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# Foreign-Educated Nurses and the Changing U.S. Nursing Workforce

*Catherine R. Davis and Barbara L. Nichols*

The Commission on Graduates of Foreign Nursing Schools (CGFNS) is a not-for-profit, immigration neutral, internationally recognized authority on education, registration, and licensure of nurses worldwide. CGFNS was established to protect the public trust by ensuring that nurses educated in other countries who wish to practice nursing in the United States are eligible and qualified to meet licensure and other practice requirements. This article provides an overview of CGFNS certificate holders and describes the CGFNS Certification Program, which is comprised of a credentials review, a one-day qualifying exam of nursing knowledge, and an English language proficiency exam. Characteristics of foreign-educated nurses who are CGFNS certificate holders, such as age, country of education, type of education program, and English language proficiency, are also discussed. Key words: *CGFNS, foreign-educated nurses, nursing shortage, U.S. workforce*

**S**INCE WORLD WAR II foreign-educated nurses have been a significant part of the U.S. nursing workforce. They have been, and continue to be, aggressively recruited to fill health care vacancies, especially during times of nursing shortages. Yet many graduates of foreign nursing schools have come to the United States to practice nursing only to discover that they are unable to pass the U.S. licensure examination and thus cannot work as registered nurses.

After extensive study of the immigration of foreign-educated nurses by the U.S. Departments of State and Labor, the Commission on Graduates of Foreign Nursing Schools (CGFNS) was established in 1977. The Commission's dual mission is to help ensure safe patient care for the American public and to help prevent the exploitation of graduates of foreign nursing schools who come to the United States to practice nursing. CGFNS protects the public trust by ensuring that nurses educated outside the United States are eligible and qualified to meet licensure

and other practice requirements in this country.

Prior to the establishment of CGFNS only 15–20 percent of nurses educated outside the United States passed the U.S. nursing licensure examination on their first attempt. To that end, CGFNS developed a preimmigration certification program that identifies an international nursing population likely to pass the U.S. licensure examination. The CGFNS Certification Program consists of three components: a credentials review, a test of nursing knowledge (the CGFNS qualifying examination), and an English-language proficiency examination

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*Nurs Admin Q, 2002, 26(2):43–51  
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administered by the Educational Testing Service of Princeton, New Jersey. Applicants who successfully complete both the CGFNS qualifying examination and the Test of English as a Foreign Language (TOEFL) within a two-year time frame are awarded the CGFNS certificate. Since the introduction of the Certification Program, first-time RN-licensure pass rates of internationally educated nurses holding a CGFNS certificate have shown marked improvement (up from 15–20 percent prior to the Certification Program in the 1970s to 85–90 percent today).<sup>1</sup>

Historically, the U.S. Immigration and Naturalization Service has depended on the CGFNS certificate to identify candidates who are eligible for immigrant and nonimmigrant occupational visas. At the state level, more than 80 percent of the boards of nursing require that foreign-educated nurses hold a CGFNS certificate prior to applying to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN<sup>®</sup> examination).

## CGFNS Demographics

### Country of education

Since its inception in 1977, CGFNS has administered more than 350,000 tests to approximately 185,000 applicants in 43 test sites worldwide. Cumulative data from 1978 to 2000 indicate that the majority of CGFNS test takers have been educated in the Philippines (73 percent), followed by the United Kingdom (4 percent), India (3 percent), Nigeria (3 percent), and Ireland (3 percent).

In more recent years, this profile has been changing. While Philippine-educated

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test takers continue to be in the majority, their overall percentage rate has declined from a high of 88 percent in 1995 to a low of 55 percent in 1997–1998. In 2000 Philippine-educated nurses comprised 71 percent of CGFNS applicants. This pattern of sharp decline followed by rise in applications is most likely due to U.S. immigration policy. The sunseting in 1995 of the Immigration Nursing Relief Act effectively decreased nurse immigration to the United States. This act, in place from 1989 to 1995 to relieve the then nursing shortage, had created a special occupational visa category for nurses entering the United States. From its ending in 1995 to the partial implementation in 1998 of a new immigration law, the Illegal Immigration Reform and Immigrant Responsibility Act, few nurses could enter the United States for purposes of employment.

While nurses educated in the Philippines, India, and Nigeria remain in the majority today, fewer applicants from the United Kingdom and Ireland have been taking the CGFNS examination. In 2000 nurses educated in Canada (5 percent) and Poland (1.5 percent) rounded out the top five countries by percentage of total applicants. Figure 1 depicts the percentage of total applicants taking the CGFNS examination by country of education from 1978 to 2000.

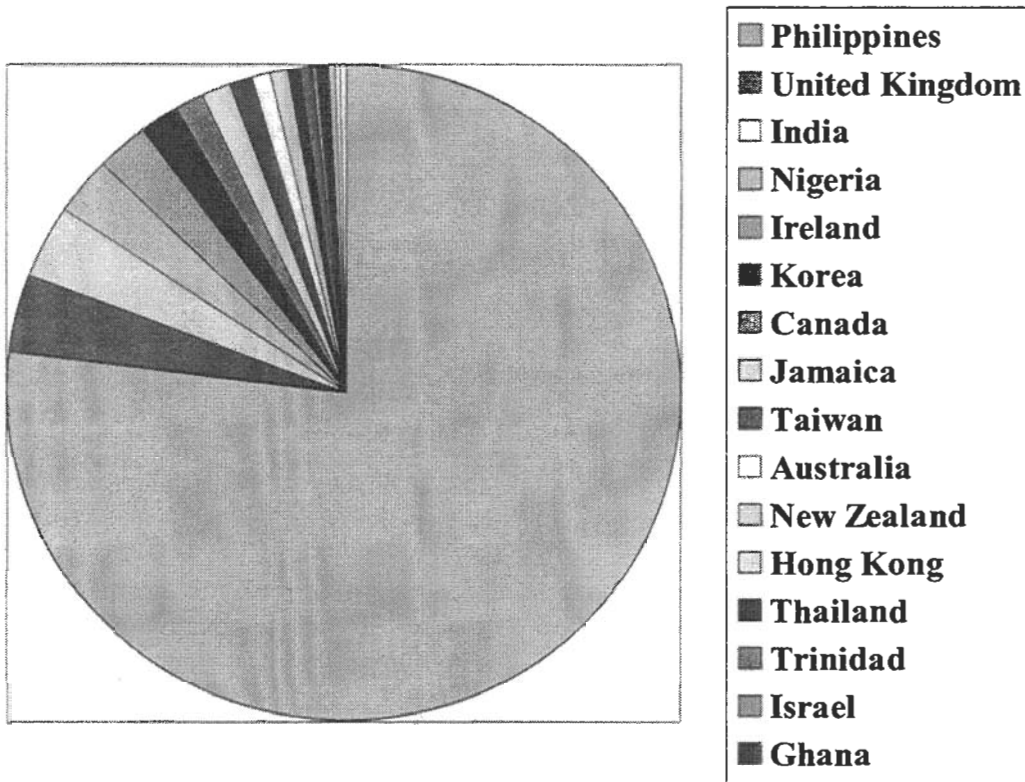


Figure 1. Percentage of Total Applicants by Country, 1978–2000.

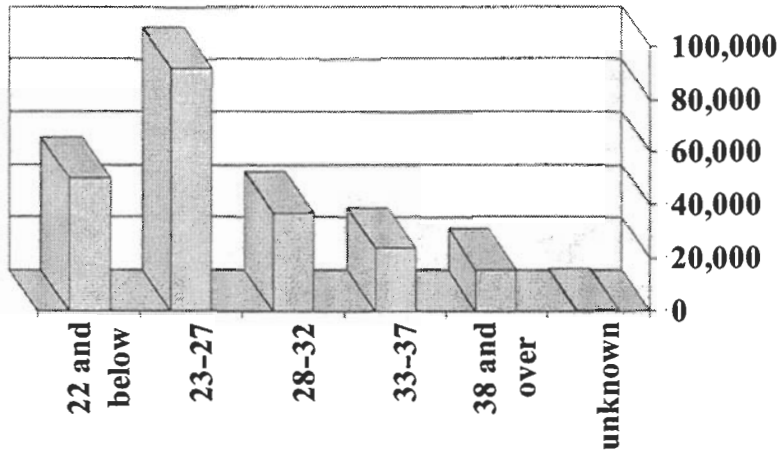
**Age**

Traditionally, CGFNS applicants have been single, female, and in the 23–27 age range. This profile also has undergone some change over the last three years. The percentage of male applicants has increased to a high of 15 percent in 2000, and there has been a slight shift in age. However, even with this shift, 46 percent of all test takers in 2000 were in the 23–27 year-old age range and 69 percent were between the ages of 23 and 32. When one considers the graying of the U.S. workforce, where the average age of the nurse is 45.2 years,<sup>2</sup> the rela-

tive youth of the international nurse becomes significant. Figure 2 depicts cumulative data on the age of CGFNS applicants from 1978 to 2000.

**Basic nursing program**

Eighty-one percent of CGFNS applicants in the year 2000 were educated in degree programs, while 18 percent were educated in nondegree or diploma programs (Figure 3). Overall, from 1978 to 2000, 71 percent of CGFNS applicants were prepared at the baccalaureate level. This is consistent with the fact that the Philippines, which



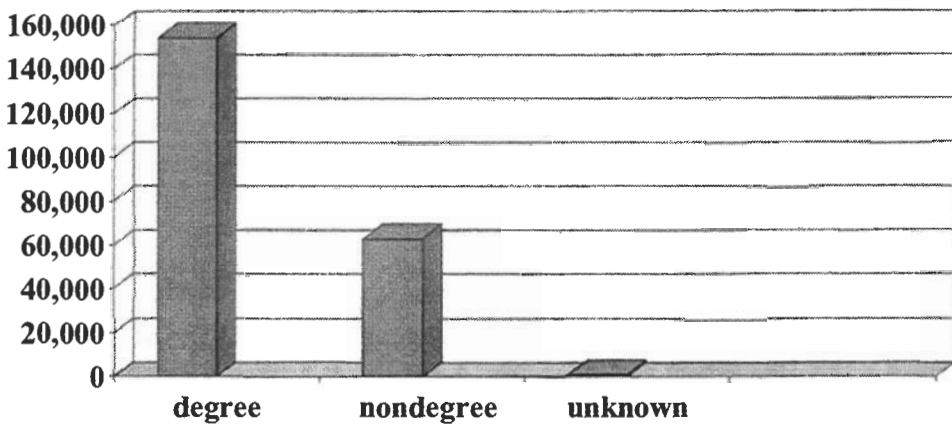
**Figure 2.** Demographic Characteristics of Applicants Taking the CGFNS Examination One or More Times, by Age, 1978–2000.

provides the greatest number of international nurses, abolished diploma programs in 1980 and moved to the baccalaureate for entry into practice. The majority of Canadian provinces now require the baccalaureate for entry and Canada anticipates this as a national phenomenon by 2002. India, Nigeria, and Poland have both baccalaure-

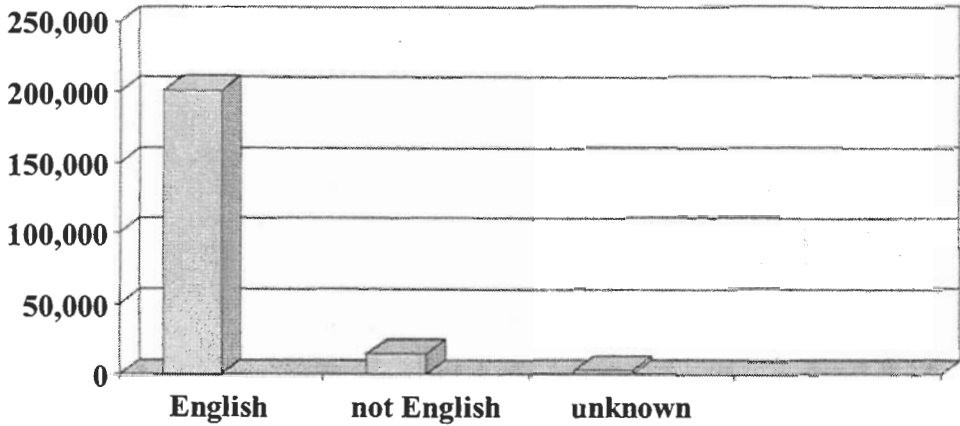
ate and diploma programs, but the majority of nurses from those countries are educated at the diploma level.

**Language**

It is most interesting to note that the majority of CGFNS applicants from 1978 to 2000



**Figure 3.** Demographic Characteristics of Applicants Taking the CGFNS Examination One or More Times, by Nursing Program, 1978–2000.



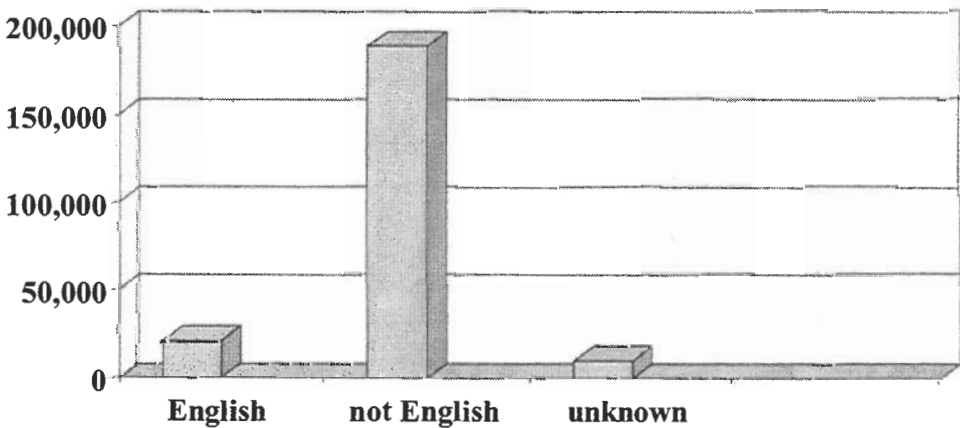
**Figure 4.** Demographic Characteristics of Applicants Taking the CGFNS Examination One or More Times, by Language of Education, 1978–2000.

were educated in English (Figure 4), yet only 5–6 percent identify English as their primary language (Figure 5). This is particularly important when one considers that English as a primary language is a strong predictor of success on both the CGFNS qualifying examination and the NCLEX-RN® examination<sup>1</sup> and that language is cited most frequently by

nurses and employers as the most significant challenge for international nurses working in the U.S. health care system.<sup>3</sup>

**CGFNS Validity Studies**

Since 1979 CGFNS has conducted an annual study of the performance of CGFNS



**Figure 5.** Demographic Characteristics of Applicants Taking the CGFNS Examination One or More Times, by Native Language, 1978–2000.

certificate holders on the NCLEX-RN examination. The primary purpose of the study is to determine if earning a CGFNS certificate is a valid predictor of success on the U.S. licensure examination. Secondary purposes are to evaluate the impact of English language proficiency and country of education on the NCLEX-RN examination performance of graduates from international nursing schools. Testing outcome data and demographic information for individuals taking the CGFNS qualifying examination who also have taken the NCLEX-RN examination are included in the analysis as are licensure data on foreign nurse graduates who have never taken the CGFNS qualifying examination.

Nurses educated outside the United States who pass the NCLEX-RN examination on the first attempt are generally in the 29–32 year age range and have smaller timelines between graduation and the licensure examination or between the CGFNS certificate and the licensure examination than those who failed the NCLEX-RN examination on the first attempt. Consistently over the years, there has been an inverse relationship between passing the NCLEX-RN examination and the interval of time between the CGFNS certificate and the NCLEX-RN examination. Foreign nurse graduates who earn the CGFNS certificate following their first attempt on the CGFNS qualifying examination were more likely to pass the NCLEX-RN examination than those who required multiple attempts to earn the CGFNS certificate.

In the most recent CGFNS Validity Study<sup>1</sup> (1999–2000), the pass rate for applicants who earned their CGFNS certificate on the first attempt and who sat for the NCLEX-

RN examination for the first time between April 1, 1999, and March 31, 2000, was 86 percent. Foreign nurse graduates who did not hold a CGFNS certificate, but who sat for the NCLEX-RN examination during that same period, had a pass rate of only 43 percent. The significant difference between these two rates contributes to the body of information supporting the validity of the CGFNS Certification Program.

The influence of foreign nurse graduate demographic variables, independently and in combination, on NCLEX-RN examination pass rates also was examined. The analyses indicated that the CGFNS qualifying examination nursing score continues to be a strong predictor of the NCLEX-RN examination outcome (that is, pass or fail). The TOEFL examination, while not as strong a predictor as the nursing score, is beginning to show moderate predictive ability. Of all the demographic variables examined, only the time span between CGFNS certification and the first administration of the NCLEX-RN examination, English as the individual's primary language, and education in Canada or the United Kingdom were strongly associated with passing the NCLEX-RN examination.

### **CGFNS Focus Group Data**

In 1999 and 2000 CGFNS conducted focus groups in eight cities in the United States and Canada to identify the major challenges facing international nurses practicing outside the borders of their own countries. The key themes that emerged from these discussions were language, culture, and the practice of nursing.

### **Language**

One of the major themes across all groups was that participants felt unprepared for the use of spoken English in the health care setting. Participants commented on their feelings of inadequacy and embarrassment when colloquial expressions or abbreviated medical terms were used in work-related situations and they did not understand the meaning of the term. Telephone interactions were particularly difficult. Because of such communication gaps and because of limited exposure to conversational English, participants often were not able to engage in dialogue with other health care professionals as well as patients and their families. This placed them at a severe disadvantage in the workplace. The overarching theme in all the discussion on communication issues was their sense that patients and other health personnel perceived them as unskilled nurses rather than as true health professionals.

Participants across all groups believed this to be a cultural issue "because the United States has its own idioms and the U.S. health professions have their own set of jargon." To remedy the situation, participants identified that basic communication techniques within the health care setting need to be emphasized as nurses are preparing to practice in a host country. Such techniques, as well as conversational English, were identified as integral to safe nursing practice.

### **Culture**

The multicultural nature of the U.S. population was a major issue for most nurses educated in other countries, especially those

countries in which there is a more homogeneous population. Aspects of care that nurses related to multiculturalism were issues of unique dietary needs based on ethnicity or religion; body language, such as eye contact; expressions of pain that are culture specific; and communication styles within ethnic groups.

While these issues were intertwined with language proficiency, many participants expressed the desire to understand the traditions and customs practiced in the United States. For example, several nurses commented that they found practice in the United States different from their home countries because of the nonjudgmental attitude toward patients. They compared this approach to nursing in their home countries and concluded that there are certain aspects of U.S. culture, such as substance abuse, sexual orientation, and religious customs, that they have not been exposed to before in the health care setting.

Although many of the applicants indicated that the social status of nurses in the United States was better than in their home countries, they still conveyed the message that transitioning to the "American" way of living and nursing was difficult.

### **Nursing Practice**

Pharmacology and medical terminology were the most addressed topics within the area of nursing practice. Participants commented that because the metric system is mostly used in their home countries, they are easily confused by conversions to the U.S. system of weights and measures when they are used in the hospital setting. Participants

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also commented on the variety of medications used in the United States and the difference in the names of medications from country to country. Several participants emphasized that "foreign nurses were at a disadvantage in the workplace because they often do not understand the procedures and are too embarrassed to ask." Adjusting to nursing in the United States often caused them to feel denigrated. Advice from international nurses to future international nurse colleagues was:

- "Have a support system and stay positive."
- "Make sure that there are friends, family, or anyone that can provide that support."
- "Be flexible and open to change."

### **Conclusion**

Throughout the history of U.S. nursing, swings of shortages and oversupply of registered nurses have existed. Current and projected supply and demand for registered nurses predict significant shortages of registered nurses in the U.S. workforce. The United States, since World War II, has relied on foreign nurses to fill gaps in the supply of labor. CGFNS was established to protect the public trust by ensuring that nurses

educated in other countries who desire to practice in the United States are eligible and qualified to meet licensure and other practice requirements.

Cumulative commission data indicate that since the introduction of the CGFNS certification program first-time RN-licensure pass rates of internationally educated nurses holding a CGFNS certificate have shown marked improvement (up from 15–20 percent prior to the Certification Program in the 1970s to 85–90 percent today).

CGFNS data document that applicants are younger and mostly educated in degree programs whose language of instruction was predominately English. This is most interesting when one considers that English as a primary language is a strong predictor of success on both the CGFNS qualifying examination and the NCLEX-RN® examination (1999–2000 CGFNS Validity Study).

The CGFNS applicant data verifies that a preimmigration certification program that identifies a nursing population likely to pass the U.S. nursing licensing exam is essential to protect the public and support the standards of nursing practice in the United States. The problem is not the foreign nurses; foreign nurses simply fill positions left open by structural vacancies in the U.S. health care delivery system.

As the United States continues to rely on foreign-educated nurses, they should be viewed as part of a long-term solution rather than a temporary workforce. With assurances in place, like the CGFNS certification program, the foreign-educated nurse can contribute safely to the provision of care to U.S. citizens.

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## REFERENCES

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1. "CGFNS Validity Study: Commission on Graduates of Foreign Nursing Schools Qualifying Examination as Predictor of Success on the United States Registered Nurse Licensing Examination—April 1999 through March 2000" (Philadelphia: Commission on Graduates of Foreign Nursing Schools, unpublished report, 2000).
2. "The Registered Nurse Population, March 1996: Findings from the National Sample Survey of Registered Nurses" (Washington: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, 1996), 7.
3. "CGFNS Focus Group Report: The Foreign Nurse Graduate in the U.S. Workforce 1999–2000 (Philadelphia: Commission on Graduates of Foreign Nursing Schools, unpublished report).