

Foreign Recruitment– Through the Lens on a Nurse Migrant and Nurse Recruiter

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Objectives

- ▶ Adapt to the Changing Needs of the Health Care System
- ▶ Analyze current trends in addressing Nursing Shortage
- ▶ Nurse Migration to address Nursing Shortage

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Disclosure

Nothing to Disclose

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International career mobility and ethical nurse recruitment (ICN, Nov.2019)

International Migration - Flow of nurses from one country to another

- ▶ Has risen in magnitude and a constant feature in the nursing labor market
- ▶ Policies enacted to address education, skills, remuneration, immigration and job security
- ▶ Ethical recruitment practices of recruiting/staffing agencies
- ▶ International trade agreements, mutual trade agreements have enabled career mobility for nurses

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International career mobility and ethical nurse recruitment (ICN, Nov.2019)

Internationally Educated Nurses (IEN)

- ▶ Have been recruited using false or misleading information about their terms and conditions of employment, remuneration and benefits.
- ▶ Are discriminated in employment and in access to education and career opportunities.
- ▶ Are at risk of exploitation or abuse because of challenges related to distance, language barriers and cost in verifying licensing and regulatory information, and in the terms of employment.

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International career mobility and ethical nurse recruitment (ICN, Nov.2019)

Negative Impact of International Recruitment:

- ▶ Losing highly skilled nurses to actively recruiting high-income countries is compromising the capacity of some countries to achieve and sustain health systems improvements and provide universal access to quality healthcare
- ▶ Long term active international recruitment places a risk in the delay of local measures that would improve recruitment, retention and long-term human resources planning, and support workforce stability

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ICN Position and Recommendations (ICN, Nov.2019)

- ▶ Comprehensive and Nursing Regulation
- ▶ Access to full and flexible employment opportunities
- ▶ Freedom of Movement
- ▶ Freedom from discrimination
- ▶ Good Faith Contracting

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ICN Position and Recommendations (ICN, Nov.2019)

- ▶ Equal pay for work of equal value
- ▶ Access to grievance procedures
- ▶ Safe work environment:
- ▶ Effective orientation/mentoring/supervision
- ▶ Freedom of association
- ▶ Regulation of recruitment

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Nursing Shortage

- ▶ ICN has projected a global shortfall of more than 10 million nurses by 2030 (ICN, April 2020)
 - ▶ As of 31 December 2020, the cumulative number of reported COVID-19 deaths in nurses in 59 countries is 2,262. The Americas region accounted for more than 60% of the nurse deaths in the \
- ICN dataset. (ICN, Dec,2020)
- ▶ The SOWN also reports that one in six (17%) of nurses around the world is aged 55 years or over, and expected to retire within the next 10 years (ICN, Dec 2020)

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Nursing Shortage (ICN, 2005, 2020)

Multiprong Approach to address Nursing Shortage

- Improve the recruitment and retention of practicing nurses and attract nonpracticing nurses back into the profession.
- Partner with community colleges and universities to "grow their own" nurses from among current employee populations or graduating high school seniors.
- Add nursing faculty, so that students are not turned away.
- Increase the use of temporary nurses from employment agencies.
- Recruit more nurses from other countries.

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Nursing Shortage (ANA, AMA, 2005, 2020)

Key Points to address Nursing Shortage:

- All countries must strive to attain self-sufficiency in their health care workforces without generating adverse consequences for other countries.
- Developed countries must assist developing countries to expand their capacity to train and retain physicians and nurses, to enable them to become self-sufficient.
- All countries must ensure that their health care workers are educated, funded, and supported to meet the health care needs of their populations.
- Action to combat the skills drain in this area must balance the right to health of populations and other individual human rights.

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Industry with the Highest Levels of Employment (BLS.gov. May, 2020)

Industry	Employment	Percent Industry of Employment	Hourly Mean Wage	Annual Mean Wage
General Medical and Surgical Hospitals	1,729,200	30.90	\$ 39.27	\$ 81,680
Offices of Physicians	192,300	7.42	\$ 34.45	\$ 71,660
Home Health Care Services	169,630	11.35	\$ 36.48	\$ 75,870
Outpatient Care Centers	150,380	15.66	\$ 42.93	\$ 89,300
Nursing Care Facilities (Skilled Nursing Facilities)	143,250	9.34	\$ 34.66	\$ 72,090

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Industry with Highest Concentration of Nurses (BLS.gov. May, 2020)

Industry	Employment	Percent Industry of Employment	Hourly Mean Wage	Annual Mean Wage
General Medical and Surgical Hospitals	1,729,200	30.90	\$ 39.27	\$ 81,680
Specialty (except Psychiatric and Substance Abuse) Hospitals	63,910	23.93	\$ 39.86	\$ 82,910
Psychiatric and Substance Abuse Hospitals	39,840	16.47	\$ 37.14	\$ 77,250
Outpatient Care Centers	150,380	15.66	\$ 42.93	\$ 89,300
Home Health Care Services	169,630	11.35	\$ 36.48	\$ 75,870

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Top paying industries for Registered Nurses (BLS.gov. May, 2020)

Industry	Employment	Percent Industry of Employment	Hourly Mean Wage	Annual Mean Wage
Business Support Services	560	0.07	\$ 51.28	\$ 106,670
Federal Executive Branch (OEWS Designation)	86,860	4.17	\$ 46.26	\$ 96,230
Pharmaceutical and Medicine Manufacturing	340	0.11	\$ 44.29	\$ 92,110
Other Investment Pools and Funds	100	0.92	\$ 44.23	\$ 91,990
Office Administrative Services	(8)	(8)	\$ 43.02	\$ 89,490

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Industry with Highest Employment of RN's (BLS.gov. May, 2020)

Industry	Employment	Percent Industry of Employment	Hourly Mean Wage	Annual Mean Wage
California	307,060	18.69	0.87	\$ 57.96
Texas	219,330	18.12	0.84	\$ 36.92
Florida	183,130	21.69	1.01	\$ 33.42
New York	178,550	20.54	0.96	\$ 43.16
Pennsylvania	146,640	26.60	1.24	\$ 35.66

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Industry with Top Paying States for RN's (BLS.gov. May, 2020)

Industry	Employment	Percent Industry of Employment	Hourly Mean Wage	Annual Mean Wage
California	307,060	18.69	0.87	\$ 57.96
Hawaii	11,260	19.62	0.91	\$ 50.40
Massachusetts	84,030	25.08	1.17	\$ 46.27
Oregon	36,840	20.39	0.95	\$ 46.27
Alaska	6,240	21.05	0.98	\$ 45.81

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Nursing Shortage (ICN, 2020)

- ▶ The global nursing shortage was a well recognized issue prior to the pandemic.
- ▶ In 2020, the first State of the World's Nursing (SOWN) report, published by the World Health Organization (WHO), revealed the global nursing workforce was at 27.9 million and estimated there was a global shortfall of 5.9 million nurses.
- ▶ 89% of these nurse shortages were concentrated in low and lower middle countries, with huge gaps in countries in the African, South-East Asia and Eastern Mediterranean WHO regions.
- ▶ With the ageing of the nursing workforce, 17% of nurses globally are expected to retire within in the next ten years, and 4.7 million additional nurses will need to be educated and employed just to maintain current workforce numbers, let alone address the shortages. In total, 10.6 million additional nurses will be needed by 2030

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Nursing Shortage (CGFNS, Jan, 2022)

- ▶ We already had a shortage of six million nurses at the start of the pandemic, but with the immense and relentless pressure of responding to COVID and the Omicron variant, and an avalanche of resignations and retirements anticipated, the world will need to recruit and retain up to 13 million nurses over the next decade.
- ▶ Burnout was reported in 63% of nurses, and 56% of nurses also reported work overload
- ▶ 2 in 5 nurses intend to leave their practice altogether. Burnout, workload and COVID-19 – associated stresses were associated with intent to reduce hours or leave, whereas feeling valued was strongly associated with lower odds of reducing hours or leaving

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Nursing Shortage

- ▶ The pandemic has heightened the risks associated with international recruitment: cutting across international supply to some high income “destination” countries, in the short term, whilst driving up “push” factors and likely outflow from low-income “source” countries (CGFNS, Jan. 2022)
- ▶ Survey of 400 frontline nurses, 2021: • 22% indicated they may leave their current positions • 60% said they were more likely to leave since the pandemic began, with insufficient staffing, workload and emotional toll being the most reported factors. (CGFNS, Jan. 2022)

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Nurse Migration – Is it the Answer? (CGFNS, Jan, 2022)

- ▶ International Nurse Recruitment has gained popularity in recent years due to the increasing demand for nurses and has been magnified with the Pandemic.
- ▶ Migration Tsunami is happening due to the demands on the nursing profession globally.
- ▶ Emerging evidence of increased active and “fast track” international recruitment by some high-income OECD countries
- ▶ Growing policy emphasis on the potential of government- to-government bilateral agreements.

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Nurse Migration – Is it the Answer? (CGFNS, Jan 2022)

- ▶ There are a few countries, notably India and the Philippines, where what has been termed a “train for export” model exists.
- ▶ In India, rapid growth in the education sector has led to a marked increase in output of nurses from domestic training. This growth has been particularly notable for nursing colleges that train to a Bachelor of Science (BSc) level, which is the qualification most useful for international work. There were only 30 colleges offering the internationally desired BSc in nursing in 2000; this had grown to 1,326 by 2010, and 1,996 by 2020. Nearly all of these colleges (1833: 92%) are in the private sector

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Nurse Migration – Is it the Answer? (CGFNS, Jan 2022)

- ▶ In the Philippines, international nurse recruitment is facilitated by a government agency, the Philippine Overseas Employment Administration (POEA). Most schools of nursing in the Philippines are in the private sector, and the nursing students pay for their own education — often with the express intention of moving abroad to practice when they graduate.
- ▶ International demand for Philippine trained nurses, initially in the United States but, in more recent decades, also to a range of other countries in the Middle East and Gulf, Europe and Australia.
- ▶ US alone is the home of almost 150,000 Filipino registered nurses.

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Nursing Shortage – Is Nurse Migration the Answer?

- ▶ The CGFNS, National Council of State Boards of Nursing (NCSBN), and U.S. Citizenship and Immigration Services (CIS) provide a rigorous screening process to ensure that nurses from one country are competent to practice in health care facilities in other countries.
- ▶ To practice in the United States, a foreign nurse, in addition to being licensed in his or her own country, must have a certificate from the CGFNS indicating that the nurse has passed the CGFNS exam and/or evidence that he or she has passed the NCSBN's NCLEX-RN licensing exam, depending on the state in which the nurse is planning to work.

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Nurse Migration (Nurse Recruit, 1979)

- ▶ Recruitment of nurses from other countries outside of the United States
- ▶ Started in the 20th century to address nursing shortage
- ▶ Nurses came in waves of recruitments by staffing agencies
- ▶ H1 – Visa was the predominant avenue for recruitment – 1960's till 1990's
- ▶ 2000 - Immigrant Visas came into play as the recruitment tool by hospitals to recruit and retain nurses.

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Nurse Migration (Nurse Recruit, 1979)

- ▶ H1 Visa – nurses came to the US within 6 months to one year from the interview date if paperwork is complete.
- ▶ Contractual Agreement between the institution and the RN at time of hire – if successful with the interview
- ▶ Work contracts varies depending on the institution – ranging from 3-. 5 years or longer and does not commence until passage of the US RN license.
- ▶ Recruiting agency processed all necessary paperwork with Philippine and US Consulate
- ▶ Health requirements completed by RN

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Nurse Migration (Nurse Recruit, 1979)

- ▶ Immigration papers completed and RN is scheduled for an interview with INS.
- ▶ After successful interview, RN is set to leave for the US.
- ▶ Recruiting agencies were sending nurses in groups to the different institutions
- ▶ Nurse Acculturation/Orientation was well orchestrated by the institution
- ▶ Filipino Employees of the institution assisted with the Acculturation process

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Nurse Migration (Nurse Recruit, 1979)

- ▶ Filipinos are noted for their hospitality – Filipinos in the area assisted them in their orientation to the place and provided for resources as needed.
- ▶ Institutions gave a full specialized orientation that included acculturation process – 3 months for Med/Surg and additional 3 months for specialty
- ▶ NCLEX application and review was provided by the institution.
- ▶ The Nurses practiced as graduate nurses – temporary RN license until NCLEX license obtained.
- ▶ Depending on the state they are allowed 1 or 2 NCLEX examinations before they become nurse technicians

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Nurse Migration (Nurse Recruit, 1979)

- ▶ If the RN passes the NCLEX, their contract commences. The Institutions will renew the H1 Visa if that nurse is still needed in that institution otherwise if not renewed, the RN will have to find another employer to sponsor the H1 Visa
- ▶ If the RN does not pass the NCLEX, they continue employment as a nurse technician until passage on NCLEX if the employer needs them
- ▶ Employers were nurse friendly that they supported the nurses with housing – free for one month and then the nurses started to pay for board and lodging.
- ▶ Employers provided housing that were walking distance to the institutions

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Nurse Migration (Nurse Leader, 2001)

- ▶ Immigrant Visas gained popularity as a way of recruiting Philippine Nurses.
- ▶ Recruitment agencies were contracted by institutions on nursing staffing needs.
- ▶ Recruitment agencies were responsible for obtaining necessary paperwork from the potential hires – Diplomas, Philippine RN license, CGFNS, TOEFL or IELTS results
- ▶ Institutions sent Nurse Leaders to interview potential applicants in the Philippines.
- ▶ Institutions petitioned the potential hires as immigrants including families

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Nurse Migration (Nurse Leader, 2001)

- ▶ Employers provided housing and transportation to and from work if the housing is not walking distance to the institution.
- ▶ Employers assisted with the Board on Nursing Licensure application
- ▶ Institutions gave a full specialized orientation that included acculturation process – 3 months for Med/Surg and additional 3 months for specialty
- ▶ NCLEX application and review was provided by the institution.
- ▶ Filipinos are noted for their hospitality – Filipinos in the area assisted them in their orientation to the place and provided for resources as needed.

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Nurse Migration (Nurse Leader, 2001)

- ▶ If the RN passes the NCLEX, their contract commences.
- ▶ If the RN does not pass the NCLEX, they continue employment as a nurse technician until passage on NCLEX if the employer needs them, otherwise, they will look for another employer but 99% of the time, they kept the nurse until he/she passes the NCLEX
- ▶ The nurses that have migrated as H1 Visas and as immigrants have stayed and are now part of the current workforce.
- ▶ Filipino Migrant Nurses account for a sizable number of health care workers in all institutions majority of whom are nurses
- ▶ Filipino Nurses have been the ideal migrant recruits because of the 4-year BSN programs of all nursing schools in the Philippines

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Nursing Shortage – Next Steps to Nurse Migration

- ▶ Continue nurse recruitment in the Philippines and other third world countries like India, China, Africa, and South America
- ▶ Ask Legislators to increase quota for the H1 Visas so that more nurses can avail the opportunity
- ▶ Change the requirements for the H1-B category so more nurses can avail it
- ▶ Ask Legislators to allow entry of RN's without NCLEX RN licensure
- ▶ Ask NCSBN to reinstate the temporary graduate nurse program to allow RN's to practice until they obtain NCLEX licensure in the US
- ▶ Maintain the TOEFL and other English Proficiency exams as an entry level for sponsorship

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New Jersey Board of Nursing Licensing requirements

- Have graduated from a board-approved education program; or has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);
- Have passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language)
- Pass the NCLEX before practicing as an RN

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Nurse Migrant Cost for Migration (March, 2022)

Type of Services	Cost
Credentials for Evaluation Service (CES)	\$1,500.00
Visa Screen	\$2,000.00
CGFNS	\$1000.00
Air Fare	\$1500.00
Allowance Money	\$500
Total	\$6,500.00

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Nurse Migration – What it costs the Employer?

- ▶ Dependent on what the recruiting agency will cover
- ▶ Some agencies will only cover the immigration costs for the petition
- ▶ Some agencies will cover everything including lawyer fees from recruitment till arrival
- ▶ Housing
- ▶ Orientation

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Next Steps for SNF and Assisted Living Facilities

- ▶ Recruiting Nurse Migrants from Philippines, India, Africa and South America
- ▶ Invest with Recruiting Agencies
- ▶ Ask Legislators for support to allow Caregivers without NCLEX to be petitioned as immigrants – shorten the current timeframe of 18-22 months
- ▶ Caregivers must be RN graduates of Foreign Schools with the same nursing curriculum as US Nursing Schools
- ▶ Caregivers are used as Patient Care Technicians (PCT's) while waiting for NCLEX license

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Thank you
Questions????