Comparing Difficulties in Starting Work in the United States for Internationally Educated Nurses from High and Middle/Low-Income Countries

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Research has shown that a significant number of nurses migrate to the United States from all around the world making up 3-5% of the United States (US) nursing work force. The immigration process has many difficulties surrounding it. Some nurses are actively recruited to the United States and some research has shown that if they are recruited from low-income countries they are more likely to be recruited unethically than if they are recruited from high-income countries. This study added to the pool of knowledge on internationally educated nurses by answering the following objectives; 1) identify the top high and middle/low income countries from which nurses were recruited, 2) describe who helped internationally educated nurses (IEN) to find employment in the US, and see if there results significantly differed from high income countries versus middle/low income countries; and 3) compare the difficulties experienced while starting work in the US as an RN by high-income country nurse migrants and middle/low income country nurse migrants. This study found that most IEN emigrated from middle/low income countries. It also found that middle/low income nurse migrants are more likely to have found employment in the US by a recruitment agency or family/ friends. Finally it showed that middle/low income nurse migrants were more likely to have difficulties surrounding starting work in the US, while high-income country nurse migrants were more likely to report no difficulties upon starting work in the US.
Comparing Difficulties in Starting Work in the United States for Internationally Educated Nurses from High and Middle/Low-Income Countries

When richer nations such as the United States face nursing workforce shortages they must come up with solutions to keep their healthcare facilities adequately staffed. A common solution that has been implemented by many health care organizations is to recruit nurses from other countries of the world to come and work in the United States (US). Companies and agencies have started up during nursing workforce shortages to actively go to these other countries of the world and recruit nurses to leave their countries and come and work in the US. This causes a significant number of registered nurses (RN) who work in the US to have emigrated from different areas of the world.

Nurses are recruited from both high income and middle/low-income nations. Because many of the middle/low-income nations throughout the world have weak health care systems, shortages of healthcare workers, and a general lack of resources, when their nurses are recruited to elsewhere, it leaves the people of these nations without needed access to quality health care. When these nations’ nurses are recruited away by the United States and other nations, their shortage of healthcare workers becomes much larger. These poor nations often invested large sums of public money into the education of their nurses only to have them recruited away to other areas of the world.

Health care organizations and private agencies and companies that recruit nurses may respect the rights of the nurses they recruit, or take advantage of them. Many nurses have both positive and negative immigration experiences. This paper will report the outcomes of a secondary data analysis of data collected on some of the internationally educated nurses (IEN) living and working in the US. The experiences of IENs who emigrated from high-income
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR countries will be compared to those who emigrated from middle/low income countries regarding their work as an RN, and whether they found employment through a recruitment agency or healthcare organization.

Background

Many countries that face nursing workforce shortages seek to recruit nurses internationally to get adequately staffed hospitals. Some of the predominate recruiting countries include Australia, the United States and the United Kingdom (Aiken et al., 2004). Other countries and areas of the world such as Canada, India, Philippines and many Sub-Saharan African countries are popular “sending” countries for IENs (Schumacher, 2011, Kasper & Bajunirwe, 2012). The United States’ nursing workforce is currently made-up of approximately 3% to 5% IENs (Schumacher, 2011), with some states such as California and New York having as many as 20% of IENs in their workforce (Pittman et al., 2014). Recruitment of IENs is often only a temporary solution to the United States nursing workforce problems, because as these nurses are recruited to fill holes in the health care system, but not fix the health care systems problems that are sending U.S. nurses away from their jobs. In fact, this solution to the U.S. nursing workforce shortage puts a hold on the problem, and functions as a temporary fix (Kingma, 2007). The nursing shortage in the US is likely to increase in the next few years as Baby Boomers (those born between 1946 and 1964) enter retirement and need health care, and as the nursing population itself ages (Delucas, 2014). It is predicted that as the nursing shortage increases again, recruitment of nurses from around the world will increase again as well (Pittman, Herrera, Spetz & Davis, 2012).

As nurses leave their countries of origin they leave those countries without needed healthcare workers. The World Health Organization (WHO) established a connection between
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density of healthcare workers and improved life expectancy (Bradby, 2014). The WHO
recommends a minimum of 2.5 professional healthcare workers for every 1000 people (Delucas,
2014). According to the WHO there are 57 countries that face critical nursing shortages, 36 of
which are in Sub-Saharan Africa (Delucas, 2014). Sub-Saharan Africa holds 24% of the world’s
disease burden yet only 3% of the global healthcare workforce (Taylor et al., 2011). Many
countries have healthcare workers migrating at a faster rate than they are educating them. For
example in Malawi, 50 nurses graduate from nursing schools a year, and 100 move away
(Bradby, 2014). These problems are made worse in Sub-Saharan African where most live in rural
areas while the large majority of health care workers are found in urban areas (Kasper &
Bajunirwe, 2012). Most of the recruitment done is from developing countries to developed
countries (Redfoot & Houser, 2008).

Poor countries have weak healthcare systems and a lack of infrastructure to support
healthcare workers. The lack of infrastructure leads to a poor work environment for the
healthcare workers living there (Squires & Amico, 2015). This phenomenon has been described
as a push factor, or a factor that makes healthcare workers want to migrate elsewhere. Without a
good work environment or fair pay, educated healthcare workers look abroad for better work and
a better life (Squires & Amico, 2015). This causes more healthcare workers to leave, making an
even greater healthcare worker shortage and leaving the work environment worse than before
(Squires & Amico, 2015).

Many ethical themes come up when looking at the topic of nurse migration. When
making policy surrounding the recruitment of international nurses, the country of origins public
health and economic situations must be considered, as they are both losing a healthcare worker
and human capital. Whether the nurses are being recruited from high income or middle/low-
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR income countries is important because of the vast difference in economic and health conditions in high-income versus middle/low-income countries. Unfortunately, we know very little about their experiences because research is lacking. This paper seeks to address this gap in knowledge by comparing the immigration experiences of nurses migrating from high-income countries versus those migrating from middle/low income countries.

Ethical Recruitment

Most healthcare personnel migrate from low-income countries to high-income countries (Squires & Amico, 2015, Taylor et al., 2011). Many argue this is especially unethical because healthcare workers in many poor countries are often educated publically in government-funded programs. When high-income countries hire those healthcare workers from low-income country where these investments have been made, those countries are losing their investment (Bradby, 2014). Ethical considerations need to be made by health care organization and staffing agencies who recruit nurses internationally.

In addition to the population rights of the countries of origin, the rights of those workers being recruited need to be taken into account (Delucas, 2014). Each country is held to an international obligation by the United Nations (UN) to provide human rights for its citizens. Health is one of those human rights. Poorer nations are unable to meet that need for their citizens when richer nations are recruiting and hiring away all of their health care workers (Delucas, 2014). The rights of those workers also need to be taken into account. Each worker has the right to self-determination, or the ability to choose his or her own life. This means if a worker wants to migrate, they should be able to migrate (Delucas, 2014). In addition to that, they must be treated fairly during the recruiting process and cannot be discriminated against because they are foreign born (Pittman et al, 2012).
In 2010, the UN passed the Global Code of Practice on the International Recruitment of Health Personnel (Squires & Amico, 2015). This Code is an international agreement to follow certain rules about recruitment. It emphasizes the importance of health personnel being provided the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work. In addition it emphasizes the importance of induction and orientation programs that enable IEN to operate safely and effectively within the health systems of a destination country. Finally in requires that recruitment agencies or health care organizations give migrant relevant and accurate information about the health personnel position being offered (WHO, 2010). Pittman et al. (2012) reported that those IEN recruited from low-income countries have had more broken code policies surrounding their recruitment than those from high-income countries.

When IEN are recruited by some companies it is common that the companies make the healthcare workers pay a series of fees for the companies to do the service of finding an international job placement for the healthcare worker. The main problems that arise are high working contract fees, withholding of migrant’s legal documents by the recruiters, and use of collateral and other fees in the contracts. These violations are done so that the recruiting agencies can make more money off of the workers, who often do not have a choice in agencies they can work with. When these important documents are withheld from them they also do not have a choice to back out of the recruiting process. These violations were found more often when recruiting from low-income countries than other high-income countries. Therefore the poor workers who have less means to protest the violations are the ones being taking advantage of. Sixty one percent of IEN from low-income countries reported violations of the Global Code
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during their recruitment, while over half of those recruited from high-income countries had no
violations of the Code (Pittman et al., 2012).

IEN Experiences Upon Arrival

Pittman et al. (2014) reported that 51% of IEN got insufficient orientation before
beginning their jobs and 40% reported at least one discriminatory practice with regards to wages,
benefits or shift assigned being lower than their American colleagues. They also found that
nurses recruited from low-income countries or through a staffing agency were most likely to
experience these abuses. Pittman et al. (2014) suggest that not only does recruitment need to be
done from countries with a surplus of nurses to ensure the rights of that country are maintained
but also that IEN are treated fairly at the workplace upon arrival.

Jose (2011) did a phenomenological study of 20 IEN who immigrated from Nigeria,
Philippines and India. She found that many of them had a difficult journey. Themes showed that
many reported problems with technology at work, and people treating them like they are ‘stupid’.
Those who came from conservative cultures found it difficult to deal with other cultures, as the
US is a multicultural society. Many felt overtime they overcame the challenge, and they became
adjusted, slowly beginning to enjoy their nursing jobs (Jose, 2011).

The literature establishes that there is evidence of those from middle/low-income
countries being treated poorer during the recruiting process than those from high-income
countries. It also establishes the importance of ethical recruitment for both the middle/low-
icome countries’ populations and for the rights of the individuals being recruited. Finally it
shows that many IEN have difficulties upon arrival in the US.
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One gap in this literature is a lack of knowledge about what are the major high-income countries and middle/low income countries that IEN are being recruited from. Additionally there is little evidence on how IEN found employment (i.e. recruitment agency, healthcare organization etc.) as well as how these differences impact middle/low and high-income immigrants. Finally, a major gap in this literature is establishing if IENs from middle/low income countries have more difficulties after arriving in the US than those who emigrated from high-income countries.

Methods

Purpose

The purpose of this study was to conduct a secondary data analysis of data about IEN and to 1) identify the top high and middle/low income countries from which nurses were recruited; 2) describe who helped IEN to find employment in the US, and see if there results significantly differed from high income countries versus middle/low income countries; and 3) compare the difficulties experienced while starting work in the US as an RN by high-income country nurse migrants and middle/low income country nurse migrants. This study gathered information about IEN, United States Educated Nurses (USENs) and nurse leaders from Health Care Organizations (HCOs) in 16 American States. However this secondary data analysis focuses on the information collected from IENs. Prior to the originally collection of this data Institutional Review Board (IRB) approval was given by the Office of Human Research Ethics at the University of North Carolina (UNC) at Chapel Hill. This same review board also approved this secondary data analysis.

Participants
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The original study distributed surveys to about 3,700 IEN and 1,750 USEN. The final IEN sample of usable responses was 991. This study will only be looking at the IEN sampled. The study surveyed IEN from 16 states, getting information from the boards of nursing in each state. IEN were defined as those RN who obtained their basic or initial RN education from a school outside the US. In some cases state boards were unable to identify IEN, so the original study team then went through state nurse lists by individual nurse to identify their school name and location. Randomly selected sampled were obtained from IEN in these states (Jones, final report, 2012).

To recruit for this survey the original research team divided the US into 9 Census regions (Pacific, Mountain, West North Central, East North Central, West South Central, East South Central, Middle Atlantic, New England, and South Atlantic). Whenever possible 2 states from each regions with the greatest number of IEN were selected. The original data was partnered with North Carolina, so they were also included. When state boards of nursing were either unable or unresponsive to queries of IEN the next states with the greatest number of IEN in that region was selected. This totaled to the 16 states sampled (Jones, 2012).

Those sampled were required to read English, work in one of the states included in the sample, and be involved in patient care as part of their nursing position. Nurse participants could be employed in various nursing positions, including staff nurse (general duty nurse, charge nurse/team leader, clinical nurse leader); advanced practice nurse (nurse practitioner, clinical nurse specialist, nurse anesthetist, nurse midwife); nurse educator; nurse manager (unit, department, or division leader). They worked in hospitals, long term/ nursing home/extended care facilities, public health, ambulatory care and nursing education (Jones. 2012).
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The original target IEN sample was 3,691. After eliminating surveys that were returned from the postal office or ineligible to participate there were 3,265 IEN potential participants. The final sample included 991 IEN, for a 30% response rate (Jones, 2012).

This secondary data analysis will focus on comparing those IEN recruited from high income and middle/low-income countries. The World Bank breaks country income brackets down into low-income; lower middle income, middle income, upper middle income and high income. For the purpose of this study we will put low income, lower middle income, middle income, and upper middle income in one category calling them low/middle income countries. In 2011, the year the survey was completed, low/middle income countries together were defined as those with a Gross National Income (GNI) of $12,275 or less. The World Bank defined high-income countries as those with a per capita GNI of $12,275 or more (The World Bank, 2011). The World Bank reported the full list of country used for this analysis at World Bank list of economies (January 2011) (The World Bank, 2011). Taiwan was not included in this list. In order to classify Taiwan, we used the Republic of China (Taiwan) (2016) who reported that in 2011 Taiwan’s GNI was well above $12,275 placing it in the high-income country category for this study.

Data Collection

Data were gathered in a web-based survey and a paper and pencil survey to non-responders. The participants were contacted through the mail, and then were asked to log on to the Internet with a password provided in the letter. Four reminder letters were sent to non-responders. At the second reminder letter a paper copy of the survey was also sent to non-responders. The survey took approximately 30 minutes and could be done at the participant's convenience. Participants were informed that their responses would be confidential and that they
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR could decline to participate in the survey or end the survey early. Information about the participants was saved at UNC’s Odum Institute on a secure server in a password-protected file.

Two surveys were used, one for the IENs and the other for the USENs. For this secondary analysis, only responses to the IEN survey will be used. The original research team for this study developed the survey. Prior to sending the surveys, a group of IENs and USENs that worked in the US pilot tested the survey to provide feedback. The online survey was active for 8 months to give participants time to complete it. It remained open from early February 2011 to late August/Early September 2011. In November 2011, data were delivered and analyzed to remove outliers and validate the sample (Jones, 2012).

Data from the original study were examined by the project staff for completeness. The data were entered into two databases (one for IEN and one for USEN) and data entry was checked for accuracy. The data sets were compared for mistakes and all mistakes were corrected.

All data remains confidential on a locked file on a secure server. Only the research team has access to the completed surveys and raw data. After data was entered the sheet that matched the participant information to the survey was destroyed (Jones, 2012).

Data Analysis

All results were analyzed using IBM SPSS Statistics for Windows (IBM Corp., 2013).

The first objective of this secondary analysis research study was to identify the top high and low/middle income countries from which IENs reported being recruited in the original study. This information was determined by a review of descriptive data collected in the survey. To achieve objective 1, descriptive statistics were used to identify the frequencies of the countries from which IENs immigrated. The countries of IEN origin were then be categorized as either
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR high- or middle/low income as defined by the World Bank in January 2011 (i.e., > $12,276 = high-income county; < $12,746 = middle/low-income country).

Objective two of this study was to describe how internationally educated nurses were assisted to find employment in the US, and see if those who assisted them differed between high-income countries and middle/low-income countries. Participants reported who helped or assisted them in finding employment in the US within the categories of recruitment agency, healthcare organization, friends/family, government of my country of origin, another organization, or no assistance provided. The analysis for this objective was carried out by conducting chi-square tests, and significant (p<.05) differences between high and middle/low income countries are reported below.

The third objective of this study was to compare the difficulties experienced when the nurses started working in the US between the high-income country nurse migrants and the middle/low-income country nurse migrants. This objective was addressed using the survey question on what difficulties the internationally educated nurses experienced when starting work in the US as a nurse. They could check all that applied to them for expense of moving, finding a place to live, transitioning into the community where they lived, finding support from other internationally educated nurses in their community, learning to speak/understand a new language, taking the language exam, learning about nursing and clinical practices in the US, taking the RN licensure exam, taking a written exam as part of a job interview, getting through the in person job interview process, completing a supervised clinical placement requirement, having trouble being understood (i.e. language problems), getting a work permit or visa, doubts about their nursing qualifications by others, bias against them because they are from another country, lack of nursing position available for them in the area they wanted to go, concerns about
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR personal safety and no difficult experiences. The analysis to address this objective was carried out by conducting chi-square tests, to determine significant (p<0.05) differences between high and middle/low income countries are reported below.

Results

Objective 1

Objective 1 was to identify the top high and middle/low income countries from which nurses were recruited. Seventy-one percent of participants were from middle/low income countries (n=694) and 29% of participants were from high-income countries (n=287). The most common high income countries from which IENs working in the U.S. emigrated were Canada (n=134), United Kingdom (n=60), South Korea (n=27), Australia (n=13), and Germany (n=11). The most common middle/low income countries from which IENs working in the U.S. emigrated were Philippines (n=481), Nigeria (n=20), India (n=61), Ukraine (n=15) and Jamaica (n=14). Table 1 has further break down of all countries frequencies and percentages.
**COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR**

*Table 1*

*Country of Origin and Number of Respondents*

<table>
<thead>
<tr>
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<td>GERMANY</td>
<td>11</td>
<td>NEW ZEALAND</td>
<td>7</td>
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<td>GHANA</td>
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<td>NIGERIA</td>
<td>20</td>
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<td>GUYANA</td>
<td>5</td>
<td>NORWAY</td>
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<td>HONDURAS</td>
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<td>PHILIPPINES</td>
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<td>ICELAND</td>
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<td>PORTUGAL</td>
<td>1</td>
</tr>
<tr>
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<td>INDIA</td>
<td>61</td>
<td>PUERTO RICO</td>
<td>4</td>
</tr>
<tr>
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<td>INDONESIA</td>
<td>2</td>
<td>ROMANIA</td>
<td>3</td>
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<td>IRAN</td>
<td>2</td>
<td>RUSSIA</td>
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<tr>
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<td>IRELAND</td>
<td>6</td>
<td>SAUDI ARABIA</td>
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<tr>
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<td>ISRAEL</td>
<td>5</td>
<td>SINGAPORE</td>
<td>1</td>
</tr>
<tr>
<td>CAMEROON</td>
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<td>IVORY COAST</td>
<td>1</td>
<td>SOUTH AFRICA</td>
<td>10</td>
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<td>SOUTH VIETNAM</td>
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<td>JORDAN</td>
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<td>SURINAME</td>
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<td>1</td>
<td>SWEDEN</td>
<td>1</td>
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<td>TAIWAN</td>
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<td>TANZANIA</td>
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<td>THAILAND</td>
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<tr>
<td>DENMARK</td>
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<td>LIBERIA</td>
<td>4</td>
<td>TRINIDAD</td>
<td>3</td>
</tr>
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<td>1</td>
<td>MACAU</td>
<td>1</td>
<td>UK</td>
<td>60</td>
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<tr>
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<td>MEXICO</td>
<td>4</td>
<td>UKRAINE</td>
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<tr>
<td>ERITREA</td>
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<td>NEPAL</td>
<td>2</td>
<td>UZBEKISTAN</td>
<td>4</td>
</tr>
<tr>
<td>ETHIOPIA</td>
<td>2</td>
<td>NETHERLANDS</td>
<td>3</td>
<td>ZIMBABWE</td>
<td>4</td>
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</table>
Objective 2 was to describe who helped internationally educated nurses to find employment in the US, and see if there results significantly differed from high income countries versus low income countries. Several significant differences were found (Table 1). Forty eight percent of middle/low income country nurse migrants reported they were recruited by a recruitment agency compared to the high income countries 22.3% ($\chi^2(1, n=981) =55.6, p<.001$). Middle/low income country IEN had 27.7% report they were helped to find employment by family and friends compared to high income country’s 20.6% ($\chi^2(1, n=981) =5.4, p<.05$). These were both significant results showing middle/low income IENs were more likely to be recruited by a recruitment agency or find employment through family or finds. IENs from high income country were more likely to be recruited by a health care organization ($\chi^2(1, n=981) =23.7, p<.001$) with 10.1% of high income country IENs reporting they found employment through a healthcare organization, and only 2.7% of middle/low income country IENs reporting the same. Approximately 33% of IENs from high income countries reported no assistance in finding an employer, while only 14.4% of IENs from middle/low income country reported the same ($\chi^2(1, n=981)=46.0, p<.001$).
Table 2

Help or assistance the IENs received to find an Employer

<table>
<thead>
<tr>
<th>Help or assistance</th>
<th>Middle/low income country</th>
<th>High-income country</th>
<th>χ²</th>
<th>DF</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment agency</td>
<td>Total 694 No. 333 % 48</td>
<td>Total 287 No. 64 % 22.3</td>
<td>55.59</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Healthcare organization</td>
<td>Total 694 No. 19 % 2.7</td>
<td>Total 287 No. 29 % 10.1</td>
<td>23.678</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Friends/family</td>
<td>Total 694 No. 192 % 27.7</td>
<td>Total 287 No. 59 % 20.6</td>
<td>5.4</td>
<td>1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Government of their country of origin</td>
<td>Total 694 No. 4 % 0.6</td>
<td>Total 287 No. 0 % 0</td>
<td>1.7</td>
<td>1</td>
<td>0.33</td>
</tr>
<tr>
<td>Another organizations</td>
<td>Total 694 No. 5 % 0.7</td>
<td>Total 287 No. 6 % 2.1</td>
<td>3.4</td>
<td>1</td>
<td>0.091</td>
</tr>
<tr>
<td>No assistance provided</td>
<td>Total 694 No. 100 % 14.4</td>
<td>Total 287 No. 96 % 33.4</td>
<td>46</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Total 694 No. 47 % 6.8</td>
<td>Total 287 No. 27 % 9.4</td>
<td>2</td>
<td>1</td>
<td>0.183</td>
</tr>
</tbody>
</table>

DF=degrees of freedom

Objective 3

Objective 3 was to compare the difficulties experienced while immigrating by high-income country nurse migrants and middle/low income country nurse migrants. Results indicate that, in general, middle/low income country IEN experienced more difficulties when starting work in the US and an RN than IENs from high-income countries. Approximately 27% of IENs from middle/low income countries reported that they had difficulty with the expense of moving while only 20.9% of IENs from high income countries reported the same ($\chi^2(1, n=981) =4.3$, p<.05). Approximately 33% IENs from middle/low income countries reported having difficulty transitioning into the communities where they lived compared to almost 19% of IENs from high income countries.
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR income countries ($\chi^2(1, n=981) =20.3, p<.001$). Approximately 44% of IENs from middle/low income countries reported that they had difficulty learning about nursing and clinical practices in the US, compared with 33.8% of high income country IEN ($\chi^2(1, n=981) =9.1, p<.05$).

Approximately 40% of IENs from middle/low income countries reported that they had difficulty taking the RN licensure exam, compared to 29.3% of high income countries ($\chi^2(1, n=981) =10.4, p<.05$). Twenty-nine percent of IENs from middle/low income countries reported having trouble being understood (language problems), while only 15.0% of IENs from high income countries reported the same ($\chi^2(1, n=981) =22.4, p<.001$). IENs from middle/low income countries were also more likely to report doubts about their nursing qualifications by others (18.4%), compared to IENs from high-income countries (12.9%) ($\chi^2(1, n=981) =4.5, p<.05$). Finally, almost 39% of IENs from middle/low income countries reported that they felt others were biased against them because of their country of origin, while approximately 18% of IENS high income countries reported the same ($\chi^2(1, n=981) =40.7, p<.001$).

In certain categories, IENs from high-income countries reported having more trouble than their IEN counterparts from middle/low countries. Almost 10% of IENs from high income countries reported they had difficulty getting a work permit or visa while only 7.8% of IENs from middle/low income countries reported the same ($\chi^2(1, n=981) =9.8, p<.05$). IENs from high-income countries were also more likely to report that they had no difficulty in the transition to work in the US than IENs from middle/low income countries. Approximately 22% of IENs from high income countries reported having no difficulty while 8.1% of IENs from middle/low income countries reported the same ($\chi^2(1, n=981) =38.3, p<.001$). Table 3 shows the full results for the difficulties experienced as the IEN started working in the US as RN.
## Table 3

Difficulties experienced by IENs when they started working as an RN in the US

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Middle/low income country</th>
<th>High-income country</th>
<th>( \chi^2 )</th>
<th>DF</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense of moving</td>
<td>Total: 694, No.: 189, %: 27.2</td>
<td>Total: 287, No.: 60, %: 20.9</td>
<td>4.3</td>
<td>1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Finding a place to live</td>
<td>Total: 694, No.: 125, %: 18</td>
<td>Total: 287, No.: 38, %: 13.2</td>
<td>3.3</td>
<td>1</td>
<td>0.073</td>
</tr>
<tr>
<td>Transitioning into the community where I lived</td>
<td>Total: 694, No.: 230, %: 33.1</td>
<td>Total: 287, No.: 54, %: 18.8</td>
<td>20.3</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Finding support from other internationally-educated nurses in my community</td>
<td>Total: 694, No.: 86, %: 12.4</td>
<td>Total: 287, No.: 27, %: 9.4</td>
<td>1.8</td>
<td>1</td>
<td>0.226</td>
</tr>
<tr>
<td>Learning to speak/understand a new language</td>
<td>Total: 694, No.: 121, %: 17.4</td>
<td>Total: 287, No.: 39, %: 13.6</td>
<td>2.2</td>
<td>1</td>
<td>0.154</td>
</tr>
<tr>
<td>Taking the language exam</td>
<td>Total: 694, No.: 53, %: 7.6</td>
<td>Total: 287, No.: 14, %: 4.9</td>
<td>2.4</td>
<td>1</td>
<td>0.128</td>
</tr>
<tr>
<td>Learning about nursing and clinical practices in the U.S.</td>
<td>Total: 694, No.: 307, %: 44.2</td>
<td>Total: 287, No.: 97, %: 33.8</td>
<td>9.1</td>
<td>1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Taking the RN licensure exam (i.e. NCLEX)</td>
<td>Total: 694, No.: 279, %: 40.2</td>
<td>Total: 287, No.: 84, %: 29.3</td>
<td>10.4</td>
<td>1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Taking a written exam as part of a job interview</td>
<td>Total: 694, No.: 40, %: 5.8</td>
<td>Total: 287, No.: 12, %: 4.2</td>
<td>1</td>
<td>1</td>
<td>0.351</td>
</tr>
<tr>
<td>Getting through the in-person job interview process</td>
<td>Total: 694, No.: 85, %: 12.2</td>
<td>Total: 287, No.: 27, %: 9.4</td>
<td>1.6</td>
<td>1</td>
<td>0.226</td>
</tr>
<tr>
<td>Completing a supervised clinical placement requirement</td>
<td>Total: 694, No.: 32, %: 4.6</td>
<td>Total: 287, No.: 7, %: 2.4</td>
<td>2.5</td>
<td>1</td>
<td>0.15</td>
</tr>
<tr>
<td>Having trouble being understood (i.e. language problems)</td>
<td>Total: 694, No.: 204, %: 29.4</td>
<td>Total: 287, No.: 43, %: 15</td>
<td>22.4</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Getting a work permit or visa</th>
<th>694</th>
<th>54</th>
<th>7.8</th>
<th>287</th>
<th>41</th>
<th>14.3</th>
<th>9.8</th>
<th>1</th>
<th>&lt;.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doubts about my nursing qualifications by others</td>
<td>694</td>
<td>128</td>
<td>18.4</td>
<td>287</td>
<td>37</td>
<td>12.9</td>
<td>4.5</td>
<td>1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Bias against me because I am from another country</td>
<td>694</td>
<td>269</td>
<td>38.8</td>
<td>287</td>
<td>51</td>
<td>17.8</td>
<td>40.7</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Lack of nursing positions available in the area I wanted to go</td>
<td>694</td>
<td>35</td>
<td>5</td>
<td>287</td>
<td>19</td>
<td>6.6</td>
<td>1</td>
<td>1</td>
<td>0.356</td>
</tr>
<tr>
<td>Concerns about my personal safety</td>
<td>694</td>
<td>95</td>
<td>9.4</td>
<td>287</td>
<td>22</td>
<td>7.7</td>
<td>0.7</td>
<td>1</td>
<td>0.459</td>
</tr>
<tr>
<td>None</td>
<td>694</td>
<td>56</td>
<td>8.1</td>
<td>287</td>
<td>64</td>
<td>22.3</td>
<td>38.3</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

DF= Degrees of freedom

**Discussion**

Though some claim that the U.S. is not currently in a period of nursing shortage, Delucas (2014) predicts that there will be one again soon as Baby Boomers age, and retire from their careers in nursing. In this case, the recruitment of nurses from around the world will likely increase (Pittman et al., 2012), which makes several findings in this analysis very important for ethical reasons. The US is a top recruiting country for IEN so a good understanding of the immigration experiences of these nurses is crucial.

The findings related to the first study objective indicates the countries from which nurses in the study emigrated. Over 70% of the IENs sampled were from middle/low income countries. This finding is consistent with the findings of Spuires and Amico (2015) and Taylor et al. (2011) who reported that most healthcare personnel migrate from low-income countries to high-income countries. Redfoot & Houser (2008) added to this position by noting that most often developed countries recruit from developing countries. This finding is important because of the ethical
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR issues of recruiting from middle/low income countries in the first place. According to the WHO, 57 countries face critical nursing shortages, 36 of which are in Sub-Saharan Africa (Delucas, 2014). The World Bank (2011) had all Sub-Saharan African countries listed as middle/low income countries. This means that the U.S. is recruiting from countries that have nursing shortages as well, leaving them without needed healthcare workers. Sub-Saharan Africa holds 24% of the world’s disease burden yet only 3% of the global healthcare workforce (Taylor et al., 2011). This is an ethical issue because if the US actively recruits nurses from middle/low income countries it could leave that country without the needed healthcare workers to support the health needs of that country’s population.

Many ethical considerations also relate to the way in which IENs find employment in the US. This analysis found many significant findings related to how middle/low income country nurse migrants find work in the US compared to high income country nurse migrants. In general, IENs from middle/low income countries were more likely to use a recruitment agency to find work than those nurses who migrated from high-income countries. Pittman et al. (2012) found that when IEN are recruited by some recruitment agencies it is common that the agencies make the healthcare workers pay a series of fees for the companies to do the service of finding an international job placement for the healthcare worker. Problems can arise from this practice, such as are high working contract fees, withholding of migrant’s legal documents by the recruiters, and use of collateral and other fees in the contracts. These violations are done so that the recruiting agencies can make more money off of the workers, who often do not have a choice in the agencies with which they work (Pittman et al., 2012). Pittman et al. (2012) also found that nurses who were recruited with an agency from low-income countries were more likely to experience these kinds of abuses. These findings show that not only are more middle/low
COMPARING DIFFICULTIES IN STARTING WORK IN THE UNITED STATES FOR income nurse migrants more likely to be recruited by a recruitment agency, but also they are more likely to experiences abuses during the recruitment process.

Finally, this study showed that overall IEN who migrate from middle/low income countries reported much more difficulties upon starting work as an RN in the US than those who migrated from high-income countries. Middle/low income country nurse migrants had more difficulty with the expense of moving, transitioning into the community where they lived, learning about nursing and clinical practices in the US, taking the RN licensure exam (i.e. NCLEX) and more difficulty being understood (i.e. language problems). These results were consistent with Jose’s (2011) phenomenological study, which showed that IEN had numerous difficulties adjusting to work upon first arrival such as difficulty adjusting to the new multi-cultural society and learning how to work technology. Though Jose (2011) did not specifically say she was addressing middle/low income country nurse migrants, the only nurses she interviewed were from middle/low-income countries (Philippines, India and Nigeria) (The World Bank, 2011). Squires & Amico (2015) emphasized the importance of induction and orientation programs that enable IEN to operate safely and effectively within the health systems of a destination country. It is possible that specific orientation programs for IEN would be helpful to reduce stress upon starting work in the US, but more research is needed to know what type of orientation programs would be helpful.

In addition, IEN from middle/low income countries reported more negative experiences at work than those nurse migrants from high-income countries. Specifically, IENs from middle/low income countries reported more experiences of others having doubts about their qualifications as a nurse. In fact, almost 39% of IENs from middle/low income countries reported feeling that others were biased against them because they were from another country.
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This is more than double the percentage of those who reported this feeling from high-income countries (17.8%). Jose (2011) reported similar findings from her phenomenological study showing that many IEN felt that other people treated them like they were ‘stupid.’ It seems clear that IEN from middle/low income countries feel discriminated against at work.

This study also found that a 22.3% of high income nurse migrants had no difficulties with beginning working the US as an RN, compared to middle/low income country nurse migrant only have 8.1% report the same. Thus, high-income nurse migrants had little difficulty in starting work in the US, while middle/low income nurse migrants had many more difficulties when starting work in the US.

A surprising finding from this study was that nurse migrants from high-income countries reported having a more difficult time finding work permits/visas than those from middle/low income countries. Approximately 10% of IENs from high-income countries reported having trouble finding work permits/visas while only 7.8% of IENs from middle/low income countries experienced this problem. This finding could possibly be because of the ways in which IENs from these different countries find job placements. Most IENs from middle/low income countries are recruited through recruitment agencies, which secure a work permit/visa for the IENs they recruit. In addition, the results showed that high-income country nurse migrants were more likely to have no assistance in finding a job in the US, which could also lead to a difficulty in finding a work visa/permit.

Limitations

This study was limited by the use of a secondary design, which, in turn, limited the findings to the items that were included in the original survey.
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Directions for Future Research

This study points to several directions for future research. First, research should examine different orientation programs that help IENs, and particularly those from middle/low income countries, adjust to work in the US. Understanding the programs and the effectiveness of the approaches used would help to inform the onboarding of IENs, in general. Also, future research should examine programs that focus on the retention of nurses in middle/low income countries around the world to prevent healthcare worker shortages in poorer countries. Qualitative studies can also help to gather more meaning about the experiences of IENs, from both high- and middle/low-income countries.

Conclusions

This study highlights the fact that most IEN who come to the U.S. emigrate from middle/low income countries. It also suggests that middle/low income country nurse migrants are more likely to find employment through a recruitment agency or family and friends. High-income country nurse migrants are more likely to find employment through a healthcare organization or have no assistance at all. Middle/low income country nurse migrants were also more likely to report difficulty with the especially when they felt that others were doubting their ability to be a nurse, and felt bias towards them because they were from a foreign country. Interestingly, IENs from high-income countries reported minimal difficulties upon starting working the US. Policies are needed to ensure that recruitment agencies and healthcare organizations are upholding the guidelines for the ethical recruitment of IENs (WHO, 2010), being especially aware of when those IEN have emigrated from middle/low income countries as they are more likely to have a negative recruitment experience. Policy is also needed to ensure adequate orientation experiences for IEN as they may alleviate some stress upon arrival (Pittman
Future research is also needed to examine the experiences of IENs from middle/low income countries, and to make more extensive comparisons of their experiences to their counterparts from high-income countries.
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