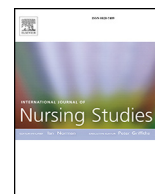




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Integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments: An umbrella review



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ABSTRACT

Aims: The aim of this umbrella review was to establish recent evidence on integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments.

Design: Umbrella review conducted according to Joanna Briggs institute guidelines.

Data sources: Data were collected from CINAHL, PubMed, Medic, ProQuest and Scopus electronic databases in 2021.

Review methods: Two researchers simultaneously screened studies' eligibility by title, abstract and full text. Quality appraisal for the selected studies was assessed according to Joanna Briggs institute critical appraisal. Data were synthesized by conducting content analysis.

Results: Twenty-seven reviews were included in the final synthesis. Strategies and models for supporting the transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments were structured as intra-organizational, sociocultural, and professional development. Intra-organizational strategies and models were unique to a particular organization and included policies and support, diversity, collegial and peer support, employee treatment and workplace environment. Sociocultural strategies and models addressed social, cultural and group dynamics using cultural training, learning and support, social support and friendships, language and communication, and personal skills development. Professional development enhanced nursing competence, ability to practice and workplace professional development. This was supported through licensure and orientation to work, career and competence development, and workplace mentorship and preceptorship.

Conclusion: There is a need to understand culturally and linguistically diverse nurses' needs and motivation to integrate, which is essential toward developing efficient integrational strategies and models. Strategies and models also need to support cultural and personal competence development of native nurses to aid efficient integration of culturally and linguistically diverse colleagues. Future studies can evaluate nursing workforce shortages and their implications on integration process.

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What is already known

- Culturally and linguistically diverse nurses, have been found to experience challenges while integrating to the workforce.

- There is no previous umbrella review of integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments.

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What this paper adds

- This research identifies the need for healthcare organizations' provision of sufficient resources for the efficient integration of culturally and linguistically diverse nurses.
- The study recommends the promotion of diversity, development and support for a multicultural workforce and healthcare system.
- The review highlights the need to improve culturally and linguistically diverse nurse competences, work satisfaction, wellbeing, quality of life and retention rates.

1. Introduction

The global nursing workforce deficit in 2020 was estimated as 5.9 million, and statistics show that one out of six nurses is projected to retire by the year 2030 (World Health Organization, 2020). This high retirement rate will exacerbate nurse workforce shortages (Drennan and Ross, 2019). A myriad of factors have been related to global nurse shortages, e.g., failure to attract males into the profession, lower remuneration of nurses compared to national average wages, mass nurse retirements, aging populations and increased demand for care (Drennan and Ross, 2019; World Health Organization, 2020).

Various measures have been adopted to increase the number of nurses within national healthcare systems, such as attracting more males to nursing, increments in the number of local and international nursing students, restructuring of nursing education and intensified recruitment of overseas, internationally educated nurses (Buttigieg et al., 2018; Nortvedt et al., 2020).

The global nursing workforce deficit has increased movement of nurses across international borders (Sherwood and Shaffer, 2014). The transnational movement of nurses is not a new phenomenon and has helped to relieve nursing workforce deficits in many nations (Sherwood and Shaffer, 2014; Gea-Caballero et al., 2019). Migration motivating factors for nurses include economic factors, career development, higher employability, family and friends, and favorable social conditions (Nagórska et al., 2017; Gea-Caballero et al., 2019; Nortvedt et al., 2020).

Despite the positive effects migrant nurses bring to the host nation's healthcare system, they face many sociocultural and professional related challenges (Gea-Caballero et al., 2019). These challenges include linguistic, communication, professional differences, unfair treatment and discrimination, that have been found to be rooted in the diversity of culture, beliefs and values within a multicultural workforce (Xu, 2008; Choi et al., 2019).

The objective of this umbrella review was to identify the current knowledge gap on existent strategies and models used to integrate culturally and linguistically diverse nurses, in healthcare organizations and facilitate their transition and adaptation. The aim was to examine the most recent evidence on integration strategies and models to support the transition and adaptation of these nursing staff into healthcare environments.

1.1. Background

Nurses with a migrant background have been defined as culturally and linguistically diverse, owing to their different country of birth and language (Pham et al., 2021). Existing research has shown that migrant nurses face many challenges within healthcare settings, e.g., racial and ethnic problems, bullying, discrimination, limited career mobility, and cultural and linguistic hurdles (Likupe, 2015). These challenges have been shown to affect their effective integration in healthcare organizations, delivery of care and wellbeing (Ramji et al., 2019). For instance, Covell et al. (2018) found that in some instances, culturally and linguistically diverse nurses faced diminished employment opportunities due to linguistic and professional obstacles, and failure to acquire licensure. Previous research has also established that when culturally and

linguistically diverse nurses' linguistic competence was not at the expected level, they were either employed as lower cadre nurses or worked in non-nursing jobs (Nortvedt et al., 2020).

Limited understanding of migrant nurses regarding the healthcare system, organization and planning of care in the country of practice has been found to affect their delivery of quality and safe care (Sherwood and Shaffer, 2014). Negative experiences with patients and colleagues, and social challenges have been shown to have an adverse effect on their work wellbeing (Nortvedt et al., 2020). Culturally and linguistically diverse nurses' fear of otherness in the host country and inability to integrate has been shown to impact on their work satisfaction and retention (Gea-Caballero et al., 2019). Owing to the diversity of migrant nurses and their differing experiences in host countries, there is a need for both universal and individualized interventions that enable an efficient organizational integration process (Likupe, 2015).

Adaptation has been defined as the process by which a newcomer becomes acquainted with an organization, its goals, expectations, culture, and structure. It also includes learning roles, work expectations and familiarization with colleagues (Gajda, 2019). It has been established that culturally and linguistically diverse nurses adaptation has two aspects: a short-term transition period, within which basic skills required in employment are gained, and a long-term integration period, within which the nurses acquire linguistic, cultural, and professional competences, and are able to gain independence within their work roles and environment (Xu, 2008). Integration is a two-dimensional process undertaken by both culturally and linguistically diverse nurses and the organization and entails respect for diversity, divergence, inclusivity, and equity, and requires interaction between culturally and linguistically diverse and host nurses for practice adaptation (Ramji et al., 2019; Xiao et al., 2014). Through the process of integration nurses develop a sense of belonging, become part of the workforce and organization, and can effectively practice nursing. This process is dependent on the organization and culturally and linguistically diverse nurse (Covell and Rolle Sands, 2021).

The process of integration of migrant nurses has been found to be time and resource demanding and influences their physical and mental wellbeing (Nortvedt et al., 2020). Integration involves culturally and linguistically diverse nurses, local colleagues, their managers, and the entire organization, and requires support toward organizational, cultural, and social integration (Gea-Caballero et al., 2019; Buttigieg et al., 2018; Sherwood and Shaffer, 2014). The concepts of adaptation and integration are similar to, organizational socialization, which has been defined as the entire process and actions undertaken by an organization and individual to enable a smooth adaptation to the organization (Van Maanen and Schein, 1977).

Organizational socialization theory is based on the assumption that socialization happens collectively for a group and individually toward meeting a newcomer's particular needs and orientation to complex tasks. Formal and informal approaches are applied, where organizations tailor activities and spontaneous socially driven processes. In instances where a newcomer is expected to attain certain professional aspects, a more structured socialization process is adopted because a lack of structure may make the process random and unclear. Newcomers are also subjected to a timed process with a stipulated period where particular events occur, such as promotion to new roles. The timed socialization process allows the newcomer to have clear expectations and acknowledging when certain events may occur (Van Maanen and Schein, 1977).

Within the organization, members who are more experienced are involved in the process of socializing newcomers and act as role models. On the contrary, socialization can also happen without the involvement of experienced members. In these instances, the newcomer may experience challenges and a lack of role modeling. During the socialization process, newcomers may face a situation where the organization aims to enhance the existing skills; hence, they may not be expected to shed off the skills and experiences they already have. On the contrary,

in instances where the organization may desire that a newcomer creates a new professional image of themselves, a change in the individual thinking and self-image is expected (Van Maanen and Schein, 1977).

The concepts of organizational socialization, adaptation and integration of culturally and linguistically diverse nurses are used interchangeably in our review.

2. The review

2.1. Aims

The aim of this umbrella review was to establish recent evidence on integration strategies and models to support the transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments.

The main research question guiding this umbrella review was as follows: what kind of integrational strategies and models have been developed to support the transition and adaptation of culturally and linguistically diverse nursing staff into healthcare environments?

2.2. Design

An umbrella review was conducted to establish evidence from a wide range of existing systematic reviews (Aromataris et al., 2015) related to integration strategies and models that support transition and adaptation of culturally and linguistically diverse nurses into healthcare organizations. Guidelines published by the Joanna Briggs institute guided this review (Aromataris and Munn, 2020). Reporting of the umbrella review was performed against preferred reporting items for systematic reviews and meta-analyses (Page et al., 2020).

2.3. Search methods

Electronic databases CINAHL, PubMed, Medica, ProQuest and Scopus were searched in March 2021. P - participants, C - concept, C - context was used in formulating the research question (Aromataris et al., 2015). Inclusion and exclusion criteria were formulated to limit the scope of the research question within participants, concept and context. Studies that met the following criteria were included: 1) P = participants as nurses, nurse managers and nurse teachers; C = concept as integrational strategies and models of culturally and linguistically diverse nurses into healthcare organizations; C = context as healthcare organizations, including primary, secondary and community care. Published systematic or integrative reviews and peer-reviewed articles published in English or Finnish from the year 2000 onwards were included. A library information specialist was consulted to enhance the search strategy for each database. The search was aligned according to the inclusion criteria and combined with Boolean operators AND, OR and NOT (see Supplementary file 1).

2.4. Search outcomes

A total of 13,752 publications were retrieved from the database searches (see Fig. 1). In total, six researchers were involved in the screening process. Initially, $n = 5301$ duplicate studies were eliminated, leaving a total of 8451 studies to be screened. The next phase entailed screening based on titles and abstracts, during which 7694 studies were eliminated. Next, full text screening of $n = 757$ studies was conducted, where 507 papers that did not meet the initial inclusion criteria were eliminated. From the screened ($n = 250$) studies, studies that were neither systematic nor integrative reviews were eliminated. During the entire screening process, research articles were eliminated if they were not peer reviewed or full text, or had wrong outcomes, time limit, language, population, and setting. Each study underwent a double screening process and conflicts were resolved by a third

reviewer. A total of ($n = 27$) articles met the inclusion criteria and were subjected to quality appraisal.

2.5. Quality appraisal

Quality appraisal for the chosen articles was performed by two researchers separately and later agreed together using the Joanna Briggs institute critical appraisal tool for systematic reviews and research syntheses (Aromataris et al., 2015). This appraisal tool examines a research article for trustworthiness, quality and findings using eleven distinct aspects. The eleven aspects were analyzed using "yes", "no", "unclear" and "not applicable" criteria. One point was awarded to each criterion that was rated "yes". Initially, both reviewers separately analyzed and scored all the 27 studies. Disagreements were discussed and agreed together. Studies were included in the review if they met at least six out of the eleven requirements. All the articles chosen for the review were found to be of good quality the highest scored the maximum of eleven points and the lowest seven points (see Supplementary file 2).

2.6. Data extraction

Data that were relevant to the review question were extracted, hence minimizing the risk of bias (Aromataris and Munn, 2020). Data extracted included authors, year, country, study title, study type, description of participants, concept, context, methodology and key findings related to integration interventions and models (Table 1).

2.7. Synthesis

Inductive content analysis was used to synthesize data in the umbrella review. A three-step process of data reduction, grouping and formation of concepts related to the research question was adopted (Kyngäs et al., 2019). As a result of the analysis, 165 codes, 111 subcategories, 10 categories and 3 main categories were defined that answered the research question. The analysis process is presented in Fig. 2.

3. Results

The 27 reviews included in this umbrella review were published between 2006 and 2018 in Australia (7 reviews), Japan (1), USA (5), Canada (4), China (1), Finland (1), Germany (2), Hong Kong (1), Singapore (1), Norway (1), United Kingdom (2) and New Zealand (1). The reviews comprised integrative reviews ($n = 10$) and systematic reviews ($n = 17$). Reviews were composed of non-empirical and empirical studies based on qualitative, quantitative, and mixed methods. In eight studies, critical appraisal was not clearly reported.

Integrational strategies and models that supported transition and adaptation of culturally and linguistically diverse nurses were categorized into three domains, i.e., intra-organizational, sociocultural, and professional development. The first domain represented intra-organizational strategies and models that were tailored specifically to a particular organization's characteristics and needs. These were in the form of organization and management support and policies, workplace environment, diversity, employee treatment, and collegial and peer support. The second domain presented sociocultural strategies and models used to meet the social and cultural aspects of culturally and linguistically diverse nurses and enhance both group and individual relations. Strategies in this domain included cultural training, learning and support, social support and friendships, language and communication, and personal skills development. The third domain represented professional development strategies and models that improved culturally and linguistically diverse nurse competence, ability to practice and workplace professional development. This domain included licensure and orientation to work, career and competence development, and workplace mentorship and preceptorship.

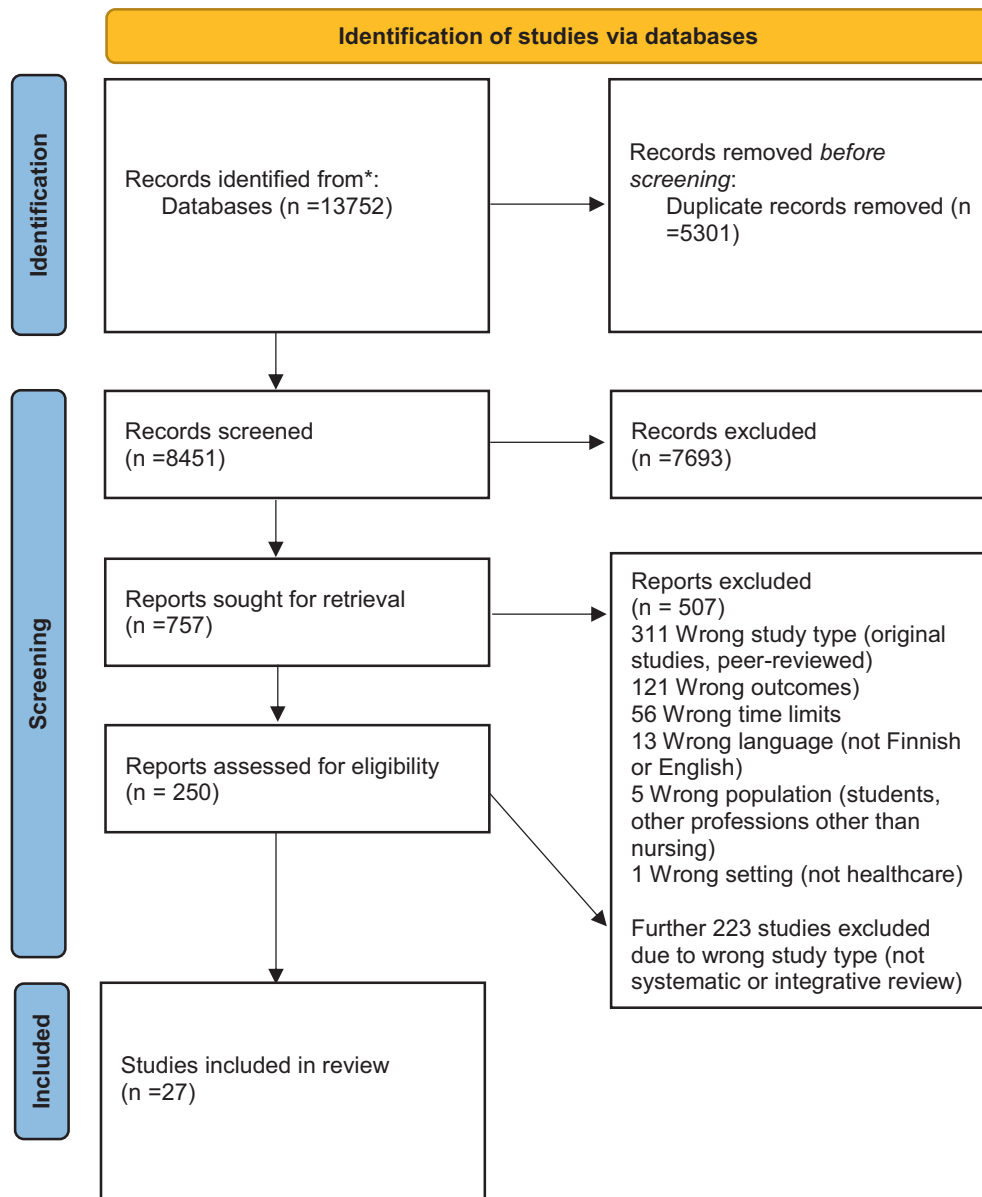


Fig. 1. Prisma flow diagram (Page et al., 2021).

3.1. Intra-organizational strategies and models

This domain was present in 22 reviews. Organization and management support and policies included fair recruitment policies that alleviated downward professional mobility (Montayre et al., 2018) and facilitated recruitment of more culturally and linguistically diverse nurses and promoted diversity in the workforce (Moyce et al., 2016). To protect the nurses against racism and discrimination within the workforce, healthcare organizations employed antiracism and antidiscrimination policies. Existence of these policies also allowed for managerial action in the defense of culturally and linguistically diverse nurses (Chun Tie et al., 2018). It was also noted that management support alleviated negative integration experiences and promoted efficient integration through adopting strategies and models that promoted professional and linguistic competence development (Covell et al., 2014).

Competence development through managers' support also increased job satisfaction among culturally and linguistically diverse nurses (Hyvärinen et al., 2017) and managers' ability to efficiently manage employee cultural diversity was found to advance equality within the nursing workforce (Nichols and Campbell, 2010). Organization

supported managers through the provision of resources (Chun Tie et al., 2018), support for conducive working environment (Schilgen et al., 2017) and the development of a diverse workforce (Javanmard et al., 2017). Where organizations' support was deemed sufficient, there was a noted reduction in deskilling and helped improve integration and retention in the workforce and organization (Davda et al., 2018).

Workplace environment, diversity and employee treatment were supported through acceptance of workplace cultural diversity and intergroup support (Chun Tie et al., 2018; Javanmard et al., 2017). Conducive working terms, conditions, modalities, arrangements and conducive workplace atmosphere and environment improved workplace equality and fair treatment (Wellard and Stockhausen, 2010; Zhong et al., 2017; Hyvärinen et al., 2017; Pung and Goh, 2017; Javanmard et al., 2017; Viken et al., 2018; Ng Chok et al., 2018b; Lin et al., 2018). Healthcare environments with sufficient workforce and existent workplace support were experienced to positively affect culturally and linguistically diverse nurses competence development and delivery of safe and quality care; this further affected nurses work wellbeing (Viken et al., 2018; Ng Chok et al., 2018a). Involvement of labor and professional organizations

during the integration process of culturally and linguistically diverse nurses, resulted in their professional development and work satisfaction (Moyce et al., 2016; Covell et al., 2016).

Collegial and peer support presented as organized formal and informal relations (Konno, 2006; Pung and Goh, 2017), these relations were experienced as collegial social interactions (Ho and Chiang, 2015; Javanmard et al., 2017; Ng Chok et al., 2018a) and collegial workplace interactions (Ng Chok et al., 2018a). Social and workplace interactions helped culturally and linguistically diverse nurses become acquainted with nurses of same background or native nurses, and share cultural experiences. These interactions were found to influence integration and care outcomes. Where there was support from nurses with a similar background (Ghazal et al., 2020; Kawi and Xu, 2009), collegial social interactions and peer support (Lin et al., 2018; Chun Tie et al., 2018; Moyce et al., 2016) culturally and linguistically diverse nurses experienced that this promoted their positive work experience and helped alleviate negative cultural experiences (Abuliezi et al., 2021).

3.2. Sociocultural integration strategies and models

This domain was present in 23 reviews. Cultural training, learning and support involved cultural enhancement programs, training and education, and improved cultural competency (Schilgen et al., 2017; Ghazal et al., 2020; Ng Chok et al., 2018b). Sociocultural training (Abuliezi et al., 2021) and multicultural and diversity training (Hyvärinen et al., 2017; Nichols and Campbell, 2010) allowed appreciation of diversity, creation of a conducive work environment, equality, and collegiality.

Prolonged cultural orientation, induction and enhanced cultural sensitivity enabled social engagements, intercultural communication, cultural awareness, positive racial experiences, and further promoted integration in the work community (Moyce et al., 2016; Pung and Goh, 2017; Viken et al., 2018; Lin et al., 2018). Support for cultural awareness, intercultural support and cultural learning for the local workforce alleviated stereotyping and misperceptions, and promoted a multicultural workplace and workforce, which further enhanced positive social and professional relations (Chun Tie et al., 2018; Javanmard et al., 2017).

Social support and friendships involved provision of social amenities and cost reimbursements, which promoted acculturation to the host community, improved culturally and linguistically diverse nurse perception of the employing healthcare organization, cushioned against accrued costs to nurses during the relocation and registration process, reduced isolation and had an overall positive effect on nurses' quality of life (Chun Tie et al., 2018; Zizzo and Xu, 2009; Covell et al., 2016; Lin et al., 2018; Moyce et al., 2016). Organized friendly relations and friendships supported culturally and linguistically diverse nurses through the integration process, enabled them to effectively practice nursing and promoted their overall wellbeing (Konno, 2006; Schilgen et al., 2017; Pung and Goh, 2017). Collegial social activities, peer interactions and engagements increased cultural adaptation, linguistic, communication and intercultural competences (Javanmard et al., 2017; Lin et al., 2018).

Language and communication developed through organizational supported language learning by linguistic specialists and integrating language learning into transition programs, which enabled culturally and linguistically diverse nurses to learn the local language and use their rich linguistic capabilities in the delivery of care within the healthcare organization (Hyvärinen et al., 2017; Konno, 2006; Cruz et al., 2017). Communication learning helped nurses to learn cultural communication and cushioned communication induced challenges (Ho and Chiang, 2015; Zizzo and Xu, 2009). Language training and tailored language and communication courses allowed a smooth culturally and linguistically diverse nurse transition and helped build professional language competence (Kawi and Xu, 2009; Khan-Gökkaya et al., 2019).

Personal skills development were supported through self-skills training, e.g., to establish openness and a welcoming attitude for local nurses toward culturally and linguistically diverse nurses (Hyvärinen

et al., 2017). Development of self-qualities such as resilience, confidence, determination and hope helped culturally and linguistically diverse nurses overcome adaptation and transition challenges, and enhanced their confidence, independence, and work satisfaction (Moyce et al., 2016; Zhong et al., 2017; Ghazal et al., 2020). Support for personal qualities of culturally and linguistically diverse nurses boosted their morale, self-worth and supported their development within a healthcare organization (Ng Chok et al., 2018b).

3.3. Professional development strategies and models

This domain was present in 26 reviews. Licensure and orientation to work for culturally and linguistically diverse nurses, focused on gaining rights of practice which was supported through organizational support for licensure, certification, and competence recognition (Kawi and Xu, 2009; Covell et al., 2016). Culturally and linguistically diverse nurses were provided with important certification and licensure information (Abuliezi et al., 2021; Ho and Chiang, 2015; Covell et al., 2014) beyond the provision of information, nurses were also allowed extra time for certification and licensure exams (Abuliezi et al., 2021). At the workplace, culturally and linguistically diverse nurses' efficient orientation to work occurred through personalized transition and orientation (Chun Tie et al., 2018), continuous individualized orientation (Pung and Goh, 2017), tailored orientation (Javanmard et al., 2017), practice transition and adaptation (Konno, 2006; Davda et al., 2018; Primeau et al., 2014), and support for professional integration (Covell et al., 2016).

Organized orientation to work and scope of practice, and organizational supported and prolonged orientation helped culturally and linguistically diverse nurses attain cultural, professional, and linguistic competences. These strategies and models also allowed for the nurses to become self-reliant, accepted as part of the workforce and promoted their work satisfaction (Moyce et al., 2016; Zhong et al., 2017; Pung and Goh, 2017; Cruz et al., 2017; Khan-Gökkaya et al., 2019; Javanmard et al., 2017; Kawi and Xu, 2009; Lin et al., 2018; Chun Tie et al., 2018; Primeau et al., 2014; Viken et al., 2018; Covell et al., 2014; Xu, 2007).

Career and competence development were supported through recognition of prior competence (Davda et al., 2018; Primeau et al., 2014; Cruz et al., 2017; Covell et al., 2016; Ng Chok et al., 2018a; Ng Chok et al., 2018b; Covell et al., 2014; Nichols and Campbell, 2010; Wellard and Stockhausen, 2010). Culturally and linguistically diverse nurses were also supported toward the acquisition of competence and development of existing competence; this helped them integrate to the workforce and healthcare system (Ng Chok et al., 2018b). Healthcare organizations supported competence acquisition through competence training (Ho and Chiang, 2015), learning support (Zhong et al., 2017) and by offering opportunities for career development (Cruz et al., 2017). Labor and professional organizations also supported culturally and linguistically diverse nurse career development and integration, this strategy allowed for work satisfaction and helped alleviate attrition (Covell et al., 2016; Moyce et al., 2016).

Workplace mentorship and preceptorship, in the form of mentorship to work, helped culturally and linguistically diverse nurses adapt to the host country and organization, utilize their skills, gain professional and linguistic competences, and derive satisfaction from their work (Chun Tie et al., 2018; Primeau et al., 2014; Pung and Goh, 2017; Zizzo and Xu, 2009; Javanmard et al., 2017; Covell et al., 2014; Lin et al., 2018; Xu, 2007). Mentorship from colleagues with similar backgrounds was found to improve nurses' feeling of acceptance (Ghazal et al., 2020). When colleagues efficiently mentored and interacted with culturally and linguistically diverse nurses, there was a positive impact on adaptation and facilitated rapid integration into the organization (Kawi and Xu, 2009). Supervised mentorship and preceptorship not only helped adaptation to the host healthcare system but also allowed the nurses utilize existing competences and skills (Primeau et al., 2014; Ho and Chiang, 2015; Zhong et al., 2017; Viken et al., 2018; Montayre et al., 2018; Khan-Gökkaya et al., 2019).

Table 1
Data extraction.

Author/s, year, country and title	Study type	Participants	Concept	Context	Methodology	Key findings
Chun Tie et al., 2018, Australia. The experiences of internationally qualified registered nurses working in the Australian healthcare system: An integrative literature review	Integrative review	Internationally qualified nurses	Integration to work, racism, scope of practice	Australian healthcare system	Comparative thematic Analysis Studies $n = 16$ Year of publication: 2007–2016	Anti-racism and anti-discrimination policies help toward alleviating and handling of racism prejudice and discrimination. Sufficient managerial support by acting promptly when there are incidences as well as advocating zero tolerance. Cultural awareness programs help alleviate or reduce prejudicial incidences within the workplace. Mentoring and peer support help acculturate into the organization and enable smooth integration to the workforce and job satisfaction. Organizational supported intergroup and intercultural programs enable a conducive working environment, cultural diversity, appreciation of professional backgrounds and experience, and develop workforce cohesiveness and overall retention. Provision of subsidized housing, extra orientation hours and community acceptance of diversity support transition, acculturation and integration.
Abuljezi et al., 2021, Japan. The experiences of foreign-educated nurses in Japan: a systematic review	Systematic review	Foreign educated nurses	Migration Factors relating to work: language, adaptation to work, regulations toward registration, wellbeing	Japanese healthcare context	The thematic synthesis Studies $n = 25$ (qualitative = 11, quantitative = 13, mixed methods = 1)	Extended time and information regarding board exams help FENs to prepare for registration exams and ease their stress and anxiety. Collegial attitude and support improve interrelationships between FENs and promote efficient use of skills and acceptance. Language training and sociocultural programs allow learning of language, culture and the healthcare system, and hence support a smooth integration process to work and society. Pre-arrival orientation to work related duties, terms of employment and cadre allows FENs to have realistic expectations, which helps toward job satisfaction and eventual integration. Cultural education for nurse educators and trainers allows an understanding of the differences between the FEN background and the similarities and differences with the local context. Involvement in policy formulation ensures suitable support systems.
Konno, 2006, Australia. Support for overseas qualified nurses in adjusting to Australian nursing practice: A systematic review	Systematic review	Overseas qualified nurses	Supporting interventions toward nurse adjustment to work environment Creation of positive work and educational environments	Australian healthcare setting	Narrative analysis Studies $n = 12$ (qualitative = 3, program evaluation reports = 3, d0escriptive studies = 2, expert opinions = 4) Year of publication: 1985–2003	Transition programs help to address culture clashes between native and foreign nurses. Informal friendly relations as well as professional relations with colleagues enhance effective practice. Buddy or preceptor programs support the linguistic and cultural aspects of foreign nurses and tailor language learning.
Moyce et al., 2016, USA. Migration experiences of foreign educated nurses: A systematic review of the literature + A7	Systematic review	Foreign educated nurses	Migration Factors relating to work: licensing, racism, discrimination, language and communication, skill underutilization, acculturation, importance of family	Global healthcare settings	Thematic analysis Studies $n = 44$ (qualitative = 25, quantitative = 16, mixed methods = 2). One study added on the basis of expert opinion Year of research publication: not limited	Extended cultural orientation facilitates transition and negates the effects of social isolation and racism. Universal recruitment regulation helps alleviate deskilling and improves FEN career development and satisfaction. Recruitment of more FENs promotes workforce diversity and integration. Personal attributes resilience, self-belonging and self-reliance. Peer support from other FENs helps overcome experiences of isolation, racism and prejudices and improves mental wellbeing, integration and job satisfaction. Formal orientation programs and professional organizations promote acculturation and professional satisfaction, improving retention of FENs in the workplace.
Hyyäinen et al., 2017, Finland. Immigrant nurses' experiences of adaptation to the work and work communities on health care	Systematic review	Immigrant nurses	Adaptation to work and work communities in healthcare	Finnish healthcare settings	Inductive content analysis Studies $n = 27$ Year of publication: 2001–2015	Enhanced language courses help immigrant nurses learn the local language, while organizations can appreciate and take advantage of their diverse languages. Well organized induction and better working conditions foster efficient adaptation and better patient safety. Positive nurse manager and immigrant nurse relationship and support help avert racism and discrimination as well as enhance equality and workforce satisfaction. Training regarding multiculturalism and tolerance skills for native nurses help avert racism, promote collegiality and equal treatment for all nurses.
Zhong et al., 2017, Australia. What are Chinese nurses' experiences whilst working overseas? A narrative scoping review	Narrative scoping review	Chinese migrant nurses	Migration and integration stages of migrant nurses Workforce integration, acculturation and resilience	USA, Australia and Canadian healthcare contexts	Narrative synthesis Studies $n = 24$ (qualitative = 13, quantitative = 5, mixed methods = 1 unspecified = 5)	Personal attributes strength, resilience, hope and aspiration help MNS cope with the challenges of integrating to work and society. Bridging programs coupled with professional development activities prepare MNS for practice in the healthcare context. Supported and self-directed learning help achievement of competence and enable integration to social environments and the profession. Work modalities (part-time and reduced burden) allows a work-life balance. Preceptorship schemes promote clinical and emotional support. Inclusive workplace culture promotes

Schilgen et al., 2017, Germany. Health situation of migrant and minority nurses: A systematic review	Systematic review	Migrant and minority nurses	Acculturation, discrimination and bullying in the workplace, race and ethnicity	Global healthcare context	Narrative and descriptive analysis Studies $n = 14$ (quantitative = 11, qualitative = 1, mixed methods = 2)	diversity and reduces discrimination. Social networks with colleagues and friends are beneficial toward integration and retention. Acculturation programs enhance positive aspects of the host culture. Transition programs including cultural training for both migrant nurses, and their colleagues help to increase the health and wellbeing of migrant and minority nurses, as well as cultivate cultural competency, which helps alleviate racial and professional discrimination. Social support/networks promote the mental wellbeing of MIMNs. Professional autonomy leads to job satisfaction. Positive collegial relationships promote a positive and conducive working environment. Organizational support helps to avert bullying, discrimination, racism and promotes career development, better working conditions and sufficient orientation.
Davda et al., 2018, United Kingdom Migration motives and integration resources of health in the United Kingdom	Systematic review	International nurses, doctors and dentists	Workforce integration, training and support	United Kingdom healthcare context	Meta synthesis Qualitative studies $n = 31$ Year of publication: 2000–2017	Adaptation programs help bridge the gap between training culture and foreign work environment and improve patient safety and retention of international nurses. Competency tests help to cover the knowledge gap and avert professional discrimination. Training in equality and diversity helps retention levels. Tailored support programs are necessary to improve integration, retention, skill recognition and job satisfaction
Primeau et al., 2014, Canada Foreign-trained nurses' experiences and socioprofessional integration best practices	Integrative literature review	Internationally educated nurses	Professional integration and transition to practice	Global healthcare settings	Thematic analysis Empirical studies $n = 54$ Year of publication: 2003–2013	Nursing practice adaptation programs (language training, healthcare system information, nursing practice development workshops, cultural diversity and competence workshops, supported adaptation to the living environment and workforce introduction workshops) help international educated nurses ease of practice in the host country. Workplace integration (orientation spanning from 12 to 16 weeks up to 6 months, mentoring and preceptorship, continuous training, work environment awareness) enables successful workplace integration for internationally educated nurses.
Ho and Chiang, 2015, Hong Kong. A meta-ethnography of the acculturation and socialization experiences of migrant care workers	Meta synthesis	Migrant care workers (nurses, physiotherapists, occupational therapists, medical physicians, non-professional HCW)	Integration to workforce, acculturation, adaptation and socialization	Global healthcare context	Meta-ethnography Studies $n = 25$ (qualitative and mixed methods) Year of publication: 1993–2013	Language competency training that takes a practical approach in teaching professional language competency proficiency and communication support the learning of professional jargon and communication culture. Workplace preceptorship schemes support socialization and adjustment to the nurse professional role. Mentorship that is goal oriented, supervised and assessed supports MCW socialization to the professional role. Resilience training allows MCW adaptation process to the workplace. Bridging programs minimize professional barriers by offering information regarding registration, employment and the local healthcare system interactions between the local and MCW, existing organizational values and norms, and provision of information regarding stereotype and risk reduction reduce prejudice and discrimination.
Montayre et al., 2018, New Zealand. The global Filipino nurse: An integrative review of Filipino nurses' work experiences	Integrative review	Philippine-trained nurses working globally	Nursing workforce integration	Global healthcare context	Integrative analysis Studies $n = 7$ (qualitative = 5, mixed methods = 2) Year of publication: 2001–2014	Favorable policies related to recruitment, retention and support. Preceptorship programs and integration of transculturalism within the workforce help foreign trained nurses familiarize themselves with routine nursing practice in the host country and alleviate work related challenges and discrimination.
Pung and Goh, 2017, Singapore. Challenges faced by international nurses when migrating	Integrative review	International nurses	Nursing workforce integration Career development and adaptation	Global healthcare context	Integrative analysis Studies $n = 24$ (qualitative = 17, quantitative = 6, mixed methods = 1) Year of publication: 2005–2015	Equal opportunities and fair treatment help tackle language obstacles, discrimination, marginalization and professional development of INs within work environments. Transition programs (mentoring and clinical orientation) help nurses familiarize with the host country. Orientation program workshops familiarize INs with local policies and help them adapt to work environments. Cultural sensitive mentorship helps in integration to the healthcare system. Progressive clinical orientation attends to the individual needs of INs. Buddy programs (native buddies) matched to the INs' cultural background help guide them through the transition period. Enhanced contact with native nurses and watching local television programs ensures constant communication and understanding of the host culture, hence better integration and professional development.
Cruz et al., 2017, Canada. Return to nursing: A meta-synthesis of academic bridging programs' effect on internationally educated nurses.	Integrative review	Internationally educated nurses	Professional bridging education and readiness for IENs nursing practice Competence assessment	Canadian and global healthcare context	Constant comparative method Studies $n = 8$ (qualitative) Year of publication: 2003–2012	Bridging programs aid transition and adaptation by orienting IENs to the healthcare context of practice, acquisition of competence, advancement of language learning and career advancement.

(continued on next page)

Table 1 (continued)

Author/s, year, country and title	Study type	Participants	Concept	Context	Methodology	Key findings
Zizzo and Xu, 2009, USA. Post-hire transitional programs for international nurses: A systematic review	Systematic review	International nurses	Transition and adaptation to work Mentoring, preceptorship, training and education	Global healthcare context	Studies $n = 20$ (empirical studies = 10, non-empirical = 10) Year of publication: up to 2007	Transition programs (mentorship, language and communication training) improve job satisfaction, enhance adaptation and lower communication challenges. Logistics support (lodgings, religious and ethnic grocery stores and other services) improve the quality of life and perception of the employer. Mandatory transition programs ensure that all IINs undergo a transition program, and hence aid rapid adaptation and independence.
Viken et al., 2018, Norway. Foreign educated nurses' work experiences and patient safety – A systematic review of qualitative studies	Systematic review	Foreign educated nurses	Integration to work and professional competence development	Global healthcare context	Thematic analysis Studies $n = 17$ (qualitative) Year of publication: from 2005	Culturally sensitive transition programs (education) help with communication and language learning within multicultural teams, promotes adaptation and collegial cultural sensitivity is enhanced. An extended orientation period benefits FENs by increasing their independence, and enhancing teamwork and collaboration within the workforce. Practical training and coaching (mentorship and supervising) ensure development of care competences and enable FENs to use existing skills and knowledge in the host healthcare system. Conducive work environment and sufficient staffing improve FENs wellbeing and positively contribute to care outcomes, especially patient safety.
Ghazal et al., 2020, USA. Transition-to-U.S. practice experiences of internationally educated nurses: An integrative review	Integrative review	Internationally educated nurses	Transition to practice	United States healthcare context	Constant comparison and data reduction analysis Studies $n = 18$ (qualitative = 11, cross-sectional = 6 case study = 1) Year of publication: 2000–2018	Nurse mentors and collegial support from nurses with similar backgrounds and experiences provide support to IENS and develop a sense of belonging. Social support: family presence and residence with people from the same cultural background provide emotional support of IENS outside the work environment. Coping mechanisms: IENS' attributes (patience, self-control and resilience) help in tackling disappointments, fear, anger, frustration and shock. It also gives IENS confidence in their abilities and competences. Cultural training enables IENS and host nurses to deal with cultural differences and overcome cultural displacement and harmony.
Covell et al., 2016, Canada. Scoping review about the professional integration of internationally educated health professionals.	Scoping review	Internationally educated healthcare professionals (medical graduates, nurses and allied healthcare workers)	Professional integration of IEHPPs	Canadian healthcare context	Thematic analysis Studies $n = 407$ (journal articles = 197, expert opinions = 156) Year of publication: 2000–2012.	Pre-immigration testing and verification: access to information before migration, possession of relevant documents and professional examination for licensure help IEHPPs prepare for professional re-establishment and facilitate employment in the host country. Monetary support (microcredit program) helps IEHPPs offset costs accrued during the process of registration. Settlement programs (case management approach) assist in providing information about the licensing process and facilitate the professional integration process. Bridging and residency programs help in competence harmonization and certification and facilitate integration to the workforce.
Khan-Gökçaya et al., 2019, Germany. Qualification programmes for immigrant health professionals: a systematic review	Systematic review	Immigrant health professionals	Integration to workforce and competence development	Global healthcare context	Descriptive analysis Studies $n = 31$ (qualitative = 4, quantitative = 14, mixed methods = 13) Year of publication: 2000–2017	Supported clinical practice as an employee, intern or observer for IHPs with the support of a mentor or supervisor enhances skills and improves feedback, support and commitment. Local staff social support allows peer support, networking, reflection, discussion and group activities between local and IHP nurses. Teaching related to language, communication, teamwork, culture and ethics, as well as the healthcare system, standards and scope of practice helps toward gaining professional, formal and language skills.
Javanmard et al., 2017, Australia. Experiences of internationally qualified midwives and nurses in Australia and other developed nations: a structured literature review	Structured review (systematic review)	Internationally qualified midwives and nurses	Transition and integration to workforce	Global healthcare context	Thematic analysis Studies $n = 27$ (qualitative, quantitative, mixed-methods) Year of publication: 2000–2017	Interaction with local colleagues increases acceptance and adoption of the host culture, language and communication development, and intercultural understanding. It also positively affects the wellbeing of IQM&Ns and overall care outcomes. Cultural pluralism promotes a multicultural healthcare system Bridging and orientation programs targeted at IQM&Ns. Training the host workforce regarding multicultural working. Organizational sponsored social events help avert clashes of cultures and potential misunderstandings within culturally diverse workforces. Mentorship helps in skill development and reduces deskilling and marginalization, hence promoting confidence and wellbeing of IQM&Ns. A friendly atmosphere and orientation to culture and practice promote the feeling of being treated well and avert disappointments. Social justice and equality help IQM&Ns overcome marginalization, discrimination, racism and bullying, and promote fair access to opportunities and career development.
Ng Chok et al., 2018a, Australia. Experiences of registered nurses from a refugee background: a scoping review	Scoping review	Registered nurses from a refugee background	Integration to workforce and competence development	Global healthcare context	Thematic analysis Studies $n = 6$ (qualitative) Year of publication: up to 2017	Interpersonal relationships with host colleagues, i.e., mentors, managers and supervisors foster successful integration. Community groups and cultural centers help toward preservation of own heritage and culture in the host country. They also enable nurses to find their place in the society, improving their career development and work-life balance. Cultural sensitivity training and education raise cultural awareness at the workplace and help overcome stigma associated with RNRR. Volunteering

roles, skills training and bridging programs help increase acquaintance with the new work environment, network and professional experience. **Peer support** facilitates smooth integration into the workplace. **Additional roles**, for example, translating for staff and patients, are viewed as rewarding and boost nurses' self-esteem, sense of importance and development in the workplace.

Social support systems (accommodation and important settlement needs) help minimize MNs' experience and integration. **Placement in familiar roles** promotes retention because MNs undergo positive professional experiences and can use existing skills. **Support in the work environment** allows adaptation to the workplace culture, skill development and empowerment. **Continuous education and training** promote feelings of professional satisfaction and autonomy. **Shared workspaces** with other healthcare professionals facilitate positive experiences.

Peer support and social groups (support systems and informal networks) help in minimizing culture shock and stress. **Transition programs** help INs overcome language difficulties, cultural conflicts and practice differences. They also help toward offering support and orientation. **Mentoring (buddy system)** supports early adjustment and provides professional and emotional support. **Assertiveness training** helps INs maintain patient safety and advocacy. **Logistical and emotional support** (meet and greet, lodging and social amenities) enables INs to immediately access basic amenities in the host country. **Registration and licensing assistance**

Competency assessment (assessment and recognition of prior learning) helps in the assessment of INs' recertification modalities. **Assessment centres** facilitate access to credible information and verification regarding licensing and other involved paperwork. **Bridging programs** (entry-to-practice, direct-to-work refresher programs) are directed toward updating knowledge and expertise, acquainting with the host healthcare system, language learning and assessments and meeting the knowledge gap. **Mentorship, support by managers and employer sponsored orientation programs** contribute toward achieving professional knowledge, language skills and cultural competence, hence necessitating smooth workplace integration.

Mentoring and formal training help ONs overcome challenges in interviews, technical issues and culture. **Adaptation programs** provide familiarization with the host healthcare system. **Induction and orientation programs** are vital for supporting ONs and offer culturally rich information that helps relieve culture shock. **Accommodation work arrangements**, e.g., matching ONs shifts to their partners and co-ordination of off-duty time, help adaptation and integration. **Informal networks and social support** from peers and local nurses help toward adaptation and minimize culture shock through shared experiences. **Pastoral support** from local nurses, e.g., touring scenic areas during off days and drives from work to home, are beneficial to adaptation and makes the work environment more conducive by alleviating cross-racial and ethnic boundaries.

Access to training allows INs to use their skills and prevents a scenario where deskilling takes place. **Professional development** leads to the valuing of skills and experience, openness and an exchange of knowledge from and by both INs and local colleagues. **Racial and cultural workforce diversity management** reduces INs' experiences of racism and discrimination, and attends to issues such as pay, working environment, cadre and equality. **Equality and diversity training** aims to establish employees' awareness regarding various work related issues and establish good practices within the workforce.

Educational and workplace environment development enables career development, flexible working conditions and access to supportive technologies. **Cultural training** helps OTNs to fit into the host workforce.

Tailored transitional programs beyond an orientation program for all nurses benefit INs by addressing their specific needs and orientation into the healthcare context. **Mentoring programs** (buddy systems) facilitate smooth integration and adaptation, and eventual job satisfaction and retention. **Cultural competence training** helps INs and local nurses attain a mutual grasp of cultural values, beliefs and expectations, as well as cultural communication. **Role play sessions** that involve conflict scenarios and handling of high stress and emotionally charged situations help to improve the assertiveness of INs.

Ng Chok et al., 2018b,

Australia. The factors impacting personal and professional experiences of migrant nurses in Australia: An integrative review

Kawi and Xu, 2009, USA.

Facilitators and barriers to adjustment of international nurses: An integrative review

Covell et al., 2014, Canada.

A scoping review of the literature on internationally educated nurses in Canada: mapping a research agenda

Lin et al., 2018, China. A

literature review of research exploring the experiences of overseas nurses in the United Kingdom (2002–2017)

Nichols and Campbell, 2010,

UK. The experiences of internationally recruited nurses in the UK (1995–2007): an integrative review

Wellard and Stockhausen, 2010,

Australia. Overseas trained nurses working in regional and rural practice settings: Do we understand the issues

Xu, 2007, USA. Strangers in strange lands: a metasynthesis of lived experiences of immigrant Asian nurses working in western countries

Integrative analysis
Studies $n = 22$
Year of publication:
1995–2016

Australian
healthcare
system

Integration to
workforce and
competence
development

Migrant nurses

Integrative
review

Integrative analysis
Studies $n = 29$
Year of publication:
up to 2007

Global
healthcare
context

Integration to the
workforce and
environment

International
nurses

Integrative
review

Thematic analysis
Studies
 $n = 157$
Year of publication:
2000–2013

Canadian
healthcare
context

Integration to
workforce and
competence
development

Internationally
educated
nurses

Scoping
review

Thematic analysis
Studies $n = 8$
(qualitative = 6
quantitative = 1,
mixed methods = 1)
Year of publication:
2002–2017

United
Kingdom
healthcare
context

Integration to the
workforce and
environment

Overseas
nurses

Systematic
review

Content and thematic
analysis
Studies
 $n = 30$ (qualitative
and quantitative)
Year of publication:
2000–2007

United
Kingdom
healthcare
context

Integration and
retention to the
nursing workforce

International
nurses

Integrative
review

Thematic analysis
Number
of selected studies $n = 10$
Year of publication:
1995–2008

Australian
healthcare
system

Integration and
retention to the
nursing workforce

Overseas
trained
nurses

Integrative
review

Meta ethnography
Studies $n = 14$
(qualitative)
Year of publication:
up to 2006

United
Kingdom
healthcare
context

Integration in the
healthcare system,
workforce integration,
adaptation and
retention

Immigrant Asian
nurses

Meta
synthesis

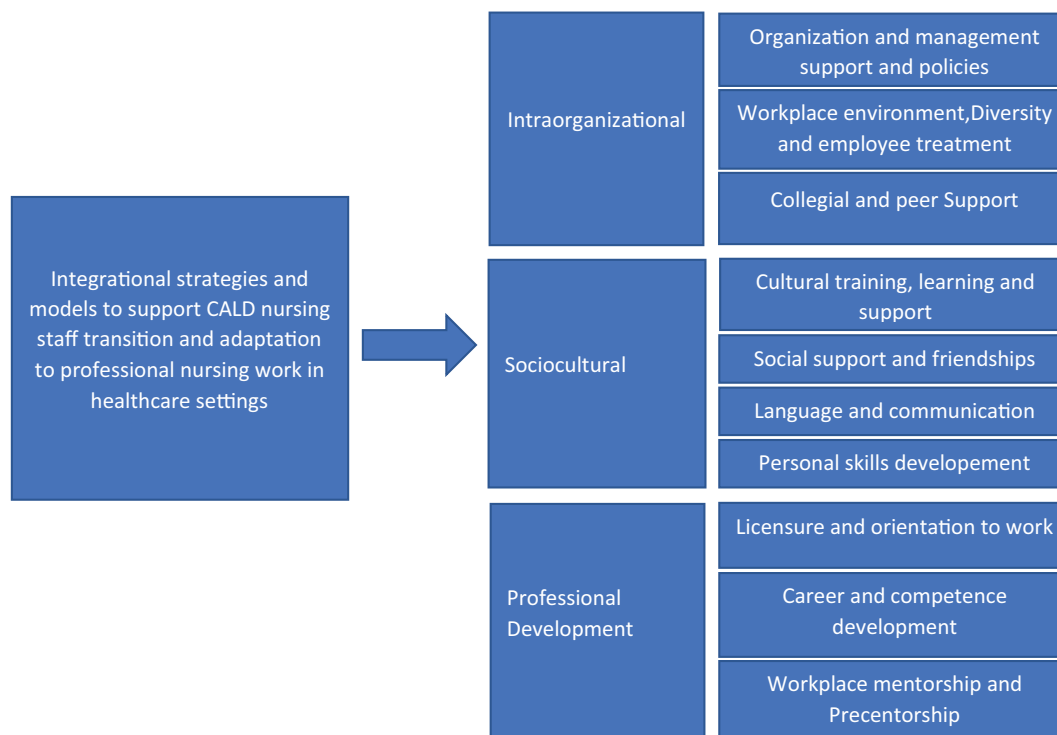


Fig. 2. Results of content analysis.

4. Discussion

Successful organizational socialization of a newcomer relies on support from the organization, management, colleagues, and the individual (Sluss and Ashforth, 2007; Tomietto et al., 2015). Our results show that integration strategies and models of culturally and linguistically diverse nurses in healthcare organizations are structured within three dimensions: 1) intra-organizational, 2) sociocultural, and 3) professional development. We established that the strategies and models conform to the theory of organizational socialization by Van Maanen and Schein (1977). First, we found that the nature of nursing practice involves some level of risk to nurses, patients, and the organization. Thus, the three domains of strategies and models established in this study contain aspects of both formal and informal tactics aimed at competence development and risk mitigation. For instance, structured language and communication learning as well as professional competence development for culturally and linguistically diverse nurses comprise a formal approach, whereas informal aspects may include, e.g., their socialization through unstructured peer and colleague support.

Efficient integration is resource and time dependent (Primeau et al., 2021; Nortvedt et al., 2020). Interventions identified in our results, such as prolonged orientation, workplace mentorship and preceptorship, and provision of social amenities, involve the use of human, material, and time resources. This review further established that provision of resources to managers by the organization is important. These resources help managers develop and implement integrational strategies toward culturally and linguistically diverse nurse linguistic, cultural, and professional competence development.

An organization's resources also affect the sufficiency of staff and possibility for mentorship and preceptorship of culturally and linguistically diverse nurses toward learning and settling in their roles (Primeau et al., 2021; Nortvedt et al., 2020). This review established the significance of workforce sufficiency as an intervention towards integration. Negative care outcomes may occur if there is an understaffed nursing workforce (Primeau et al., 2021). We project that the current

global nursing workforce shortages (Drennan and Ross, 2019) might further impede culturally and linguistically diverse nurse integrational processes.

This review established that intervening to provide a conducive workplace environment is crucial. Healthcare workplaces are characterized by the nurses who operate within them. These nurses are diverse and interact with each other within social and professional domains. The specific integration strategies and models related to culturally and linguistically diverse nurses identified in this study are similar to the process of integration of Ramji et al. (2019), where aspects such as diversity, inclusivity, respect, and acceptance of culturally and linguistically diverse nurses within the work environment are applied. A conducive work environment helps to improve work satisfaction, wellbeing, proficient professional practice, and retention (Ramji et al., 2019; Rahman et al., 2020; Covell and Rolle Sands, 2021).

Organizational socialization relies on collegial support and relationships (Sluss and Ashforth, 2007). Our study highlights the crucial role that both native and peer colleagues play toward culturally and linguistically diverse nurse integration through their formal and informal support. Formal collegial mentorship and preceptorship have been found to have a positive effect on nurse competence development. These findings correlate with two dimensions of organizational socialization reported by Taormina (2009), namely training and co-worker support, whereby skills and abilities to perform roles are acquired, social relations are established and acceptance by colleagues at the workplace is achieved. These aspects enable efficient integration. Establishing and supporting friendships both inside and outside of work promote a positive work environment and work wellbeing (Sluss and Ashforth, 2007). This was supported by the findings of this review, which showed that friendships both formal and informal have been used toward culturally and linguistically diverse nurse socialization, cultural interaction, and professional development.

Culturally and linguistically diverse nurses come from various cultural and linguistic backgrounds. Their diversity and that of their native colleagues contribute to a multicultural workforce and organization. Cultural

diversity has been found to have positive outcomes on an organization (Dols et al., 2019). In the established integrational strategies and models identified in our research, there was an expressed need for culturally and linguistically diverse nurses to behave or adjust in some way toward acculturating to the host culture, learning the language, gaining professional competence, and acquiring certain self-skills. Our findings also revealed interventions directed at host colleagues, albeit minimally and only concentrated on their cultural competence development (Javanmard et al., 2017) and building an open and welcoming attitude toward culturally and linguistically diverse nurses (Hyvärinen et al., 2017). However, it is still a crucial finding since cultural adjustment and integration is a two-way and organizational wide process (Taormina, 2009; Dols et al., 2019). Hence, ensuring native colleagues' cultural competence and attitude is essential for efficient nurse integration.

Culturally and linguistically diverse nurses' welfare is important toward their eventual integration into an organization (Primeau et al., 2021). This study established that provision of social amenities as an intervention enabled integration in an organization. Previous research has shown that organization provision of amenities, such as subsidized housing, helps nurses settle well into an organization and influences attrition (Alreshidi et al., 2021).

Organizational socialization theory by Taormina (2009) has shown that work satisfaction and retention in an organization is influenced by relationships between employees, knowledge of duties and prospects for career development. This study identified various interventions that have been used to support culturally and linguistically diverse competence development and career growth. Culturally and linguistically diverse nurses may have experience from other settings (Likupe, 2015) as well as special competences and qualities (Choi et al., 2019). Support for these experiences and competencies has been found to improve nurses' development, work satisfaction, feeling of being valued and eventual retention in an organization (Primeau et al., 2021).

Ensuring nurses' work satisfaction and wellbeing contributes to equal labor practices within an organization (Rahman et al., 2020). It has been documented that some culturally and linguistically diverse nurses experience unfair contractual terms, cadre and even conferred duties at work (Nortvedt et al., 2020). Beyond the organization, our results established that labor and professional organizations are important in supporting culturally and linguistically diverse nurses in their professional growth and eventual integration.

According to Taormina (2009), organizational socialization programs are efficient when they include four components, i.e., training, understanding of formal and informal rules of the context, co-worker support and future prospects. Our findings show that the first three components have been mostly used, i.e., culturally and linguistically diverse nurse training toward gaining certain competences, understanding of the organization and healthcare system of the host country, and collegial and peer support. Future prospects entail motivating aspects such as remuneration, bonuses, professional development and career advancement (Taormina, 2009). In the analyzed reviews, there were few findings indicating the popularity of future prospects as an integrational approach. This may relate to findings by Tomietto et al. (2015), who studied organizational socialization factors within the first two years of employment in relation to turnover intentions. Training and formal understanding of policies and protocols within the organization were found to be more effective than informal understanding. The priorities of newcomer nurses also differ with time: initially there is a need to master the required competencies via training and later a need to access professional development opportunities within the organization.

Van Maanen and Schein's (1977) model of organizational socialization established that institutional strategies are more effective than individualized strategies. This might relate to our finding that clear induction programs, mentorship, preceptorship, and cultural and language competence support strategies at the institutional level are beneficial toward culturally and linguistically diverse nurses' integration.

However, we find that future prospects seem not to be given priority in the initial stages of integration even though we establish that this factor is likely to be important considering that remuneration in nursing is low compared to other professions and culturally and linguistically diverse nurses might face low career mobility and even low wages (Drennan and Ross, 2019) and some nurses experience unfair labor terms (Likupe, 2015) and downward career mobility (Nortvedt et al., 2020). Planning clear career paths and professional development opportunities at the institutional level may further motivate culturally and linguistically diverse nurses, support their career growth, satisfaction, and retention in the profession and organization.

4.1. Limitations and strengths

To the best of our knowledge, this is the first umbrella review conducted to establish the integration strategies and models used toward supporting transition and adaptation of culturally and linguistically diverse nurses into healthcare organizations. Joanna Briggs institute guidelines for conducting reviews were adhered to, minimizing any probable bias, and the preferred reporting items for systematic reviews and meta-analyses checklist was used to ensure transparency of the report. The database search was limited to nurses and did not include other healthcare professionals with culturally and linguistically diverse background, which might have limited the results of this study. Even though there might be similar culturally and linguistically diverse healthcare workforce integrational experiences, each type of healthcare professional might have norms and interprofessional characteristics that are unique to their group and affect their integration differently. Another limitation is that we were not able to conduct a meta-analysis due to the narrative research reports in previous studies.

5. Conclusion

Efficient organization integration of culturally and linguistically diverse nurses is an essential process that enables their onboarding and efficient practice within a host healthcare system. This study has established important strategies and models for creating and implementing integrational interventions. However, we find that most interventions have focus on addressing cultural diversity, linguistic challenges, and differences in the scope of practice. Further inquiry might be needed toward evaluating and understanding nurses' personal needs, goals, and future prospects and how this might strengthen the outcomes of the integration process. For instance, meeting some of the social needs of culturally and linguistically diverse nurses and competitive remuneration might help them settle in well at work and motivate them to integrate.

This study impacts the healthcare organizations toward allocating more material and human resources in support of the integration of culturally and linguistically diverse nurses. The nurse manager's role is pivotal in ensuring a ward-level conducive work atmosphere, collegial relations, and competence development. At the workforce level, collegial and peer relations, support and cultural understanding are important aspects of integration. Further research is needed to understand the effect of the current global nursing workforce shortage and its impact on culturally and linguistically diverse nurse integration process within various healthcare systems. Finally, we suggest that reverse integration may be a useful approach to evaluate native nurses' competences and effects toward culturally and linguistically diverse integration so that interventions to support positive native nurse competences might enhance co-worker support even further.

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Criteria	Author Initials
Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;	SK, MK, HK, AO, MT, JJ, AMT, KM
Involved in drafting the manuscript or revising it critically for important intellectual content;	SK, MK, HK, AO, MT, JJ, AMT, KM
Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content;	SK, MK, HK, AO, MT, JJ, AMT, KM
Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.	SK, MK, HK, AO, MT, JJ, AMT, KM

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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