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Ethical international recruitment: Many faces, one goal – part 1

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Researchers and the media have increasingly focused on the impact of international nurse migration and the efficacy of international recruitment for resolving healthcare personnel shortages.^{1–3} The reason? The multibillion-dollar global industry of international nurse migration contributes to health system problems by decreasing a country's capacity to respond to the health needs of its population, affecting its health profile.^{2,4}

As a manager who might utilize foreign nurse recruitment, you should be aware that currently 57 countries have critical shortages of nurses and other healthcare workers and over half of those (36) are in sub-Saharan Africa.⁵ Many of these countries provided free or very low cost vocational or university-based training for nurses in their countries. When they don't stay to work in return for their free or low cost education, the country can experience financial losses in public sector investment between \$5 million and \$20 million annually.^{6,7} The shortages in those countries make ours look small in comparison.

Despite these factors, the international migration of nurses won't stop nor will the nursing shortage in the United States resolve in the near future. Nurse managers and executives, regardless of the clinical setting, will contribute either positively or negatively to international nurse recruitment trends based on how they choose to recruit foreign nurses to their organizations. When ethics inform nurse managers' decisions about international nurse recruitment, they reduce the chance of negatively contributing to cycles or processes that aggravate the negative aspects of international nurse migration.

To practice ethical international recruitment, as nurse manager you need to:

1. have a basic background about the foreign nursing workforce in the United States
2. learn about the country from where you recruit nurses or the head-hunting organization conducting the recruitment
3. critically evaluate the work environments of your units or organizations
4. understand the ethical issues related to international nurse migration.

Origins, entry, and challenges

An internationally educated nurse (IEN) receives his or her basic nursing education outside of the United States.⁸

Basic demographics of IENs

Current estimates indicate that IENs make up nearly 20% of the U.S. nursing workforce.^{8–10} Demographically, the majority of IENs come from Asia, with the Philippines as the dominant producer and Canada and Europe following that region.^{9–12} Market watchers consider China and India as rising countries in the trade of nursing services, but both face issues surrounding adequate production of nurses and significant role differences between nursing in those countries and the United States.^{13,14} African countries with British colonial origins are most likely to produce nurses that migrate and are the countries with the fewest nursing human

resources in the world.^{8,15} In the Americas, the English-speaking Caribbean has historically had many nurses work in the U.S., with Jamaica among the leaders in the region.⁷ Spanish-speaking Latin America has seen regional migration between countries or to Spain, but large numbers of nurses haven't left to work in the United States.¹⁵ In fact, migration from Spanish-speaking Latin America to the United States decreased between 1990 and 2000, even with the advent of free trade agreements between countries in the region and the United States.¹⁰

Meanwhile, according to the latest research about the individual characteristics of IENs, they're young, female, more likely to have a bachelor of science in nursing (BSN), and have previous nursing work experiences when compared to their U.S. counterparts.^{8,10} They also receive higher salaries, carry longer hours, are more likely to work as staff nurses in inner-city hospitals on medical-surgical units, and increasingly fill vacancies in nursing homes.^{8,9} Some were directly recruited for nursing work, others may have lived in the country for many years but not worked as a nurse.

Legal aspects

To work in the United States, like all nurses, IENs must first pass the NCLEX-RN licensure exam and take the Test of English as a Foreign Language (TOEFL) examination. The Commission on Graduates of Foreign Nursing Schools (CGFNS) provides resources to help IENs evaluate their ability to pass the NCLEX and TOEFL exams and apply for visas. (See the CGFNS Web site for more details: <http://www.cgfns.org>.) The CGFNS pre-NCLEX exam predicts an IENs ability to pass the NCLEX-RN exam. Once they pass the exam, IENs can obtain one of 10 different types of visas to work in the United States; these are restricted to certain areas of the country and many have numeric limitations of 5,000 per year or less. Hospitals, other healthcare organizations, or recruiters, may pay for the costs of obtaining the work visa, which can range from \$3,000 to \$10,000. IENs report waiting for work visas anywhere from 2 months to 2 years.¹⁶ Some IENs who've lived in the country for many years but haven't previously worked as nurses may possess other legal forms of work permits.

Reasons for coming to work in the United States

Salaries may be a strong motivator for IENs to come work in the United States, but research actually shows that IENs choose to come to work here for a variety of reasons. For example, one study found that simply living in the United States, joining family members already in the country, and other reasons served as the primary motivators for seeking employment here.⁹

Added challenges

Two aspects of the international work experience may produce additional challenges for IENs:

1. Variations in clinical competencies and acculturation issues related to the experiences of being an immigrant in the United States—One study found that the self-perceived clinical competence of over 3,000 IENs showed that they consider themselves to have a low-level of competence in medication administration, managing computerized technology or other workplace technology, and basic cardiac assessment/management skills.¹⁷ Communication issues related to English language proficiency and differences in the U.S. nursing role from that of their own country also affect perceptions of competence by the IENs themselves and possibly their coworkers.¹⁸

2. Their immigrant experiences—Not only will IENs experience the transitional issues normal to any nurse starting to work in a new organization, they'll also have the added stressors of adapting to a new culture and style of nursing practice. Racism, marginalization, and exploitation inside and outside the workplace will further shape these experiences for IENs who are ethnic minorities in the United States.^{18,19}

Basic implications for hiring IENs

With all these factors in mind, managers recruiting IENs have several other considerations to add to the hiring equation before bringing an IEN to their staff. Based on the information provided in this section, managers would do well to consider that IENs recruited directly from other countries might require the same length of time for orientation as new graduates. Their previous work experiences will only help their adaptation to U.S.-style nursing care and roles to a small extent, as the transitional issues described previously may negate the value of previous work experiences. Tailored staff development programs and strong clinical mentoring by open-minded staff members can reduce the negative aspects of the transitional experience.¹⁷ Finally, the country of origin of IENs and their recruitment experience will provide additional clues about transitional challenges they may face.

Recruitment dynamics

What are the types of recruiting agencies used to attract IENs to work in the United States? *Independent or agency (IA)*-provided nurses get directly recruited from their home countries to work in the United States as nurses. IAs conduct all parts of the selection and recruitment processes. They may or may not employ individuals with healthcare backgrounds to conduct the process. IAs take care of all legal paperwork required to allow the nurse to work in our country. It's not uncommon for physicians or businesspersons of the same country of origin as the nurse to own and manage these operations.

Agency-facilitated models (AFM) partner a private firm with a healthcare organization to jointly recruit nurses directly from their home countries. The organization selects the nurses while the agency handles legal paperwork. This model offers the organization more control over personnel selection and may mediate some of the transitional issues experienced by IENs.

In an *employer-led model (ELM)*, all work and resources for international recruitment come directly from the employer. The internal group in charge of recruitment selects a target country and directly recruits from there. IENs already working in the organization often participate in recruitment processes, which can increase chances for success.

Research finds that ELMs are the most successful recruitment models in terms of overall number of international hires. Feedback from study participants, however, shows that AFMs ease the process due to their legal knowledge and reduced learning curve. All organizations using the various forms of recruitment did meet their recruiting goals regardless of what type of agency they used.¹⁶

Perspectives from international regulatory bodies

The International Council of Nurses (ICN) is the global regulatory body for nurses around the world. It provides policy and informational resources for nurses worldwide to apply in their home countries. Many of these policies support the development of professional infrastructure and education. The International Labor Organization (ILO) also supports these policies about the nursing workforce. In the ICN's position statement about ethical nurse recruitment, the organization recognizes the rights of individuals to migrate as part of their work and recognizes the benefits of multicultural exchanges on nursing practice. It supports initiatives that promote international mobility of nurses through trade agreements.²⁰

At the same time, the ICN condemns the recruitment of nurses to countries that have poor policies regarding the recruitment and retention of nursing human resources. The organization also denounces international recruiting organizations that exploit migrating nurses for profit, garnish their wages, or place them in institutions with poor working conditions. Just like their domestic nursing counterparts, a foreign nurse merits good faith contracting, equal pay, access

to grievance procedures, safe work environments, and an effective orientation as minimum requirements.²⁰ While these may seem like standard operating procedures for most U.S. healthcare organizations, they're actually justice-oriented recruitment practices that help ensure the socioeconomic welfare of nurses and patients, regardless of their practice location.

Notes of caution

Every nurse manager using private recruiters needs to remember that they focus on making money, not necessarily rescuing nurses from poor countries in bad work situations. Private recruiters may exploit IENs by garnishing wages (sometimes as much as 50% of their salary) or locking them into strict working contracts for years at a time.^{6,18}

Healthcare organizations typically pay private recruiters between \$3,000 and \$15,000 per successful recruitment.^{6,16} This cost is in addition to orientation costs the institution bears and any legal fees not factored into the finders fees. Recent media reports uncovered that some U.S. healthcare organizations or the IEN's recruiter have taken the passports of IENs to force them to stay working longer than their contracts.^{21,22} IENs have also faced threats of deportation from their employers or recruiters if they spoke out about poor working conditions, care quality, or worker exploitation.⁶ Since these organizations can't provide positive working environments that retain nurses, they often resort to these unethical retention and discriminatory tactics.

The CGFNS application process does provide healthcare organizations some basic guarantee of a nurse's competence and ability to provide safe care. Thus, the public has a safeguard against private recruiters who disregard nursing credentials when bringing nurses to work in the United States.

Next month in Part 2, we'll explore IENs' work environment, ethical principles regarding hiring processes, and best practices for recruiting these individuals.

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