and collaborative work (Högstedt et al., 2022). They perceived themselves as relatively less competent in aspects related to ethics, patient-centered care, and efficient teamwork within this domain (Högstedt et al., 2022), suggesting that these elements should be incorporated into the bridging program (Hadziabdic et al., 2021). Additionally, there is a recognized need for IENs to enhance their therapeutic communication skills, which are critical for delivering patient-centered care (Lum et al., 2016). Conversely, some IENs felt that certain courses within the bridging program, such as those related to medical subjects and pharmacology, seemed redundant as they overlapped with content previously covered in their nursing education or professional experience in their countries of origin (Hadziabdic et al., 2021).

In Finland, the bridging program was coordinated between the employer and higher education institution when IENs were recruited from abroad, highlighting some differences in nursing practices between the source and host countries (Cubelo et al., 2023). Importantly, the IENs were aware of these differences before undertaking the program, but they

experienced conflicts in terms of their values and skills as they worked toward obtaining their qualification (Cubelo et al., 2023; Lum et al., 2016).

Similarly, in Sweden, IENs had a positive experience attending the bridging program, as it provided them with the opportunity to utilize other IENs' skills and competencies to advance in the program. They planned to pursue becoming specialist nurses after gaining years of clinical experience (Hadziabdic et al., 2021). The bridging program effectively upgraded their professional competencies to meet the country's standards (Covell et al., 2017; Högstedt et al., 2021, 2022).

Theme 3: Bridge to work-life transition

The bridging program was beneficial for IENs in understanding employment conditions, including salaries, work schedules, and benefits (Covell et al., 2018). Many expressed a desire to stay and practice in the host country after completing the program (Aggar et al., 2020). Overall, it served as a pathway for obtaining licensure as an RN (Covell et al., 2017, 2018; Hadziabdic et al., 2021; Högstedt et al., 2021, 2022). However, even after becoming regulated nurses, challenges in securing employment were encountered, though bridging program participants faced fewer difficulties (Covell et al., 2018).

Experienced nurses mandated to undertake additional bridging education faced significant challenges, as cultural dissonance could impede their advancement in bridging programs and job opportunities (Cubelo et al., 2023; Lum et al., 2016). Participation in bridging programs and assistance from social networks were significant predictors of employment difficulty for IENs in Canada (Covell et al., 2017).

Högstedt and colleagues (2022 et al. (2022) noted increased levels of self-efficacy and thriving among nurses enrolled in bridging programs, potentially augmenting their competencies and general welfare in the occupational context (Cubelo et al., 2023; Högstedt et al., 2022). Similarly, a bridging program facilitated IENs in obtaining nursing assistant positions and gaining work experience as nurses in Sweden (Högstedt et al., 2021). However, Lum and colleagues (2016) reported a lack of understanding among IENs regarding the relevance of acquiring new skills and the necessity of additional education for future nursing practice. Nonetheless, most participants had prior exposure to the work culture, having been employed as nursing assistants and practical nurses.

DISCUSSION

The current study employed a feminist framework to gain a comprehensive understanding of the implications of bridging programs on the qualification attainment of IENs as RNs. Within this context, the requirement of language proficiency for admission into a bridging program in a nonnative English-speaking country was not deemed essential for demonstrating

the competencies of IENs, as it could be developed during the educational program. Considering that four of the selected studies took place in Finland and Sweden (Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2021, 2022), it was crucial to recognize that nurses educated outside the region primarily encountered the challenge of passing the language proficiency test. They also faced additional obstacles in having their nursing qualifications recognized in the destination country, despite possessing sufficient years of nursing experience. Even in English-speaking countries, insufficient language proficiency posed challenges for IENs, hindering their ability to deliver comprehensive care (Lum et al., 2016).

In the context of feminism, the unfavorable implications concerning the educational backgrounds of IENs educated in LMICs signify a form of social injustice and pose a potential risk of inequalities such as deskilling (Cubelo et al., 2023; Salami et al., 2018; Tayabén & Younas, 2020).

Numerous studies have consistently emphasized the significant role of language barriers as a prominent source of frustration and disappointment among IENs. Within this context, various issues arise, including instances of colleagues employing slang to undermine IENs and experiencing discrimination due to their noticeable accents (Brunton & Cook, 2018; Buttigieg et al., 2018; Cubelo, 2023b; Iheduru-Anderson & Wahi, 2018). These findings underscore the detrimental implications of language-related challenges on collegiality, patient safety, and professional development.

Considering the implications of a bridging program, it is important to prioritize the development of language and communication skills for IENs, who often use English as a second language and possess significant experience and expertise. By focusing on improving these skills, bridging programs can contribute to better patient outcomes, promote collegiality among healthcare professionals, and facilitate the advancement of IENs in their career pathways (Cubelo, 2024; Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2021, 2022). In nonnative English-speaking countries, incorporating language teachers within clinical skills labs, high-fidelity simulations, and training supervision can effectively address language-related aspects without compromising the core nursing content (Cubelo, 2023a).

One best practice in the United States is the use of credentialing bodies to help IENs systematically get recognized as RNs before moving to the country. Typically, IENs must submit their credentials to a recognized body like the Commission on Graduates of Foreign Nursing Schools (CGFNS) to ensure their qualifications are equivalent to those of U.S.-educated nurses. This credentialing process is a prerequisite before IENs can take the NCLEX-RN, the national licensing exam for RNs. Therefore, IENs must possess an RN qualification before being licensed to practice in the United States. Additionally, agencies commonly recruit IENs to help them navigate this process, including obtaining credentials and preparing for the NCLEX-RN (CGFNS International, 2019). Although this is a good practice, it can be challenging in non-English-speaking countries where learning the local language,

such as Finnish and Swedish, can be difficult (Cubelo et al., 2023; Högstedt et al., 2022).

Within the context of a bridging program, IENs have demonstrated their proficiency and confidence in professional competencies (Aggar et al., 2020; Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2021, 2022). However, there is a need for additional guidance and education, particularly in the areas of value-based nursing, patient-centered care, and teamwork (Högstedt et al., 2022). These skills are crucial for successful integration and practice in Western countries (Högstedt et al., 2022). It is worth considering that IENs coming from LMICs may have previous nursing experience in environments characterized by a high degree of hierarchy. Consequently, addressing these cultural differences and providing targeted education can support their transition and ensure the development of the necessary skills for their nursing practice in the new context.

The selected studies revealed that migration decisions were often influenced by women's caregiving roles within the family, an important observation from a feminist standpoint. A considerable number of participants migrated for family reasons (Högstedt et al., 2022). Additionally, a significant proportion of the participants had obtained undergraduate or graduate degrees in their countries of origin (Cubelo et al., 2023; Högstedt et al., 2022; Lum et al., 2016), highlighting their academic accomplishments and vocational credentials. The nursing expertise that IENs brought from their countries of origin demonstrated their proficiency and significant contributions to the healthcare industry (Cubelo et al., 2023; Högstedt et al., 2022; Lum et al., 2016). The results illustrated the intricate interplay between gender, familial dynamics, educational background, and occupational experiences in the context of global migration for IENs.

Moreover, the bridging programs studied were designed to prepare IENs to become RNs in the host country, effectively providing them with essential competencies. The efficacy of these programs in enhancing the confidence and self-perceived proficiency of IENs (Högstedt et al., 2022) highlighted their importance in facilitating the transition and integration of IENs into the healthcare system by addressing their challenges (Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2022).

The study examined not only the experiences of IENs but also the challenges faced by individuals enrolled in bridging programs in both non-English and English-speaking countries. These individuals encountered unforeseen challenges in meeting the academic language requirements of the program, which were markedly different from their previous nursing education (Cubelo et al., 2023; Hadziabdic et al., 2021; Högstedt et al., 2022; Lum et al., 2016). The findings highlighted the importance of addressing the unique barriers and needs of IENs, particularly in language and communication skills. Providing targeted support and resources was essential to help them effectively adapt to academic and professional demands.

Additionally, the primary outcome of this research emphasized the significant impact of culture shock on the integration of IENs into the work environment. Acknowledging and

mitigating the potential obstacles and difficulties related to cultural adjustment was imperative in facilitating the smooth integration and occupational attainment of IENs (Aggar et al., 2020; Cubelo et al., 2023; Lum et al., 2016).

Study limitations and recommendations

Most of the studies included in the mixed-methods review that met the criteria are qualitative. Additionally, limiting the selected articles to those published in English might exclude significant scientific contributions in other languages, such as Finnish and Swedish. Furthermore, the availability of scientific articles within the academic databases of the researchers' institution might have resulted in the omission of other important literature.

Further research must explore the impact of bridging programs in non-English-speaking countries by understanding the perspectives and experiences of IENs who attended these programs. This research should focus on how bridging programs should be structured and whether a national model under government oversight will ease the transition phase for IENs, particularly those with years of experience in the clinical field. It is also essential to determine whether it is necessary to arrange these programs for IENs with extensive clinical experience.

Implications for nursing policy and practice

There is a necessity to tailor bridging programs to address the specific language and cultural challenges faced by IENs, ensuring effective integration and enhancing their competency in delivering patient-centered care in diverse healthcare settings. Nonnative English-speaking countries recruiting IENs from LMICs need to provide adequate learning and testing facilities for the language officially used by the host countries.

Including nurse educators in the recruitment process can help assess the skills and competencies of IENs using the national standards of the country of migration. Additionally, nurse managers should create clear career pathways that enable the complete utilization of the previous knowledge and skills of recruited IENs.

CONCLUSION

The study's findings indicated that IENs face difficulties in English-speaking countries, even though English served as the language of instruction. These challenges were also present in non-English-speaking countries and bridging programs that mandate a certain level of language proficiency for admission. The language requirement was not only an aptitude requirement but also a capacity test for therapeutic communication, which is crucial for delivering patient-centered care. Although IENs possess prior nursing experience, there is still a need for enhancing holistic and patient-centered care.

Nurse educators should familiarize themselves with the nursing curriculum and healthcare systems of LMICs when assigning clinical practicums for IENs. Cultural sensitivity is essential to provide appropriate guidance to IENs. Insufficient knowledge could impede the effective guidance and smooth integration of IENs into the nursing field.

In this context, it is essential to adopt a feminist approach when addressing the challenges encountered by IENs, as most are coming from LMICs. To support the growth and success of IENs, it is recommended to prioritize language skill development, involve language teachers in clinical skills laboratories, and consider international nursing experiences when assigning clinical practicums. This approach can foster an inclusive environment, enhancing both individual nurses' well-being and the provision of culturally sensitive and patient-centered care.

ETHICAL CONSIDERATION

Ethics permit was not necessary for this study.

AUTHOR CONTRIBUTIONS

Study design: FC, AP, DK; data collection: FC, DK; data analysis: FC, AP, DK; manuscript writing: FC, AP, DK; critical revisions for important intellectual content: FC, AP, DK.

ACKNOWLEDGMENTS

The primary investigator extends heartfelt thanks to Kirsi Myllykangas, Markus Karttunen, and Tytti Sakaranaho for their invaluable contributions to this manuscript. Special gratitude goes to Taina Junttila for her support of inclusive nursing education programs in Northern Ostrobothnia, Finland, particularly the Bachelor of Health Care Degree Programme in Nursing at Oulu University of Applied Sciences. Additional thanks to Nina Männistö, Anne Keckman, Karoliina Pigg, Hanna Poussu, and Karimi Ngui for their commitment to teaching nursing students. Appreciation is also extended to Laurea AMK, Savonia AMK, Tampere AMK, and Turku AMK for their collaboration with OAMK on national projects.

The study has been funded by the Service Centre for Continuous Learning and Employment under the Sairaanhoidajaksi Suomessa project. The Service Centre promotes the competence development of working-age people and the availability of skilled labor. The operations of the Service Centre are overseen by the Ministry of Education and Culture and the Ministry of Economic Affairs and Employment.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Cubelo, F., Parviainen, A. & Kohanová, D. (2025) The impact of bridging education programs on internationally educated nurses becoming registered nurses in high-income countries: A mixed-methods systematic review. *International Nursing Review*, 72, 1–12. <https://doi.org/10.1111/inr.13038>

IMAGE ESSAY

Exploring the role of internationally educated nurses in disaster nursing: The HEAL model

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Abstract

Natural disasters continue to pose serious threats, causing significant damage and loss of life. The involvement of Filipino internationally educated nurses (IENs) has become increasingly important for effectively managing and responding to such crises. Although the healthcare industry plays a central role in disaster management, the specific contributions of IENs in this context have not been thoroughly examined. Additionally, the environmental implications of IEN recruitment point to the significance of their engagement in climate mitigation. Leveraging the HEAL Model—Help, Educate, Act, and Lead—IENs play crucial roles in training officials, educating peers, leading environmental initiatives, and advocating for policy changes. Their collaboration with volunteers during disaster situations underscores their effectiveness. The IENs, in collaboration with volunteers, bring substantial contributions to disaster nursing and are showcased through the HEAL Model, signifying their potential for enhancing disaster response and climate action endeavors.

Key words: climate change, disaster nursing, disaster policy, foreign nurses, internationally educated nurses

INTRODUCTION

Natural disasters pose persistent threats, causing widespread devastation and loss of life. The involvement of internationally educated nurses (IENs) has emerged as a vital asset in managing and responding to such crises. Although the healthcare industry holds a crucial role in disaster management, the distinct contributions of IENs remain underexplored. Recent work by Cubelo (2023a) underscored the critical engagement of IENs from the Global South, such as the Philippines, Kenya, Zambia, India, Vietnam, and Myanmar, who have migrated to Finland. Their involvement spans community activism

and mitigation strategies in the face of climate-related issues.

Furthermore, Cubelo (2023a) highlighted the carbon emissions linked to the recruitment of IENs, primarily due to long-haul flights associated with migration. Additionally, Cubelo (2020) estimates that approximately 10,000 Filipino nurses are present in the Nordic Region, some of whom might lack the complete qualifications to work as Registered Nurses (Cubelo, 2023b; Cubelo, Langari, Jokiniemi, & Turunen, 2023), having entered through family reunification or work permits. Unfortunately, these nurses often find themselves excluded from community activism and mitigation endeavors aimed at combating the profound impacts of climate change.

Addressing climate change is a global imperative with significant implications for health care, particularly in disaster nursing. Within this context, the roles of IENs in disaster nursing and climate action can be effectively understood through the HEAL Model – Help, Educate, Act, and Lead (Figure 1). This paper describes how

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Received 18 April 2023; accepted 7 February 2024; J-STAGE advance published 23 April 2024



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Figure 1 The HEAL Model (help, educate, act and lead) is used as a tool to mitigate the drastic effects of climate change.

IENs' engagement with disaster nursing aligns with the principles of the HEAL Model and outlines their contributions toward mitigating disasters in the context of climate change.

FRAMEWORK OF THE MODEL

Scientific evidence, such as the Intergovernmental Panel on Climate Change (Intergovernmental Panel on Climate Change (IPCC), 2023), consistently links the increasing severity of disasters to human-induced climate change. In this context, nurses, as frontline healthcare professionals, engage in disaster response, community education, and policy advocacy, emphasizing their integral role in addressing both immediate disaster consequences and the broader climate crisis (International Council of Nurses (ICN), 2022). However, nurses lack the knowledge, education, and preparation (Tiitta, McDermott-Levy, Turunen, Jaakkola & Kuosmanen, 2021; Leffers & Butterfield, 2018), even though nurses are active in helping people during disasters induced by climate change.

The HEAL Model serves as a framework through which to view IENs' roles and responsibilities in disaster nursing, especially in the context of climate action. However, it is essential to clarify that the HEAL Model is a hypothetical framework proposed within the context of this discussion and does not currently exist as an established or formally recognized model within the scientific or academic domain. The purpose of presenting the HEAL Model in this discussion is to provide a structured approach to understanding the roles and contributions of IENs in disaster nursing and climate action, emphasizing Help, Educate, Act, and Lead as essential components of their involvement.

The IENs hold Bachelor of Science in Nursing degrees acquired in their home countries, are duly Registered Nurses, and have undergone training in emergency and disaster nursing during their studies before migrating to the Nordic countries. These nurses are anticipated to be proficient in collaborating, negotiating, and educating volunteers, aligning with the requisites of the HEAL Model.

INTERNATIONALLY EDUCATED NURSES AND THE HEAL MODEL: NAVIGATING DISASTER NURSING

The HEAL Model and the roles of IENs and volunteers in disasters are interconnected. The IENs, guided by the HEAL Model, align with volunteer needs during emergency disasters. In the *Help* component, IENs' collaboration with local authorities mirrors their support to disaster response volunteers, fostering a more coordinated approach to disaster relief.

Similarly, the *Educate* aspect is vital, with IENs extending their guidance to volunteers who often lack specialized disaster nursing knowledge. The IENs bridge this knowledge gap, ensuring a cohesive response addressing immediate healthcare needs and long-term recovery.

The *Act and Lead* components reinforce IENs' leadership in policy discussions and environmental initiatives, directly influencing disaster response. Volunteers benefit from IENs' expertise, working together to enact meaningful change and provide comprehensive health care during disasters. This mutual relationship between IENs and volunteers, rooted in the HEAL Model, showcases their collective impact on resilient communities facing climate-related challenges.

IENS' ROLES IN DISASTER NURSING THROUGH THE HEAL MODEL

Help: Collaborative training and volunteer engagement

The *Help* component emphasizes IENs' efforts in training local government officials and authorities, fostering a deeper comprehension of climate change's healthcare implications. Despite potential feelings of insignificance in the face of a growing climate crisis and limited governmental guidance, health professionals must recognize the impact of their past successes in addressing global pandemics (Kotcher et al., 2021), such as smallpox and polio. The researchers' personal experiences reveal instances where IENs have collaborated with local government officials, enhancing social responsibilities among government entities during disaster operations, often in conjunction with volunteers. As depicted in Figure 2, volunteers of civil societies during a typhoon in the Philippines showcased their contributions to disaster response by carrying goods for distribution.

Educate: Empowering through knowledge

The *Educate* facet highlights IENs' roles in educating fellow healthcare professionals about climate change. By integrating climate education into nursing curricula and raising awareness through campaigns, IENs contribute significantly (Cubelo, 2023a). Concrete initiatives, like the "Nurse-a-Tree" project in Ireland, demonstrate their impact (Greenbelt Ltd., 2021). Figure 3 shows IEN's participation in the CleanMed Europe Conference,

sharing experiences on the impact of educational awareness in fighting climate change.

The *NAT* project was established in early 2021, inspired by the *CleanMed* conference and the Filipino nurses working in Finland. "Nurse A Tree is partnering with Green Belt" who will provide professional forestry expertise (Greenbelt Ltd., 2021).

Act: Collaborative environmental initiatives

The 'Act' component emphasizes the IENs' active engagement in environmental initiatives. IENs collaborate with other allied health professionals and stakeholders to initiate actions that mitigate the effects of climate change.



Figure 2 Volunteers assisting with disaster response coordination along with local residents during a typhoon in the Philippines.

How nurses can take climate action: Presenting the Nurses Climate Challenge

Shanda Demorest, DNP, RN-BC, PHN

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 @RNClimateChal

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Figure 3 An example of an IEN public presentation about how they can assist with tackling climate change at the CleanMed Europe Conference.

After comprehending the intention and nature of the tree planting drive, which aims to offset carbon dioxide footprints caused by long-haul flights, the Department of Environment and Natural Resources (DENR) in the Philippines responded to the collaborative efforts with the Filipino Nurses Association in the Nordic Region.

Figure 4 shows a collaborative effort between civil society volunteers and IENs in planting trees and participating in coastal clean-up activities, highlighting their dedication to environmental sustainability and resilience. Health professionals should also lead by example by decarbonizing their practices and advocating for decarbonization within healthcare systems (Kotcher *et al.*, 2021). Below was also the excerpt from the IENs' letter to two high-ranking officials in the Philippine military, aimed at helping them engage their officials to join the act of saving the planet.



Figure 4 Civil society volunteers assisting with a coastal clean-up in collaboration with the Filipino Nurses Association in the Nordic Region.

Table 1 Two courses addressing issues to do with climate change and disaster nursing, offered at the Oulu University of Applied Sciences approved by the institution's management

Sustainable Nursing Practice (5 ECTS)	Nursing in International and Global Health (5 ECTS)
Course Content	Course Content
<ul style="list-style-type: none"> • Six attributes of sustainability in nursing • Hazardous exposures to nurses in healthcare facilities • Pharmaceutical waste and reducing medicine waste • United Nation's sustainable development goals (SDG): SDG 3, SDG 6 and SDG 17 • Relationship of climate change to mental health, respiratory diseases and cardiovascular diseases • International organizations involving nurses that deal with climate change 	<ul style="list-style-type: none"> • Nursing roles in 21st-century health systems • Universal health coverage • International nurse migration and mobility • Disaster nursing • Local and international nursing organizations • Advanced nurse practitioners/Clinical nurse specialists in Europe • Role of nurses in climate change, antimicrobial resistance and conflict situations • Governance and leadership in nursing
European Credit Transfer and Accumulation System (ECTS)	

Government agencies such as yours are effective agents in proving solidarity and international collaboration to protect the interests of our planet and the tenets of the future generation. In relation to this, we want to sincerely cooperate with you in our future activities through tree planting and coastal clean-up drives.

Goodman and Douquet (2020) stated in a report that although planting and preserving trees is insufficient to sufficiently reduce carbon dioxide levels, the military can contribute to addressing climate change by expanding tree planting and protection programs and establishing a stronger link between environmental security and national security, leveraging their logistical capabilities for this mission.

Lead: Advocacy and policy influence

The 'Lead' component underscores the IENs' involvement in policy and decision-making processes, both at the workplace and at national healthcare meetings. IENs actively participate in policy discussions, advocating for climate change policies and integrating climate considerations into healthcare systems. By initiating and influencing policy changes, IENs play a vital role in promoting climate-resilient health care. As an IEN, the primary author successfully proposed two courses, namely "Sustainable Nursing Practice" and "Nursing in International and Global Health," to higher education management, and their implementation was approved. Table 1 indicates the course content of two elective courses from the Oulu University of Applied Sciences, approved in 2021 by higher education management in response to addressing issues to do with climate change and disaster nursing during the coronavirus disease 2019 (COVID-19) pandemic.

In a study by Kotcher *et al.* (2021), the public expressed a sense of responsibility to educate both the

public and policymakers about climate change. Furthermore, health professionals should bring the health effects of climate change to the public's and policymakers' attention and actively encourage national and global leaders to strengthen their commitments to address climate change (Kotcher et al. 2021). In addition, IENs can participate in the formulation or implementation of both upstream and downstream policy guidelines. For upstream policies, IENs need to understand why constant natural disasters occur in the Philippines and examine the root cause (Leffers & Butterfield, 2018). For downstream policies, emphasis should be placed on climate adaptation, disaster response, and the significance of nursing workforce preparation (Leffers & Butterfield, 2018).

CONCLUSION

Through the lens of the HEAL Model, this exploration of IENs' roles in disaster nursing and climate action reveals their multifaceted contributions. Their involvement in training, education, environmental initiatives, and policy discussions contributes significantly to climate-resilient healthcare systems. Their personal experiences exemplify the importance of their roles in disaster nursing amid climate change.

Further research and collaboration are needed to enhance understanding, identify barriers, and amplify IENs' roles in climate action. By recognizing the potential of the HEAL model and empowering IENs, healthcare systems can be better prepared to address the complex health challenges posed by climate change.

ACKNOWLEDGMENT

The authors express their appreciation to the volunteers, representatives, and members of the Filipino Nurses Association in the Nordic Region, from whom they drew inspiration in developing the HEAL Model.

DISCLOSURE

The authors have no conflicts of interest to declare.

AUTHORS' CONTRIBUTIONS

Floro Cubelo undertook the design of the HEAL Model and was responsible for drafting and revising the manuscript. Katherine Perez Luckmann and Cristal

Tolosa Warburg made significant contributions to the conceptualization and selection of images. All authors approve the manuscript for publication.

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the Nordic Region

State of the Filipino Internationally Educated Nurses in the
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