

# Understanding post-hire transitional challenges of foreign-educated nurses

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International migration of healthcare workers is an inevitable reality in the era of globalization. The percentage of internationally educated RNs licensed in the United States increased from 3.7% to 5.6% between 2004 and 2008, representing an estimated 170,235 RNs.<sup>1,2</sup> The United States is projecting a nursing shortage between 400,000 and 800,000 by the year 2020.<sup>3</sup> Federal and state governments are increasing efforts to expand nursing programs to relieve this shortage; however, shortages of qualified faculty, lack of clinical facilities, and an aging nurse educator workforce are noted as potential barriers to this expansion.<sup>4</sup> U.S. healthcare agencies have been actively recruiting foreign-educated nurses (FENs) since the 1960s.<sup>5</sup> FENs come to the United States from around the world, although more than two-thirds of them live in one of six states, including New Jersey, New York, Illinois, Texas, California, and Florida. The majority (72%) work in hospitals.<sup>6</sup>

Migration issues aside, the retention of FENs requires successful adaptation to the U.S. healthcare environment. Most FENs come to the United States with a wealth of clinical experiences, yet challenges arising from their different linguistic, professional, and cultural backgrounds need to be addressed for them to make a successful transition, creating challenges for nurse managers.<sup>7-10</sup> For instance, although the majority of FENs speak English, only 5% to 6% of the applicants to the Commission on Graduates of Foreign Nursing Schools (CGFNS) identified English as their primary language.<sup>8</sup> This means that although the didactic education may have taken place in English, FENs used their native language for most communication. In addition, ineffective use of English in verbal and written communication has been identified as a major barrier that FENs encounter. In a survey done by CGFNS, 70% of the 138 hospital administrators surveyed identified lack of

English language skills among FENs as the most critical barrier to their integration.<sup>7</sup>

Unfortunately, research on transitional barriers of FENs in the United States is limited. Although there were early studies in the 1970s, the majority of literature on international nurses is nonresearch-based.<sup>11-13</sup> It was only recently that a renewed interest in international nurses occurred, coinciding with the surge of foreign nurse migration to the United States in the current nurse shortage cycle.<sup>5,8,9,14-17</sup>

With this study, we examine the transitional/adaptation challenges of FENs in the U.S. healthcare system from multiple stakeholders: clinical educators, preceptors, and the FENs themselves.

## Methodology

A qualitative design was used to ascertain challenges during transition and adaptation as identified by clinical educators, preceptors, and FENs to get an in-depth understanding of the barriers to successful practice of FENs working in the U.S. healthcare system. Six FENs from four countries (India, Haiti, the Philippines, and the United Kingdom), four clinical educators, and four preceptors from two hospitals (part of the same healthcare system) in the southwestern United States participated in the study. All of the FENs had been working in the United States for less than 5 years and were women between ages 25 and 45. Three of the six FENs had clinical experiences in their home countries; two had worked in the Middle East and another in Switzerland. All FENs received their nursing education from their country of origin and were prepared at the baccalaureate level.

The four preceptors and four clinical educators interviewed for this study were women and employees at the two acute care hospitals where the FENs were employed. The preceptors were between ages 45 and 55, and only one of the four was an FEN herself (she had worked in the United States for 15 years as an RN). The four

clinical educators were slightly older than the preceptors, with a range between ages 50 and 60. Combined, these two hospitals had recruited approximately 500 FENs in the last 5 years. Therefore, the clinical educators had a great deal of experience in helping FENs make the transition after they were hired as licensed RNs.

Both the clinical educators and preceptors were intensely involved in supporting FENs during their transition and adaptation. Clinical educators were integral to orientation activities for FENs and worked closely with them over a period of 6 to 8 months on topics ranging from a generalized hospital tour to one-on-one meetings regarding education requirements. Preceptors introduced FENs to the specific units, supervised their practice during orientation, and provided opportunities to gain proficiency in using various documentation tools and developing clinical skills under supervision.

Approval of the study was obtained from the primary author's Institutional Review Board. Consent was obtained before each interview. Semistructured interviews with open-ended questions were used to seek the perceived transitional challenges. There were three separate sets of 10 to 12 questions used as guides in interviews with clinical educators, preceptors, and FENs. Interview questions were mainly related to adaptation experiences, perceived barriers to integration, language proficiency, cultural understanding, and level of FEN knowledge. Although the interview questions for FENs required them to reflect on their adaptation to U.S. hospitals, questions for clinical educators and preceptors were based on their direct observations of FENs. Interviews were limited to 20 minutes if they were conducted at the workplace because of the participants' work schedules.

Data gathered through all the interviews were reviewed, coded, and analyzed by the primary author to identify themes regarding the adaptation challenges of FENs by carefully reading and re-reading the responses. Credibility was achieved through two methods: (a) data were taken back to the subjects to ensure accuracy; and (b) coded data were reviewed by a second qualified reviewer and faculty mentor for validation of data and findings.

## Findings

### FENs' point of view

**Communication.** Five of the six FENs interviewed for this study didn't speak English as their primary language. Even for the sixth nurse from the United Kingdom, communication was identified as a barrier during her transition. Five of the six nurses perceived that they had a good understanding of the English language before arrival in the United States, yet it took one of the FENs (from Haiti, whose primary language was French) approximately 5 years to reach a functional level of English. Most nurses identified that their success was dependent on the ability to communicate openly. Despite the fact that the hospitals offered English as a second language (ESL) classes and accent reduction classes, five of the six FENs were unable to take advantage because of other competing or more pressing life demands.

**Attitude of peers.** All of the FENs reported varying degrees of communication difficulties with peers during their transition. They reflected that in the beginning of their experience, they were perceived as less knowledgeable because they were quiet, lacked strong communication skills, and were culturally different. Although the FENs felt very confident in their educational preparation, they noted their American peers had

more opportunities to practice nursing using independent judgment. Four of the six FENs felt that they were able to adapt very well after considerable training. They pointed out that the healthcare technology in the United States differed from their home countries. Four of the six also felt the need to strengthen their understanding of pharmacology. Most were confident about their assessment skills and their ability to adapt quickly to the job. However, nursing curriculum requirements were different in their home countries. For instance, the U.K. nurse had to make up for some classes at a community college's nursing program before starting to work as an RN. Further, most FENs were unfamiliar with the legal responsibility of American nurses before their arrival in the United States and had to learn this important dimension through formal and informal educational venues.

### Preceptors' point of view

**Learning the "American way" of nursing.** The preceptors believed that the two main issues influencing the adaptation of the FENs were "learning the system" and "learning the American culture." All four preceptors identified that FENs had an "average" level of knowledge. They agreed that FENs were hard-working and cooperative, and there was a consensus that the FENs they worked with were highly qualified and functional independently in the clinical setting. The only significant barrier identified was differences in nursing practice between their home countries and the United States. Another aspect in nursing practice identified by the preceptors was learning the workplace culture.

**Accent reduction and speaking up.** All participating preceptors agreed that the FENs faced communication challenges that appeared to

be rooted in language proficiency, culture, and personality. Preceptors also noted that FENs needed to speak slowly so that there was less difficulty in understanding their accented speech. Overall, the preceptors agreed that more efforts should be made by FENs to improve their English language proficiency, such as taking ESL classes. They noted that FENs were highly qualified nurses, yet communication was an important barrier to their integration into the U.S. healthcare system.

#### **Clinical educators' point of view** *Lack of initiative and autonomy.*

The educators identified that lack of initiative and autonomy were probably the most critical barriers to adapting to the U.S. healthcare system, primarily because of the nature of the nurses' work in the United States.

**Communication challenges.** Deficiency of communication skills, specifically conversational English skills, was identified as the second most critical barrier to the successful adaptation of FENs. Most clinical educators recognized that if English was used as a workplace language overseas, the FENs were able to make a quicker transition. The use of appropriate medical terminology to compose the information in a proper sequence of events during the communication of patient data was a difficult task for many FENs. The difficulty of gathering patient data and communicating with other healthcare team members was identified by a clinical educator who had oriented more than 200 FENs.

Furthermore, different cultural beliefs and considerations certainly had a significant impact on the FENs' ways of communication. To the clinical educators, the single most important factor affecting the FENs' adaptation was lack of assertiveness that compounded interpersonal

communication challenges. This was a shared theme by all educators. In a way, this culturally based behavior also "spilled over" into orientation activities. The educators identified that the FENs rarely asked questions during classes, although they didn't always necessarily comprehend the content, making it difficult to evaluate instructional effectiveness.

Most FENs came to learn proper ways of communication as they adapted to their new workplace. The educators enumerated extensive measures to improve FENs' communication skills. For instance, FENs were required to work with speech therapists for accent reduction to learn correct tongue positioning and movements. Another measure was the use of case studies to acquire skills during telephone conversations with physicians. Also, the FENs were instructed to follow the SBAR (Situation-Background-Assessment-Recommendation) format to frame their communication with healthcare team members. It was observed that after the FENs overcame the language and communication barriers, they were well accepted by coworkers and physicians.

**Nursing practice knowledge.** It was identified by most educators that the nursing practices in other countries needed to be better understood. This information could help aid decision making regarding the nurses' probability of success in the United States. The educators themselves were often unaware of what skills and competencies these nurses had upon arrival in the United States. An individual assessment approach based on FENs' existing skills and competencies would provide the educators with a baseline to evaluate what was needed; however, some FENs developed resistance to differences in nursing practice.

**Cultural understanding between FENs and preceptors.** The educators

discussed cultural understanding in the context of communication and focused on four concepts: authority, power, gender, and age. If the FENs perceived they were interacting with someone that had authority or power, or if the person was a man or older, the FENs tended to be less assertive in their communication. The FENs considered respect an important value in their nursing practice and daily life. Physicians, clinical mentors (preceptors), and managers were viewed as experts and teachers with having more knowledge. Traditionally, the FENs might regard teachers as deserving absolute respect, which might create a permanent barrier between preceptors/managers and FENs. In addition, the nurses tried to avoid conflicts with these personnel.

The educators also identified subtle changes when the FENs talked to men. This was related to cultural perception of gender behaviors, although not observed uniformly among FENs from all cultural groups. When the educators were asked about the medical staff members' response to the recruitment of FENs, the educators noted mostly positive experiences. On the other hand, the preceptors noted a need to be educated about the cultural and professional backgrounds of the FENs.

#### **Limitations**

This study has several limitations. First, the small groups of participants came from one hospital system in a single geographic area in the United States. Second, the limited time for interviews during work hours may have affected data collection to an unknown extent. A final limitation is that all participants were women. Although the nursing workforce is predominantly female, the landscape of nursing is changing and

the results may have varied if male participants were included.

### Discussion and conclusions

The cost of recruiting, hiring, and orienting a nurse ranges from \$92,000 (for a medical-surgical nurse) to nearly \$145,000 for a specialty nurse, with costs for FENs potentially much higher.<sup>18</sup> Nurse managers must have programs in place that acknowledge, address, and facilitate the transition of FENs in an effort to not only enhance their assimilation to the United States, but also help control financial considerations.

Findings of this study have significant implications for nurse managers. Creative strategies such as flexible scheduling should be implemented so that FENs can capitalize on existing resources (such as language classes). In addition, orientation programs and continuing-education courses specifically tailored to the needs of FENs will be an important and effective measure to address the identified challenges to facilitate their transition, adaptation, and integration.<sup>19</sup> Because many other cultures have different expectations and cultural norms regarding interactions based on gender, authority, power, or age, orientation programs for FENs should also focus on assertiveness training and communication techniques.

It's also believed that preceptors can better fulfill their role as mentors if they have appropriate and thorough knowledge of the educational and professional backgrounds of FENs. Preceptors and staff nurses could be better prepared to work with and welcome international nurses through educational in-services, training programs, or modules that address adaptation and cultural variations among the healthcare workforce.

Healthcare agencies might also consider implementing an "English-only"

policy at the workplace. Although communication in a native language among some groups of FENs provided a "buffer of comfort," especially during the initial transition, this dependency over a prolonged time may produce an insulating effect that can significantly impede their adaptation and integration. Finally, developing and maintaining a positive work environment in which FENs feel respected and valued is a critical measure to fight against bias, prejudice, and even discriminating behaviors. **NM**

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