

Mobility of Health Professionals North America Report

US Team Members

- ◎ **Chris Brown Mahoney, PhD**
- ◎ **Mary Pittman, DrPH**
- ◎ **Amy Nuttbrock**

Canada Team Members

- ◎ **Atanackovic Jelena**
- ◎ **Bourgeault, Lynn Ivy**
- ◎ **Cash, Colleen**
- ◎ **Quartaro, Alison**
- ◎ **Roberts, Hatcher Janet**

May 2011

Online Survey

Methodology: Canada

Public Membership
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Exclusively IMGs

Level of Organization	Examples:
National Organizations and Societies	Canadian Society for International Health, Canadian Public Health Association, HEAL Network
Regional and Provincial Organizations	Atlantic Connection of International Medical Graduate, Ontario Nurses Association
Educational, Training and Certification Bodies	Medical Radiation Technologist Association, Community Colleges
Local and Grassroots Groups	Philipino Nurses Association, Iraqi Dentists in Canada

Online Survey/Interviews

Methodology; United States

Level of Organization	Examples:
National Organizations and Societies	National Council of State Boards of Nursing (NCLEX), American Assoc of Colleges of Nursing, AMN Healthcare; Commission on Graduates of Foreign Nursing Schools
Regional Organizations	National Assoc for HC Recruitment, Sigma Theta Tau International Foundation for Nursing, Bangladesh Medical Assoc of NA,
Educational, Training and Certification Bodies	Society of Philippine Surgeons in America, American Assoc of Physicians of Indian Origin, American College of International Physicians, Indian American Urological Assoc
Local/Grassroots Groups	Welcome Back Centers in California, Maryland, Massachusetts

Methodology/Sample Profile: CA

- 9 in-depth interviews conducted.
- Approx 300 online surveys completed by IEHPs.
- human resource advisors, recruitment professionals, and employment counselors.
- Institutions: a recruitment agency, a provincial IMG (International Medical Graduate) Working Group, a community recruitment committee, an inner city hospital, a tertiary care/academic teaching centre, an agency providing services and counseling to new Canadians, and community hospitals.
- Interviews were conducted using a standardized instrument.
- Most of the individuals interviewed (six out of nine) focused on the recruitment, employment, or support of IMG's due to the current shortage of practicing physicians in their catchment areas.

Methodology/Sample Profile: US

- 8 in-depth interviews conducted.
- Approx 200 online surveys completed by IEHPs
- HR/recruitment organizations, research area experts, professional organization directors
- Institutions: a recruitment organization director, recruiting agency officer, Nursing College Assoc Director, CEO of Commission on Foreign Nursing, American Assoc of Colleges of Nursing
- Interviews were conducted using a standardized instrument.
- Most of the individuals interviewed stressed the recruitment, employment, or support of IEHPs; particularly due to the current shortage of practicing registered nurses and primary care physicians.

Nurses are largest number of IEHPs in US

- 20% percent of candidates taking the NCLEX-RN exam and 1/3 of RN and PN foreign-educated candidates come from countries that have reached their limit for immigration
- 2004 NSSRN shows that 65% of foreign-educated RNs work in hospitals
- 35% employed in nursing homes, other long-term or community care settings.
- More than two-thirds of foreign-educated RNs live in six states: California, Florida, Illinois, New Jersey, New York, and Texas.

Hiring trends; US 2011

source: National Association for Health Care Recruitment

- Hiring freezes (60%)
- Hospitals discontinuing new graduate orientation (30%)
- Hospitals hiring travel and agency nurses (35%)
- RNs being laid off (25%)
- Too many new graduates flooding the market
- Hiring BSN graduates over associate degree graduates
- Older RNs not retiring; working more hours due to economic recession
- RNs working full-time also work in a part-time positions

US nursing factoids; 2011

- 3.8 million active registered nurses licensed
- 1 million licensed practical nurses licensed
- **over 181,000 currently licensed IEHPs as nurses**
 - > 1990 to 2000 added more than 62,000 IEHP nurses
 - three times as many IEHP nurses work in nursing homes
 - > More from African and fewer from Asia
 - > 2000 to 2005 increased to 15,000 per year take exam
- 20% of the entire stock of the globe's professional nurses
- 50% of all English speaking professional nurses
- Current registered nurse vacancy 10-15%
- 40,000 qualified students turned away due to shortage of nursing faculty

US forecast shortages for 2020

Over 1 million registered nurses

Over 200,000 family practice physicians

Origins of IEHPs; US

Asia	31%	Phillipines	13%
Latin America	28%	Mexico	20%
EU	12%	Poland	3%
Russia	11%		
South America	7%		
Middle East	6%		
Africa	5%		

Origins of IEHP's: Canada

- Top three countries/regions from which IEHPs are recruited:
 - ***India, China, and Africa.***
- Other areas cited are:
 - > ***Philippines, Iran, Afghanistan, Russia, US and Mexico.***
- EU countries:
 - > ***Germany, Ireland and UK, followed by Cyprus, Poland and Czech Republic.***

Reasons IEHPs come to US or CA

Reason	US	CA
Better working conditions	88%	78%
Higher earnings/wages	35%	42%
Employment benefits	70%	30%
Job growth/opportunities	60%	51%
Training and educational advancement	74%	60%
Advanced resources/technologies available to complete job tasks	46%	34%
Improved lifestyle conditions	86%	100%
Political stability	46%	52%
Friends/family live in the US or CA	66%	38%

Reasons IEHPs left home country

Reason	US	CA
Low earnings/wages	83%	95%
Lack of employment benefits	39%	57%
Lack of job growth/opportunities	60%	69%
Lack of training and educational advancement	44%	47%
Poor working conditions	63%	41%
Few or poor resources/technologies available to complete job tasks	44%	100%
Poor lifestyle conditions	43%	79%
Political instability	43%	41%
Friends/family live in the US or CA	63%	85%

Challenges to practicing

Reason	US	CA
License recognition	37%	43%
Financial burden	100%	100%
Cultural acceptance/understanding	48%	60%
Locating employment	36%	31%
English as a second language	47%	65%
Lack of resources for international health care providers	45%	25%
Locating housing	60%	57%
Social support/social network	11%	15%

Methods of locating employment

Reason	US	CA
Direct recruitment by current/previous employer	10.5%	14.3%
Educational Institution/University/School	11.6%	11.9%
Internet Job Search	37.2%	27.4%
Other (approx ½ of these helped by friends)	24.4%	30.4%
Recruitment Agency (e.g., Healthcare Recruiters International)	4.7%	3.6%
Referral/Sponsorship	11.6%	12.5%

Satisfaction of methods of locating employment

Reason	US	CA
Very Unsatisfied	13.0%	16.5%
Unsatisfied	21.7%	14.2%
Neutral/Undecided	22.8%	23.3%
Satisfied	19.6%	31.8%
Very Satisfied	22.8%	14.2%

Training provided by employer

Reason	US	CA
Health care laws and regulations	93.0%	97.5%
Training toward additional health care professional licenses	77.2%	66.3%
English as a second language	98.2%	92.5%
United States civics	28.1%	15.0%
United States culture	47.4%	67.5%
Employer policies/procedures	70.2%	85.0%

Overview of Findings

- Most institutions have no formal recruitment process
 - Rely on “word of mouth”; IEHPs “come to them.”
- Recruitment agencies rarely used by the hospitals interviewed, due to cost and lack of need.
- IEHPs help fill gaps in health services due to shortage of health professionals and aging health workforce
- IEHPs are often senior professionals with years of experience and training
- respondents agree that employing IEHPs has improved or greatly improved quality of care provided by organizations

Overview of Findings

Challenges in Employing IEHP's: US specific

- ▶ Cost of health care approaches 17% of GDP.
- ▶ Rural areas suffer worse physician and nurse shortages.
- ▶ Baby boomers , or "graying population" present huge challenge to the US healthcare system.
- ▶ Financial incentives in the health care reform have resulted in shifting to more hospitals hiring physicians as employees.
- ▶ Extensive development of technology and its' use is changing how medicine is practiced; US has a growing use of telemedicine.
- ▶ Still unclear what overall impact of the new health care reform law will be.
 - ▶ Increased focus on quality and connection to payments likely to have impact on level of training required.

Overview of Findings

Challenges in Employing IEHP's

- ▶ Current licensing/credentialing process lengthy, overly complex and delays IEHPs ability to begin to work
- ▶ Cultural differences and variations in language ability can pose significant barriers in employing IEHPs.
- ▶ There is no one national licensing standard for the health professions.
- ▶ Difficult to assess the quality and comprehensiveness of training/education received at institutions outside the country.
- ▶ Rural areas suffer worse physician and nurse shortages.
- ▶ Baby boomers present huge challenge to the US healthcare system
- ▶ Financial incentives in the health care reform have resulted in shifting to more hospitals hiring physicians as employees

Recommendations from Interviewees

Immigration, licensure and hiring procedures should be streamlined.

- ▶ Develop multi-stakeholder group which includes representation from IEHPs, licensing agencies, professional associations and health care institutions as a model for making change.
- ▶ Develop an expedited process to allow an IEHP to begin to practice before completing all of the licensing procedures.
Example: Create a profession specific exam to measure IEHP's ability to provide care with supervision
- ▶ Implement national licensing standards or at least regional licensing standards.
- ▶ Governments and organizations need to develop specific programs that help new immigrants integrate more effectively.