STATUS OF LICENSURE OF FOREIGN-TRAINED LATINO NURSING PROFESSIONALS IN THE STATE OF MARYLAND

Preliminary Report

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PREPARED BY:

Latino Health Professions Workgroup

Latino Health Initiative

Montgomery County Department of Health and Human Services

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I. INTRODUCTION

One of the priorities outlined in the Latino Health Initiative's *Blueprint for Latino Health in Montgomery County Maryland 2000-2006* is to increase the number of Latino bilingual health professionals in the County. The Latino Health Professions Workgroup (LHPW) was established under the auspices of the Latino Health Steering Committee and the support of the Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services (DHHS) to develop strategies that meet the recommendations offered in the *Blueprint*.

As a first step, the LHPW embarked upon a seven-month assessment to study the status of foreign-trained Latino nursing professionals residing in Maryland and how best to facilitate their nursing licensure, with the goal of incorporating these professionals into the County's health care workforce. This document reports the results of the assessment which includes a review of Maryland's licensure process, the identification of alternative models of programs, and information about the needs, challenges and obstacles Latino nursing professionals face as they obtain their nursing license. Also included in this report are recommendations for eliminating and/or reducing challenges and obstacles.

II. THE LATINO HEALTH PROFESSIONS WORKGROUP

The Latino Health Professions Workgroup was established in April 2003 and is composed of Latino Health Steering Committee members, Latino Health Initiative staff, members of the Federal and Montgomery County Department of Health and Human Services, academic entities, non-profit organizations, and concerned Montgomery County residents. The workgroup has two distinct tracks as points of focus:

- Facilitating the licensure process for foreign-trained Latino health professionals; and
- Increasing the number of Latino youth who pursue careers in the health field.

III. BACKGROUND

The rationale for conducting an assessment on how best to facilitate licensure for foreign-trained nurses is based on information gathered from county, state and federal statistics that describe:

- The current statewide nursing shortage;
- The growing demand for bilingual/bicultural Latino nurses; and
- A lack of local long-term efforts to address the shortage and meet the demand for Latino health professionals.

Current Nurse Shortage

The Health Resource and Services Administration and Baltimore's Center for Health Workforce Development of the University of Maryland predict that the State of Maryland will find itself short 17,000 nurses by 2012. Conservative statistics from the *Projected Supply, Demand and Shortages of Registered Nurses, 2000-2020 July Report* of the National Center for Health Workforce Analysis indicate that the current state shortage will expand to 17 percent (-7,772 nurses) by 2010, 27 percent (-13,044) by 2015, and to 35.9 percent (-18,954) by 2020. Currently, Maryland's nurse shortage is approximately 8 percent (-3,299 nurses). This decline in the supply of nursing professionals is due to several factors including the aging of the current registered nurse workforce, a decline in relative earnings of nursing professionals, and a greater demand for nursing care services by an aging general population.

Growing Demand for Bilingual/Bicultural Latino Nurses

The rapid growth of the Latino population has dramatically increased the demand for culturally and linguistically appropriate health care in Montgomery County. According to 2002 Census Bureau statistics, Montgomery County is home to over 115,000 Latinos. With regards to language proficiency, reports indicate that 40% of Latinos in the Washington metropolitan area do not speak English very well, and about 30% live in households that are linguistically isolated.

According to *Minority Nurse Magazine*, only 2 percent of all U.S. registered nurses are Hispanic/Latino. While a higher percentage of nurses may be Spanish-speaking, they may not be culturally competent in Latino culture and its effects on health. At the local level, the low number of bilingual/bicultural nurses in Montgomery County's health care system is a serious threat to Latinos. It is not possible to deliver quality health care if it is not culturally and linguistically appropriate. Studies have shown that cultural and linguistic barriers in the health care encounter often lead to poor communication, patient dissatisfaction, and poor compliance with regards to treatment and medication.

Local Efforts to Address the Nurse Shortage

A ccording to the Maryland Hospital Association (MHA), in 2002, the nurse vacancy rate in Maryland hospitals fell to 12.6 percent, a modest improvement from the record 15.6 percent vacancy rate recorded in 2001. Despite the improvement, the shortage is still severe. According to MHA Vice President Catherine Crowley, the decrease is "related to a series of very intensive, short-term strategies that hospitals have put into effect to recruit and retain nurses. However, a long-term plan to increase and assure retention of an essential supply is nonexistent." These short-term efforts consist of delay in retirement, incentives to encourage retired nurses to go back to work, use of personnel agencies to temporarily fill vacancieswhich adds a \$241 million cost to hospitals—and other costly efforts such as importation of nurses from the Philippines, Europe and other non-Latin American countries. None of these efforts take into consideration the growing demand for incorporating bilingual/bicultural Latino nursing professionals into the health care system. Assessments results indicate that current initiatives by local hospitals to address the nurse shortage gap do not consider the available pool of foreign-trained Latino nursing professionals living in the area.

IV. ASSESSMENT OF LICENSURE PROCESS FOR FOREIGN TRAINED LATINO NURSING PROFESSIONALS

T o develop an effective strategy to facilitate the licensure of foreign-trained Latino nursing professionals, the LHPW assessment included archival research, literature reviews, a survey of forty-eight (48) foreign-trained Latino nursing professionals, and five discussion groups with the same population. The purpose of the assessment was to:

- Understand the State of Maryland's nursing licensure process and its requirements;
- Identify alternative models of licensure programs for foreign-trained Latino nursing professionals in the U. S.;
- Understand specific challenges and obstacles encountered by participants while obtaining their nursing license; and
- Identify key elements that need to be in place to assist foreign-trained Latino nurses in obtaining their licensure in the State of Maryland.

V. ASSESSMENT FINDINGS

A. MARYLAND NURSING LICENSURE PROCESS

I nformation on Maryland's licensure process for foreign-trained nurses was obtained from the Maryland Board of Nursing, health care personnel working in Maryland, and foreigntrained professionals who are in the process of obtaining their nursing license. Figure 1 provides information on the major steps and estimated costs involved in obtaining a nursing license for foreign-trained nurses. These steps include:

- 1. Completing the required application forms received from the Maryland Board of Nursing. These forms include a licensure application form and a Credential Evaluation Service application. The licensure applicant also receives bulletins with contact information to apply to take the English competency and Licensure exams;
- 2. Having an evaluation of academic credentials from the foreign nursing school attended

to validate the applicant's education in order to determine whether he/she is qualified to continue to pursue licensure in the U.S.;

- 3. Passing the Test of Spoken English (TSE) or the Oral Proficiency Interview (OPI); and
- 4. Passing the National Council of Licensure Exam (NCLEX).

The total theoretical cost to complete the process is approximately \$600, excluding costs associated with preparation courses, transportation, postage, etc. However, average total costs collected later in the assessment indicate that in order to complete all the steps of the licensure process, foreign-trained Latino nursing professionals are spending approximately \$900 per attempt.

FIGURE 1



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B. IDENTIFICATION OF ALTERNATIVE MODEL PROGRAMS

L iterature reviews, archival research and interviews with professionals working on similar programs generated information on effective strategies in use in other states to facilitate the incorporation of foreign-trained Latino nursing professionals into the health care workforce.

Successful model programs were identified in California, New York, Oregon, Texas and Florida. While each program is uniquely tailored to a state's specific Latino foreign-trained nursing population, foreign-trained professionals share similar obstacles regardless of the part of the country in which they reside. These similarities are attributed, in part, to the common structure shared by the identified model programs. Key to their success is their distinct method of program delivery.

The model programs identified have as a common strategy the implementation of comprehensive approaches that take into consideration the academic and socio-economic aspects of their participants. To be effective, program delivery is provided by appropriate entities working in collaboration to deliver services in a coordinated and integrated fashion. Major strategic aspects of these programs include:

- The collaboration of a host of institutions (i.e., colleges and universities, hospitals, state nursing boards) to deliver an integrated and coordinated program. This multi-institutional method incorporates program features aimed at reducing barriers involved in obtaining licensure. This method proves to effectively prepare participants for the required exams as well as better prepare them for their future careers in the U.S.
- Involvement of community-based organizations embedded in the Latino community that aim to improve the quality of life for community residents. These organizations act as appropriate liaisons between the multi-institutional efforts. They offer input on effective ways to build programs and deliver services in a culturally and linguistically competent manner. In addition, community-based organizations may be able to deliver some of the services provided.

Key programmatic components include:

- A central location of operation where program participants can look for help with paperwork, referrals, counseling and other basic services;
- English courses that emphasize medical terminology;
- Refresher courses in nursing for those participants who have stopped practicing for a significant amount of time;
- Mentoring, counseling and group seminars that encourage participants throughout the process and facilitate networking and study groups; and

• Financial assistance to help participants balance the costs associated with licensure.

In examining these programs, it is apparent that their success lays in the use of a multifaceted approach which best addresses the varying needs of Latino foreign-trained nursing professionals. Collaboration among these multiple institutions enhances the identification of a full range of existing difficulties which results in the opportunity to obtain a better understanding of the complexity of their situation. This awareness contributes to the design, implementation, and delivery of an effective, successful program. When a program addresses this full range of needs and its services are delivered in a culturally and linguistically appropriate manner, socio-economic barriers and challenges are reduced or eliminated.

C. IDENTIFICATION OF ASSETS, BARRIERS AND CHALLENGES OF LATINO FOREIGN-TRAINED NURSES IN MARYLAND

On January 17, 2004 the LHI and Montgomery College co-sponsored a Community Forum for unlicensed, foreign-trained Latino nursing professionals. The objectives of the Forum were to:

- Explore the level of interest of foreign-trained Latino nursing professionals in obtaining licensure in Maryland;
- Understand the needs, obstacles and challenges faced by foreign-trained Latino nursing professionals in obtaining licensure in Maryland; and
- Provide information about the requirements for obtaining a nursing license in Maryland and about opportunities offered by the Nursing Program at Montgomery College.

The Forum was advertised by LHI staff through word-of-mouth and during a 30-minute radio program broadcasted via a Spanish-language radio station four days prior to the event. In order to participate in the event, individuals were required to register in advance by phone, since space was limited to 75 participants. Two days prior to the event, a total of 95 individuals registered so registration was closed, although phone calls from interested nurses continued. Over 120 interested nurses called to inquire about the event.

Sixty (60) individuals attended the Forum. Participants included forty-eigth (48) nurses, three physicians, and other health professionals such as officials from the Montgomery County Department of Health and Human Services, elected officials, personnel from Montgomery College and the LHI, and LHPW members. Forty eight of the sixty event participants completed a 19-question survey and all sixty engaged in discussion groups. Both the Survey and the Discussion Groups were administered in Spanish. Participants also received information about the process for obtaining a nursing license in Maryland and the opportunities available through the Nursing Program at Montgomery College.

SURVEY

A. METHODOLOGY

A19-question Spanish-language survey was developed to collect demographic and analytical data from participants. The survey was composed of five sections:

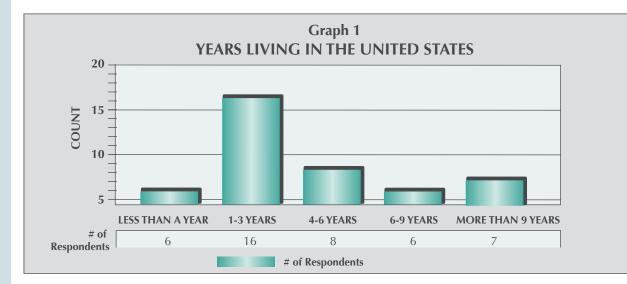
- 1. Demographic information
- 2. Foreign education and work experience abroad
- 3. Health-related work experience in the U.S.
- 4. Perceived level of English competency
- 5. Knowledge of Maryland's nursing licensure process

The survey was distributed in the information packets participants received as they registered on the day of the event. Forty-eight surveys were completed. Data collected was entered into Epi Info for analysis.

B. RESULTS

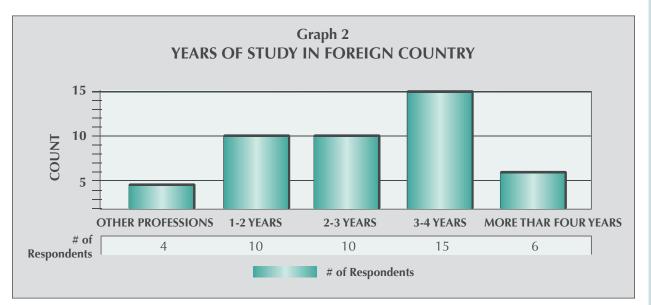
DEMOGRAPHIC INFORMATION

Data regarding socio-demographic information indicate that 46-percent (46) of survey respondents were females, ranging between 18 and 60 years of age. Forty-six percent (22) were recent immigrants (defined as living in the U.S. for three years or less) from Central and South America (Graph 1). More than half of those surveyed, 56 percent (27), were the household's principal provider.



EDUCATION AND WORK EXPERIENCE ABROAD

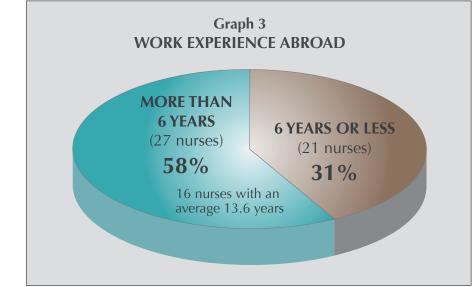
E ducational attainment data indicate that among those surveyed, 44 percent (21) had three or more years of college education (Graph 2). More than half, 58 percent (27), had practiced nursing for six years or longer. Of these, 58 percent (16) practiced nursing an average of 13.6 years (Graph 3) in a wide range of health institutions including hospitals, doctors' offices, clinics, health centers, public health projects, universities, and public schools.



HEALTH-RELATED WORK EXPERIENCE IN THE UNITED STATES

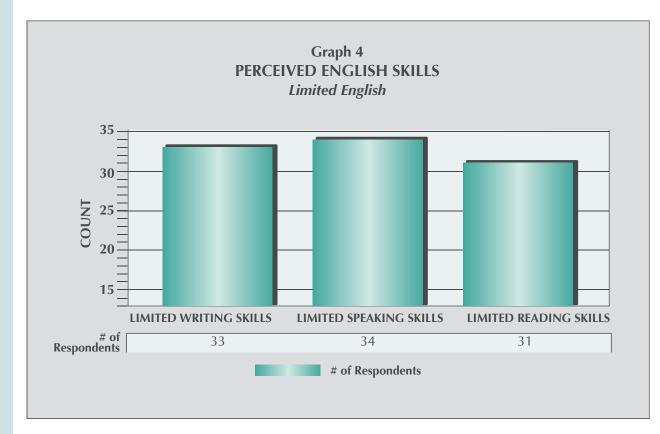
Thirty-one percent (15) of survey respondents indicated having experience in a healthrelated position while living in the U.S. Most of these respondents reported practicing as Certified Nurse Assistants. The remaining 69 percent (33) stated having no working

experience in any health-related field in the U.S. These respondents hold jobs in the service industry as babysitters, housekeepers, office-maintenance employees, restaurant employees, and hotel employees. A third of the respondents (15) revealed being currently unemployed.



PERCEIVED LEVEL OF ENGLISH COMPETENCY

When asked about their perceived English competency, 69 percent (33) of respondents communicated having a limited ability to read, speak or write English (Graph 4). However, almost all respondents, 93 percent (45), indicated a willingness to improve their English competency. Forty percent (15) were enrolled in an English course. Of these, 41 percent (6) had been enrolled in an English class for more than one year.



KNOWLEDGE OF MARYLAND'S NURSING LICENSURE PROCESS

A nalysis of the responses to this section of the survey indicate that a respondent's knowledge of the licensure process was positively correlated to how advanced he or she was within this process. The more a participant knew about the steps and requirements of Maryland's nursing licensure process, the further along they were in this process. However, over half of respondents, 52 percent (25), indicated they did not, prior to the Community Forum, have any knowledge about the process. The remaining 48 percent (23) of respondents—mostly those working in a health-related position—said they were familiar with the necessary steps to begin the process and had done so.

SMALL GROUP DISCUSSIONS

A. METHODOLOGY

All sixty Forum participants were randomly assigned to one of five discussion groups. Each discussion group included between 10-15 individuals and Spanish-speaking facilitators and note-takers. Facilitators and note-takers received a one-hour training before the event to standardize discussions. The LHPW developed a Discussion Guide in Spanish—containing three broad questions. These questions were designed to collect feedback about:

- Personal barriers and challenges;
- The most challenging step perceived in the licensure process; and
- Possible key elements to facilitate licensure.

Group discussions were electronically recorded with the permission of participants to facilitate later analysis.

B. RESULTS

The primary challenges and barriers in obtaining a nursing license for all discussion groups included:

- A lack of English proficiency;
- A lack of information about Maryland's licensure process;
- Economic difficulties associated with licensure expenses;
- Immigration status;
- Lack of time to study and work at the same time; and
- Personal lack of knowledge on how to obtain a nursing license.

Other barriers and challenges also mentioned included:

- Lack of institutional support;
- Lack of confidence in personal ability to persist in obtaining a license (due to the drawnout, costly process);
- Family responsibilities; and
- Lack of familiarity with high-tech nursing equipment used in the United States.

The most difficult step in the licensure process according to all discussion group participants is the collection and evaluation of credentials from foreign nursing schools (See Figure 1, step 2). Speaking from personal experience, participants stated this particular step if difficult because transcript request documents collect participants' credentials from

foreign nursing schools in English. This poses a problem because English documents are sent to foreign nursing schools in Latin American countries whose national language is Spanish. Because of the language barrier, transcript request documents in many cases are ignored or completed incorrectly because they may not be understood by school officials. This is a major factor in the prolongation of the licensure process for most nurses.

Other problems associated with the collection and evaluation of credentials include documents lost due to unreliable mail service in other countries and locating transcript documents from foreign nursing schools that may not be listed in CGFNS' official list of accredited foreign nursing schools and/or may no longer be in existence (e.g., Honduras' nursing school closed permanently due to hurricane Mitch).

M ost discussion group participants also agreed that the Test of Spoken English (TSE) is another challenging step in the process, particularly to individuals with low English competency skills. Participants with moderate English competency skills who had taken this exam explained during the discussion that the exam is difficult because of its administration method. The test, administered simultaneously to a group of individuals in one room, requires test-takers to respond to previously recorded questions posed on a monitor using a voice-recorder. Under these conditions, foreign-trained nurses who had taken the exam stated a poor performance was partially the result of two main factors:

- Noisy testing environment; and
- Test questions unrelated to health or nursing (foreign-trained nurses expressed a concern with culturally biased questions, such as: "The Red Soxs are a ...").

Possible Key Elements to Facilitate Licensure:

Participants in all discussion groups suggested the following ways to facilitate licensure:

- Economic assistance in the form of scholarships and/or loans to be able to work and study at the same time;
- English classes with an emphasis on medical terminology;
- A centralized, bilingual center to distribute information about licensure steps and requirements; and
- Internships, entry-level jobs and/or contacts at a hospital or health care setting where individuals could begin to familiarize themselves with the U.S. health care system.

Other elements also mentioned include:

- Assistance with immigration status documentation;
- Preparatory courses for the NCLEX exam; and
- Assistance with child care.

VI. SUMMARY OF FINDINGS

R esults from the survey and the small group discussions indicate that foreign-trained Latino nursing professionals who attended the Community Forum are, for the most part, highly skilled professionals who have a strong willingness and commitment to practice nursing in the U.S. The nursing licensure process in general is a very drawn out, costly and complicated process for any nurse seeking to obtain a license in Maryland—even more so for those who are foreign-trained. For these foreign-trained nurses in particular, the language barrier, a lack of information about the process, and economic difficulties are added hindrances to the licensure process.

Assessment results also indicate that there currently are effective strategies that can be utilized to facilitate the licensure process of foreign-trained nurses. A common key element of these strategies include the use of culturally and linguistically appropriate, multi-faceted approaches conducted by diverse institutions such as colleges and universities, hospitals, and community-based organizations. Facilitators identified by discussion group participants include financial assistance, academic support, and the provision of opportunities to familiarize oneself with the health care system in the United States.

VII. CONCLUSION

A s reported in the *Blueprint*, the importance of racial and ethnic diversity in health care delivery systems is well documented as being correlated with the ability to provide quality care. To increase access and quality of health care for Latino populations, it is necessary to increase the number of Latino bilingual/bicultural professionals in the health care workforce.

There is currently a pool of well-trained, highly motivated Latino foreign-trained nurses who could be incorporated into Montgomery County's health care system. Given the state's looming registered nurse shortage and a need to diversify the nursing profession to serve underrepresented communities, competent nursing professionals should not be penalized into working in service-industry settings because they are foreign-trained.

In Montgomery County, a wide range of public and private entities have a vested interest in providing access and quality care to Latino communities. Investing in human resources is crucial as such attention will strengthen the health care system and yield positive health outcomes for all County residents.

MARYLAND LICENSURE PROCESS FOR FOREIGN-TRAINED NURSES

POINTS OF CONTACT

Maryland Board of Nursing

4140 Patterson Avenue Baltimore, Maryland, 21215-2254 Telephone: 410-585-1900 Fax: 410-358-3530 www.mbon.org

Department of Licensure Application & Examination

| Donna Aversa | (410) 585-1929 |
|--------------|----------------|
| Sandy Stant | (410) 585-1992 |

Commission of Graduates and Foreign Nursing Schools (CGFNS)

3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA

Automated Telephone System: (215) 599 – 6200 (To check status of application)

> Offices: **Customer Service:** Fax: Telex: Cable: Web address: E-mail:

(215) 222 - 8454(215) 349 - 8767 (215) 662 - 0425402409 CGFNS PHA CGFNS. Philadelphia, USA www.cgfns.org info@cfgns.org

Test of Spoken English (TSE)

CN 6157 Princeton, New Jersey 08541-6157

Contact TSE via mail at the following address:

TOEFL/TSE Services Educational Testing Service PO BOX 6157 Princeton, NJ 08541-6157

Telephone: Fax: Web Address: E-mail:

1-609-771-7100 1-609-771-7500 www.toefl.org toefl@ets.org

Inter-American Language Association

Oral Proficiency Interview (OPI)

To register, call: Telephone: E-mail:

(410) 744 - 4717 or ial2@erols.com



Latino Health Initiative Montgomery County Department of Health and Human Services 8630 Fenton Street, 10th Floor Silver Spring, MD 20910 Phone: 240-777-3221

For more information about the LHI, visit:

www.montgomerycountymd.gov/mc/services/hhs/phs/latino_health/LHI/index.html



