

# BARRIERS TO LICENSURE AND WORKPLACE INTEGRATION FOR INTERNATIONALLY EDUCATED NURSES IN ILLINOIS



**ICIRR** ILLINOIS COALITION  
FOR IMMIGRANT AND  
REFUGEE RIGHTS



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## **BACKGROUND: THE NEED FOR INTERNATIONALLY EDUCATED IMMIGRANT NURSES IN ILLINOIS**

Illinois is home to approximately 1.8 million immigrants, who make up 14% of the state's population. The state has the sixth largest immigrant population in the United States, which almost doubled in size from 8 percent in 1990 to 14 percent in 2012. Illinois is home to thousands of refugees and asylees, including recent refugee arrivals from Bhutan, Burma, Iraq, and Syria.

Approximately 52.1 percent (925,491) of the 1,779,790 immigrants ages 5 and older in Illinois were Limited English Proficient (LEP) in 2012, according to tabulations of American Community Survey data by the Migration Policy Institute. Illinois has the fifth largest LEP population in the United States and saw a 12.3 percent increase in LEP residents from 2000 to 2012. The top five non-English languages spoken at home among immigrants ages 5 and older in Illinois are Spanish (1,584,438), Polish (189,547), Chinese (96,474), Tagalog (76,002), and German (50,123). Among these linguistic groups, those with the largest share who are LEP are speakers of Chinese (50.7 percent), Polish (48 percent), and Spanish (43.3 percent).

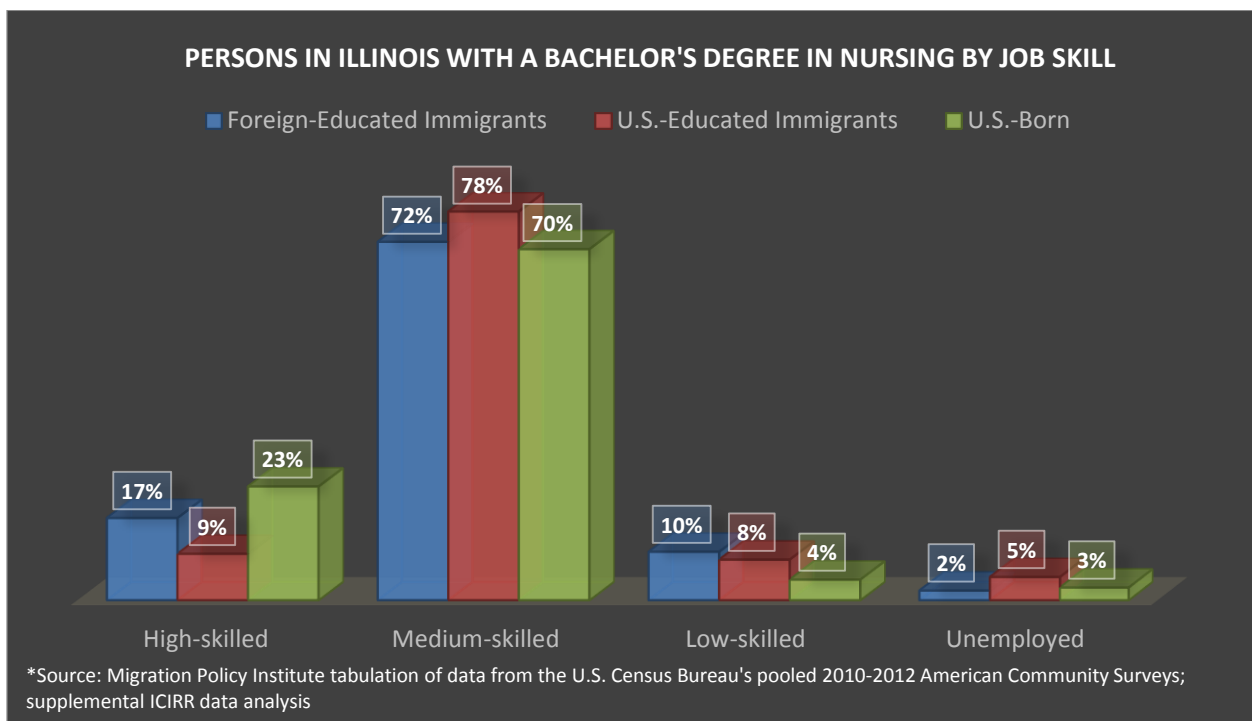
These data clearly indicate the language and cultural diversity among Illinois residents and underscore the need for linguistically and culturally competent services, particularly in the health care field. A 2013 report by the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) on the challenges of implementing the Affordable Care Act among immigrant communities in Illinois found that LEP immigrant families face particular challenges accessing health care due to language barriers. According to the report, "The reliance of public agencies and service providers on untrained interpreters such as friends or applicants' own minor children posed risks for clients" (ICIRR 2013).

More than 200,000 immigrants and refugees in Illinois, many of whom are LEP, are eligible to obtain health insurance through the Affordable Care Act. The quality of care that immigrants receive would significantly improve if health practitioners are linguistically and culturally competent and diverse. In 2010, the U.S. Department of Human and Health Services Office of Minority Health developed the National CLAS (Culturally and Linguistically Appropriate Services) Standards "to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services." Due to demographic and linguistic changes that Illinois is undergoing, it is important that health care providers follow those standards consistently when serving the immigrant population.

Unfortunately, many immigrants struggle to navigate the health care system because medical staff often lack the linguistic and cultural competency to serve them effectively. According to the 2007 Illinois Nursing Workforce Survey Report by the Illinois Department of Financial and Professional Regulation (IDFPR), among Registered Nurses (RNs) in Illinois only 2.2 percent of them speak Chinese, 3.1 percent speak Polish and 22.9 percent speak Spanish. These numbers are very small given the size of the LEP population among speakers of these three languages in the state.

Internationally Educated Nurses (IENs) are a hidden and underutilized resource for the American health care systems. With their nursing expertise, IENs can help to diversify our nursing workforce as well as address a serious need for bilingual and bicultural care for our immigrant and monolingual patients and families in Illinois. IENs can strengthen our health care work force and the economic stability of our families, our communities, and our entire state.

According to newly available data from the American Community Survey, approximately 10,300 foreign-educated immigrant nurses participate in the Illinois labor force. However, as shown in the graph below, 10 percent of these nurses are employed in low-skilled jobs and 2 percent are unemployed. Foreign-educated immigrant nurses are more than twice as likely to be employed in low-skilled jobs (10 percent) as U.S.-born nurses (4 percent). Moreover, only 17 percent of them work in high-skilled jobs, compared to 23 percent of U.S.-born nurses.



This report discusses the major barriers that hinder the entrance of IENs into Illinois' nursing workforce and prevent them from more fully contributing to our state's health care system. The Chicago Bilingual Nurse Consortium (CBNC), a 501(c)(3) non-for profit organization that since 2002 has provided, education, advocacy and other services for IENs to help them become licensed RNs in Illinois, provided much of the information and analysis in this report. Other input came from the International Bilingual Nurses Alliance (IBNA), related literature and research, and the IENs themselves. The report also recommends measures that various government, educational, non-profit, and medical stakeholders can take to better enable IENs to practice in their chosen vocation for the benefit of our entire state.

## **BARRIERS AND RECOMMENDATIONS**

### **Lack of English Proficiency**

A major challenge for IENs is communication and fluency in English. In Illinois, each IEN who qualifies as a first-level nurse must pass the Test of English as a Foreign Language (TOEFL) examination or the International English Language Testing System (IELTS) prior to taking the National Council Licensure Examination - Registered Nurse (NCLEX-RN®). Ideally, nurses needing to improve their English would enroll in accelerated English for Speakers of Other Languages (ESOL) classes that take advantage of their high levels of prior educational attainment and that include content that is contextualized for the nursing profession, such as language and terminology used by nurses in the workplace.

The San Francisco Welcome Back Center, a center run by the Welcome Back Initiative to work with foreign-trained health professionals so they may provide health care services to underserved communities, has designed and developed such an accelerated ESOL program – English Health Train -- specifically for health care professionals. According to Welcome Back Initiative founder José Ramón Fernández-Peña, an expert project team developed “a unique, innovative curriculum aimed at improving the English communication skills, career potential, and confidence level of immigrants trained as health professionals in their own country or interested in entering the health care field.” Although some academic institutions that serve this population have implemented this program across the country, the curriculum and materials are also available for non-profit organizations interested in providing this service. Unfortunately, programs such as English Health Train are generally not provided in Illinois, and many IENs have to take slower-paced and non-contextualized ESOL courses offered by community colleges or community organizations.

Frustrated by the “one-room schoolhouse” nature of most ESOL classes, the slow pace, and the lack of relevance to their employment and learning needs, IENs frequently drop out of classes, attempting to prepare and pass the NCLEX-RN® without completing a lengthy series of conventional ESOL classes. Some IENs interviewed by CBNC shared their frustration:

*“The English class was all grammar—I need to learn conversational English.”*

And they report frustration with the slow and un-focused nature of conventional ESOL classes:

*“I have been taking ESOL classes one night a week for 4 years and I am only at level four but I work so I cannot take courses faster. I must support my family.”*

*“The other students in the classes are not professionals. Those classes do not provide me with what I need.”*

Alternatively, IENs might seek to take TOEFL preparation courses. However, most Illinois community colleges do not provide TOEFL courses. Students end up getting referred to universities or for-profit educational organizations that many of them cannot afford.

To make matters worse, by the time some IENs are competent in English, their nursing skills are no longer current. Moreover, the time from successful completion of ESOL courses to passing the required TOEFL examination can be another 18 to 24 months, which further increases frustration and delay in taking the RN licensing exam.

Recommendations:

- Community colleges and non-profit organizations serving skilled immigrants should
  - obtain and implement the English Health Train program to ensure that IENs have access to accelerated or time intense ESOL courses in the state.
  - provide ESOL courses specific to health care and nursing and implement strategies to increase learner persistence to become proficient in English.

### **Complexities of U.S Credentialing Services and Illinois Licensing Regulation, Services, and Educational Requirements**

*Lack of clear, accurate, linguistically appropriate information about the Illinois licensing system:* Most IENs are misinformed or confused about various licensing requirements, including English language certification and credential evaluation. In their eagerness to resume their nursing practice, they may not realize that, like other applicants for registered nurse licenses, they must take and pass the NCLEX-RN<sup>®</sup> within three years after submitting their license application, and that before taking the NCLEX-RN<sup>®</sup> they must pass the TOEFL or IELTS and obtain a credential evaluation. Instead, they frequently turn for advice to other IENs or friends, who themselves may be misinformed. In addition, although IDFPR posts the requirements for IENs to get RN licensure on its website in English and Spanish, the site is still missing information in Chinese, Polish, and Tagalog and some policies and past practices are not published. Moreover, when immigrant nurses call the department to obtain information, many of the customer service representatives are culturally incompetent and unprepared to assist them. Relying on incorrect or incomplete information, many IENs miss the three-year deadline, and are required to take two years of nursing courses—that is, they must in essence retake their nursing program—and must wait even longer to become licensed.

*Difficulties with obtaining credentials here and from their home country:* While similar, the requirements to take the NCLEX-RN<sup>®</sup> for licensure vary by state. In Illinois, IENs are required to obtain a credential evaluation (CES) from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) or Education Records Evaluation Service, Inc. (ERES). Obtaining the CES from CGFNS can be delayed for a number of reasons, such as the closure of the nursing school in the nurse's home country, lack of licensure in the home country, or improper completion of the credentialing agency form. When there has been a delay, CBNC has been able to advocate with CGFNS to discover the reasons. CGFNS can take as long as five months to produce a CES, which in turn is valid for only two years. To renew, the candidates must pay another fee. The ERES report is shorter but the CES remains valid for seven years, providing the candidates time to complete the TOEFL and prepare to take the NCLEX-RN<sup>®</sup> without an additional fee. CES fees for both organizations are similar.

*Arbitrary educational requirements:* Several IENs from Mexico, Poland and Eastern Europe with whom CBNC has worked have been informed by IDFPR that they could not take the

NCLEX-RN® for licensure in Illinois or otherwise get licensed in Illinois because they had less than 14 years of primary, secondary and nursing education. This 14-year policy has been implemented despite not appearing in either the state Nurse Practice Act or in the administrative rules implementing the Act. This policy runs counter to the CGFNS CES reports for each of these candidates, which indicate that they are “*Comparable to a first level general (Registered) nurse in the U.S.*” A review of the courses in their nursing programs shows that they have anywhere from two to four years of nursing education, including courses in general education, science and nursing. However, many of them took a portion of their nursing classes concurrently with the junior or senior year of their high school education. The difficulty, then, seems related to the number of years of high school education rather than the number of years in nursing education. Indeed, IENs with a similar education have been told by IDFPR that they do not qualify for an Illinois RN license, even though they are licensed in another state. IDFPR has told these IENs that they need to return to school to earn a U.S. nursing degree. The 14-year rule seems particularly arbitrary at a time when technology and condensed and accelerated programs allow nursing candidates to complete their studies much sooner.

*Test formats different from how IENs were evaluated in their native countries:* Passing the NCLEX-RN® requires not only time, study, and perseverance but also English proficiency and familiarity with computerized testing and the NCLEX-RN® objective testing format. In contrast, Mexico requires a thesis on a health issue and an oral exam for licensure. With computer literacy training, proper support, and a well-structured course, IEN candidates can pass and attain licensure at a rate far higher than IENs who take the test on their own. The pass rate for IENs whom CBNC has trained ranges from 89 to 92 percent, compared to 55 percent among IENs who take the test on their own.

*Testing deadlines:* The Illinois Nurse Practice Act requires that any candidate who does not take or pass the NCLEX-RN® in three years must return to nursing school for two years. Some IEN candidates who were unaware of the three-year rule have registered prematurely for the exam. Then, due to a personal problem or the need to obtain the CES and complete the requirements of ESOL certification, they were unable to take the exam within three years and were then instructed to complete two years of a nursing program. The three-year rule should be reconsidered insofar as it burdens candidates who never take the exam.

#### Recommendations:

- The Illinois Department of Financial and Professional Regulation (IDFPR) and the Illinois Nursing Board should
  - review rules on educational requirements and allow IEN candidates to take a high school equivalency exam to validate that they have the knowledge of a high school graduate. If needed, another solution to this requirement would be to allow IENs with 12-13 years of primary, secondary and nursing education to take the National Council Licensure Examination-Practical Nurse (NCLEX-PN®) to become a licensed practical nurse (LPN) in Illinois.
  - support an Ombudsman position to serve as an advocate and spokesperson across state agencies and other institutional stakeholders to resolve problems in this area.
  - follow and communicate the requirements of the state nursing act and rules as published.

- make their websites more user friendly and provide clear communication to IENs about the timeframe for which the English certification (completion of the TOEFL or IELTS) and the credential evaluation (CES) remains valid for the NCLEX-RN® application in Illinois.
- include links and material to resources available at partner websites, including Upwardly Global and the Chicago Bilingual Nurse Consortium.
- train customer service representatives to ensure that they are knowledgeable of the issues affecting foreign-educated immigrant nurses and provide clear and consistent service-oriented communication when IENs contact them to obtain information.
- The Illinois Community College Board and nursing schools should
  - provide centralized services and programs for IEN candidates to refresh and develop their clinical skills.
  - provide a service to assist the IENs in locating a nursing course(s) required by the state to make up a deficiency identified in their CES report.
- Non-profit organizations serving skilled immigrants should
  - continue providing services and programs for IEN candidates to develop and enhance their understanding of the U.S. health care system.
  - provide a comprehensive NCLEX-RN® preparation course specifically designed for IENs with peer and face-to-face faculty support.

### **Obstacles to IEN Transition and Workplace Integration**

Discrimination against and marginalization of IENs are threats to patient safety and the provision of care. A recent study found that IENs experience inadequate orientation and workplace discrimination. These problems were more likely to occur among IENs recruited by staffing agencies and among those coming from low-income countries. While the study had its limitations, it nevertheless raises practical and ethical issues about the need to create supportive work environments for IENs that address their transition to the U.S. health care workplace. (Shaffer and Davis, 2014, 34)

#### **Recommendations:**

- The Illinois Department of Human Rights and hospital accrediting services should monitor recruitment firms and health care systems to ensure ethical practices in the recruitment and employment of IENs for U.S. health care systems.
- Health care systems should
  - provide systematic and ongoing cultural competence training for all employees in health care organizations.
  - make cultural competence and diversity goals explicit and prominent in strategic planning documents and outcomes. These policies should be reinforced and systematically evaluated.
  - provide a longer orientation or incorporate special sessions to foster IEN's engagement in the nursing community and create a welcoming environment.
  - set up a mentorship/preceptor process to assist the transition of IENs into the U.S. workplace.

- provide opportunities for clinicals/shadowing/internships experiences in areas of interest.
- Organizations working to protect the rights of immigrants and advance their economic and professional development should market the value of and need for bilingual and bicultural nurses. They should also report success stories that exemplify the contributions of IENs and nursing.

## **Financial Obstacles**

CBNC serves an immigrant population consisting mostly of women working in low-paying positions. They have a deep desire to resume their chosen profession of nursing, but are underemployed (or even unemployed), working in low-skill level jobs, usually at minimum wage (\$8-\$9/hour). Many of them have to support their families both here and in their home country and have limited resources and time to take classes and prepare for the NCLEX-RN®. Most candidates do not qualify for state or federal workforce funding due to their previous education and the time needed to become U.S. licensed RNs. The cost for the CES, the English exams, and the NCLEX-RN® ranges between \$1,300 and \$2,000, depending on the number of tests and the state fees. In addition, the cost for ESOL and TOEFL courses as well as any nursing courses required to fill gaps noted in the credentials evaluation process, which can include Psychiatric/Mental Health, Obstetric, and Pediatric Nursing. The costs for each of these course can range from \$1,200 to \$5,000.

### Recommendations:

- Federal and state government agencies and foundations should provide IENs with financial support (e.g. grants, fellowships, scholarships, stipends) for education, training, and licensing fees.
- Health care systems should provide IEN candidates with pre-licensure employment as Certified Nursing Assistants or as other health care workers to expand their opportunities to receive financial resources.

## **Lack of Identifiable Support Systems, Programs, and Resources**

*Lack of data on immigrant nurses in Illinois:* There is limited reliable data regarding IENs who have immigrated to America and are unlicensed here. This lack of data limits the ability of programs who seek funding to assist IENs to document the need with substantial figures required by most funders.

*Lack of support for programs that serve health care professionals, such as IENs:* With the decline of the nursing shortage in 2007-2008, the recruitment of IENs for the American health care system also declined. IENs, like other high skilled immigrants, have limited resources to assist them with the licensure, employment, and social integration process in Illinois due to limited financial support. Programs in the International Bilingual Nurse Alliance (IBNA) have struggled to find funding to develop, support, and maintain their programs. An excellent program in Oregon, the Workforce Improvement with Immigrant Nurses (WIIN) Program, closed due to lack of funds. Sustainability of these programs is important as their staff have extensive experiences and understanding of the needs of this population. These programs, in particular the



Welcome Back Initiative (with centers located across the country), are valuable models that could be replicated and implemented to support IENs and other immigrant health care professionals in Illinois.

Recommendations:

- State and federal agencies that serve immigrants should
  - collect information on the educational attainment of foreign-educated immigrant health professionals as they apply for visas or green cards: such information gathering would increase the available data and records regarding various types of professionals, such as IENs.
  - provide grants to support successful programs that currently serve foreign-educated immigrant health care professionals, such as IENs.
  - use available data published by evidence-based programs, such as the Welcome Back Initiative, to support the development of similar programs in Illinois.
- Academic and research institutions should
  - conduct demographic analysis and produce reports to better understand the characteristics and needs of IENs at the state and national level.
- Non-profit organizations serving skilled immigrants should
  - evaluate their programs and publish their findings to expand the understanding of the needs, obstacles and successes of programs that serve IENs among stakeholders.
  - build and maintain mentorship programs and peer support groups for IENs, and provide intense coaching and other strategies to encourage persistence and progression towards RN licensure and employment.
  - assist IENs with personal and family services, such as legal status, domestic violence, and adjustment to a new environment.

### **Post-licensure Barriers**

Immediately after licensure, some IENs have difficulty finding a nursing position. The job market itself is cyclical and can therefore be challenging. In the last couple of years, the number of new U.S. nursing graduates has increased, while fewer nurses are retiring due to economic conditions and other factors. Still, experts predict that by 2015 large regional shortages will reappear. (Staiger, Auerbach, and Buerhaus, 2012) To further complicate the market, anticipated changes in the immigration laws could result in a surge of immigration of IENs and other skilled professionals.

In addition, many IENs need help with resume writing and interviewing skills, as well as understanding the variety of nursing specialties and positions available in our health care system. Others desire to continue their education and earn certification and/or advanced degrees in nursing, but are unaware how to find and pay for further nursing education.

Recommendations:

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- Community Colleges should
    - offer “bridge programs” that provide theoretical and clinical nursing courses to help the IENs adapt post-licensure to the employment health care environment.

- identify programs for certification and BSN-Completion, Masters and doctoral programs, and sources of financial support.
- Non-profit organizations serving skilled immigrants should
  - provide bilingual programs to help with job searches and interviews.
  - work with agencies that need bilingual and bicultural nurses and who serve large monolingual or immigrant populations to develop employment opportunities.
- Diverse stakeholders, such as state agencies (e.g. the Governor’s Office of New Americans), the private sector (e.g. health care systems), and non-profit organizations serving immigrants (e.g. CBNC, Upwardly Global, etc.) should
  - collaborate to strategize and advocate for employer partnerships that could create internships and regular employment opportunities for IENs.
  - establish relationships with legislators who have an interest in immigrant integration and workforce development to help remove licensing and employment barriers for IENs.

## CONCLUSION

Internationally Educated Nurses bring to Illinois high levels of training, talent, and experience as well as a deep commitment to health care. This report details the obstacles that IENs face when they try to practice their vocation, as documented by Chicago Bilingual Nurse Consortium and the International Bilingual Nurses Alliance. Addressing these obstacles requires leadership and cooperation among a broad range of institutions, including state agencies, academic institutions, non-profit organizations, and health care systems. Given our state’s growing immigrant population, the demand for high quality, culturally competent nursing care will only increase, and the need to enable IENs to get the credentials, language competency, and other supports they require to meet this demand will only become more urgent. The authors of this report hope that this report provides practical steps that stakeholders can take to enable IENs to overcome their professional barriers and to contribute more fully to our economy and our community.

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## Appendix

In 2008, the Chicago Bilingual Nurse Consortium (CBNC) conducted phone interviews with 119 Mexican IENs who were CBNC candidates. The following table summarizes the main barriers and solutions reported by the candidates. This table also includes other barriers and solutions that were observed by direct contacts with other non-Mexican CBNC candidates.

<b>Barriers</b>	<b>Solutions</b>
1. English proficiency	- Establish ESOL, TOEFL, and English Conversations in Nursing to teach colloquial, pronunciation, U.S nursing terms, abbreviations common in clinical fields, etc.
2. Communication breakdown with credential evaluation institutions such as CGFNS. 3. Frustration with licensure process	- Encourage institutions to take a systematic approach to improve the process. - Seek more marketing and financial assistance for CBNC to assist candidates
4. Lack of assistance from consulate offices. 5. Delay from universities or educational agencies in releasing academic and licensure documents in a timely manner. 6. Difficulties in finding translation agencies in home country. 7. Undocumented status after passing NCLEX.	- Provide a liaison at the consulate to assist the candidates. - Identify an official agency or office in home country that can serve as a liaison to agencies and institutions in the United States. - Identify agency or partner in specific country for translation of requirements and documents into English. - Advocate for special U.S. immigration legislature to provide permits for employment for IENs. - Explore possible changes to NAFTA to allow Mexican and Canadian professional nurses to work in United States.
8. Official nursing professional agencies in Illinois misunderstanding or unaware of school system in Mexico and other countries. 9. Confusing and ambivalent Illinois Nursing Practice Act and rules – Many IENs flee to other states to obtain licensure	- Create seminars or publications to educate the Illinois nursing representatives on international school systems. - Amend the Illinois Nursing Practice Act and/or rules to clarify and correct confusing statements
10. Unfamiliarity with new healthcare environment- pre and post licensure and lack of mentorship and clinical skill support	- Create mentorship programs to navigate the procedure with the candidates. CBNC has many years mentoring candidates, and therefore, could serve as a consultant to other newly created programs. – Work with hospitals to provide opportunities for clinical simulation and practice - Provide a specific practicum or orientation hours on the US healthcare system.

	<ul style="list-style-type: none"> <li>- Create partnership with universities and healthcare facilities to provide needed courses to update practice and advance their nursing education.</li> </ul>
<p>11. Difficulty in finding employment after licensure due to poor perception of IENs and their training.</p> <p>12. Lack of technology skills and cultural differences</p> <p>13. Candidate exposure to new society in U.S. Intimidation is common</p>	<ul style="list-style-type: none"> <li>- Market the value of IENs to employers</li> <li>- Organize special workshops specifically for nurses to train in use of technology in the U.S.</li> <li>- Provide courses to the candidates to help them adjust to the new society and health care system.</li> <li>- Assist candidates with resume preparation as well as simulated job interviews.</li> </ul>
<p>14. Family difficulties, issues once immigrated to United States (domestic violence, abuse, single parenting).</p> <p>15. Financial hardship – Many candidates are working in low income jobs</p>	<ul style="list-style-type: none"> <li>- Provide referrals to community agencies and partner with community agencies in order to provide care and services as needed.</li> <li>- Encourage IENs to become certified nurse assistants (CNA) as the first entry into the nursing field in the U.S.</li> </ul>