Developing an International Educated Nurse Transition to Practice Program

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Abstract

Problem Statement: Recent United States nursing workforce trends have resulted in a nursing shortage, leading health systems to hire Internationally Educated Nurses (IENs). IEN retention is dependent upon the successful adjustment of the IEN into bedside practice. Some facilities lack resources to assist IENs adjust to practice.

Purpose: The purpose of this Doctor of Nursing Practice (DNP) project was to develop an IEN Transition to Practice Program to be implemented within the Midwest health system/host institution.

Methodology: The project followed the Program Development design, which involved an evidence-based approach to addressing this professional nursing need. Within phase one, the focus of this DNP project, documents including a curriculum plan and professional supportive network were developed to address the transitional needs of the IENs as they adapt to practice in their new health system. The project design included assessment, planning, development, outcomes, and evaluation.

Outcome: Finalized products were handed off to the host facility's nursing development department for use in phase two.

Nursing Implications: Appropriately implemented IEN Transition to Practice Programs will address the nursing shortage, prepare incoming IENs for successful practice adjustment, and improve patient care.

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Developing an Internationally Educated Nurse Transition to Practice Program

Prior to the COVID-19 pandemic, the registered nurse (RN) workforce experienced multifaceted strain related to inadequate staffing challenges, an increased demand for health and nursing care for the aging and chronic disease populations, and inadequate workforce support (American Nurses Association, n.d.). Throughout the pandemic, these burdens have continued to weigh on the nursing workforce at accelerated rates. The magnitude of this strain is represented in the nursing shortage. According to the American Association of Colleges of Nursing (AACN) (2020), there will be an anticipated 175,900 employment openings yearly for RNs in the United States, continuing through 2029. Conversely, to accommodate ongoing national health needs, the RN workforce is expected to increase by 7% by 2029 (AACN, 2020). Despite a multitude of nursing programs, resources indicate that in 2020, greater than 80,000 qualified nursing school applicants were declined admittance as a result of inadequate faculty availability (University of St. Augustine for Health Sciences, 2021). Fewer nursing program participants will result in a reduced number of new nurses. If current trends continue, between anticipated nurse retirements from those working at the bedside and those in educational roles, alongside nursing workforce exits and transitions, as well as diminished numbers of new graduate nurses, the supply of RNs will not keep pace with the demand. With a looming deficit of nurses, patients are at risk for compromised quality and safe care.

Background

In order to overcome staffing shortages and meet healthcare needs of patients, the field of nursing is changing to one of fast paced preparation. New nurses are undergoing accelerated degree programs (Associate Degree in Nursing [ADN] and Bachelor of Science in Nursing [BSN] alike), with some programs lasting as little as 13 months (Nursing License Map, 2021).

Simultaneously, experienced nurses are beginning to travel and work under short term contracts (weeks to months). However, this does not provide a long-term solution to system wide staffing needs (Dixon-Luinenburg, 2022).

Select healthcare systems are in search of a more permanent solution for their staffing deficits. High rates of agency and overtime pay harm long term financial sustainability of a healthcare system. Recently, there have not been enough local nurses to fill outstanding positions. Specifically in Michigan, from 2020-2022, over 50 counties noted a decrease in the percentage of RNs living in Michigan, including Macomb, Oakland, and Wayne County (Michigan Public Health Institute, 2023). Due to these factors, it is paramount to diversify hiring and recruitment practices. Health systems are looking beyond short-term agency and travel contracts and instead are hiring internationally educated nurses (IENs) to fill long term positions. Brusie (2022) reports that approximately 1,000 international nurses arrive in the United States each month, with the aim of filling open nursing positions across the nation.

Within Michigan, a health system is in the process of recruiting IENs into their health system as a way to mitigate staffing shortages with a sustainable solution. The target population includes IENs who are recruited from the Philippines, and will be working at one of five in-patient, acute care hospitals across the system. Cohorts of IENs are anticipated to arrive over several months in 2023 and in the coming years.

Significance

The co-existence of a pandemic, supply and staffing shortages, as well as rapid educational preparation combine to create a time of transition that may leave nurses uncertain in their practice and overwhelmed when responding to new challenges. Despite being registered nurses in their home country, the IENs present with varying competencies and practice readiness

levels. To ensure uniformity in the care provided, many health systems have adopted transition programs to serve as a means of adaptation support and to provide ongoing educational opportunities to achieve standardization in their practice at the bedside. Internationally educated nurses are hired in cohorts, with the expectation to work in an acute care setting.

Problem Statement

If declining nursing workforce trends continue, the nursing deficit in the United States will grow beyond control. Local RN availability and associated hiring practices are inadequate to overcome vacancy rates, staffing requirements, and meet patient needs. Without prompt action, patient care in regard to quality and safety will be in jeopardy. The practice of hiring IENs bridges the chasm between nursing availability and demand within a local health system, and the United States. In order to achieve long term retention benefits, nursing leadership must ensure the successful adjustment of the experienced IEN into bedside practice at a local health system through various methods including structured ongoing education sessions, preceptorships, and mentoring.

Clinical Question

At the host institution, will development of a new IEN Transition to Practice Program result in the host health system's adaptation and use of the proposed program?

Literature Review

Based on the identified clinical question, the following review of the literature was completed. The purpose of this literature review was to understand the phenomena of the IEN, and to determine which attributes of a nurse transition to practice program correspond with a successful adaptation to bedside care for the IEN. Additionally, literature is evaluated for best practices and opportunities for application.

Search Methods

A detailed search was conducted in the Cumulated Index to Nursing and Allied Health Literature (CINAHL), and the National Library of Medicine/PubMed. Database search structure, terms, and use of Boolean search phrases were co-created with an academic librarian. Five searches were conducted within CINAHL, yielding a total of 1,527 results, not excluding duplicates. Searches utilized various combinations of the following search terms: expert nurses, experienced nurse, Filipino nurse, foreign nurses, international nurses, international nursing, overseas W2 nurses, baccalaureate nurses, registered nurses, transition, mentorship, orientation, residency, internship, preceptor, preceptorship, induction, clinical competence, clinical supervision, program development. Three searches were conducted within PubMed, yielding a total of 213 results, not excluding duplicates. Searches utilized various combinations of the following search terms: expert nurses, experienced nurse, Filipino, foreign nurses, international nurses, nurses international, overseas nurses, baccalaureate nurses, registered nurses, transition, mentorship, orientation, residency, internship, preceptor, preceptorship, induction, clinical competence, clinical supervision, program development.

When conducting the initial searches of CINAHL and PubMed, year restrictions as well as language or full text available were not used. Due to decreased relevance as results progressed, the top 50 results of each search were reviewed for potential inclusion. After review, articles were selected based on the following inclusion criteria: published in English, and published in a reputable, peer reviewed nursing or medical journal. Works greater than five years old were included due to key data regarding cultural transition and curriculum recommendations which were lacking in current publications, resulting in the inclusion of articles from 2009 to 2022. Works from both Western and Eastern countries were utilized. The following concepts

were also considered during the selection process: discussion of the internationally educated nurse, international nurse, transcultural nurse, experienced nurse, transitioning nurses, and on-boarding. If an article did not include the aforementioned concepts, it was not excluded, but instead included due to other relevant factors. Articles that referred to the novice nurse, nursing students, nursing educators, graduate level nurse/advanced practice nurses, clinical nurse specialists, DNPs and Ph.D. prepared nurses, physicians, outside of the 2009 to 2022 parameters, and those related to a transitional program designed for a specialty of nursing (urology, hospice, rural health care, etc.) were excluded.

Findings and Themes

The majority of available literature demonstrated overlapping themes. From the seven articles reviewed the following themes emerged in the literature: Shifting Toward Utilizing the Internationally Educated Nurse; Benefits Associated with Internationally Educated Nurses; Experiences of the Internationally Educated Nurse; The Need for Internationally Educated Nurse Transition to Practice Programs; and Program Recommendations. The included articles may have focused on one particular theme, or they may have discussed multiple identified themes.

Shifting toward Utilizing the Internationally Educated Nurse

The need to recruit IENs is not exclusive to the United States. In Europe, the United Kingdom is experiencing a staffing deficit and is not on track to meet their objective of increasing the number of practicing RNs by 50,000 before 2026 (Evans, 2022). The need for nurses is outpacing local growth. By relying solely on local applicants, the time required to educate and train new nurses will delay safe staffing. Due to this, the United Kingdom is turning toward the IEN as the solution. Currently, the United Kingdom is recruiting nurses from Nigeria,

South Africa, Zimbabwe, India, with the majority of recruits coming from the Philippines, demonstrating this is a well-practiced phenomenon (Evans, 2022).

In addition to active recruitment, IENs are driven to immigrate to other countries seeking employment opportunities due to a multitude of factors. These include higher quality working conditions, educational advancement, greater resourced health systems, and economic stability for themselves and their families (Ghazal et al., 2020; Rovito et al., 2022). Among other countries, coming to the United States is a greatly sought-after opportunity (Rovito et al., 2022).

With the increasing use of IENs in Westernized countries, there is the potential for ethical concerns. It is inappropriate to deplete the nursing resources of a low or middle income country to resolve the staffing needs of affluent countries. The World Health Organization has deemed certain countries red list countries, indicating they should not be targeted for recruitment, of which the Philippines is not (Evans, 2022). Additionally, the countries and health systems seeking out IENs must be mindful of striking a balance between hiring enough IENs to meet their safe staffing needs, while still creating opportunities and employment openings for local applicants (Evans, 2022; Nease, 2009).

Benefits associated with Internationally Educated Nurses

Integrating the IEN into the workplace provides financial and patient care benefits to the healthcare system. Hiring IENs requires a health system to budget for expenses that are not incurred when hiring local applicants. These expenses include travel and accommodations for the hiring team while overseas recruiting and interviewing applicants, testing and screening of applicants with objective structured clinical exams (OSCE) and language proficiency exams, and further accommodations and support for the IEN once they begin working in their host country (Evans, 2022). However, despite the increased initial expense, hiring IENs demonstrates a

positive return on investment. Research indicates that IENs have high retention rates when compared to their domestic counterparts. Often, IENs are employed full-time in acute care settings providing direct patient care (Ghazal et al., 2020), plan to remain employed in their new country (Rovito et al., 2022), and work for an average three years longer in one position than local hires (Evans, 2022).

The employment of IENs results in improved patient outcomes. The quality of patient care may increase as organizational years of nursing experience increases. Typically, nurses who are recruited to work internationally have prior experience as registered nurses (RNs) in their home country. Roth et al. (2021) found that almost half (40.6%) of internationally recruited nurses had more than five years of professional work experience. Patients and members of the patient care team benefit from continuity of care, which the IENs would be able to provide based on long term employment practices, as opposed to relying on short term agency contracts to meet staffing needs (Evans, 2022). Patients and the health care system additionally benefit from workforce diversity. Workforce diversity results in a mixture of different skills, educational backgrounds, and nursing care practices (Evans, 2022), as well as increased productivity, innovation, and improved risk assessment (Rovito et al, 2022).

Some patients and domestic nurses may have reservations about non-domestic nurses caring for their community, as they may have different educational backgrounds (Pung & Goh, 2017). However, IENs are qualified to provide high level patient care; According to Ghazal et al. (2020), 96.9% of Filipino participants were baccalaureate prepared. Further, there are standards that govern IEN immigration including graduating from an accredited pre-licensure nursing program, demonstrating written and oral English proficiency through standardized tests (Test of

English as a Foreign Language or International English Language Testing System), in addition to passing the NCLEX-RN (Evans, 2022; Ghazal et al., 2020; Rovito et al., 2022).

Experiences of the Internationally Educated Nurse

Immigrating to a new country and beginning the next step of a career can be a daunting experience. Throughout the literature, there are a variety of identified facilitators and barriers that determine how the IEN transitions into their new home and practice. The major facilitator impacting IEN transition to practice was perceived support, as reported by Ghazal et al. (2020). This support was multifaceted including both in the workplace and community. Many of the IENs received support from their family and loved ones who also resided in their new country, in addition to support derived through community relationship with those with similar cultural backgrounds (Ghazal et al., 2020). These relationships between family and community can provide emotional support as they begin to adapt to and understand their new culture. Workplace support was facilitated by engaged nurse leaders and accepting domestic RNs. When domestic staff was welcoming to the IENs they perceived a higher sense of belonging and support from their new peers. Further, IENs found a deep sense of belonging and validation when they were able to interact with other IENs going through similar circumstances (Ghazal et al., 2020). Internationally educated nurses demonstrated improved abilities to adapt to their new situations when they overcame challenges. Despite feelings of shock, fear, and frustration, when IENs were able to navigate through setbacks successfully, they in turn were filled with a sense of accomplishment and renewed competence and expressed an easier time transitioning to their new work environment, when there were structured resources in place to guide their transition to practice (Ghazal et al., 2020).

There are numerous barriers impacting the successful transition of the IEN. Despite the successful passing of English proficiency exams, one of the most commonly cited barriers is communication (Pung & Goh, 2017; Rovito et al., 2022; Xu, 2010). Internationally educated nurses have difficulty correctly understanding local colloquialisms or misinterpret body language (Rovito et al., 2022). There is also unfamiliarity with slang or sarcasm, in addition to a variety of accents in the English language (Xu, 2010). At times, difficulty with communication complicated nursing care, as IENs may have trouble clearly deriving the meaning of phone orders and electronic communication when they cannot rely on their in-person communication skills (Xu, 2010). The finer nuances of this communication barrier impair their ability to express themselves, and their social development (Pung & Goh, 2017).

Internationally educated nurses experience stress in a variety of forms. When transitioning to practice, “difference” is viewed as incompetence (Pung & Goh, 2017). Regardless of being well qualified, IENs feel the need to constantly prove themselves, or be on their “best behavior” (Ghazal et al., 2020). The need to perform without error generates fear that a mistake may cause them to lose their job, nursing license, and become subject to discrimination (Ghazal et al., 2020). Stress also stems from marginalization and a lack of inclusion. Internationally educated nurses face discrimination and exclusion from three sources: their superiors, their peers, and their patients (Pung & Goh, 2017). Patients may decline care from IENs, not trusting in their nursing abilities, or patients may make hurtful and discriminatory remarks that are meant to be humorous in nature (Pung & Goh, 2017). The IEN is subject to lateral violence and bullying from their peers (Pung & Goh, 2017) once they are out of the protective precepting relationship and on their own. Even after overcoming challenges and proving themselves to be a reliable member of the healthcare team, when striving for leadership

positions, the IEN is often overlooked and unable to professionally advance (Evans, 2022; Pung & Goh, 2017; Xu, 2010).

Although familial and community support are recognized as transition facilitators, IENs experience a sense of grief and loss for their homeland, brought on by a sudden change in environment (Pung & Goh, 2017). Internationally educated nurses also become overwhelmed with how to navigate their personal lives, outside of work, when it comes to simple things such as transportation, grocery shopping, and assimilating to their new country (Evans, 2022; Pung & Goh, 2017; Rovito et al., 2022; Xu, 2010). Work-life balance is essential for a successful transition, and overwhelming stress at home may lead to negative effects in their nursing practice.

The Need for Internationally Educated Nurse Transition to Practice Programs

As demonstrated above, transitional facilitators do not outweigh barriers and challenges faced by the IEN. In order to ensure a successful acculturation of the IEN, they need to be able to adopt United States based normative practices, values, attitudes, and behaviors, as well as local nursing culture, while maintaining their own identity tied to their homeland and culture (Rovito et al., 2022). This is best achieved through a well planned and thorough experienced nurse transitional program, developed for the IEN. Transition to practice programs for experienced nurses are meant to apply and build on the prior experience of the RN and help them to apply it in new situations (Longo et al., 2014).

The IEN needs to be able to navigate Westernized healthcare and nursing practice successfully. The IEN needs time and structured guidance to unlearn aspects of nursing care that were common in their home country but are not associated with the United States (Rovito et al., 2022), in addition to learning new culturally appropriate nursing practices. A transition to

practice program would assist in clinical standardization. Nease (2009) has identified cultural and clinical variations among physical assessment skills, medication administration, as well as units of measurements for laboratory values (i.e., glucose). Additionally, in many Eastern countries, completing activities of daily living (ADLs) are not routinely part of the RN's scope of practice and are instead carried out by family members who remain with the patient (Xu, 2010; Pung & Goh, 2017).

Interacting with Westernized patients may be out of the previous scope of the IEN, furthering the transitional barriers. Western patients tend to be assertive when communicating with health care providers, ask questions, and present with many requests (Pung & Goh, 2017). Patients and families tend to be more aware of and involved in their care and participate in decision making (Pung & Goh, 2017). The Westernized RN is expected to be assertive, assume independent responsibility for their patients, participate in clinical decision making, and collaborate in egalitarian relationships with physicians (Pung & Goh, 2017). Westernized RNs also operate with a high level of independence, autonomy, and respect (Pung & Goh, 2017). Based on the curriculum and clinical environment in Eastern counties, the IEN may have limited experience with leadership and management skills, resulting in challenges with delegation, conflict resolution, or trouble addressing difficult staff and patients (Xu, 2010).

Being able to provide the appropriate emotional and psychological care to Western patients will be essential to the role of the IEN. Western patients often present with comorbid mental health conditions, not limited to anxiety, depression, and schizophrenia, that require ongoing medication management while they are seeking medical care (Pung & Goh, 2017). Depending on the degree of mental health care accessibility in their home country, the IEN may not have exposure to concurrent medical and mental health management. For example, in the

Philippines, mental health related issues are the third most common disability (Martinez et al., 2020). However, only a small amount of health care total expenditure (0.22%) is on mental health care and management (Martinez et al., 2020). Further, Western societies tend to lean toward individualism versus collectivism (Xu, 2010), which is common in Eastern countries. There is also the likelihood for there to be different culture-based practices surrounding “food, people, mindset, behavior, interpersonal relationship and hygiene regime” (Pung & Goh, 2017, p. 155), in addition to beliefs revolving around death and dying (Nease, 2009). Culturally, in the United States there is a high rate of ethnic variance in the population, and this may be unfamiliar for IENs who come from a mainly homogenous society (Pung & Goh, 2017).

One experienced nurse transition to practice program created for the domestic nurse is only slated to meet for 16 hours, in order to ease practice transition (Longo et al., 2014). Due to the need to acculturate appropriately in the setting of facilitators and barriers unique to the IEN, as well as the dynamic needs addressed above, traditional domestic nurse transition to practice programs are not sufficient (Rovito et al., 2022).

Program Recommendations

The literature demonstrates a need for a transition to practice program beyond what is created for the domestic experienced nurse. When creating an IEN Transition to Practice Program, the hosting health system must be mindful of the financial expense incurred by the program. Potential expenses include administrative salary for program organizing and directing, supplies, curriculum development with or without content expert honorarium, the salary of the IEN, as well as non-productive hours of scheduling RNs/IENs away from the bedside (Xu, 2010). Despite the potential expense from creating a program, the hosting health system has already invested exponentially in recruiting and hiring the IEN, therefore there should be a desire

to ensure the successful transition as a form of retention assurance, resulting in a return on investment.

The transition experience of IENs is viewed as a multistep process. These steps consist of: Preparation Phase (pre-arrival and immediately after arrival), Transition Phase (transition program with a didactic and clinical component), and Integration Phase (achieving personal and professional goals) (Xu, 2010). The transition phase and integration phase may also be referred to as early and late adaptation (Ghazal et al., 2020).

Preparation Phase. Immediately after arrival the IEN is likely to feel lost and overwhelmed with their new circumstances (Pung & Goh, 2017). In order to compensate for this, initiatives must be taken in the pre-arrival phase. Potential preparation includes planning for the cohort to meet one another before departing their home country (Evans, 2022), arranging for a member of the recruitment team to meet the IENs at the airport and escorting them to their lodging accommodations (Evans, 2022; Xu, 2010). Once at their lodging destinations, the IEN is greeted with a welcome/comfort basket that contains photos and maps of the area, food from their home country and resources about local community and faith groups (Evans, 2022). The IEN may also benefit from assistance with obtaining a social security number, long term housing, schooling for children, and transportation (Rovito et al., 2022). Attention may also need to be directed toward accessing banking, paying utility bills, grocery shopping, and healthcare services (Pung & Goh, 2017).

Within the preparation phase, consideration needs to be extended to existing staff, as they will soon need to adapt to greater diversity in their workplace. Existing staff would benefit from education about competency of the IENs, their transitional process, and information about the IENs country of origin, regarding food, customs, communication style, dress, family dynamics

etc. (Nease, 2009). Educating the existing staff about the IENs will help generate relationships between the old and new staff, while reducing preconceived biases. Culturally sensitive, engaged, and motivated preceptors will need to be identified in advance (Nease, 2009), and may require additional training to meet the precepting needs of the IENs. Preceptors need to be aware of the transitional program, and the IENs participation in it (Longo et al., 2014). Within several areas of the literature, the need for an ongoing mentor is noted (Ghazal et al., 2020; Nease, 2009; Pung & Goh, 2017; Rovito et al., 2022; Xu, 2010). Mentors should be separate individuals from preceptors, ideally share a similar cultural background as the IEN, and work within nursing for the health system (Ghazal et al., 2020; Nease, 2009; Pung & Goh, 2017; Rovito et al., 2022; Xu, 2010). Further, the IEN may benefit from having an identified native peer, this would be an individual within their cohort that they are matched with as someone to confide in, as well as someone who is experiencing similar situations. A native peer would serve as a safe place for them to relate to one another outside of the relationships with their preceptors and mentors (Pung & Goh, 2017).

Transition Phase. The transition phase starts when the IEN begins to interact with the hiring health system. All IENs would be expected to attend the general health system orientation which includes the mission and vision of the organization, institutional policies and procedures etc., (Xu, 2010). Following orientation, the transition phase includes didactic and clinical components. Ideally, the comprehensive didactic phase would occur before beginning the clinical aspect. Didactic topics and curriculum include Westernized language and communication skills, bridging gaps in assessment and skill sets, health system specific nursing protocols, interpersonal skills, Western values and beliefs (Xu, 2010), laboratory practice, simulations, clinical equipment overview, pharmacology updates, electronic health record

documentation (Rovito et al., 2022), infection control, pain management expectations, and prevalent chronic diseases of Western patients (Nease, 2009). After the majority of didactic curriculum is complete, the IEN would move into the clinical portion of their orientation. During this time, they are matched with an on-unit preceptor who oversees their clinical progress and works closely with nursing leaders and nurse educators to ensure progress is being met (Nease, 2009; Xu, 2010). The IENs is held to a number of competencies to be met during on-unit orientation as well as assimilating into standard unit routine with the guidance of their preceptor (Nease, 2009; Xu, 2010).

Integration Phase. The integration phase begins when the IEN completes their didactic and clinical orientation period. The IEN would continue to receive psychosocial support and clinical support as needed from their nursing leaders, educators and unit peers (Xu, 2010). Regular meetings with their mentor would continue as well. Now the IEN begins to develop professional and career goals (Xu, 2010). Cohort based educational sessions regarding unit-based leadership roles (charge nurse, precepting nursing students, committee member) would be held to facilitate ongoing development.

The total length of the transition to practice program for the IEN may vary based on dependent factors. Dependencies include demographical characteristics, cultural background, educational background, personality, clinical experience, etc. (Xu, 2010). However, literature suggests the preparation phase and transition phase may take 12 months (Xu, 2010), with 12 to 16 weeks for the on-unit orientation with preceptor supervision (Nease, 2009). Mentoring is recommended to extend up to one and a half to two years after the precepting period (Rovito et al., 2022). The entire acculturation for the IEN process may extend up to ten years (Xu, 2010). However, the health system does not normally intervene for that length of time. What is not

explicitly clear in the literature is how long to allow for the didactic portion of the transition phase. The didactic portion may be subject to flexibility and differ health system to health system.

Support and Use for Program Development

The available literature and research aligned with the need to develop an IEN Transition to Practice Program, for incoming IENs at the host facility. There are ample sources to draw on to develop an appropriate transition to practice program. When developing a program, it is recommended that the program is modeled after the professional nurse practice model of the hosting organization (Nease, 2009). The host facility has their own professional nurse practice model that was used to influence the development of a transitional program.

Throughout program development and implementation, the hosting organization must want to be able to measure how well the program is meeting its objectives. Nurse leaders may wish to conduct an initial transcultural needs assessment (Naese, 2009) to identify pre-existing gaps in communication skills and clinical ability. This would allow for individualization as needed for outstanding participants. By identifying potential gaps ahead of time, as opposed to later, they can be addressed in a timely fashion, instead of being missed and jeopardizing a IENs transition to practice. Additionally, the assessment can be administered later in the program to ensure improvement in certain competencies are being achieved. Longo et al. (2014) recommends completing pre- and post-assessment surveys evaluating competence areas at the conclusion of the program and every six months for two years.

Literature Strengths, Weaknesses, and Variables

With the utilized search methods, a fair amount of literature was yielded. Within the top results for each search, some of the articles overlapped, indicating shared relevance to the topic

and key terms. The available research presented quality data and discussion resulting in consistent themes presenting across multiple articles. All of the articles were retrieved from peer reviewed, professional nursing journals contributing to quality content. The majority of the sources available are qualitative in nature. Unfortunately, even though the discussion and analysis of presented information were sound, pre- and post-evaluation data were lacking. Many of the articles presented program outlines and recommendations but did not have assessment data speaking to the effectiveness of the implemented programs (Nease, 2009 & Xu, 2010). A lack of data forces the consumer of the literature to implement the interventions and curriculum based on their own educational and leadership decision making judgment, instead on hard statistically significant evidence.

The available research and literature surrounding the transitional experiences of the IENs comes from a variety of sources. While diverse opinions and experiences strengthen the understanding of a phenomenon, it does grant way to variability. Within the literature, the experiences of the internationally educated nurse were viewed from multiple geographical locations. The IENs countries of origin included but are not limited to China, Canada, the Philippines, Korea, India, and countries within Africa. The countries accepting IENs included but are not limited to the United States, the United Kingdom, Australia, Taiwan and Canada. Additionally, the previous experiences of the IENs also present variables within the data and results.

Further and Prospective Research

Within the available literature, there is a demonstrated gap. The articles that were published in 2009 and 2010 regarding program development and outlines do not have readily published follow-up research. There is not available documentation of the effectiveness of the

implemented programs, and how well they met their program objectives. There are articles published in 2009 and 2010, however new publications do not resume until late the following decade. Additional research is always needed when thoroughly examining phenomena. Fortunately, there is current and new publications (2022) occurring in the literature.

Moving Forward

There is a clearly demonstrated need to create an IEN Transition to Practice Program. Health systems cannot hire IENs with the expectation that they will hit the ground running with little to no support to meet their staffing needs. Without the proper structured guidance and support programs the IENs will not be successful. Additionally, utilizing an existing transition to practice program for domestic nurses will not be sufficient to address the dynamic needs of the IENs.

Organizational Assessment

Internationally educated nurses are servicing one of five in-patient, acute care hospitals across the hosting health system. Hospitals are in Michigan and include Detroit, Jackson, Macomb, West Bloomfield, and Wyandotte (Henry Ford Health, 2022). Nursing units vary from intensive care units, step down units, general practice units, operating room, to the emergency department.

The host institution has recruited IENs into their health system as a way to mitigate staffing shortages with a sustainable solution. In order to meet the needs of the incoming IENs, the host facility has developed and will implement a transition to practice program to support the adaptation and acculturation process, in order to achieve long term, sustainable retention outcomes, as well as strengthening their workforce with quality team members.

Strengths:

- ***System Buy-in:*** The host facility's nursing educational department identified the need for this program. The program development was supported by a major stakeholder, Executive Director for Nursing Education. The host health system has two Magnet designated facilities, one in Detroit, and one in Jackson, Michigan (ANCC, 2022). To remain in line with the values and expectations of a Magnet facility, the organization must strive for stabilization, as well as future focused, controlled destabilization that fosters new ideas and innovation (ANCC, n.d.). Host facility support of the IEN Transition to Practice program is aligned with Magnet culture.
- ***Readiness for Change:*** The host health system has hired multiple IENs to assist with long term staffing solutions. They have taken steps toward diversifying hiring and recruitment practices. To assist the ease of transitioning, the host facility has engaged with local Filipino based organizations and existing Filipino clinical staff, seeking feedback on how to culturally and clinically support the IEN. Based on feedback received, the host facility was aware their current orientation process is not adequate to support the IENs. The IEN Transition to Practice Program was developed in response to this need.
- ***Past Experience:*** The host health system has experience implementing nursing transition to practice programs. They have a system wide nurse residency program, as well as an experienced nurse transition to practice program for domestic nurses, which is in use at the Jackson hospital. The existing host facility transitional programs have been reviewed and portions of the material have been utilized as appropriate. Additionally, the host health system has past experience recruiting nurses from the Philippines and may have available resources to utilize from that experience.

- ***Large Organization:*** The host organization is a large health system with a variety of resources to ensure proper program development and implementation. These resources include nursing support teams who can participate in curriculum experiences (wound care, IV team, rapid response etc.), and a variety of educational support in the form of the nursing development team, as well as unit-based Clinical Nurse Specialists and Unit Educators.

Weaknesses:

- ***Lack of Transferability:*** The existing programs within the host health system (nurse residency program and the experienced nurse transition to practice program for the domestic nurses) were not readily transferable to use for the IENs. The IENs needed further support navigating transitional barriers including cultural beliefs surround death and dying, as well as common Western psychological and medical conditions, and would benefit from a dynamic, multi-member support network. Existing programs were not designed to meet the unique needs of the IENs, highlighting the need for a new program.
- ***Lack of Standardized Program:*** Systemwide, there was not an existing, widely used, validated program and curriculum in place for IENs. Without a standardized program the ability to consistently meet program objectives may be compromised.
- ***Lack of Program Taskforce:*** At the time of analysis, the host facility did not have dedicated taskforce set to develop and implement an IEN transitional program. With a limited number of individuals working on the project there was room for error related to unintentional oversight due to a non-diverse viewpoints and experiences.

- ***Large Endeavor:*** Appropriately acculturating IENs is a tri-phasic effort, requiring pre-implementation and planning. The host facility will need to seek ongoing community support so the IENs are welcomed outside of the health system.

Opportunities:

- ***Previous Nursing Experience:*** Some of the IENs present with previous experience as RNs from when they were practicing in their home country (Roth et al., 2021). The transitional program is meant to build on previous experience and bridge practice gaps (Longo et al., 2014), as well as foster professional development of the IEN. The hosting organization has agreed to implement ongoing education sessions to use during the orientation and precepting period to address differences and gaps in practice and promote standardization.
- ***Clinical Support beyond the Classroom:*** Not every aspect of the IENs development and transitional process occurs within the ongoing education sessions. Internationally educated nurse support is provided via their preceptors and mentors, as well as on-unit nurse managers and nurse educators.
- ***Paced Enrollment:*** The IENs arrive and begin in cohorts. They do not all arrive at once. Groups are more manageable to educate and lead through the program sessions. The IENs who are slated to start at similar dates are enrolled into one cohort, ranging from 30-50 IENs. The IENs are then subdivided into small groups of six to eight participants (Chhikara et al., 2020), and lead by one or two program facilitators, based on the anticipated practice site. Cohort size and number of groups are estimated. Cohort size and small group size are not strict, but flexible to allow for continuous enrollment, to accommodate facility size, and to promote small group discussion while still allowing for

individualized discussion and attention. Cohort start dates are dependent on IEN arrival and staff/facility availability.

- ***Adapt as Needed:*** Pre- and post-assessment data is collected. Based on this data, the host facility will be able to make adjustments and improvements between educational sessions, as well as between cohort start times.

Threats:

- ***Participant Interest:*** All participants may not express the same level of engagement and participation in the program. Aspects of the program depend on participant contribution (peer to peer debriefing, peer work groups at hands on stations, etc.) and lack of engagement may jeopardize the outcomes of the ongoing education sessions.
- ***Volunteers:*** Ideally, preceptors and mentors would be identified on a volunteer basis. The goal is to find engaged, experienced, motivated preceptors and mentors to serve as support personnel for the IENs. Preceptors and mentors may need to participate in additional training prior to working with the IENs. Due to this, they cannot be identified at the last minute. If no volunteers arise, nurse leaders will need to nominate members of their teams to serve in these positions.
- ***Educational and Administrative Staff:*** Educational and administrative staff that will need to be allocated to this program. There is the potential for the didactic sessions to be very time consuming, and additional nurse educators may need to be hired. The host institution may wish to appoint an existing nursing educational staff member to oversee the program through implementation.

Figure 1

SWOT Visual

[Figure 1] SWOT portion of analysis developed based on practice and academic experience, references cited as appropriate in full organizational assessment.

Financial Considerations

During the creation of an IEN Transition to Practice Program, the host facility has been mindful of the financial expense incurred by the program. Potential expenses include administrative salary for program organizing and directing, supplies, curriculum development

with or without content expert honorarium, the salary of the IENs, as well as non-productive hours of scheduling RNs/IENs away from the bedside (Xu, 2010). However, despite the expense of initiating the transition to practice program, hiring IENs demonstrates a return on investment assuming successful program completion and high retention rates. Research indicates that IENs have high retention rates when compared to their domestic counterparts. Often, IENs are employed full-time in acute care settings providing direct patient care (Ghazal et al., 2020), plan to remain employed in their new country (Rovito et al., 2022), and work for an average three years longer in one position than local hires (Evans, 2022). Despite the potential expenditure from developing and creating a program, the host health system has already invested exponentially in the IENs through the recruitment and hiring process. Therefore, they are more likely to ensure successful transition resulting in a return on investment.

Organizational Analysis Rationale

Through appraisal, the need for an IEN Transition to Practice Program at the host institution aligned with their past organizational behaviors. The host facility has demonstrated a commitment to the development of their nurses through both the Nurse Residency Program and the Domestic Nurse Experienced Nurse Transition to Practice Program.

The IEN Transition to Practice program received strong organizational buy-in and support. Based on the available literature, there were ample recommendations to guide host organizations through the tri-phasic program development and implementation process. Additionally, the host health system possessed relevant past experience in relation to their other transitional programs, as well as the previous hiring of Filipino nurses. As a result of these factors, the likelihood for successful development and implementation of the IEN Transition to Practice Program is high.

The host institution administration delegated development of the IEN Transition to Practice Program by way of a DNP project to meet their own needs, based on the literature, past curriculum, and stakeholder feedback. This allowed for customization to ensure achievement of program outcomes. However, when organizing the IEN Transition to Practice Program, the host facility was mindful to set realistic goals. Caution was exercised to avoid overzealous, unachievable ambitions.

After implementation, the IEN Transition to Practice Program will not remain stagnant and will become sustainable to meet the diverse needs of future incoming IENs. During program roll out, pre- and post-assessment data is collected. Based on the data collected, the host facility will take the necessary adjustments and improvements between cohort start times. Additionally, IENs are given the opportunity to provide feedback at the end of each ongoing education session, as well as at program completion. This allows for implementation of needed revisions between ongoing educational sessions and before a new cohort begins the transitional program.

Health systems cannot hire IENs with the expectation that they will hit the ground running with little to no support to meet their staffing needs. Based on already demonstrated organizational interest and buy-in, the host facility has not left the IENs without support. Without the proper structured guidance and support programs, the IENs are at risk for Transition Shock, hindering their successful transition. With appropriate planning and commitment, the host facility has organized their own IEN Transition to Practice Program.

Theoretical and Conceptual Framework

Transition Shock

In regard to patient care, most IENs are not considered novice nurses. However, IENs report they feel shocked and discouraged as they begin to practice/work outside of their home

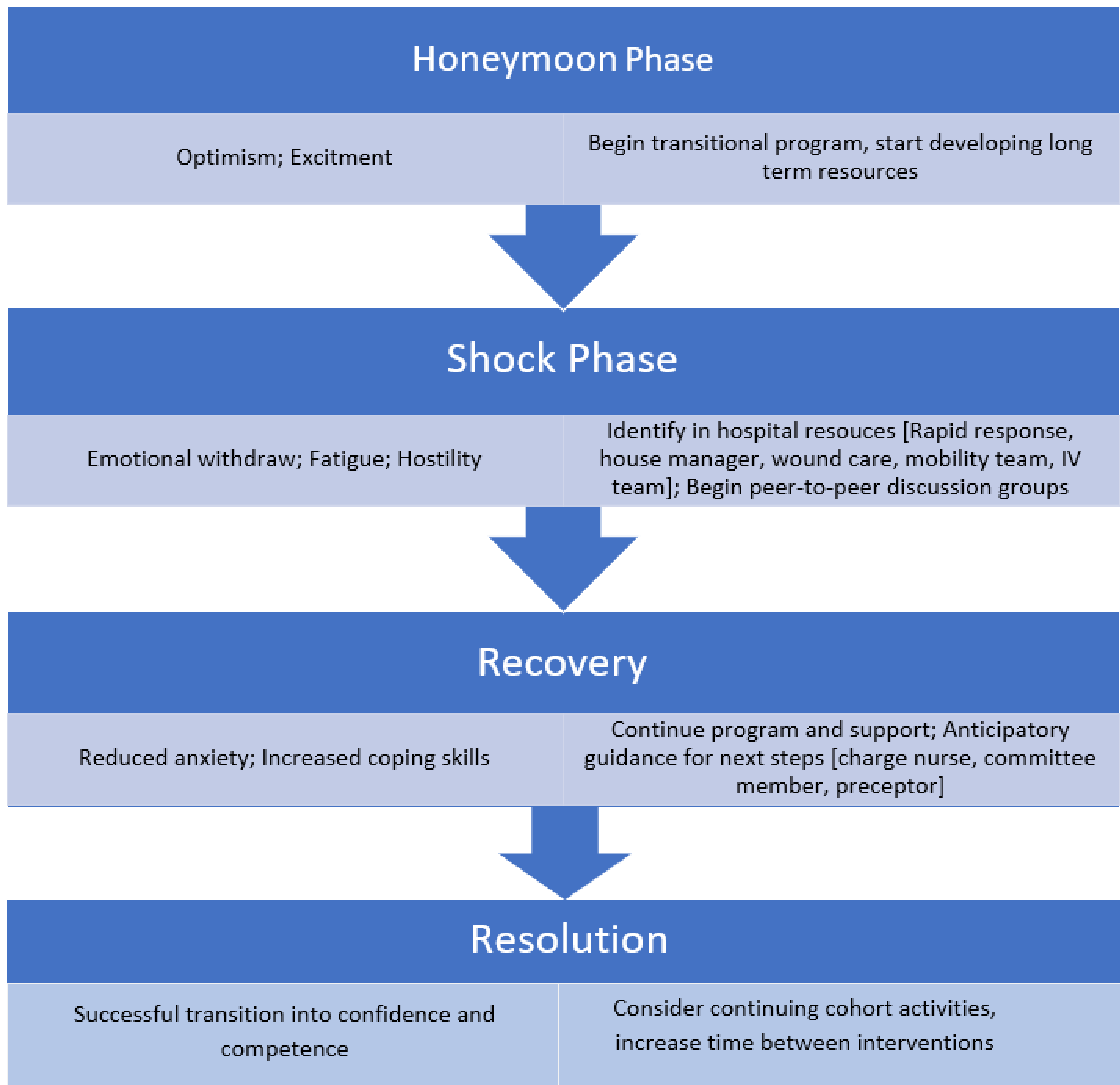
country (Pung & Goh, 2017), similar to the phenomena of “Transition Shock”. The phenomena of Transition Shock occurs when an individual moves from an area of comfort and predictability, and into the unknown (Wakefield, 2018). The incoming IENs are caring for patients in the United States that are more diverse as compared to those in their home country.

Transition Shock is a theory developed by Duchscher that outlines the stages of transition a nurse goes through when they enter a new setting (Wakefield, 2018). Often it is applied to new nurses. However, IENs will also be subjected to great transition in terms of decreased access to emotional support (i.e., friends and family), new hospital-based policies and procedures, patient census and population, as well as culture shock (Pung & Goh, 2017).

The phases of Transition Shock include honeymoon, shock, recovery, and resolution (Wakefield, 2018). The resolution phase has two outcomes, burnout or successful transition (Wakefield, 2018). If individuals who are undergoing Transition Shock develop maladaptive coping strategies during the recovery phase, they are subject to burnout as opposed to successful transition (Wakefield, 2018). Often, the first four months of the professional transition are the most dramatic and stress inducing. An aptly developed transitional program would provide structured, targeted interventions to assist participants in navigating and overcoming challenges (Ghazal et al., 2020), aiding them into the successful transition stage of the resolution phase.

Figure 2

Transition Shock Visual



[Figure 2] Graphic representation of the stages of the theory, highlighting the potential experiences of the international nurses (left), and corresponding counter efforts (right) of an experienced nurse transitional program.

PARiHS Framework

Further project guidance was provided by the Promoting Action on Research Implementation in Health Services (PARiHS) framework for implementing research into practice. This methodology provided a way to translate existing knowledge into a useable form for practice through the interactions between evidence, context, and facilitation (National Collaborating Centre for Methods and Tools [NCCMT], 2022). Successful implementation of the evidence into practice is dependent upon the setting of the where the evidence will be used, as well as the quality of the evidence.

The PARiHS framework is expressed: SI = f (E, C, F); SI - successful implementation, E - evidence, C - context, F - facilitation and f - function of (NCCMT, 2022). Refer to Appendix D for a visual representation for this framework in relation to project and program needs.

Evidence is a blend of research, practitioner expertise, decision maker feedback and organizational culture (NCCMT, 2022). For this project the evidence gleaned from the review of literature, key stakeholder interactions, and organizational structure and experience, served as a mainstay in the journey toward successful implementation. Context relied on an understanding of organizational fit and relevance, adequate resources for support, and a diverse, multidisciplinary implementation team (NCCMT, 2022). As supported in the organizational analysis, the IEN Transition to Practice program demonstrated high contextual support. Facilitation focused on supporting the intervention/change and working to adjust attitudes, skills, habits, environment, to support goal achievement (NCCMT, 2022). Facilitation exists on a continuum, fluid between doing for others, and enabling others. Within this project, curriculum plan recommendations were developed and were made for program implementation, complete with evaluation tools.

From there, the program will evolve beyond the classroom and continue the support the IENs through guided mentorship and peer relations.

Project Purpose Statement

The IEN Transition to Practice Program was designed as a two-phase project. Phase one focused on planning and development of the program, while phase two focuses on program implementation and evaluation. Phase one was the focus of this DNP project. The purpose of this project was to develop a curriculum plan and supportive professional structure (a multi-member support system) to be used in an IEN Transition to Practice Program at the host facility. The curriculum plan and supportive professional structure were developed to address the transitional needs of the IENs as they adapt and adjust to practice in their new role and setting. The curriculum plan and supportive structure were meant to augment a formal program, in which the IENs are expected to demonstrate growth in their practice confidence and satisfaction with the support provided by the host facility. Phase one has set the foundation for ongoing suitability through the scope of ongoing program evaluation. Data collection instruments, which served as evaluation tools to measure practice confidence and perceived support, were also developed with the goal of assisting future implementation.

Deliverable

The phase one project deliverables included the finalized curriculum plan, supportive professional structure, corresponding measurement tools, as well as a professional hand-off. The curriculum plan was a topical outline indicating the sequence of content areas to be addressed during the ongoing education sessions. The supportive professional structure was a multi-member support system which was meant to guide and differentiate between networking needs, including on-unit preceptors, clinical mentors, and experienced transition peers. There were also

survey and data collection tools that were reflective of the overall formal program outcomes, which were to increase practice confidence and perceived support of the IEN. Program outcomes are to be achieved in phase two. The preliminary curriculum plan and supportive professional structure underwent a peer review process followed by revisions. Upon finalization of the curriculum plan and the supportive professional structure, there was a formal hand-off between the DNP student and the host facility nursing development department regarding each deliverable to prepare for implementation.

Project Goals

1) After soliciting peer review from key informants (recommended host facility Filipino RNs and host facility nursing educational staff), and completing revisions, the System Director for Nursing Education, Research and Innovation will provide approval of the finalized curriculum plan, and supportive professional structure, for implementation, by October 2023.

2) Once the project content approval is received, the DNP student will host a professional hand-off between the DNP student and nursing development staff to provide education on the program content and structure, proposed data collection tools, as well as provide clarification as needed, by October 2023.

Project Design

In alignment with phase one, this project followed a Program Development design involving an evidence-based approach toward assessment and development of program components to address a professional nursing need. The program development design phases included assessment, planning, development, outcomes and evaluation.

Target Population (setting and sample)

Phase one of the IEN Transition to Practice Program focused on in system, existing Filipino RNs who were recommended to participate by their nurse managers, and nursing educational department staff. Phase two will focus on newly hired IENs from the Philippines who will be practicing/working in an acute care setting at the host facility alongside their assigned preceptors/staff. Additional parties involved in the IEN Transition to Practice Program include the nursing support network members including the preceptor, clinical mentor, experienced transitional peer, and nursing educational staff who facilitate the IEN Transition to Practice Program.

Methodology

Phase One

Curriculum Plan Assessment

In order to create comprehensive curriculum plan recommendations, guidance was integrated from available literature and existing content in use for domestic nurses at the host facility. From the literature, Xu (2010) and Nease (2009) provided independent topical outlines. The majority of literature that discussed a transitional program recommended a program duration of one year, however, there was not an available set rule for the frequency and number of sessions.

For the existing curriculum, the organizational expert provided insight into which nursing leaders to collaborate with to gain access to different resources. Communication was held through electronic mail, video conferencing, and in person meetings as appropriate. All copies of the curriculum were provided electronically. After collaboration with stakeholders, four different sets of existing curricula were collected.

Curriculum Plan Planning

After careful consideration and review, a preliminary integrated curriculum plan was created. Once the IEN completes the standard System Inpatient RN Orientation (Henry Ford Health, 2023) which is required for all new employees, the IEN will continue onto the IEN Transition to Practice Program. The preliminary curriculum plan is available in Appendix E, Table 1. The preliminary IEN Transition to Practice Program curriculum outline was strategically developed to address areas outside of System Inpatient RN Orientation, or further enhance material as needed. In alignment with available literature, and existing host health system resources, the IEN transitional program was developed to occur over 12 months. The pacing is as follows: weekly for one month, bimonthly for two months, monthly for three months, and then every other month until complete for a total of 15 full sessions. Sessions take place in person and are approximately four hours in duration. Nursing managers are informed of the IENs participation in the IEN Transition to Practice Program, and session dates are shared in advance for scheduling purposes. The IEN will attend the transitional program sessions in addition to their full unit-based work schedule, i.e., four hours separate from their three 12-hour shifts. Standard sessions begin with didactic education, then followed by opportunities for skills lab and peer group reflections. Skills lab time are to be used for hands on session content review, or competency building, based on assessment in session one. Peer group reflections are either driven by the discussed topics in the sessions or be led by the IENs.

Attendance and participation in the program are mandatory. Unit managers are made aware of their engagement expectations. Based on start date and intended work location, IENs are clustered into cohorts to progress through the program. Cohort size is flexible, ranging from 30-50 participants, allowing for didactic and hands on ongoing educational opportunities, plus small group reflective debrief sessions of six to eight participants. Topics for peer sharing debrief

sessions may include past or potential application of session content, sharing of bedside experiences, or other relevant discussion. Small group debriefs can be participant or facilitator led to foster a supportive and safe environment for reflection and vulnerability. The IEN will begin the transition to practice program shortly after starting their on-unit orientation with a preceptor, as content is timed to mirror their advancement in bedside practice. Participant data is collected at baseline, 14 weeks, and 52 weeks.

Data Collection Tool Development

Within the available literature and the host facility resources, there was not an instrument provided to measure the practice confidence of the IEN or experienced nurse. As IENs in the transition to practice program are expected to demonstrate an increase in practice confidence, an instrument needed to be created to address this gap. Both the Casey-Fink Readiness of Practice Survey and the Navy Nurse Corps assessment tools were evaluated and a modified version was created for use in the IEN Transition to Practice Program. The Casey-Fink Readiness for Practice Survey (Casey & Fink, 2008) is utilized in the nurse residency program. Additionally, the organizational expert received professional recommendations from the Navy Nurse Corps (Ruen, 2023) regarding the assessment of the scope of practice of international nurses. The modified data collection instrument (Appendix F) is available for data collection use. The modified data collection tool assesses for skill and procedural comfortability across 26 independent items, as well as comfortability with routine practice occurrences (i.e., communication, delegation, prioritization, and change in patient status). The data collection tool was developed in phase one, for use in phase two.

Support Network Assessment

The need for social, emotional, and clinical support during the transition period is critical. In the literature, preceptors and mentors were recommended. Mentors should be separate individuals from preceptors, ideally share a similar cultural background as the IEN, and work within nursing for the health system (Ghazal et al., 2020; Pung & Goh, 2017; Rovito et al., 2022; Nease, 2009; Xu, 2010).

There were existing nursing support networks in place at the host facility. The organizational expert provided guidance pertaining to available resources within the facility. The Detroit hospital's mentoring program, which was designed for new hires, was the most robust. Before orientation is complete, mentees are introduced to their mentor (someone who was not their preceptor), and they develop a plan for their mentoring sessions. Mentoring occurs for six months, bi-monthly for three months, and then monthly for three months. The host facility's mentoring program served as a foundational to model the mentoring portion of the IEN supportive network.

At the time of development, nursing leaders at the Wyandotte hospital had begun to develop a taskforce of Filipino employees (registered nurses, physical therapists, and registered dieticians) to collaborate with one another and help determine the needs of incoming international staff, as well as begin outreach to local community groups such as the Downriver Filipino American Association (DFAA). There was mixed feedback from the taskforce about pairing up the IENs. Some recommended the IEN should be paired with a Filipino staff member to limit "awkward" interactions, others recommended non-Filipino staff to help with exposure and adjustment.

Support Network Planning

Based on available evidence and health system resources, a preliminary supportive professional structure (Appendix G) was developed. The IEN is placed with an on-unit RN preceptor (matched based on unit availability, experience, and competence precepting), with nationality flexible. Next, the IEN is paired with an on-unit RN clinical mentor (matched based on unit availability, experience, and competence mentoring, with a different individual as preceptor), with nationality flexible. Then, the IEN is matched with an "Experienced Transitional Peer", this individual may or may not work on the IEN's unit, but is ideally the same nationality as the IEN (Filipino). This person may provide clinical insight, but mainly serves as a touch point for community access and overall transitional support (emotional, social, informal-friendly relationship).

Data Collection Tool Development

Within the available literature, there was not an instrument provided to measure perceived support of the IENs that the DNP student found. The host facility's mentoring program was pre-equipped with data collection tools, including: Confidence Scale for New Hire Nurses, Mentoring Program Three Month Check In, and Mentoring Program satisfaction survey. However, there was not an instrument to measure overall support, and the support the IEN receives from their experienced transitional peer. In order to measure the impact of the supportive professional structure, and the inclusion of the experienced transitional peer, the Multidimensional Scale of Perceived Support was evaluated, and a modified version was created for use in the IEN Transition to Practice Program. The modified data collection instrument is available in Appendix H. The data collection instrument assesses the level of agreement with the nature of support received, as well as the ability to indicate which support person provided this

support to the participant. The data collection tool was developed in phase one, for use in phase two.

Phase One Development

The development phase served as a formative evaluation to ensure the intervention (the preliminary curriculum plan and supportive professional structure developed for the IEN Transition to Practice Program) was feasible, appropriate, and acceptable prior to it being fully implemented (Moran et al., 2024). This phase began the content review process of the preliminary versions of the curriculum plan and supportive professional structure.

Collaborative Meetings

At the start of development, team member buy-in and participant recruitment practices were initiated. Project and program buy-in was established through engaging with educational leaders across the health system, via collaborative meetings. A virtual meeting was held between the DNP student, organizational expert, and the educational board of directors across the five affiliated hospitals. The purpose of this meeting was to discuss the scope of the DNP project in relation to the overall IEN Transition to Practice Program. The DNP student was responsible for facilitating the peer review feedback groups, reviewing feedback outcomes, and finalizing the curriculum plan and supportive professional structure. A virtual meeting was also held between the DNP student, organizational expert, and the Nurse Residency Program coordinators across the five affiliated hospitals. The purpose of this meeting was to provide a program and project overview, with a focus on the preliminary portions of the program that were to undergo the feedback and revision process. Inclusion of the educational board of directors, and nurse residency program coordinators, was crucial in gaining champions and long-term support for the program.

Peer Review Groups

The feedback participant recruitment process was introduced via email, sent by the DNP student. On-unit nursing educators as well as those in the nursing education and development department, received an email inviting them to participate in the peer review feedback sessions. A secondary email was sent by the DNP student to the nurse managers asking them to recommend available in-house Filipino nurses interested in participating in the peer review feedback groups. The recommended Filipino nurses then received an email, sent by the DNP student, inviting them to participate in the feedback session. As a follow up, the board of directors encouraged nursing leaders to recommend Filipino staff, and nursing educators to participate in the peer review feedback groups via email notification. Their encouragement strengthened the purpose of the project and participation.

The content of the emails that were sent to the invited participants included background information about the project and program, instructions on how to participate in providing feedback, and the materials needed for participation. Peer review feedback group members received a PowerPoint presentation with accompanying voice over introducing the program and need for feedback, a material packet with the preliminary curriculum plan and supportive professional structure, and then link to a secure, anonymous Microsoft Form where they would leave their written feedback. Peer review feedback group participation materials were created by the DNP student. The PowerPoint and associated audio materials were available to the peer review feedback group members throughout the review process. Key informant feedback was solicited over a period of two weeks. Peer review feedback group members received emails that served as reminders. The first reminder was sent after one week. The second reminder was sent two days prior to the closure of the Microsoft Form.

An instructional guide reviewing the feedback process was provided. Peer review feedback group members were asked to consider the following items when providing feedback: Relevance (Is this topic appropriate for the IENs?), timeliness (is the sequencing appropriate, or should topics be adjusted/shuffled around?), schedule (feedback on number of sessions and length of program), individual role (does each individual support person serve a unique purpose?). Participants were invited to comment on other items they may have deemed important. Peer review feedback group members were asked to avoid feedback consisting of single word answers, or “looks good”, or “no changes”. Participants were thanked for their time and dedication to nursing development and professional practice.

Phase One Outcomes

Following the feedback received from the stakeholder interactions in the development phase action was taken to create the final deliverable.

Collaborative Meeting Feedback and Adjustment

During the collaborative meeting with the educational board of directors, the nursing experience of the incoming IENs was discussed. One of the directors echoed the need for the program, providing consideration that the incoming IENs may have stepped away from bedside practice to engage in leadership roles or education in their home county. To address this concern, the practice confidence assessment was revised to include the following: When was the last time you practiced at the bedside/provided direct patient care? The finalized IEN Practice Confidence Data Collection Instrument is available in appendix F.

Additionally, during the collaborative meeting with the Nurse Residency Program directors, optimizing the time within the orientation schedule was discussed. Traditionally, standardized System Inpatient RN Orientation concludes on Friday at noon. It was recommended

to utilize the second half of the day on Friday for the IENs. The curriculum plan was revised to include a four-hour session Friday afternoon, this will serve as a welcome event including a guest speaker. The finalized Curriculum Plan for the IEN Transition to Practice Program is available in appendix I.

Peer Review Group Feedback and Adjustment

Peer review feedback group members were given two weeks to provide a response. After a two-week period, the Microsoft Form formally closed. Following that time, the peer feedback was reviewed for recommendations. The preliminary curriculum plan underwent appropriate revisions to reflect the feedback recommendations. To create the final curriculum plan, the order of the initially proposed educational topics were rearranged, and previously unaddressed topics were added. The curriculum topics of sociocultural skills/communication, review of support roles, and delegation and responsibility were moved to earlier sessions than originally proposed. In the feedback, the existing, in system Filipino nurses stressed the importance of covering these topics earlier rather than later. Information about the mentoring program and joint commission were moved further back in the program. Based on the recommendations received, the mentoring program is now introduced in week 11, with the formal interactions beginning in week 12.

The following topics were added to the curriculum based on peer feedback: An expanded review of IV lines, particularly central lines; epidurals in regard to pain management; autism training; age/weight/gender sensitivity; implicit bias; interdisciplinary communication; conflict management; discharge planning and case management; Gift of Life; quality metrics; and stress management. It was highlighted by the in-house Filipino nurses that central lines may not be familiar to the IEN if they worked in a hospital outside of the metro Manila area. Additionally,

interdisciplinary communication and conflict management were also felt to be of importance by the in-house Filipino nurses. The finalized version is available in Appendix I.

In regard to the Supportive Professional Structure, the mentoring role received the most feedback. The establishment of the mentor-mentee relationship was revised and is now expected to be established in week 12. This was done to limit role confusion. Week 12 is the approximate time that the IENs will be finishing their orientation with their preceptors. The duration of the mentor-mentee relationship was also clarified. The formal documentation and pre-set frequency of the mentor-mentee meetings is expected to occur through weeks 12 to 36. After week 36, the formal mentor-mentee relationship ends. However, it is noted that the established relationship between the two individuals may transition into something more casual in nature, although this is not required. The in-house Filipino nurses also emphasized their perceived value of the Experienced Transitional Peer in the adaptation process. The finalized version is available in Appendix I.

In addition to what was discussed above, the peer feedback sessions yielded relevant recommendations that did not impact the workflow of the curriculum plan, or overall structure of the supportive professional structure. These are addressed under additional considerations in Appendix I. Approval of the finalized curriculum plan and supportive professional structure was provided from the organizational expert, System Director for Nursing Education, Research and Innovation. The finalized curriculum plan and supportive professional structure is considered ready for implementation in phase two.

Professional Handoff

Following approval of the finalized products, a formal hand-off meeting was hosted by the DNP student with the nursing development staff and the organizational expert. The nursing

educational staff will lead the initial implementation of the IEN Transition to Practice Program for the host facility in phase two. The meeting served as a medium to share the need for the program, the purpose of the project and discussion of the finalized curriculum plan and supportive professional structure. There was discussion surrounding the recommendations and their impact on the finalized version. All concerns raised during the meeting were addressed. All finalized products and deliverables were submitted to the host institution nursing development department for implementation in phase two.

Ethical Considerations

Phase one of the IEN Transition to Practice Program focused on program development. Phase one was the focus of this DNP project. Institutional Review Board approval was received from the DNP student's academic institution. Project: Developing a Transitional Program for the Internationally Educated Nurse. Additionally, a project approval statement was provided by the organizational expert, System Director for Nursing Education, Research, and Development, at the host facility. This project sought peer feedback from key informants, which included the recommended existing, in system Filipino nursing staff and nursing educational specialists. Participation in the feedback sessions was voluntary. The staff members that participated in the feedback sessions were adults, age 18 or over. All solicited feedback was de-identified and collected anonymously.

Evaluation Methods

Phase one was representational of the completed DNP project. Phase two, implementation and evaluation, is not a part of the DNP project, and will be handled by the host facility nursing development team, without the involvement of the DNP student.

Phase One Evaluation

The purpose of this project was to develop a curriculum plan and supportive professional structure to be used in an IEN Transition to Practice Program at the host facility. It has been designed to meet the educational needs of the IEN through ongoing educational sessions, while simultaneously enhancing social, emotional, and clinical support, through the supportive professional structure. Goal one was met after the peer feedback recommendations were utilized for content revision, and then the revised product was approved by the organizational expert. Goal two was facilitating a hand-off of the finalized deliverables. The project is considered complete once the final hand-off (goal two) is provided and the nursing development staff is confident in initiating the implementation process.

Phase Two Evaluation

The IEN Transition to Practice Program was developed to assist the IENs, with outcomes focused on improving their practice confidence and increasing their perceived support. To measure outcome achievement, there are associated data collection tools. The IEN practice confidence data collection instrument is provided in Appendix F. The interval for data collection is provided in the curriculum plan, located in Appendix E, Table 1. The IEN perceived support data collection instrument is provided in Appendix H. The interval for data collection is provided in the Supportive Professional Structure Timeline, located in Appendix G.

Phase Two Data Analysis Plan

During phase two, data is to be collected throughout the year long program, as well as after completion. Longo et al. (2014) recommends collecting assessment data for a total of two years, at six month intervals post program completion. The host facility nursing development staff will oversee the data collection and analysis process. Yielded data will be analyzed for trends, themes and statistical significance.

Sustainability Plan

The preparation for sustainability started in phase one with the development of the data collection tools, and then continues into phase two with implementation and tool use. When used in phase two, the data tools will measure participant/IEN outcomes and achievements, and are reflective of overall program goals and objectives. Program sustainability is dependent upon program performance and ongoing support from host facility nursing leadership. A formal program evaluation will need to be completed. Program evaluation will be led by the nursing educational staff from the host institution. Program evaluation will begin in phase two. To optimize efficiency, program evaluation should be ongoing and continuous. Feedback for the evaluation should be collected and appraised throughout cohort one. Evaluation should continue as long as the program is in use. Any adjustments should be guided by IEN feedback in addition to the results of data collection.

Additionally, sustainability requires ongoing organizational support. Fostering organizational support was initiated in the program development feedback sessions. For continued organizational support, additional key informant stimulation is needed. It is expected that the host facility nursing development teams seeks feedback from nursing managers, preceptors, mentors and experienced transitional peers on their perceived outcomes of the IEN Transition to Practice Program. This would provide insight on the benefits noted by nursing leadership. Additionally, the host facility nursing development team will need to prioritize obtaining feedback from the IENs who have completed the program, beyond what they provide in the data collection instruments at baseline, 14, and 52 weeks. Feedback might include content order and its timeliness to their practice (if the topics warrant rearrangement), if there is anything they wish the IEN Transition to Practice Program had exposed them to but did not (addition of

topics), or if there are unnecessary content areas (a compelling reason to remove topics). The revisions are to be made based on participant feedback ensuring the content is up to date and relevant, both which are required for successful sustainability.

Further, sustainability is dependent upon resources. Most frequently these resources are financial and human (labor). Improved transition to practice leads to increased practice confidence, and is associated with lower turnover rates. The cost of onboarding a nurse to fill the vacancy left by the previous nurse, is exponential. In 2021, the cost of turnover for one staff RN in the United States was estimated to be over $46,000 (CDI Strategies, 2022). A successful IEN Transition to Practice Program is anticipated to decrease staff turnover within the IEN cohorts, and decrease the need for replacement onboarding (Brusie, 2022). Over time, the use of the IEN Transition to Practice Program is a cost saving for the health system. The use of the IENs will increase staffing, and limiting the need to maintain travel contracts. Sustainability will remain an ongoing focus throughout phase two. Ongoing management of the transitional program will benefit from a lead and small task force, comprised of the host facility's nursing development team members, for long term oversight. An oversight committee will monitor program outcome achievement, system organizational support, and resource availability, and make adjustments accordingly. With the above plan in place, the IEN Transition to Practice Program is likely to remain in place for use at the host facility and to continue to impact nursing practice.

Nursing Implications

The implementation of the IEN Transition to Practice Program at the host facility will result in changes to nursing practices and behavior among the staff. It is anticipated that the initial implementation of the program will cause discordance in the practice environment. This phenomenon is represented in the Magnet professional practice model as controlled

destabilization that fosters new ideas and innovation (ANCC, n.d.). This will be a time of anxiety and dissonance resulting in role confusion and uncertainty for all parties involved (IENs, preceptors, transitional peers, and unit-based nursing leadership). At the outset of implementation, there may be decreases in productivity, efficiency, and quality metrics, as staff adjusts to one another. The IEN Transition to Practice Program was developed to navigate through these challenges. Execution of the program as designed, and enhancing communication between the involved parties to include anticipatory guidance, will assist in establishing a new integrated normal.

The lasting impact of the IEN Transition to Practice Program on the nursing practice at the host institution will influence growth and innovation. The practice change at the level of the host facility as a result of professional nursing collaboration and improved RN staffing, will impact patient outcomes, safety, and quality metrics. Enhanced RN collaboration and staffing results in a match of RN expertise with the needs of the patient, while providing care supported by evidenced based practice. This concept is referred to as proper nursing care (MNA, 2021). The Michigan Nurses Association (2021) endorses that approximately 440,000 avoidable deaths occur in American hospitals yearly related to adverse events that proper nursing care can often prevent.

It is anticipated that health systems beyond the host facility will also shift to utilizing IENs. The recruitment practice of hiring IENs will result in an inevitable shift in nursing homogeneity. There will need to be a practice shift regarding the current frame of diversity training. Modifications will need to be made to better prepare and foster integration among the current staff and the new IENs. Unlike traditional diversity training which focuses on patients differing from the nurses, the inclusion of IENs necessitates an expanded approach. This will

involve enhancing training programs to encompass cultural sensitivity and competence, language proficiency, as well as unconscious bias and adherence to strict antidiscrimination policies among the workforce.

The workforce movement toward utilizing the IEN is a sustainable solution toward mitigating the national registered nurse staffing crisis. Appropriately implemented IEN Transition to Practice Programs across different health systems will work to increase long term RN retention rates and provide incoming IENs with the preparation they need to avoid burnout and compassion fatigue.

Dissemination

This project, and the IEN Transition to Practice Program as a whole, will be useful as a work of reference for other health systems facilitating IEN Transition to Practice programs. Dissemination plans include development of a manuscript on the findings of this proposal, submission to a peer reviewed journal, as well as conference-based presentations. Project findings were shared with the host facility nursing development team, and nursing development leadership.

Appendix A

Literature Review Matrix

APA reference for the article	Problem and Purpose	Study Design	Sample size and characteristics	Data collection and Analysis	Results	Comments Application of findings to Nursing Practice
Evans, N. (2022). Overseas recruitment: Why international nurse numbers are bouncing back. *Nursing Standard, 37*(3), 14-17. Doi: 10.7748/ns.37.3.14.s11	Investigating the phenomena of increasing IENs recruitment in the U.K. and elsewhere globally	Qualitative with key informant (administrative personnel) interviews	Specific sample size not provided; but interviews were conducted with 6 different personnel	Data was collected through structured conversation and analyzed for common themes	Driving factors for why IENs are needed, potential expenses, and ways to facilitate their transition with support was explored	Best practices for pre-arrival transition planning were provided, as well as valid ethical concerns
Ghazal, L. V., Ma, C., Djukie, M., & Squires, A. (2020). Transition-to-U.S. practice experiences of internationally educated nurses: An integrative review. *Western Journal of Nursing Research, 42*(5), 373-392. Doi: 10.1177/0193945919860855	Synthesize the current evidence surrounding the transition to practice for the IEN in the United States	Qualitative, integrative review	18 studies from 2000-2018 were reviewed and themes representing facilitators and barriers were explored	Five electronic databases were searched for articles with relevant search terms and themes related to the experience of the IEN and their transition to practice	Facilitators and barriers to transition were identified; Facilitators included: support form family/peers and self-efficacy; Barriers include: educational stigma, communication, culture differences, difference in nursing practice, legal issues	Bringing light to the different facilitators and barriers of IEN's transition to practice in the U.S. helps nursing educators and leaders identify needs to address when hosting transitional programs.
Longo, M. A., Young, D., Jones, C., Shaw, C. A., Werner, R., Minor, D., & Hoying, C. (2014). TERN residency program. *Journal for Nurses in Professional Development, 30*(4), 181-185. Doi: 10.1097/NND.0000000000000063	To provide a framework to develop an experienced (domestic) RN residency program that supports transition from competent to proficient in a new work environment	Qualitative, program evaluation	1 cohort of experienced nurses who were transitioning into a new environment; RNs were enrolled in September 2011 and graduated June 2021	Pre- and post-assessments were collected using a modified version of the Advisory Board Company's 2010 critical thinking tool; Data was collected initially, as well as at 6-month intervals throughout the first 2 years status post graduation	Review of pre and post assessment data revealed professional and personal growth for the experienced RNs; Participants also deemed the experience to be worthwhile	Providing the proper program to address the needs of the experienced RN, when done correctly, will assist with achieving personal and professional growth
Nease, B. (2009). Creating a successful transcultural on-boarding program. *Journal for Nurses in Staff Development, 25*(5), 222-226. Doi: 10.1097/NND.0b013e3181ba3c45	To provide a description of a program based on the hospital's nursing professional model that was developed to address the challenges of skill transfer, role definition, and communication [of the IEN]	Qualitative, program overview	Specific sample size not provided; but the program characteristics and curriculum were reviewed	Program plan with recommendations for onboarding the transcultural nurse are provided; International nurses were also surviewed about the program	Preliminary evaluation completed by the IENs demonstrated they found the program helpful	The curriculum provided is useful for nurse leaders creating a transitional program, and also gives quality recommendations of implementing programs in line with the professional nurse practice model, as well as being mindful to continue to support the existing RNs through the transition period
Pung, L. X, & Goh, Y. S. (2017). Challenges faced by international nurses when migrating: An integrative literature review.	To review available literature and identify challenges faced by	Qualitative, integrative review	24 articles were selected for review	Themes from the reviewed literature included: difficulty orienting, longing for what is	In order to overcome challenges IENs may benefit from enrolling in	Bringing light to the different challenges when transitioning to practice

International Council of Nurses, 64(1), 146-165. Doi: 10.1111/inr.12306	international nurses in their host country following immigration		and analyzed for themes	missing, professional development and devaluing, communication barriers, discrimination and marginalization, personal and professional differences, and meaningful support systems	a multifaceted transitional program and matched with supportive peers/senior staff	helps nursing educators and leaders identify needs to address when hosting transitional programs.
Rovito, K., Kless, A., & Costantini, S. D. (2022). Enhancing work for diversity by supporting the transition of internationally educated nurses. *Nursing Management, 53*(2), 20-27. Doi: 10.1097/01.NUMA.0000816252.78777.8f	To explore nurse leaders' perspectives on the clinical performance of IENs who completed a transitions program which aims to support the acculturation of IENs to the U.S.	Qualitative, data collected with survey tool	Nurse leader (n=64) who had direct knowledge of the performance of IENs who completed a transition program	Average performance ratings for IENs who completed the transition program, overall results were highly favorable	IENs who completed the program were perceived as successful in the following aspects of care: communication caring practices, and core nursing care, by their corresponding nurse leaders	Seeing how other nurse leaders view the IENs who have completed a transitional program (favorably) should reassure other nurse leaders that investing in a IEN transition program is worthwhile
Xu, Y. (2010). Transitioning international nurses: An outline evidence-based program for acute care settings. *Policy, Politics, & Nursing Practice, 11*(3), 202-213. Doi: 10.1177/1527154410384879	To provide an outline for an evidenced based transition program for newly arrived international nurses	Qualitative, program overview	Specific sample size not provided; but the program characteristics and curriculum were reviewed	Having a transitional program for the IEN is required in U.K. and Australia; this article believes that regulation may become a requirement in the U.S. and described potential curriculum and recommendations for creating a transitional program in the U.S.	The global migration of nurses is not expected slow, and health systems will need to be prepared to support their incoming IENs with transitional programs	Highlighting that other westernized countries (U.K. and Australia) require transitional programs for IENs, it would behoove U.S. based heath systems to begin to implement this before it is mandated

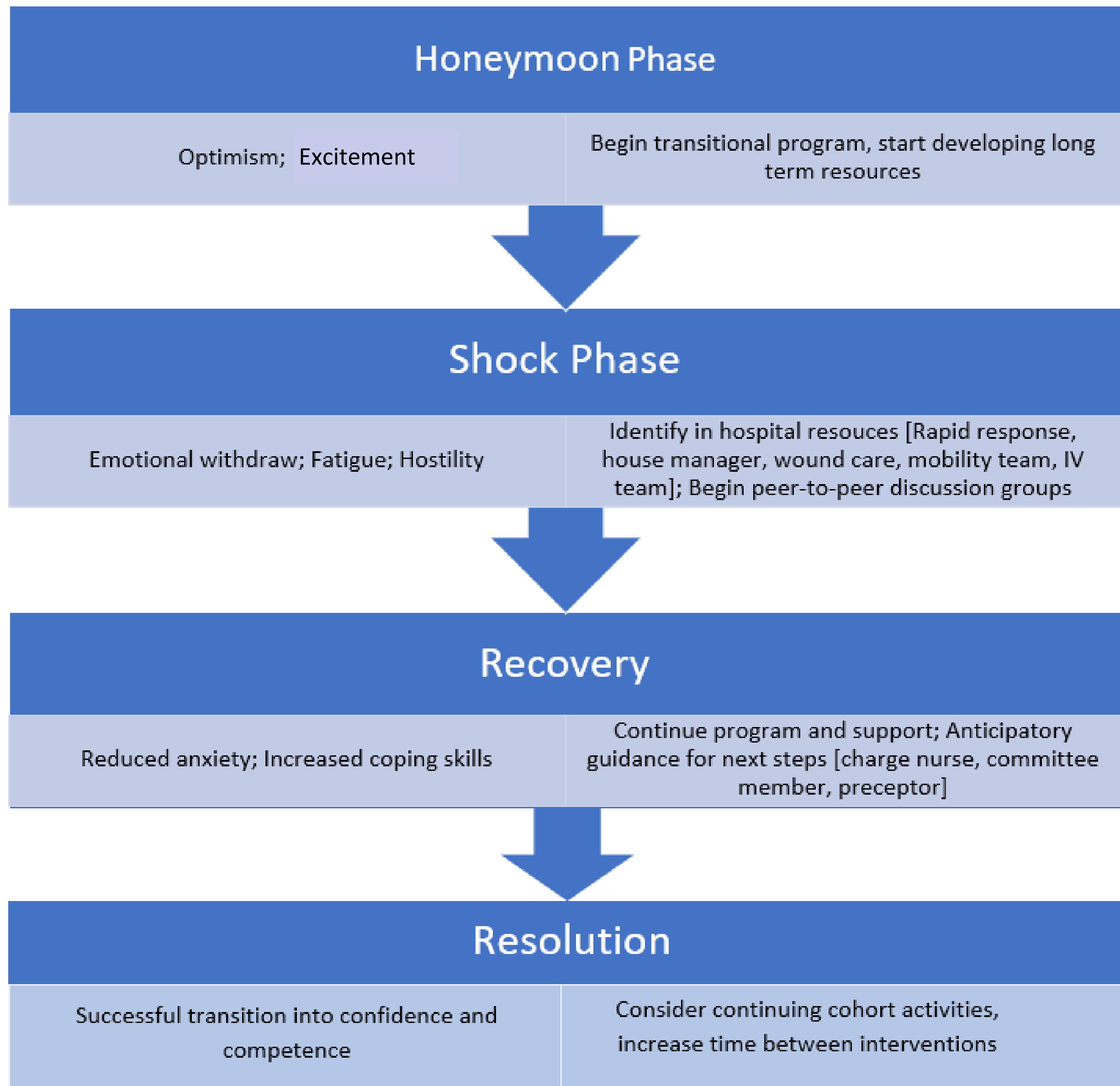
Appendix B

SWOT Visual

[Figure 1] SWOT portion of analysis developed based on practice and academic experience, references cited as appropriate in full organizational assessment.

Appendix C

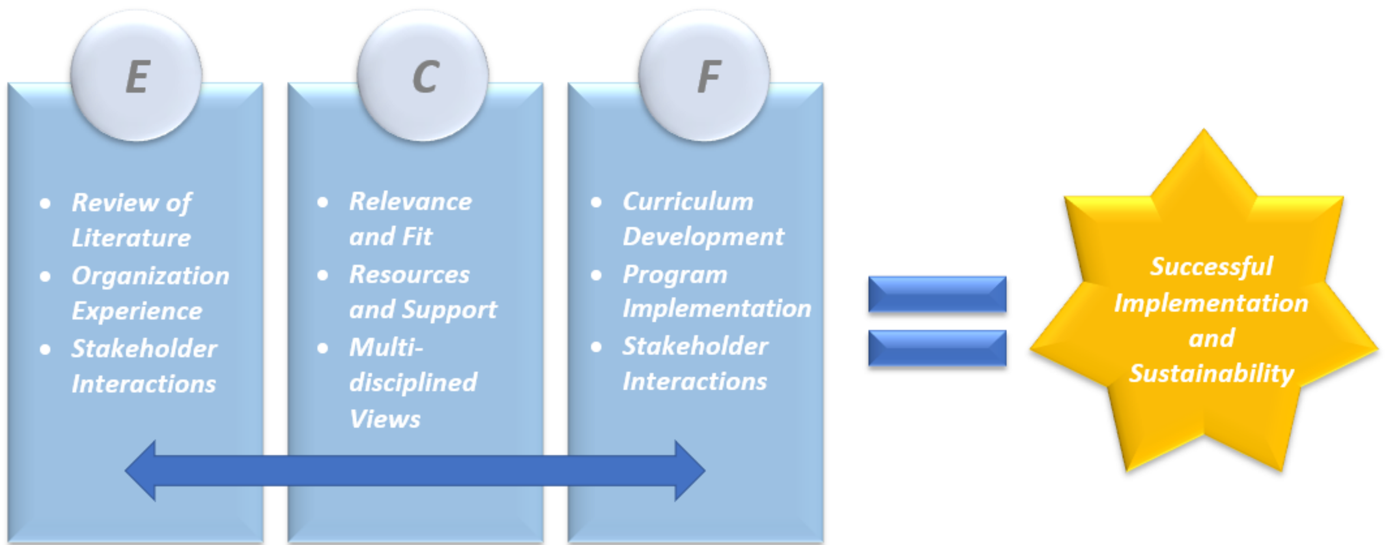
Transition Shock Visual



[Figure 2] Graphic representation of the stages of the theory, highlighting the potential experiences of the international nurses (left), and corresponding counter efforts (right) of an experienced nurse transitional program.

Appendix D

Methodology Visual



[Figure 3] Graphic representation of the PARiHS framework as related to the project and program. The PARiHS framework can be expressed as the following: SI = f (E, C, F); SI - successful implementation, E - evidence, C - context, F - facilitation and f - function of (NCCMT, 2022).

Appendix E

Topical Curriculum Overview

Preliminary Curriculum for the IEN Transition to Practice Program

[Table 1] Curriculum developed based on guidance offered in the literature, available the host facility resources and nursing judgement. After the IEN completes the standard System Inpatient RN Orientation (2023), they will continue onto the IEN Transition to Practice Program, as outlined below. *Week one is included in System Inpatient RN Orientation, therefore the IEN Transition to Practice Program starts on week two.

Session	Timeframe	Topic	Data Collection Tool	Data Collection
1	*Week 2	A. General clinical competency assessment (detailing physical assessment, medication administration, skills) and practice confidence B. Nursing scope of practice and standards of practice (review or expanded from system orientation) C. Laboratory specimen collecting, normal values, and critical value reporting and management D. Review of units of measurements and cultural differences E. Peer group reflection	Practice Confidence Data Collection Tool [*Appendix* F]	Initial/baseline collection of confidence and competence data, for use of comparison and outcome achievement post program completion
2	Week 3	A. Pharmacology to include heparin, insulin, IV piggy back etc. (review or expanded from system orientation) B. Pain management and PCA pumps/protocol (review or expanded from system orientation) C. Skills lab D. Peer group reflection		
3	Week 4	A. US/local chronic disease management and comorbidities B. Cultural competency (US/local as well as other cultures)		

		C. US/local common psychiatric and behavioral health needs and comorbidities D. Sociocultural skills-nonverbal communication behaviors and patterns: slang, colloquialism, and idioms; jokes, sarcasm E. Skills lab F. Peer group reflections		
4	Week 5	A. Nurse provider relationship B. Nurse patient relationship C. Chain of command D. Skills lab E. Peer group reflection		
5	Week 7	A. Mentoring program B. Nursing support teams (rapid response, IV team, wound care etc.) C. Telephone/Secure messaging skills (SBAR, navigating who is on the care team vs consulting service) D. Skills lab E. Peer group reflection		
6	Week 9	A. Prioritization B. Management of the complex patient or changing patient C. Nutrition/Tube feedings/TPN (review or expanded from system orientation) D. Restraints/sitters/suicide precautions (review or expanded from system orientation) E. Skills lab (some time dedicated to mock code) F. Peer group reflection		
7	Week 11	A. Review patient care team and nursing support roles (NA, PT/OT etc.) B. Delegation and responsibility C. Emergency response preparedness (active shooter, inclement weather, downtime etc.)		

		D. HR concerns and workplace harassment and bullying E. Skills lab F. Peer group reflection		
8	Week 13	A. Legal and ethical concerns (patient rights, advocacy, confidentiality etc.) B. End of life/postmortem care C. Assertiveness training, de-escalation techniques, conflict management D. Coordination of care E. Skills lab F. Peer group reflections		
9	Week 15	A. Repeat competency assessment B. Joint Commission preparedness C. Fall prevention D. Alcohol and opioid withdraw management (expanded from system orientation) E. Skills lab F. Peer group reflections	Practice Confidence Data Collection Tool [*Appendix F*] Multi-dimensional Scale of Perceived Support Modified for use in the IEN Transition to Practice Program [*Appendix H*]	Repeat collection of confidence and competence data, for use of comparison and outcome achievement post program completion Initial/baseline collection perceived support data, for use of comparison and outcome achievement post program completion
10	Week 19	A. Modifiable session; This is meant to focus on areas of limitation identified in the confidence survey, content may be adjusted to meet IEN needs B. Skills lab C. Peer group reflections		
11	Week 23	A. Floating/being pulled to other units B. Leadership skills C. Taking initiative		

		D. Auditing and outcomes E. Skills lab F. Peer group reflection		
12	Week 31	A. Compassion fatigue and/or burn out B. Charge nurse role and responsibilities C. Personal wellness and selfcare D. Skills lab E. Peer group reflection		
13	Week 40	A. Working with nursing students, nurse externs etc. B. Evidence based practice C. Legislative advocacy, health policy, and professional nursing D. Skills lab E. Peer group reflection		
14	Week 48	A. Professional nursing organizations B. Continuing education requirements and ongoing competencies C. Professional Nurse advancement D. Unit and hospital leadership (committee work etc.) E. Skills lab F. Peer group reflection		
15	Week 52	A. Specialty certifications B. Continuing formal education C. Complete last competency assessment D. Celebration of completion!	Practice Confidence Data Collection Tool [*Appendix F*] Multi-dimensional Scale of Perceived Support Modified for use in the IEN Transition to Practice Program	Final collection of confidence and competence data, for use of comparison and outcome achievement post program completion Final collection of perceived support data, for use of comparison and outcome achievement

			[*Appendix H*]	post program completion

Appendix F
IEN Practice Confidence Data Collection Instrument

Please respond to the questions as indicted below:

1) What area is your past nursing experience in? (Select all that apply) *
   [ ] Adult medical surgical
   [ ] Adult intensive care unit
   [ ] Oncology/hematology
   [ ] OB (Labor and delivery, post-partum)
   [ ] Pediatric medical surgical
   [ ] Pediatric Intensive care unit
   [ ] Neonatal intensive care unit
   [ ] Mental health
   [ ] Ambulatory care setting
   [ ] Rehabilitation
   [ ] Emergency medicine
   [ ] OR/perioperative
   [ ] Other ___________________________
2) How many years of experience as an RN do you have? (Select only one) *
   <1 1-3 4-6 7-10 10+ 15+ 20+
3) When was the last time you practiced at the bedside/provided direct patient care? *
   [ ] Currently practicing
   [ ] 1-3 years ago
   [ ] 4-6 years ago
   [ ] 7-10 years ago
   [ ] 10+ years ago
4) Please indicate which professional degrees you have earned from the list below (Select all that apply) *
   [ ] Associates Degree in Nursing
   [ ] Bachelor of Science in Nursing
   [ ] Master of Science in Nursing
   [ ] Doctorate of Nursing Practice and/or Doctor of Philosophy in Nursing
   [ ] Non-nursing Bachelor degree if applicable
   [ ] Non-nursing Master degree if applicable
   [ ] Non-nursing Doctorate or Doctor of Philosophy degree if applicable
   [ ] Other ____________________________
5) Please rank your comfortability with the following skills/procedures:
   0 – I have not done this before
   2 - I have done this before with direct help
   4 – I have done this with some assistance
   6 – I have done this independently in the past, but am not comfortable completing it by myself at this time

8 – I have done this independently and will be able to after some review
10 – I can do this independently

___ Assisting patients with their activities of daily living (mobility, toileting, incontinence care, personalcare, eating, etc.)
___ Bladder catheter insertion/irrigation
___ Bladder ultrasound
___ Blood draw/venipuncture
___ Blood glucose monitoring devise
___ Central line care (dressing change, blood draws, discontinuing)
___ Charting/documentation
___ Chest tube care
___ ECG/telemetry monitoring and interpretation
___ Invasive hemodynamic monitoring
___ Fecal management system insertion, maintenance, and discontinuation
___ Giving verbal report/patient hand-off
___ Intravenous (IV) medication (continuous drips and secondary lines)
___ Intravenous (IV) titratable medications, RN driven
___ Peripheral intravenous catheter starts
___ IV pumps/PCA pump operation
___ Medication administration (PO, SQ, IM)
___ NG tube placement
___ NG tube/Dobhoff care and maintenance
___ Pulse oximetry monitoring
___ Supplemental oxygen administration and nebulized solution administration
___ Skin assessment
___ Tracheostomy care and suctioning
___ Turn and repositioning for pressure injury prevention
___ Responding to an emergency/Code blue/changing patient condition
___ Wound care/dressing changes/wound vac

6) Please mark the correct box for your answer; Please indicate your level of agreement for the following questions:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
I feel confident communicating with physicians				
I am comfortable communicating with patients from diverse populations				
I am comfortable delegating tasks to the nursing assistant				
I have difficulty documenting care in the electronic medical record				
I have difficulty prioritizing patient care needs				
I feel overwhelmed by ethical dilemmas (religious preferences, life sustaining care, consent,				

confidentiality, etc.) in my patient care responsibilities				
I have difficulty recognizing a significant change in my patient's condition				
I have had opportunities to practice skills and procedures more than once				
I am comfortable asking for help				
I use current evidence to make clinical decisions				
I am comfortable communicating and coordinating care with interdisciplinary team members				
Simulations have helped me feel prepared for clinical practice				
I feel comfortable knowing what to do for a dying patient				
I am comfortable taking action to solve problems				
I feel confident identifying actual or potential safety risks to my patient				
I am satisfied with choosing nursing as a career				
I feel confident practicing on my own				

This data collection instrument is inspired by the Casey-Fink Readiness for Practice Survey (2008) and the Navy Nurse Corps (Ruen, 2023) International Nurse Scope of Practice Recommendations. *Questions one through four are only necessary on initial data collection, not needed on subsequent data collection.

Appendix G

Preliminary Supportive Professional Structure and Timeline for the IEN Transition to Practice Program

[Table 2] The following outlines the different roles within the support network, when they would be activated and data collection frequency plan. The support network is an integration of literature, available the host facility resources, taskforce recommendations, and nursing judgment.

Timeframe	Support Type	Purpose	Data Collection
Week 1-12+	On-unit orientation with preceptor *Nationality flexible	IENs will be placed with an on-unit RN preceptor who will monitor and guide their orientation process. The preceptor is an experienced nurse on the IENs unit who has sound clinical knowledge and practice understanding. Preceptors are matched based on availability and competence precepting. IEN progression through orientation is overseen by the unit manager. Once IENs complete orientation per unit standard they will work independently in their patient care assignments.	IEN and preceptor to complete pre-established system wide standardized inpatient orientation handbook [*Handbook not developed within this project*]
Introduction before on-unit orientation ends; ongoing for six months Approximately on weeks 10-36	On-unit clinical mentor *Nationality flexible	IEN will be paired with an on-unit RN clinical mentor. Matching is based on unit availability, experience, and competence mentoring. The clinical mentor needs to be a different individual than the preceptor. The mentee and mentor meet and develop a mentoring plan. Mentoring sessions occur bi-monthly for three months, and then monthly for the next three months, for a total of six months.	Data is collected in accordance to the mentoring program pre-established standards (i.e., Mentoring confidentiality agreement, confidential documentation of mentoring sessions and content, mentoring program satisfaction, program outcomes etc.) [*Mentoring documentation not developed*

			within this project]
Introduction with in first three weeks of on-unit orientation; on going for minimum of one year Approximately on weeks 3-52	Experienced Transitional Peer *Same nationality if available (Filipino)	The IEN will be matched with an experienced transitional peer. The experienced transitional peer is an individual who may or may not work on the IEN's unit, but does work within the same business unit/hospital. The experienced transitional peer is to serve as a touch point for community access and overall transitional support (emotional, social, informal-friendly relationship). The experienced transitional peer may be a RN, or another member of the health care team (PT/OT, respiratory therapy, dietician, pharmacy etc.). If matched with an RN, this person may provide additional clinical insight, however, RN placement is not required.	Communication between the IEN and the experienced transitional peer is not formally recorded. The IEN will complete surveys recorded their perceived support overall and will be able to indicate the source of the support (experienced transitional peer, clinical mentor, or preceptor) Perceived support survey [*Appendix H*] is conducted at weeks 14 and 52

Appendix H

Multidimensional Scale of Perceived Support, Modified for use in the IEN Transition to Practice Program

Please mark the correct box for your answer; Please indicate your level of agreement for the following statements; In addition to which support person(s) provides this support.

	Level of Agreement				**Support Person (Select all that apply)**		
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**Preceptor**	**Clinical Mentor**	**Experienced Transition Peer**
There is a support person(s) at work who is around when I am in need							
There is a support person(s) with whom I can share my joys and sorrows							
I get the emotional/social support I need from my transitional program support network							
I have a support person(s) who is a real source of comfort to me							
My support person(s) really tries to help me							
I can count on my support person(s) when things go wrong							
I can talk about my problems with my support person(s)							
There is a support person(s) in my life who cares about my feelings							
My support person(s) I willing to help me make decisions							

This data collection instrument is inspired by Multidimensional Scale of Perceived Support (Zimet et al., 1988) which was modified for use in the IEN Transition to Practice Program.

Appendix I
Finalized Deliverables

Curriculum Plan for the IEN Transition to Practice Program

Curriculum developed based on guidance offered in the literature, available the host facility resources and nursing judgement gathered from peer review feedback group.

[Table 3] After the IEN completes the standard System Inpatient RN Orientation (2023), they will continue onto the IEN Transition to Practice Program, as outlined below.

Session	**Timeframe**	**Topic**	**Data Collection Tool**	**Data Collection**
0.5	Week 1 (Friday afternoon once systems orientation ends)	A. General clinical competency assessment (detailing physical assessment, medication administration, skills) and practice confidence B. Welcome and General program information C. Guest speaker (existing, in system IEN) to share their experiences with incoming IENs to bolster solidarity and encouragement	Practice Confidence Data Collection Tool [*Appendix F*]	Initial/baseline collection of confidence and competence data, for use of comparison and outcome achievement post program completion Data also will be shared with IEN's nurse manager and primary preceptor as a focus guide for orientation
1	Week 2	A. Nursing scope of practice and standards of practice (review or expanded from system orientation) B. Sociocultural skills-nonverbal communication behaviors and patterns: slang, colloquialism, and idioms; jokes, sarcasm C. Laboratory specimen collecting, normal values, and		

		critical value reporting and management D. Types of IV lines (differentiate between central lines) (Review or expanded from system orientation) E. Review of units of measurements and cultural differences F. Peer group reflection		
2	Week 3	A. Pharmacology to include heparin, insulin protocols*, IV piggy back, medication safety, etc. (Review or expanded from system orientation) B. Pain management and PCA pumps/protocol*, epidurals (Review or expanded from system orientation) C. Skills lab D. Peer group reflection *Protocols may be site specific, adjust as needed		
3	Week 4	A. US/local chronic disease management and comorbidities B. US/local common psychiatric and behavioral health needs, including autism, and comorbidities C. Cultural competency (US/local as well as other cultures) to include age/weight/gender sensitivity, appropriate terminology D. Implicit bias E. Skills lab F. Peer group reflections		
4	Week 5	A. Nurse patient relationship B. Review patient care team and nursing support roles (NA, PT/OT, transport, dietary, respiratory therapy etc.) C. Nurse provider relationship		

		D. Chain of command E. Skills lab F. Peer group reflection		
5	Week 7	A. Delegation and responsibility B. Nursing support teams* (rapid response, IV team, wound care etc.) C. Telephone/Secure messaging skills, interdisciplinary communication (SBAR, navigating who is on the care team vs consulting service) D. Skills lab E. Peer group reflection *Support teams may vary from hospital or unit, adjust as needed		
6	Week 9	A. Prioritization B. Management of the complex patient or changing patient C. Nutrition/Tube feedings/TPN (review or expanded from system orientation) D. Restraints/sitters/suicide precautions (Review or expanded from system orientation) E. Skills lab (some time dedicated to mock code) F. Peer group reflection		
7	Week 11	A. Emergency response preparedness (active shooter, inclement weather, downtime etc.) B. Mentoring program C. HR concerns and workplace harassment and bullying D. Skills lab E. Peer group reflection		
8	Week 13	A. Legal and ethical concerns (patient rights, advocacy, confidentiality etc.)		

		B. End of life/postmortem care/Gift of Life C. Assertiveness training, de-escalation techniques, conflict management and resolution D. Coordination of care, discharge planning and case management E. Skills lab F. Peer group reflection		
9	Week 15	A. Repeat competency assessment B. Initial perceived support assessment C. Fall prevention (Review or expanded from system orientation) D. Alcohol and opioid withdraw management GPU vs ICU (Review or expanded from system orientation) E. Skills lab F. Peer group reflection	Practice Confidence Data Collection Tool [*Appendix F*] Multi-dimensional Scale of Perceived Support Modified for use in the IEN Transition to Practice Program [*Appendix H*]	Repeat collection of confidence and competence data, for use of comparison and outcome achievement post program completion Initial/baseline collection perceived support data, for use of comparison and outcome achievement post program completion
10	Week 19	A. Modifiable session; This is meant to focus on areas of limitation identified in the confidence survey, content may be adjusted to meet IEN needs B. Joint Commission preparedness C. Quality and nursing impact (Sepsis, pressure injuries, CAUTI, CLABSI, c. diff, etc.) D. Skills lab E. Peer group reflection		

11	Week 23	A. Floating/being pulled to other units B. Leadership skills C. Taking initiative D. Auditing and outcomes E. Skills lab F. Peer group reflection		
12	Week 31	A. Compassion fatigue and/or burn out B. Personal wellness and selfcare, stress management C. Charge nurse role and responsibilities* D. Employee Assistance Program E. Skills lab F. Peer group reflection *Review GPU vs ICU, additional classes available as needed		
13	Week 40	A. Working with nursing students, nurse externs etc. B. Evidence based practice C. Legislative advocacy, health policy, and professional nursing D. Skills lab E. Peer group reflection		
14	Week 48	A. Continuing education requirements and ongoing competencies B. Professional nurse advancement C. Unit and hospital leadership (committee work etc.) D. Professional nursing organizations E. Skills lab F. Peer group reflection		
15	Week 52	A. Specialty certifications B. Continuing formal education C. Complete last competency assessment	Practice Confidence Data	Final collection of confidence and competence data, for use of

		D. Complete last perceived support assessment E. Celebration of completion!	Collection Tool [*Appendix F*] Multi-dimensional Scale of Perceived Support Modified for use in the IEN Transition to Practice Program [*Appendix H*]	comparison and outcome achievement post program completion Final collection of perceived support data, for use of comparison and outcome achievement post program completion

Supportive Professional Structure and Timeline for the IEN Transition to Practice Program

[Table 4] The following outlines the different roles within the support network, when they would be activated and data collection frequency plan. The support network is an integration of literature, available the host facility resources, taskforce recommendations and nursing judgment.

Timeframe	Support Type	Purpose	Data Collection
Week 1-12+	On-unit orientation with preceptor *Nationality flexible	IENs will be placed with an on-unit RN preceptor who will monitor and guide their orientation process. The preceptor is an experienced nurse on the IENs unit who has sound clinical knowledge and practice understanding. Preceptors are matched based on availability and competence precepting. IEN progression through orientation is overseen by the unit manager. Once IENs complete orientation per unit standard they will work independently in their patient care assignments.	IEN and preceptor to complete pre-established system wide standardized inpatient orientation handbook [*Handbook not developed within this project*]
Introduction before on-unit orientation ends; ongoing for six months	On-unit clinical mentor *Nationality flexible	IEN will be paired with an on-unit RN clinical mentor. Matching is based on unit availability, experience, and competence mentoring. The clinical mentor needs to be a different individual than the preceptor. The mentee and mentor meet and develop a mentoring plan. Mentoring sessions occur bi-monthly for three months, and	Data is collected in accordance to the mentoring program pre-established standards (i.e., Mentoring

Approximately on weeks 12-36 Does not require hard stop at 36 weeks, relationship may change to casual		then monthly for the next three months, for a total of six months.	confidentiality agreement, confidential documentation of mentoring sessions and content, mentoring program satisfaction, program outcomes etc.) [*Mentoring documentation not developed within this project*]
Introduction with in first three weeks of on-unit orientation; on going for minimum of one year Approximately on weeks 3-52	Experienced Transitional Peer *Same nationality if available (Filipino)	The IEN will be matched with an experienced transitional peer. The experienced transitional peer is an individual who may or may not work on the IEN's unit, but does work within the same business unit/hospital. The experienced transitional peer is to serve as a touch point for community access and overall transitional support (emotional, social, informal-friendly relationship). The experienced transitional peer may be a RN, or another member of the health care team (PT/OT, respiratory therapy, dietician, pharmacy etc.). If matched with an RN, this person may provide additional clinical insight, however, RN placement is not required.	Communication between the IEN and the experienced transitional peer is not formally recorded. The IEN will complete surveys recorded their perceived support overall and will be able to indicate the source of the support (experienced transitional peer, clinical mentor, or preceptor) Perceived support survey [Appendix H] is conducted at

			weeks 14 and 52

Additional Considerations

Curriculum Plan

The following is additional feedback topics that are relevant, but did not impact the workflow of the curriculum plan:

An existing in system IEN has shared that many Filipino nurses may be timid or shy. When covering communication, encourage the IENs to "not be afraid" to ask questions frequently to avoid mistakes. The IENs should also be encouraged to openly speak of their wants/preferences to avoid being taken advantage of.

Supportive Professional Structure

The following is additional feedback regarding the supportive professional structure that is relevant, but did not impact the overall structure:

There was support for the importance of having the transitional peer be the same nationality as the IEN, but concern was expressed that there may not "be enough" individuals to be paired with the IENs.

The existing, in system IENs are excited for incoming IENs, therefore it is expected that there will be enough volunteer transitional peers. If need be, the transitional peers may need to be paired with two IENs. To avoid overwhelming the transitional peers, matching will be staggered, i.e., a transitional peer will not have two new IENs, but perhaps x number of months apart in the start date as new cohorts arrive.

Overall Program

It was recommended that there should be a hospital/health system wide notification of the IENs arrival, paired with education about their home county, nursing and educational background etc.

to help ease transition for the domestic staff, as well reduce implicit basis. It was also suggested to have a welcome event for the IENs to mingle with existing in system IENs, as well as domestic staff. Additionally, it may be helpful for the IENs to have a contact informational directory indicating where they can find each other (what units) as well as other Filipino staff.

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