

Strategic Planning for Future Delivery of Care: *Onboarding Foreign-Educated Nurses*

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Caregiver competency to ensure public safety is an expectation for every health care worker within the United States. The current nursing workforce has 4.5 million active, licensed registered nurses (RNs), licensed vocational nurses (LVNs), and licensed practical nurses (LPNs).¹ The Bureau of Labor Statistics projected in 2014 that a 50% reduction of that same workforce would be attributed to the upcoming retirements, escalating around 2022.² The nursing shortage in the United States is cyclic in nature and may need to be supplemented once again with foreign-educated nurses (FEN).^{3,4} The Institute of Medicine (IOM) recommended in the 2010 report *Future of Nursing: Leading Change, Advancing Health* that targeted educational investment in FEN is needed to promote nursing competency.⁵ Knowledge deficit presented by FENs show ignorance of the system of the new country, health care policies, and regulations.⁶ Successful FEN integration in the health care environment requires supportive leadership and targeted competencies operationalized at the organizational level.



THE FUTURE OF NURSING

Commissioned by the IOM in presenting the future of nursing, CGFNS International (Commission on Graduates of Foreign Nursing Schools) prepared to examine the globalization effect of health care providers, particularly the impact of international nursing migration. The document describes general and broad themes in international migration, nursing education, and regulation relating to the future of nursing globally. Nursing reform should then be acted upon in a context that integrates global trends and issues.^{4(p.290)}

Of the 6 recommendations for action by the IOM, Nichols et al.⁴ explicitly directed 2 recommendations for the

integration of FEN into the nursing workforce: promote targeted educational investment in foreign-educated nurses in the US nursing workforce; and establish a national system that monitors and tracks the inflow of foreign-educated nurses, their countries of origin, the setting in which they work, and their education and licensure to ensure the proper skill mix for the US nursing workforce.^{4(p.567)}

The United States has been a major destination for health care workers. The 21st century has witnessed the highest increase in migration of health care workers, due primarily to the changes in global economic trends.⁷ The demand for nurses worldwide exceeds the supply available. World Health

Organization (WHO) estimates that the primary health care system of 57 countries is affected by the shortage of human resources, and about one-third of these countries are the emerging market economies.⁸ Nursing migration of FEN is projected to partially address the discrepancy between the need of the population and the declining number of nurses providing the care. The United States remains an attractive destination to FENs for the opportunities of an improved quality of life that migration to progressive country provides. Nursing workforce migration is not a new phenomenon; nursing movement is cyclic in nature. Projection on occupations with the most job growth until 2022 is in health care, and topping the list is the need for RNs, which will account for the total projected nursing need of 1.05 million by 2022, a 19.4% growth change from 2012.²

The US health care system employed over 4 million nurses, more than any other country in the world.⁹ Despite the size of the nursing pool, there will be a projected shortfall of nurses developing around 2018, which indicates that the demand for FENs may increase and may be a permanent feature of the nursing workforce for the foreseeable future.³ As highly skilled professionals, FENs possess a variety of knowledge, skills, and experience acquired through the completion of tertiary education and work experience. Studies have identified that the acquired knowledge, skill, and experience of FENs are partially meeting the requirements for becoming a member of the complex US health care system.¹⁰

To address the need for the future FENs, the development of standardized onboarding competencies for FENs is the author's recommendation aligned with IOM for the delivery of safe, effective, and efficient nursing care. The onboarding competencies are indispensable tools to address the critical issues such as variations education, clinical experience, regulations, and cultural challenges organizations face in facilitating successful integration of FENs into the current practice. In the past, the implementation of standardized onboarding competencies has not been a focus in post-hire of the FENs; however, workforce planning is essential in managing FEN investments into health care outcomes. WHO indicated that the global drive towards achieving universal health coverage (UHC) by improving access to affordable and efficient care for all, cannot be reached without a well-trained workforce and having the "right staff in the right place."¹¹

Professional development for the FEN is part of the structure in the successful integration into the health care workforce to protect the public. A trained nursing preceptor or an educator is qualified to work with new FENs.¹² The Association for Nursing Professional Development advocated that the incorporation of nursing professional standards into the development of the onboarding competencies motivates learners to engage in the learning process to achieve learning outcomes.¹³ Gained knowledge and experience add quality, relevance, and credibility in developing onboarding competencies. The exploration of the relationship between rigorous and sophisticated patient safety standards and transitioning foreign trained nurses into the US workforce may provide an insight in the standardization of training expectations that

may support the validation of the caregiver's competence in the clinical setting.

Historical Background

International nursing migration phenomenon has been part of the US workforce since the 1930s.¹⁴ The IOM⁵ described the small supply of nurses and the chronic shortages as characteristics of the current nurse workforce. Nursing shortages emerged as early as 1936 while the country was recovering from the devastation of the Great Depression, and there was an increased use of hospitals, necessitating the increase in the workforce through nursing migration.¹⁵ The subsequent nurse shortages lasted several decades, crossing from World War II into the 1960s, which brought new challenges in meeting the health care demands. Health care and nursing leaders dealt with mid-20th century nursing shortages by developing a triad approach.¹⁶ The first action was the increased admission of students into the nursing programs, by providing scholarships and educational support. The second action increased the utilization of less-educated personnel as an extension of the work of the professional nurse such as the LPN and unlicensed assistive personnel. The third action was the shortening of the educational period for nurses to produce more nurses in a faster manner. The approach proved successful; however, the recurrence of the nursing shortage was not prevented.¹⁶

Visa Retrogression as Current State

The Nursing Relief Act of 1989 is legislation that created the H-1A visa category for an unlimited number of registered nurses for 5 years as a response to the decline in the entry of native nurses entering the labor force in the mid-1980s.¹⁷ The Nursing Relief Act expired in 1995 and has resulted in a much slower processing of nurse immigrants. Requests for visas from countries such as India, Philippines, and Korea far exceeded the yearly allotment. Retrogression occurs when more people apply for a visa in a particular category or country than there are visas available.¹⁸ In 1994, the North American Free Trade Agreement allowed Canadian nurses to work in the United States.¹⁸ In addition, the creation of the H1-C visas in 1999 allowed nurses to work in medically underserved communities, but this classification expired in 2009.¹⁹

The 1996 immigration law requires that all foreign nurses undergo a screening program that verifies that their education is comparable to that of a nurse educated in the United States.²⁰ The screening program also requires that nursing licenses are valid and unencumbered, that nurses have proficiency in written and spoken English, and have passed the CGFNS Qualifying Examination or the US licensure examination. CGFNS was named in the 1996 immigration law to conduct the screening program through the VisaScreen Program.²¹ CGFNS International has the initial responsibility to protect the US public by ensuring that the credentials and nursing knowledge of foreign nurses are comparable to those of nurses educated in the United States.

Immigration is likely to play a critical role in alleviating the nurse shortage as evidenced in the current and historical data

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