



# Transition to U.S. Practice

Navigating integration, challenges, and opportunities for internationally educated nurses in Michigan.

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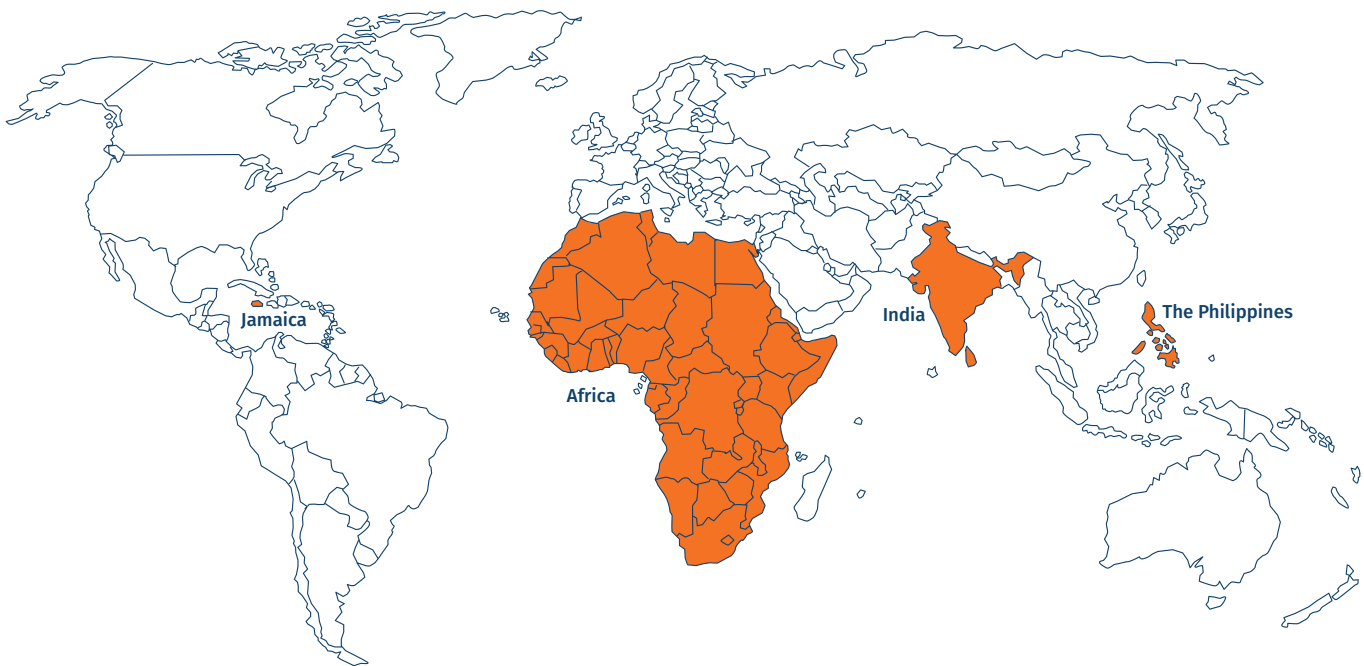
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**Developed by the Michigan Department of Health  
and Human Services, Office of Nursing Programs.**

# Introduction

One of the longest-standing strategies employed by the U.S. to address the nursing shortage since World War II has been the recruitment of internationally educated nurses (IENs) (Bola et al., 2003; Cortes & Pan, 2015; Ma et al., 2020). As of 2022, approximately 500,000 IENs were working in the U.S., representing 1 in 6 of the nation's 3 million registered nurses (RNs) (Pillai et al., 2024). The primary countries exporting RNs to the U.S. include the Philippines, Jamaica, and India, with 10% originating from Africa (AMN Healthcare, 2021).



Michigan ranks among the top 10 states with the largest projected nursing shortages through 2036, with a forecasted deficit of 19% by that time (HRSA, 2024). In alignment with national trends, Michigan relies heavily on the contributions of IENs to its health care workforce (Tribou et al., 2023). IENs bring valuable knowledge, skills, experience, and cultural diversity, which are essential to serving the diverse population of the U.S. (Padilla, 2023).

However, cultural challenges may arise as IENs transition into practice within the U.S. health care system (Narouz, 2018). A concept analysis by Chen & Caboral (2024) identified three key phases in the IEN transition process: preparation (pre-arrival), onboarding, and acculturation. IENs may encounter cultural challenges at each of these stages, and insights gained from examining these challenges can inform strategies to strengthen Michigan's IEN workforce.

**1** Preparation

**2** Onboarding

**3** Acculturation

# Background



There is a critical shortage of nurses to meet health care demands worldwide. The International Council of Nurses (ICN) has declared the nursing shortage a global health emergency, with an estimated deficit of 4.5 million nurses by 2030 (World Health Organization, 2024). In the United States, the 2024 Nurse Workforce Report by the Health Resources and Services Administration (HRSA) projects a 10% shortage of registered nurses by 2026 and an additional 10% by 2031, with non-metro areas expected to experience a more significant shortage compared to metropolitan regions.

Factors contributing to the nursing shortage include the retirement of the nursing workforce, nurses leaving the profession, and a continued decline in nursing school enrollments (Haddad et al., 2023). A significant portion of the nursing workforce has already retired or plans to retire within the next five years (AACN, 2024). According to the 2024 Survey of Michigan Nurses Report, 21% of registered nurse respondents planned to remain in the field for five years or less (Michigan Department of Health and Human Services Office of Nursing Programs, 2024). Of RNs who planned to remain in the field for five years or less, retirement was cited as the primary reason for leaving the profession (over 65%).



More than 1 in 4 nurses plan to leave the profession due to feeling overworked and burned out as well as experiencing workplace violence (Haddad et al., 2023; Suran, 2023). This aligns with the 2024 Survey of Michigan Nurses Report, which identifies retirement, stress, and workload as the primary reasons for leaving the profession (Michigan Department of Health and Human Services Office of Nursing Programs, 2024). Furthermore, nursing schools have reported turning away prospective students due to shortages of faculty, clinical sites, and preceptors (AACN, 2024).

By addressing the unique needs of IENs, we can better support their transition and enhance job satisfaction, ultimately ensuring they are equipped to provide high-quality patient care. With the proper support, IENs can contribute to a well-rounded and resilient health care system capable of meeting the diverse needs of Michigan's population, including its most vulnerable and underserved communities. This white paper offers actionable recommendations to improve the IEN transition process, fostering a more inclusive health care environment for IENs recruited to Michigan.

# 1. Preparation Phase

## (Pre-arrival Requirements)

Properly supporting and integrating IENs into the Michigan health care workforce begins before IENs arrive in the US. The preparation phase for IENs includes three key components:

- Completing nursing education and training at an accredited program in their home country.
- Obtaining nurse licensure in their home country.
- Fulfilling the necessary requirements to apply for work in the U.S.

According to Nichols et al. (2011), the regulations governing nursing practice and education are complex and differ across global contexts. The variations in preparedness between the U.S. and other countries can contribute to strengthening the nursing workforce when the talents of IENs are incorporated into U.S. practice. This is because many of the countries that IENs migrate from have stringent requirements for entry into the nursing profession.



The Philippines, the largest exporter of nurses to the U.S., accounts for 4% of RNs in the U.S. and has approximately 333 schools offering nursing programs as of July 2021 (National Nurses United, 2023; Yang, 2022). Since the 1980s, the Philippines has adopted a baccalaureate degree as the minimum education requirement for entry into nursing practice (Nichols et al., 2011). Similarly, Jamaica mandates a baccalaureate degree or a nursing certificate to sit for the licensing exam and to practice nursing. India is also gradually phasing out nursing programs below the baccalaureate level (NCLEX Exam Stats, 2022). Canada has approximately 1,887 nurses actively working in Michigan (Craig, 2023). With 100 nursing schools, Canada has predominantly transitioned to a baccalaureate-level requirement for entry into nursing practice, with 89 of these schools offering entry-to-practice (ETP) baccalaureate programs (Canadian Association of Schools of Nursing, 2023). In Mexico, the education of nurses has shifted from the technical degree level to the baccalaureate level at universities (Nigenda et al., 2022).

In addition to completing educational and training requirements, IENs seeking work in the U.S. must fulfill federal regulatory requirements to obtain a work visa (USCIS, 2021). These requirements can vary by state as some states' boards of nursing, including Michigan's, may have additional requirements in addition to the standard federal requirements. However, all IENs are required to pass an English proficiency exam and provide verification of their education and work experience (TRUMERIT (FORMERLY CGFNS), n.d.). Some states

also mandate that IENs pass the Commission on Graduates of Foreign Nursing Schools (TRUMERIT formerly CGFNS)) qualifying examination, which serves as an indicator of readiness to pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

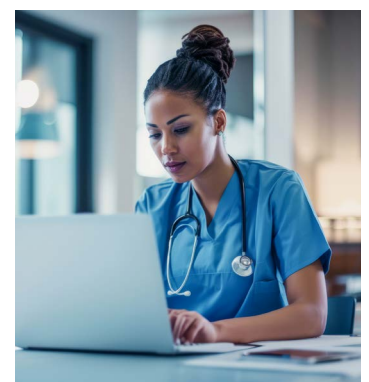
In Michigan, the Board of Nursing revised its administrative rules in 2024, requiring IENs to submit one of the following documents to verify their education credentials in order to apply for licensure in the state:

- Certification from TRUMERIT’s (formerly CGFNS) Certification Program.
- Credentials Evaluation Service (CES) professional report from TRUMERIT (formerly CGFNS).
- An Evaluation of Foreign Educational Credentials for Boards of Nursing from Josef Silny & Associates, Inc. International Education Consultants (JS&A) (Michigan Board of Nursing-Licensing and Regulatory Affairs, 2024).

TRUMERIT (formerly CGFNS), a non-profit organization established in 1977, is widely recognized for providing credential evaluations for visa screening and licensure purposes for IENs and allied health professionals seeking work in the U.S. (Kasprak, 2022). Canadian nurses, however, are exempt from TRUMERIT (formerly CGFNS) and JS&A requirements if they graduate from an approved nursing program taught in English and hold a current, unencumbered provincial nursing license. As of this writing, the initial cost of TRUMERIT (formerly CGFNS) certification for IENs is \$495, excluding additional fees and payments (TRUMERIT (formerly CGFNS), n.d.). This is an additional cost for IENs to consider as they plan to establish the ability to work in the U.S.

Upon completing the visa screening and credential verification process through TRUMERIT (formerly CGFNS) or JS&A, IENs must secure employment and enter a contract with a U.S. health care system before proceeding with the immigration process. Adhering to the terms of the signed contract should be done to avoid potential legal and financial issues. Additionally, a criminal background check may be conducted as part of the hiring process, and U.S. immigration procedures require it. The immigration procedure includes applying for a work visa or immigration status through the U.S. Consulate and participating in an interview. If there are no complications, the IEN will receive their visa, allowing them to travel to the U.S. and begin employment. While passing the NCLEX examination is not a prerequisite for initial employment in the U.S. health care system, IENs must successfully pass the NCLEX exam at the earliest opportunity to maintain their employment. IENs have the option to take the NCLEX at exam centers worldwide, allowing them to fulfill this requirement prior to applying for a position in the U.S.

The Michigan Department of Health and Human Services Office of Nursing Programs provides a dedicated resource page outlining the Michigan-specific licensure process for IENs. This resource can be accessed by visiting the website at [Michigan.gov/mdhhs/doing-business/providers/nursing/resources-for-internationally-educated-nurses](https://www.michigan.gov/mdhhs/doing-business/providers/nursing/resources-for-internationally-educated-nurses). As of this writing, Michigan operates as a non-compact licensure state, requiring IENs to adhere to the specific regulations set forth by the Michigan Department of Licensing and Regulatory Affairs (LARA), also available through the provided link. Prior to applying for a Michigan nursing license, IENs must follow the outlined steps, which may be more extensive for those who have not been previously licensed in the U.S.

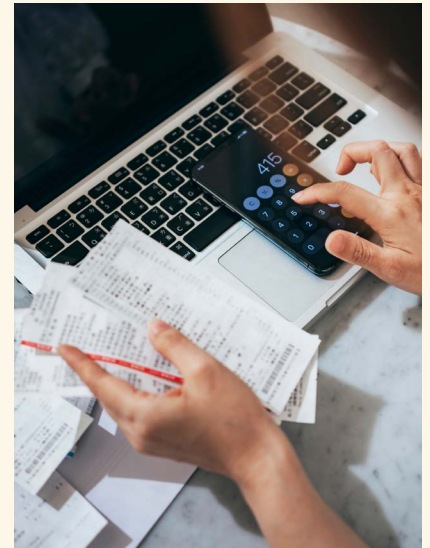


## 2. Onboarding Phase

The onboarding phase for IENs begins upon their arrival in the U.S. as they prepare for employee orientation. A key requirement for employment is the application for a Social Security Number (SSN) at a Social Security Administration (SSA) office. While there is no cost to apply for an SSN, transportation expenses may vary depending on location and mode of travel. After submitting the SSN application, it may take several weeks to receive the SSN card. Although workplace orientation may commence prior to receiving the SSN card, employers typically require documentation from the SSA to confirm that the SSN application is in progress. The onboarding process in a new country can often induce heightened anxiety and uncertainty for IENs, with many reporting negative experiences due to insufficient support upon arrival (Pressley et al., 2022). A well-organized onboarding process that provides timely assistance with securing an SSN and addresses the unique challenges faced by IENs can significantly reduce stress and facilitate a smoother transition into both the workplace and life in the U.S.

### 2.1 Finances and Cost of Living

Many IENs require support to manage their salary in relation to the cost of living in the U.S. Some agencies or health care organizations may provide supplemental housing support for IENs on a short-term basis, but this varies by institution and often only ranges from six months to one year. Upon the completion of the short-term housing stipend, IENs are responsible for securing and financing their own housing, which may vary in cost based on location and proximity to the workplace (Padilla, 2023). Adapting to the cost of food, along with differences in access to grocery stores and culturally specific ingredients, can also be a difficult adjustment during relocation. For these reasons, foreign born persons relocating to the U.S. are more likely to face food insecurity (Sharareh et al., 2023). It may be better for institutions to consider incorporating a process to assist with the essential aspects of daily living as part of onboarding for IENs.



Navigating the U.S. banking system can add another level of complexity for IEN relocation. Many employers and some banks require direct deposit for paychecks, and IENs may need assistance in opening a bank account to meet this requirement. Some banking institutions may require a permanent address to open an account which can also pose a challenge for IENs (Tamplin, 2023). Another financial hurdle is assessing employer benefits: understanding which are pre- and post-tax and the implications to their net salary. Other taxed benefits such as retirement benefits (e.g., social security, Medicaid, Medicare, long-term care, disability) may also need explanation to support IEN benefit elections (Padilla, 2023). Providing comprehensive support to IENs during their relocation, including assistance with housing, food access, banking, and understanding employer benefits, is essential to help them successfully adapt to life in the U.S. and ensure their well-being and financial stability.

## 3. Acculturation Phase



The third phase, acculturation, is more complicated than the first two phases and may take up to one year or more. Acculturation is a critical process for IENs as they adapt to their new environment, familiarize themselves with the local culture, and cultivate a sense of belonging within their community (Ma et al., 2010; Rovito et al., 2022). Challenges of this phase include communication barriers, differences in nursing practice, workplace environment and integration, and cultural differences.

### 3.1 Communication Barriers

IENs can face communication challenges due to language barriers and cultural differences. Language barriers have been identified repeatedly in the literature as the most dominant challenge experienced by IENs (Ghazal et al., 2020; Kawi, 2009; Miyata, 2023; Olanrewaju & Loeb, 2024; Rajpoot et al., 2024; Viken et al., 2018). Although all IENs must pass the required English proficiency examination prior to moving to the U.S., the nuances of colloquialisms, idioms, jargon, etc. pose significant obstacles (Padilla, 2023). Additionally, jargon and colloquialisms differ by state, city, and local community, which may further complicate the attainment of language proficiency. As a result, many IENs report initially feeling they knew the language and were confident in their ability to communicate with native speakers and later found they had “overestimated” their level of fluency, which can lead to anxiety and stress (Viken et al., 2018). Language also consists of non-verbal cues, including hand gestures, facial response and recognition, and body language. IENs coming from various cultural and linguistic backgrounds often use different terminologies and ways of expressing themselves. These differences can affect communication, influencing how messages are sent and received between the IEN, colleagues, and patients, which may lead to misinterpretation.

Along with language, differences in cross-cultural communication among patients, coworkers, and other health care professionals exist in the workplace. For example, nurses from other countries where medical orders are required to be written by a licensed prescriber often experience stress and frustration when they work in countries where telephone and verbal orders are accepted (Viken et al., 2018). These barriers to successful communication can lead to message misinterpretation, misunderstandings, and vital information omission (Padilla, 2023). Ultimately, communication difficulties that exist with patients, co-workers, staff, and families can impact quality of patient care (Gerchow et al., 2021). Therefore, careful attention to addressing these differences is essential in supporting successful IEN acculturation.

### **3.2 Differences in Nursing Practice**

The U.S. health care system often differs significantly from that of the IENs' home country, including variations in nursing practices. There is sufficient evidence showing differences in the scope of nursing practice is the most stressful barrier among IENs (Ghazal et al., Kawi, 2009; Moyce et al., 2016; Rajaport, 2024; Sherman & Eggenberger, 2008). Although nursing is considered a universal profession, newly arrived IENs are not always adequately prepared to adapt to a new practice culture and may need to unlearn nursing practices prevalent in their home country that are not aligned with U.S. nursing standards (Rovito et al., 2022; Viken et al., 2018).

IENs must rapidly familiarize themselves with equipment, devices, charting systems, and documentation requirements, a process that may require time for proper adjustment (Padilla, 2023). Differences in equipment may vary based on the clinical setting, technological capabilities, facility policies, and available resources. Adapting to new equipment can range from familiarizing oneself with basic patient monitoring devices to mastering more complex diagnostic tools and life support systems used in patient care. Charting and documentation requirements may vary in terms of the type of information required, such as medical history, medication details, and treatment plans. Most health care institutions in the U.S. have adopted electronic health records (EHRs), which can present a significant challenge for IENs from countries where EHRs have not been implemented.

Similarly, U.S. practice expectations may differ from IENs' countries of origin. IENs may be expected to be more assertive and more involved in clinical decision making (Moyce et al., 2016, Tregunno et al., 2009). They may feel overwhelmed as they navigate providing comprehensive patient care independently when they may be accustomed to having family members or other health care professionals share in the responsibility (Viken et al., 2018). Some facilities may have an egalitarian relationship with physicians, a practice that differs from the hierarchical approach in some countries where nurses traditionally follow orders without active collaboration (Viken et al., 2018). It may be helpful for facilities to provide training for IENs about patient-centered care models to promote patient satisfaction and interprofessional collaboration.

### **3.3 Work Environment and Workplace Integration**

Integrating new employees into the workplace is a complex process that requires significant effort and resources (Roth et al., 2021). Several studies have highlighted that IENs often experience feelings of being “outsiders” or unwelcome in their work environments (Iheduru-Anderson et al., 2020; Miyata, 2023; Viken et al., 2018). Additionally, reports from IENs indicate instances of racism, discrimination, stigma, and marginalization in the workplace. Some IENs have described experiences of workplace bullying, such as being assigned the most challenging patients to test their ability to “survive” in the role (Chun-Tie et al., 2019; Ghaza et al., 2020; Moyce et al., 2015; Newton, 2011; Pung, 2017; Viken et al., 2018). The sources of discrimination and mistreatment may include patients, their families, visitors, colleagues, and management.

### **3.4 Cultural Differences**

Cultural competence is an essential skill taught in nursing school curricula to prepare nurses for working with a diverse patient population. Given the shifting demographics both in the U.S. and globally, cultural competence is increasingly recognized as a critical skill for health care providers. However, IENs may not have received formal education on the local culture. Studies have shown that some agencies failed to provide sufficient information on cultural differences between the recruits' native cultures and those of the host country, leaving them underprepared (Viken et al., 2018). With the growing cultural diversity driven by globalization and migration, cultural competence has become a global priority (El-Messoudi et al., 2021). Some countries outside the U.S. have incorporated cultural competence courses into their nursing curricula, which may alleviate this issue in the future, but it remains an important consideration for IEN integration today (El-Messoudi et al., 2021).

## 4. Recommendations

The successful integration of IENs into their new work and living environments is essential for the effective operation of the health care system in the host country. This integration ensures that IENs are equipped to deliver safe, high-quality care to a culturally diverse patient population. Consequently, it is critical to provide the necessary support and resources to facilitate a meaningful transition to U.S. practice. To optimize this process, it is recommended to adopt a theory-driven, culturally tailored model to guide IENs through their transition into the U.S. health care system.

### **4.1 Develop a culturally tailored transition-to-U.S.-practice**

A culturally tailored transition program is essential to effectively support IENs as they integrate into U.S. practice. While transition-to-practice programs exist for newly educated nurses within the U.S., the needs of IENs differ significantly. There have been two models specifically designed for IENs. The first was the transitional education program developed by the now-defunct NursesNow International (NNI), which was implemented from 2008 to 2013. This six-month, full-time intensive program aimed to help nurses from Mexico successfully pass the NCLEX Examination (Squirres, 2017). The second model is the Transitioning Internationally Educated Nurses for Success (TIENS) program, created by the University of Pennsylvania (Adeniran et al., 2008). Additionally, the Philippine Nurses Association of America (PNAA) has developed a toolkit to further assist IENs in their transition (Beriones, 2023).

Based on the TIENS program and PNAA toolkit, a successful transition to practice for IENs in Michigan should encompass the following key components:

- Cultural training.
- Family support services.
- Housing assistance.
- Structured mentorship programs.
- Seamless workplace integration.
- Initiatives to foster collaboration.
- Ongoing follow-up on well-being and support.

**These elements are essential to ensuring a smooth and effective transition, enabling IENs to contribute to the health care system while promoting their personal and professional success.**

### **Cultural training.**

Some international undergraduate nursing programs are more likely to offer Cultural Immersion International Learning Experiences (CILEs), which provide valuable opportunities to enhance cultural competence and clinical skills, while fostering a global health perspective (Matthews et al., 2021). . Regardless of the educational approach to cultural differences, IENs may arrive with a foundational understanding of culture. However, the values and traditions specific to each community can vary and should be incorporated into their orientation process. Providing training in cultural competence and cultural sensitivity for both staff and health care facilities that employ IENs can greatly facilitate their integration. Such training equips participants with effective strategies for collaborating across cultures, leading to enhanced patient care satisfaction and improved overall health outcomes (Nair & Adetayo, 2019).

## Mentorship programs.

Mentorship programs can play a crucial role in supporting IENs. Newly arrived international staff can be paired with experienced nurses or with other IENs who have recently navigated the transition process, providing guidance, support, and insights to help ease their integration into the health care environment.

## Workplace integration.

Workplace integration for IENs should involve dedicated time and tailored training to address their specific needs. Comprehensive orientation, training, and ongoing support are essential for ensuring a successful transition while maintaining high standards of care. Additional training may encompass and include extended session on areas such as equipment usage, documentation within electronic health records, protocols for recording verbal and telephone orders, and other critical aspects of U.S. health care practices.

## Family support.

Supporting the family members of IENs who are transitioning with them is a crucial aspect of the overall integration process. For families with young children, assistance with finding local schools or childcare services may be necessary. Additionally, other adult household members may require support in obtaining visas, passports, and other essential documentation to facilitate their relocation and integration.

## Housing support.

Including housing options, both temporary and permanent, in the workplace integration plan is essential for supporting the transition of IENs. Addressing housing needs can encourage IENs to fulfill their contractual commitments, particularly in areas where housing challenges may otherwise hinder retention. The PBS NewsHour video, “Why Nurses from Abroad Are in High Demand in North Dakota and Across the U.S.” (2022), highlights the value of providing supports for securing housing has been particularly effective in rural areas, where concerns about isolation are prevalent. By facilitating integration into both the workplace and local community, IENs experience increased social acceptance and reduced feelings of loneliness. This strategy could offer significant benefits to rural areas in Michigan facing staffing shortages.

## Initiatives to promote collaboration.

Colleagues of IENs should recognize that this population consists of highly skilled professionals. Nursing is inherently a collaborative profession that thrives on effective teamwork. Health care facilities can promote integration by promoting collaboration and fostering a culture of diversity and inclusion within the workplace. Implementing policies and procedures that emphasize mutual respect, and cross-cultural understanding can significantly enhance the transition process. Regular follow-up with international staff to assess job satisfaction and patient outcomes will provide essential data to support the ongoing success of integration programs. Additionally, tracking retention rates over time offers valuable insights into the effectiveness of current strategies and highlights opportunities for continuous improvement.

## 5. Additional Considerations

### ***5.1 Partner with cultural non-profits***

Cultural non-profit organizations partnering with health care institutions recruiting IENs may require financial support to assist recruits in successfully integrating into the workplace and broader community. By investing in these partnerships, employers can foster a culturally tailored approach to the integration process, as these organizations possess a deep, nuanced understanding of the unique challenges faced by IENs and are well-positioned to offer valuable insights and targeted support to address these needs effectively.

### ***5.2 Support Community Connectedness***

Being part of a diverse community can offer IENs a sense of belonging. Providing a comprehensive list of affinity groups and community organizations can encourage IENs to connect with others, fostering social integration and support. Research suggests that leaders must prioritize fostering belonging, a fundamental human need that is often cultivated through affinity groups rooted in shared beliefs, backgrounds, and identities (Kennedy, 2021). A sense of belonging complements diversity and inclusion initiatives by enhancing employee engagement, loyalty, and retention, as demonstrated in The Power of Belonging study by Coqual (Kennedy, 2021).

## 6. Conclusion

Michigan can foster an environment where IENs can thrive by implementing targeted initiatives such as cultural competence training, support for affinity groups, addressing workplace discrimination and bullying, offering individualized mentorship programs, considering the financial challenges faced by IENs, and streamlining credentialing processes. Several key challenges and opportunities have been identified in navigating the process of integrating IENs into Michigan's health care system. Each obstacle presents unique barriers that, if not addressed effectively, could hinder both the success of individual nurses and the broader health care system's ability to meet patient needs. Embracing the diversity and unique contributions of IENs is not only a strategic necessity but also a moral imperative in ensuring equitable access to quality care for all Michiganders, now and for years to come.



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