



# The role of internationally educated nurses in a quality, safe workforce

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## ABSTRACT

Migration and globalization of the nursing workforce affect source countries and destination countries. Policies and regulations governing the movement of nurses from one country to another safeguard the public by ensuring educational comparability and competence. The global movement of nurses and other health care workers calls for quality and safety competencies that meet standards such as those defined by the Institute of Medicine. This article examines nurse migration and employment of internationally educated nurses (IENs) in the context of supporting and maintaining safe, quality patient care environments. Migration to the United States is featured as an exemplar to consider the following key factors: the impact of nurse migration on the nursing workforce; issues in determining educational comparability of nursing programs between countries; quality and safety concerns in transitioning IENs into the workforce; and strategies for helping IENs transition as safe, qualified members of the nursing workforce in the destination country.

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“Migration is one of the defining issues of the twenty-first century. It is now an essential, inevitable and potentially beneficial component of the economic and social life of every country and region.”—Brunson McKinley, Director General, International Organization for Migration (<http://www.archdioceseofanchorage.org/Migrant.htm>)

Balancing workforce supply and demand in a global economy is essential in order to prepare for and respond to emerging opportunities. The intersection of global economies and workforce demands is a driver for worker migration to meet local needs (Singh & Sochan, 2010). Although migration is regulated through a combination of national and international

policies, regulators and employers share responsibilities in developing and implementing policies that ensure service quality and safeguard patients.

Nurses are one of the largest sectors of the health care workforce, and migration has affected both source and destination countries. Many countries have difficulty achieving a stable supply and demand of nurses because of the constantly changing health care employment needs and competition for recruitment of potential workers. Employing nurses educated in other countries has helped to temporarily lessen nursing shortages in developed countries such as the United States, Canada, and the United Kingdom (Blythe & Bauman, 2009). Increasing capacity over the past 2 decades for health care workers and the general

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population to move from country to country continues to foster nurse migration. Assessing how well the nursing education program in the source country compares with the education program in the destination country (often called comparability) is a major step in the regulatory process. A diverse, adequate, and well-qualified workforce is the first step in quality safe care, and all health care providers have a role in patient safety. Internationally educated nurses (IENs) must also have the same competencies to ensure quality, safe nursing practice ([International Council of Nurses \[ICN\], 2012](#)). Nursing education, access to care, systems of care delivery, and measurement of patient care outcomes differ among countries ([Nicols, Davis, & Richardson, 2010](#)); therefore, competencies, cultural sensitivities, and knowledge of patient care and quality initiatives vary among IENs ([Brush, Sochalski, & Berger, 2004](#); [Davis, Schoen, & Stremikis, 2010](#)). To provide guidance, the ICN developed strong statements on patient safety and the role of recruitment, education, and retention of all health professionals ([ICN, 2006](#); [ICN, 2007](#); [ICN, 2012](#)). In this article, nurse migration and employment of IENs are examined for how the process ensures and maintains a safe high-quality workforce as well as the application of competencies basic to a safe high-quality workforce. IEN migration to the United States is used as an exemplar to consider the following key factors: the impact of nurse migration in the global nursing workforce; issues in determining educational comparability of nursing programs between countries; challenges for IENs in applying basic quality and safety competencies; and strategies for helping IENs transition as safe, qualified members of the nursing workforce in destination countries.

## Nurse Migration as Part of the Global Nurse Workforce

Population mobility is a defining characteristic of the 21st century workforce; freer trade agreements, transportation, and communication have made global migration easier. Nurse migration is the movement of nurses educated in one country (i.e., a “source” country) who leave to work and practice in a different country (i.e., a destination country). Migrating nurses are sometimes referred to as foreign-educated nurse or IENs.

### Factors in Nurse Migration

With an increasingly global nurse workforce, IENs have become an integral part of the workforce in many countries ([Haour-Knipe & Davies, 2008](#)). Nurses migrate for various reasons. IENs are often drawn or “pulled” to work in destination countries to fill the supply/demand gap ([Jose, 2010](#)) and/or seek better job opportunities, working conditions, wages, and/or a better quality of life ([Davis & Richardson, 2009](#)). Some

hope to advance their training and education to perhaps return to their source country to help improve health care, known as circular migration ([Haour-Knipe & Davies, 2008](#)). Pull factors are opposed by “push” factors within the source country and drive nurses to seek employment in another country; they include low wages, limited job and professional growth opportunities, lack of resources in the work environment, or limited roles for women ([Nichols, Davis, & Richardson, 2010](#)). The interaction of push and pull factors impacts the health care infrastructure of both source and destination countries ([Van den Heede & Aiken, 2013](#)), particularly concerning depletion of health human resources in the source country ([Blythe & Baumann, 2009](#)). However, there is a responsibility for both source and destination countries to balance migration by improving wages and work conditions to create a sustainable within-country nurse workforce ([Haour-Knipe & Davies, 2008](#)).

Nurse migration is a complex issue requiring collaboration among many stakeholders invested in nurse migration and the credentialing processes required for their employment. Although sometimes hampered by competing self-interests, agreements among governments, local communities, nursing regulatory and credentialing organizations, and individual nurses are part of developing the necessary processes to ensure safe IEN practice ([Nichols, Davis, & Richardson, 2010](#)) and restrict unethical recruitment practices ([ICN, 2006](#); [ICN, 2007](#); [Tulenko, 2012](#)). In response to reports of trafficking, transportation, and cultural, social, and economic mistreatment of IENs ([Jose, 2010](#)), the Alliance for Ethical International Recruitment Practices developed ethical recruitment and hiring standards of international health professionals to improve transition and ethical treatment in hiring IENs ([Alliance for Ethical International Recruitment Practices, 2006](#)).

### IENs in the U.S. Workforce

IENs have been part of the U.S. nurse workforce for over 50 years and have helped to both balance and diversify the nursing workforce. The National Sample Survey of Registered Nurses estimates IENs represent about 5.6% of the 2.6 million U.S. registered nurses ([Health Resources and Services Administration \[HRSA\], 2010](#)). California has the highest percentage of IENs at 26% of registered nurses, followed by New York with 11% ([HRSA, 2010](#)). CGFNS International (formerly known as the Commission on Graduates of Foreign Nursing Schools), a U.S.-based global credentialing agency, handled more than 700,000 IEN requests since 1977 for assistance with the U.S. credentialing process. The U.S. National Council of State Boards of Nursing reports more than 350,000 IENs took the National Council Licensure Examination for Registered Nurses (NCLEX-RN) between 1983 and 2011 ([National Council of State Boards of Nursing, 2012](#)). Some nurses did

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