Recruitment of Foreign-Educated Nurses to the U.S.

Patricia Pittman

To describe the structure and practices of an emerging international nurse recruitment industry, as well as the national and international responses to this phenomenon.

Since the start of the current nursing shortage, reliance on foreign-educated nurses (FENs) has grown from 6% of newly licensed nurses in 2000 to almost 17% in 2007.

The economic recession and visa retrogression have slowed down the entry of FENs to about 50% of 2007 levels, although most observers assume that by 2011 the situation will return to its previous highs.

A U.S. House of Representatives comprehensive immigration bill under consideration removes limits on visas for nurses.

Over 90% of the FENs entering the U.S. come from less developed countries with nurse to population ratios that are about one tenth of the ratio in the U.S.

India has replaced Canada as the second largest source of FENs. Nigeria and the Caribbean are also important sources.

The World Health Organization has expressed concern that international recruitment may harm health systems in less developed countries.

An international Code of Practice on the Recruitment of Health Professionals may be approved by the May 2010 World Health Assembly.

In an effort to protect FENs and urge employers to avoid active recruitment in poor countries with severe nurse shortages, a coalition of U.S. unions, nurse associations, hospitals and recruiters developed a Voluntary Code of Conduct. The Alliance for Ethical International Recruitment was created to certify employers and recruiters that agree to comply with the Code www.fairinternationalrecruitment.org

The international recruitment industry has grown exponentially since the start of the current nurse shortage, from just 30 firms in 2000 to almost 300 firms in 2007.

While some large hospitals and health systems recruit directly, two types of intermediaries are often used: placement firms that charge health care organizations a fee per nurse, and staffing agencies that lease nurses to facilities.

FENs are almost always required to sign 2–3 year commitments and high penalties fees are included for termination of contracts.

Unlike U.S. travel nurses who are paid more than direct hire nurses, FENs working for staffing companies tend to be paid at a lower rate.

Focus groups with FENs revealed several cases of unconscionable contract practices as well as work place intimidation.

The high cost of access to legal counsel has meant that most of these cases have remained undisputed in U.S. courts.
References:
