

Recruitment of
foreign nurses to
alleviate the united
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Shortage Recruitment of Foreign Nurses to Alleviate the United States

Nursing Shortage Since the 1950s, the United States has depended heavily on recruitment of foreign educated nurses (FEN's) ??? or the updated term internationally educated nurses (IEN's) ??? as a remedy to alleviate staffing shortages within American healthcare facilities.

While this recruitment has made a significant difference in addressing these shortages, it has also raised significant concerns about the impact of this trend on the quality of nursing care and the implications for healthcare systems in America as well as in the countries from which these nurses have been recruited. Some of these concerns include the disparity of language competencies and various cultural differences among these nurses and the effect of these issues on the quality of health care delivery; the brain-drain that results from the depletion of highly educated nurses from developing countries; and the disincentive to U.

S. health care professionals and public policy experts to create programs and financial incentives to attract more U. S. nationals into the nursing profession. These and other issues have led to serious concern about the efficacy of the continued recruitment of FEN's and IEN's as their recruitment is inadequate as a long term solution to America's nursing shortage and must be seen as such so that more effective long term strategies can be identified and implemented.

Slote (2011) stated " the reliance on foreign nurses is symptomatic of ineffective policies in industrialized countries such as the United States and

represents the failure of national and international policies to alleviate the perpetual worldwide nursing shortage” (p. 179). Many American and international health care experts have done extensive research on the history of recruitment of foreign nurses into the U. S. healthcare system as well as the optimum strategies for helping to assimilate these nurses into health care facilities.

Bola, Driggers, Dunlap, & Ebersole (2003) research revealed that “ Foreign-educated nurses have filled nursing positions in the U. S. since World War II. And although recruiting foreign nurses may reduce short term staffing woes, it demands solid commitment” (p. 39). This recruitment of foreign educated nurses has in the past and continues to provide a temporary relief to healthcare facilities to assist in the staffing shortage; however no evidence supports this method of recruitment as a long term solution. Effective long term solutions will be required for the U. S. to continue to provide high quality health care.

There is a vast amount of research that indicates the impact of the impending shortage. Buerhaus (2008) concluded that: Over the next 20 years, the average age of the RN will increase and the size of the workforce will plateau as large numbers of RNs retire. Because demand for RNs is expected to increase during this time, a large and prolonged shortage of nurses is expected to hit the US in the latter half of the next decade.

(American Association of Colleges of Nursing, 2011, p. 2) Buerhaus (2009) predicted that, despite the current easing of the nursing shortage due to the recession, the U. S. nursing shortage is projected to grow to 260, 000 nurses by 2025 (American Association of Colleges of Nursing, 2011, p. 2). Therefore, <https://assignbuster.com/recruitment-of-foreign-nurses-to-alleviate-the-united-states-nursing-shortage-assignment/>

the U. S. healthcare system is facing increased challenges in its efforts to develop strategies that will successfully address the impending shortage. The ongoing recruitment practice of importing FEN's to the U. S to impact the staffing issues related to the nursing shortage has not changed the long term issues related to the shortage, it has instead created a temporary fix with large financial benefits greatly impacting the growth of FEN's recruitment businesses and the healthcare systems. Since the current U. S. nursing shortage began in the late 1990's, the number of companies specializing in bringing FEN's to this country appears to have grown tenfold (Pittman, Folsom, & Bass, 2010, p. 41). " Moreover, the U. S. is not alone in this crisis as the nursing shortage has become a global issue. Some experts blame the fierce recruitment of IEN's by the U. S. for the depletion of IEN's within the developing countries.

Peterson, agreed that immigration is not the answer, but felt that immigration is an easy answer that allows hospitals to relieve their immediate staffing pressures, she feels that we are taking nurses from the other countries that don't have the nurses to give (O'Connor, 2002, p. 16-17). The exportation of IEN's in highly specialized fields means that the most experienced and educated within an already fragile foreign healthcare system creates a dynamic that is destined to wreak havoc on these poor developing countries with limited resources.

This ongoing recruitment tactic is referred to as the " brain drain", as represented by the immigration of technically trained professionals from one country to another (Slote, 2011, p. 180). Walter Adams defines the " brain drain" as a loss of vital resource without compensation (Ortin, 1990, p. 342). <https://assignbuster.com/recruitment-of-foreign-nurses-to-alleviate-the-united-states-nursing-shortage-assignment/>

Ortin (1990) concludes this means that human capital as a strategic resource is flowing out of economies where it can make the greatest contribution to human welfare into economies already supplied with trained, capable, scientific and administrative personnel (p. 42). " The brain drain concept is significantly impacted by the " push factors" and " pull factors". Slote (2011) clearly defined these factors: Push factors are conditions or circumstances that provoke or incite change. They are influences that alienate people and encourage them to leave their own countries (identified as source or donor countries) in search of a location where these factors are insignificant or nonexistent (known as the destination country). Pull factors are influences that entice nurses from source to destination countries.

They create an impetus to leave home or an attraction to seek work in a recipient country. (p. 181) Some independent " push" factors that may cause the IEN's from donor countries to consider employment outside of their country are internal employment conditions such as lack of equipment, poor financial compensation, concern for personal safety and security, and scarce opportunities for growth and development. The " pull" factors that create a virtual magnet for these IEN's are the exact reverse of hardships faced in the IEN's country of origin.

In all civilized countries higher education is intended to be a liberator, a way out of poverty. However, in some situations obtaining higher education as viewed by IEN's is not liberating, if they remain in their homelands. Some IEN's feel that, despite their education, in their home countries, they will continue to be burdened with a lifetime of being over worked as a result of significant short staffing and will receive little to no financial reward. In <https://assignbuster.com/recruitment-of-foreign-nurses-to-alleviate-the-united-states-nursing-shortage-assignment/>

essence, despite their educational attainment, they will continue to face the daily hardships that poverty delivers.

Slote (2011) indicated “ contributing to the problem, in destination countries that use the hiring of foreign nurses as an immediate solution to staffing shortages, there is little acknowledgement, understanding, or concern of the long-term consequences to source countries” (p. 180). The business of recruitment of IEN’s to the U. S. was originally for the sole purpose of creating safe staffing ratios within severely short staffed healthcare facilities. The end result was successful in that it allowed the facilities the continued ability to provide enough staffing to care for the patients being served within the healthcare institutions. However, in the current market, the business of IEN recruitment has become a profitable source of income for recruitment companies. Pittman, Folsom, & Bass (2010) pointed out that “ at one staffing agency, potential annual profits were estimated at approximately \$50, 000 to \$55, 000 per FEN (p. 43). ” It is clear that each individual IEN has the right to make a personal choice as to where they will choose employment.

However, it is clearly very important that IEN’s research carefully and thoroughly investigate the full impact of the decision to abandon their country of origin and seek employment opportunities overseas. Ortin (1990) strongly believed that: Nurses from both sending and receiving countries should agree to play lead roles and not just be content playing bit parts in the “ economics” of the brain drain. This means they should simply stop being pawns to market forces manipulated by big and small-time recruiters and businesses whose only ethics is a huge profit (pp. 43-344). Recruitment of IEN’s is only one of the issues that makes recruitment of foreign nurses <https://assignbuster.com/recruitment-of-foreign-nurses-to-alleviate-the-united-states-nursing-shortage-assignment/>

inadvisable as an option for alleviation for the of the U. S. nursing shortage. Language is cited as the top barrier in providing high quality care with the IEN population. Bola, Driggers, Dunlap, & Ebersole, (2003) pointed out that “ communication barriers lead to frustration for the nurse, other staff members, and patients” (p. 40). These reports are from employers as well as IEN’s working within the U. S. ealthcare system although English is the dominant language, and there are also numerous “ slang” terms used for body parts, health disorders, and abbreviations for medicine. Sparacio (2005) found that “ although English is the official language for Filipino colleagues, language differences in medication administration, documentation abbreviation, and jargon can pose a significant limitation for international nurses” (p. 107). For example, a patient’s abdomen can referred to by many terms, including belly, stomach, tummy, and midsection, and all describing the same area of the body.

Diabetics often present their condition by stating, “ I have sugar in my blood. ” When speaking of medications, there are a multitude of abbreviated terms, such as Lasix being referred to as “ water pills” and insulin tablets being referred to as “ sugar pills. ” Within the healthcare community shortened or abbreviated medications terms can be used amongst healthcare providers, which may lead to an increase in the possibility of medication administration and documentation errors with an IEN’s.

Bola, Driggers, Dunlap, & Ebersole (2003) cited “ the differences in medical terminology, abbreviations, jargon, medication names, suffixes, and prefixes??? even the names of common items??? can pose a significant limitation for these nurses” (p. 40). Additional research of a group of IEN’s <https://assignbuster.com/recruitment-of-foreign-nurses-to-alleviate-the-united-states-nursing-shortage-assignment/>

indicated that communication was a major concern for both the IEN's and the healthcare personnel within the U. S. : One of the major themes across all groups was that participants felt unprepared for the use of spoken English in the healthcare setting.

Participants commented on their feelings of inadequacy and embarrassment when colloquial expressions or abbreviated medical terms were used in work-related situations and they did not understand the meaning of the term.... This placed them at a severe disadvantage in the workplace. The overarching theme in all the discussion on communication issues was their sense that patients and other health personnel perceived them as unskilled nurses rather than as true health professionals. Davis & Nichols, 2002, p. 49)

The culture differences depending on the IEN's origin were generally reported as the second barrier in the ability to provide high level of care. The culture shock for IEN's once they arrive in the U. S. must be extremely demotivating in the transitional phase of assimilation. Culture shock in relation to an IEN relocating from their home country is a major barrier in the ability to provide high quality care. " The multicultural nature of the U. S. population was a major issue for most nurses educated in other countries, especially those countries in which there is a more homogeneous population (Davis & Nichols, 2001, p. 49). " In healthcare today American culture is diverse and nurses within the U. S. have struggled with issues related to the achievement of providing culturally competent care. Xu (2003) evaluated the viability of Chinese IEN's and found that: The process to learn and be able to think and act through American nursing values is an accumulating one and lengthy one that can, in no way, be accomplished overnight.

For instance, the American nursing profession values autonomy, which derives from that deeply held American belief in the self-determination of one's own actions. In contrast, the Chinese culture is a collectivistic and family and group orientated. Those differences in professional values and beliefs underlying professional nursing practice render unique difficulties to nurses from collectivist cultures. (p. 273) Healthcare professionals and public policy experts within the U. S. need to explore innovative strategies as possible long-term solutions to the current and future nursing shortages. Among the areas worthy of exploration are developing mechanisms to increase the number of RN's in the system by luring back nurses who have left the profession and attracting greater numbers of current students into the profession. Within the health care system, such efforts might include paying more competitive wages and improving employee benefits such as tuition assistance and more flexible scheduling to allow employees to attend classes.

Increasing the educational levels of RN's in the system will help to create new faculty to support the education of nurses. At the national level, public policy experts and political leaders could advocate for increasing student loan forgiveness programs and greater support to colleges and universities with nursing programs. In order to address the nursing shortage within the U. S. the real issue is to first have the wisdom, vision and insight to realize that. Bieski (2007) agreed that " foreign recruitment is not a permanent solution for the escalating international shortage of nurses (p. 3). " Once this is accepted as reality, all concerned parties need to work together to address the problem and to learn why there are over 2. 7 million individuals who

possess nursing licenses, but, of these, 500, 000 are not practicing nursing (Sparacio, 2005, p. 97). Sparacio (2005) pointed out “ moving forward will require exceptional advocacy, leadership, and, at the urging of many nurse researchers, a sound evidence base to support decision-making in choices that facilitate the provision of cost-effective, high-quality nursing care.

Working together in a collaborative spirit with national and global partners is essential for making a real difference in people’s health. We must show a true commitment to care for both recipients and providers of nursing care around the world. (p. 110) While recruitment of foreign nurses may provide the United States with a short term fix to alleviate the impending nursing shortage, it is inadequate as a long term solution. Fundamentally, the idea that recruiting nurses from other countries could be seen as a fix is short sighted.

In the end the “ solution” creates dynamics of poor healthcare in other countries. Recruiting foreign nurses may also be viewed as a disincentive by American students to obtain degrees in the healthcare realm. In addition there are factors that may be culturally based they may lead to a difficult assimilation into the United States health care system. References American Association of Colleges of Nursing. (2011). Nursing Shortage Fact Sheet. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage> Bieski, T. (2007).

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