Creating Positive Practice Environments for the International Nurse

The International Centre on Nurse Migration, in conjunction with the Commonwealth Secretariat and the Royal College of Nursing (RCN), hosted a two-day Conference on Creating Positive Practice Environments for the International Nurse on 20-21 February 2006 at the Marlborough House in London. The Department of Health, NHS Confederation, and the Nursing and Midwifery Council were also associated with this event.

The International Centre on Nurse Migration (www.intlnursemigration.org) was created in 2005 by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and the International Council of Nurses (ICN) as a portal for policy, research studies and other information regarding migration trends and statistics. CGFNS President, Lucille A. Joel, EdD, RN, FAAN, and CGFNS CEO Barbara L. Nichols, DHL, MS, RN, FAAN, presented at the London Conference.

Other presenters comprised of prominent guest speakers and researchers from the U.S., UK and Ireland, included Sian Thomas (NHS Confederation) and Sally Taber (Independent Healthcare Forum), who provided the employer perspective. The individual and collective voice of the international nurse was also presented by James Buchan, based on conclusions taken from the King's Fund study on Internationally Recruited Nurses.

Models of good practice exist in the U.S. and UK and were presented by Jane C. Shivnan (Institute for John’s Hopkins Nursing) and Anne Leadham-Smith (RCN North West Thames). An international overview was given by Annette Kennedy, President of the European Federation of Nurses Associations, and Sylvia Denton, RCN President, spoke on the RCN’s good practice guidelines. Peggy Vidot from the Commonwealth Secretariat explored how a learning environment in the UK can benefit developing countries when return migration is facilitated.

The challenges of integrating the international nurse stem from issues of nurse competence and the work environment. Open discussion moderated by nurse leaders helped the Conference participants to identify priority areas for intervention and a shared agenda published below.

By consensus the Conference agrees on a shared agenda to support the development of positive practice environments for the international nurse, which includes the following areas for intervention:

1. International Policy
   - Maintain or establish human rights standards, legislation, regulation and national and international agreements that underpin all policies and practice in the work environment.
   - Implement these instruments to the highest possible standard – monitor and evaluate to ensure compliance and effectiveness.
   - Review and revise immigration policy so that human rights standards are upheld and family-friendly policies are established.
2. Migration

• Collect reliable data and assess sound trend analyses on migration patterns to inform and reform employment practices and human resources planning.
• Identify motivations for migration to provide evidence and highlight issues that need to be addressed to ensure long-term integration.
• Support initiatives by national nurses’ organisations and others to provide factual information and advice to nurses considering migration as a career move.
• Create employment practices and a learning environment in destination countries that supports return migration favoring brain circulation, thus reducing the threat of brain drain.
• Create employment practices and reward structures in the source countries that will encourage return migration and facilitate the integration of international nurses in their homeland health systems.

3. Workforce Planning

• Develop national workforce planning strategies in every country, seeking a balance between self-sufficiency and the integration of international nurses.
• Observe the demographic changes and long-term trends for the future planning of services and develop a workforce that meets patient needs and service demands.
• Create positive practice environments through effective human resources management, professional practice investment, adequate staffing and organizational support.
• Proactively address the underlying challenges of recruitment and retention amongst existing staff and international nurses to ensure a more stable workforce for the future, emphasizing team work, reducing turnover and supporting high-quality nursing care.

4. Society and Diversity

• Act on the legal and moral responsibility to implement, monitor and evaluate diversity or equal opportunity legislation.
• Develop leadership capacity to accommodate and value diversity throughout society and at all levels of organizational structures, keeping in mind that equality of opportunity goes beyond a focus on legislation compliance. Develop policies to establish strategy, infrastructure, organizational climate, sanctions/rewards and maintain a long-term commitment to education and training as fundamental strategies for equality outcomes.
• Implement integration policies that take into consideration the social costs of migration.
• Develop partnerships with consumer groups, professional organizations, special interest groups, communities and local services to build relationships and social structures in order to integrate international nurses.

5. Patient Care and Cultural Competency

• Ensure competencies and skills of international nurses are valued, maintained and developed.
• Provide education and training to ensure cultural competence of all staff in support of patient safety and team effectiveness.
• Provide support in adjusting to variations in care systems, language competency, knowledge of medications and proficiency in technology.
• Ensure that work assignments make the most of the knowledge, skills and potential brought to health systems by international nurses.

6. International Nurses in Employment

• Implement ethical employment policies.
• Promote awareness of all employees in regard to their individual responsibility to adhere to diversity legislation and policies.
• Implement a zero-tolerance policy on racism amongst colleagues and between health care workers, patients, and society.
• Create personal development plans and mentor schemes to support professional development and guard against the threat of deskillling.

International nurses make a considerable contribution through their commitment and enthusiasm to working within health systems and providing high-quality care to patients throughout the world. Therefore, governments, key stakeholders and employers must commit to supporting health services that are investing in education and training development, implementing positive practice environments and effective human resources management, tackling discrimination and harassment, improving diversity, and enhancing the working lives of health care professionals in a way that directly contributes to better patient care.

The development of positive practice environments will deliver benefits to patients, individual nurses, health care teams and health services, and, ultimately, the delivery of quality health care.
**CES Connect Survey Summary**

In March, 2005, the Commission on Graduates of Foreign Nursing Schools (CGFNS) launched *CES Connect*, an electronic reporting system for state boards of nursing who are in receipt of CGFNS’ Credentials Evaluation Service (CES) reports done on behalf of internationally-educated applicants who are seeking licensure in those states requiring CES.

In the fall of 2005, a survey was done to determine the overall satisfaction of the online service exclusively available to state boards of nursing, and possible future implementation of other electronic reporting services for the Certification Program, the Credentials Verification Service for New York State, and VisaScreen™.

The survey earned a 40 percent response rate with the vast majority of users having a tenure of 3 years or longer with their state board of nursing. Respondents said they had been utilizing *CES Connect* since its inception on either a daily or weekly basis. *CES Connect* was found to be easy to log into, easy to navigate, and the information sufficient in content without need to add additional information.

The system was rated as a reliable and convenient tool of very good quality. If problems occurred (user-error, downtime, maintenance etc.), responses were handled appropriately within one business day or less, to the overall satisfaction of current users.

Seventy-eight percent of the respondents rely solely on CGFNS for credentials evaluation services.

**Responses were received from the following 26 state boards of nursing (multiple responders from several boards):**

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New York
- North Carolina
- North Dakota
- Oklahoma
- Oregon
- Pennsylvania
- South Carolina
- South Dakota
- Texas
- Virginia

**Respondents indicated a wide range of preferences for the frequency which they reviewed reports:**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>25%</td>
</tr>
<tr>
<td>Weekly</td>
<td>39.3%</td>
</tr>
<tr>
<td>Monthly</td>
<td>17.9%</td>
</tr>
<tr>
<td>Quarterly</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

The survey results were analyzed with the following findings:

- 96% are happy with the current *CES Connect* menu
- 96% do not call the *CES Connect* Representative to get status updates
- 75% do not use the monthly or quarterly report features
- 78% have never experienced trouble accessing *CES Connect*
- 80% have never experienced trouble accessing the activity and status reports
- 91% find the sort selection for "Applicant CES Reports" sufficient
- All respondents find the image quality for documents at least good, with 63% saying the quality is very good
- 92% are satisfied or very satisfied with *CES Connect*
- 52% of respondents indicated that they received a response after contacting CGFNS within 1 business day
- 46% are satisfied with our CGFNS staff, with another 35% being very satisfied
- 51% rated our reports as being very good, with 29% rating them as excellent. The remaining respondents found them to be good

Respondents offered suggestions for improving the service, including a direct link to the web page containing *CES Connect* and a dedicated contact person (which had been set up initially and was recommmunicated who that contact person was to the state boards of nursing).
### CES Connect Survey Continued

Turnaround time was rated as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Far faster than expected</td>
<td>3.7%</td>
</tr>
<tr>
<td>Faster than expected</td>
<td>29.6%</td>
</tr>
<tr>
<td>As expected</td>
<td>44.4%</td>
</tr>
<tr>
<td>Slower than expected</td>
<td>18.5%</td>
</tr>
<tr>
<td>Far slower than expected</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

CES report content was rated as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent Information</td>
<td>18.5%</td>
</tr>
<tr>
<td>Very good information</td>
<td>51.9%</td>
</tr>
<tr>
<td>Sufficient information</td>
<td>25.9%</td>
</tr>
<tr>
<td>Too much information</td>
<td>0%</td>
</tr>
<tr>
<td>Not enough information</td>
<td>3.7%</td>
</tr>
</tbody>
</table>