Foreign-Educated Nurses: A Solution to America’s Nursing Shortage?

It’s no secret that the U.S. is currently experiencing a nursing shortage that, due to various factors, is set to worsen significantly in the coming years. The aging Baby Boomer population will require increasingly more care while the nurses of the same generation will retire (and require nursing care in their own right). The average age of a nurse in the U.S. is in their 50s; nursing educators are aging, as well. According to a fact sheet released by the American Association of Colleges of Nursing in 2017, the average age of a nursing professor with his or her doctorate was 62.2, and 57.8 was the average age of a master’s degree-prepared nursing professor. This is especially concerning when one considers that over 64,000 qualified applicants were turned away from BSN and MSN programs in this country in 2016 due to insufficient space and faculty shortages (AACN 2017). At this time, the U.S. is ill-prepared to sufficiently educate the vast numbers of nurses necessary to address this epic nursing shortage.

What options exist to deal with this critical shortage?

A myriad of methods exist to manage nursing shortages—some safer than others. By default, increased patient-to-nurse ratios are one method. However, increased staffing ratios are often unsafe for patients and nurses; additionally, they contribute to nurse burnout and turnover. Some hospitals may choose to offer overtime and bonuses during periods of critical staffing and patient surges (effective, but not a long-term solution). Agency and travel nurses can help fill holes in staffing as a short-term fix. However, there is something to be said for full-time nurses (employed by...
a hospital) who are familiar with the system, patient population, and flow of the unit, allowing for safer staffing ratios and less overtime. Perhaps it is time to consider looking outside of the U.S. for well-educated nurses from countries such as the Philippines to help address this nursing shortage.

**Comparing internationally-educated nurses to U.S.-educated nurses**

The Institute of Medicine released a report in 2010 that strongly recommended at least 80% of the nursing workforce be BSN-prepared. To this end, a significant number of hospitals are exclusively hiring RNs with their BSNs into new positions. Additionally, they are requiring currently-employed RNs to complete an RN-to-BSN program; frequently, the hospitals are paying for this degree. A survey in 2008 found that 49.2% of U.S.-educated nurses had their BSN; 91.5% of internationally-educated nurses from the Philippines were bachelor’s-prepared nurses (Spetz 2014). Internationally-educated nurses can help hospitals save money because they already have their BSN degrees prior to coming to the U.S. In order to be eligible to work as a nurse in the U.S., an internationally-educated nurse must obtain a VisaScreen certificate, which requires that he or she prove that the education received in a foreign country compares to that of a U.S. education prior to sitting for the NCLEX-RN. Since many hospitals hire U.S.-educated nurses prior to passing the NCLEX, they run the risk of the employee not passing and deciding to forgo a future in nursing, which results in a loss. By hiring foreign-trained nurses who already have their RN license, that cost is avoided.

Staffing turnover and nurses leaving the nursing workforce are significant problems facing hospitals today. Not only are Filipino nurses (and many other foreign-trained nurses) more likely to have their BSN, they are more likely to be working in the field of nursing. Nearly 92% of Filipino-educated nurses are working in the field of nursing compared to 84.6% of U.S.-educated nurses (Spetz 2008). Further analysis shows that Filipino-educated nurses are also more likely to be employed by hospitals (71.6% vs 61.6%) than U.S.-educated nurses and as staff nurses (82.4% vs. 64.6%). This same study found that, at first glance, internationally-educated nurses earn higher wages than U.S.-educated nurses. However, when controlled for demographics, education, setting, etc., foreign-trained nurses actually make significantly less than U.S.-trained nurses. Internationally-trained nurses are more likely to work full-time in hospitals in large, metropolitan areas in large states and often have more than one nursing job. This can be translated into a population of nurses that stay in the workforce and can contribute in real ways to the nursing shortage in this country. Since the cost of coming to the United States prepared to work as a nurse is assumed by the internationally-educated nurse (or that nurse’s staffing agency) prior to being hired, they are less likely to leave the positions they hold, and may actually cost hospitals less in the long run than U.S.-educated nurses.

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