A bright future awaits foreign-trained nurses in the United States

By Jennifer Firmalan BSN RN

International nurses can advance their careers and opportunities by migrating to the United States, but how do you find a successful pathway? Here’s what you need to know to open the way to the U.S. for yourself and your family.

U.S. hospitals **actively seek** foreign-trained nurses.

The need for nurses from other parts of the world is very real, thanks to the emergence of two potential crises facing the field.

First, the country is facing a looming staffing shortage, a “silver tsunami,” wherein retirement-age nurses (RNs) are exiting the field in large numbers. Secondly, American baby boomers (those born around the end of World War II) are aging and in need of care. Demand is quickly increasing as an average of 10,000 Americans will turn 65 every single day for the next twenty years.¹

That means care is needed. And right now, there are not enough qualified nurses to provide adequate care. According to the U.S. Bureau of Labor Statistics, demand for nurses in hospitals will rise by 36% by 2020, creating more than half a million new RN jobs, yet hospitals will face a shortage of 260,000 RNs by 2025.²

A strong relationship exists between adequate nurse-to-patient ratios and safe patient outcomes.³ Studies also show that positive patient outcomes – decreased rate of patient mortality, fewer errors, etc. – tie directly back to nurse education levels, and U.S. hospitals appreciate the education and experience that foreign-trained nurses typically bring.⁴

But the need for nurses from abroad is about more than just numbers, degrees or even outcomes. The U.S. is a heavily multicultural society. In fact, it’s estimated that by 2043 cultural minorities will, in fact, no longer be the minority at all; and health care providers are interested in reflecting the same cultural diversity of their patients in their nursing staff.⁵

In other words, our patients are diverse, and in order to deliver the best possible care, it’s important to offer holistic care that reflects that multiculturalism.

But international nurses don’t just benefit the United States. Nurses from all across the world find the U.S. rich with opportunity and options, as we’ll describe next.
Work in the U.S. is **professionally enriching** and **personally rewarding** for foreign-educated nurses.

Nurses in the U.S. are more than just assistants to physicians.

Nurses in the U.S. have a great deal of power and control over their own work and how they deliver patient care. The American Association of Colleges of Nurses describes it perfectly:

> “Though often working collaboratively, nursing does not ‘assist’ medicine or other fields. Nursing operates independent of medicine and other disciplines.”

That is, nurses in the U.S. serve as part of an interdisciplinary medical team where they cooperate with other team members. They think critically and independently about nursing diagnoses and treatment options. Such expertise is especially needed in high demand areas like critical care and emergency services.

Their autonomy creates exciting opportunities for nurses to take charge and sharpen their medical expertise. They can also further develop their skills through higher education. By pursuing graduate degree programs, a nurse becomes an increasingly in-demand member of the medical community, with a skillset that transfers easily to different career paths and environments. That gives the nurse and the nurse’s family more options than ever.

Find long-lasting financial stability.

The U.S. rewards nurses for their knowledge and skills, which offers financial stability for their families. Consider: according to PayScale Human Capital, the average Filipino nurse earns about $228 USD in a month. The average RN in the U.S. earns about $320 USD in a single shift. Filipino writer Edil Cuepo observes, “Philippine nurses earn enough money just to survive. American nurses provide comfortably for themselves and their families.” That’s not even the most dramatic example. For example, an RN in Sri Lanka earns about $210 USD per month.

> “Philippine nurses earn enough money *just to survive*. American nurses *provide comfortably* for themselves and their families.”

But to take advantage of these rewards for nursing in the U.S., you first have to make your way here – and you don’t have to do it alone. We’ll discuss that next.

How to **advance your career** in the United States and **unlock the best opportunities**.

Unfortunately, you can’t just show up and be able to find nursing opportunities in the U.S. Even after the 2006 revisions to immigration policies eased the path for nurses, migration is still a carefully controlled process.

As a result, international nurses must find a suitable partner: a company that can provide the necessary training, exam study, and cultural preparation to facilitate every step of the way, as detailed next.

**VisaScreen**

Nurses who are not U.S. citizens and are seeking an occupational visa to work in the U.S. must go through the VisaScreen® program and show that they meet certain educational and professional requirements. As part of this program, applicants must pass an English language proficiency exam and complete the CGFNS qualifying examination and/or the NCLEX-RN (National Council Licensure Examination-Registered Nurse).
IELTS English Exam
The International English Language Testing System assesses a person’s ability to communicate in English. Test providers typically provide test training and preparation.

CGNFS Certification
The Commission on Graduates of Foreign Nursing Schools certificate program helps nurses understand if they’re likely to pass the NCLEX-RN exam. It also satisfies the examination requirement of the VisaScreen® program. It should always be taken before the NCLEX-RN.

The NCLEX-RN Exam
The NCLEX-RN nursing licensure exam is required of all nurses. It is perhaps the most important element of migrating to the U.S. for foreign-born nurses. Luckily, you do not have to be in the U.S. to take it; it’s available via multiple locations across the globe.

Cultural Adaptation
The level of independence we described above can be exciting and freeing for nurses used to working strictly under a physician’s orders. It can also be intimidating or unfamiliar for nurses who are not used to providing such holistic care.

It takes time, guidance and reinforcement to understand that, yes, you really do have the power and the right to determine and then advocate for the right course of action for your patient. A good placement partner should help nurses not just with bureaucratic requirements but also with the process of adapting to nursing in the U.S.

That second point is critical: finding hospitals that dedicate the time needed to orient and adapt foreign-trained nurses to the US health system is foundational. Be careful, however: not all facilities that need help are in a position to actually support the new nurses.

A Strict Code of Ethics
The lure of good, rewarding work can tempt international nurses into bad situations, so it’s critical to work only with organizations you can trust. Look for certified ethical partners whose reputation rests on their ethical practices. Your training organization should:

- **Require no payment from you.** Hospitals and health care delivery services want you — badly. They’re the ones who pay.
- **Own the whole process.** You shouldn’t deal with a chain of people, everyone telling you something a little different. Find a partner who works with you hand-in-hand, starting in your native country, with critical education and training until (and after) you are placed in a U.S.-based hospital or facility.
- **Help identify an environment where you’ll thrive.** You want to find a good work environment where you can provide the best possible care. Your training partner should help match your knowledge, skills and preferences to a rewarding placement in the U.S.

**With careful preparation, a smart partnership and an open mind, you can carve out a career in the United States that is lucrative, rewarding, and tailored to you, your family’s — and your patients’ — needs.**

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References


