

Nurse Leaders' Strategies and Tool Kit For Internationally Educated Filipino Nurses' Transition to Practice in the United States



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The purpose of the article is to share strategies and a tool kit for nurse leaders in providing support to internationally educated Filipino nurses (IEFNs)' meaningful and successful transition to providing high-quality, safe, and excellent patient care in the United States. My lived experiences and study as an IEFN are the impetus of this valuable article. The 3 takeaways from the article: IEFNs have the purpose, positive outlook, and perseverance to better themselves personally and professionally, and to contribute significant outcomes to the health care, people, and society in the United States, and they need support systems: family, hospital leaders/management, coworkers, professional organizations, and community/civic organizations.

The nursing shortage is a global issue, and for many decades, countries throughout the world, including the United States, more than others, have been consistently challenged. Since the 1990s, the trends clearly show an aging population that requires increased care as well as an aging nursing workforce who are moving toward retirement, increasingly high patient acuity and complexity of hospital care, and perceived difficult working conditions that may persuade nurses to leave the profession.¹ On March 11, 2020, the World Health Organization declared the COVID-19 pandemic, which changed people's lives

forever. The COVID-19 pandemic exponentially increased the critical nursing shortage globally, including in the United States. In response to the overwhelming US nursing shortage, recruitment agencies and health care facilities recruited and hired internationally educated nurses in US health care facilities from various countries, with the Philippines (PH) being the most sought-out country.

CHARACTERISTICS OF INTERNATIONALLY EDUCATED FILIPINO NURSES

Nurse leaders and health care workers working with IEFNs in various health care settings have positive experiences with IEFNs' work ethic. They are hard-working, dependable, and compassionate and caring to their patients. Filipino nurses are courageous to leave their native country and their families to help their families in the Philippines. They want to better themselves personally and professionally.² My personal experience working with fellow IEFNs has been rich and rewarding. They want to participate in unit- and house-wide committees or councils. With nurse managers' encouragement, they take leadership roles in committees, which results in positive patient outcomes. As in any successful unit- or house-wide committee, they need to be provided with time to either attend or conduct meetings and work on significant projects, and they learn to present positive outcomes in front of their

KEY POINTS

- **Internationally educated Filipino nurses (IEFNs)' personal and professional impetus for coming to the United States is explained.**
- **The financial benefit of working in the United States will help IEFNs and their families back home in the Philippines.**
- **Intrinsic and extrinsic factors that make IEFNs successful in their transition to practice in the United States are discussed.**
- **Support systems are valuable for IEFNs' transition to practice in the United States.**

fellow nurses and coworkers with confidence. These IEFNs are bachelor of science in nursing graduates in the Philippines and have been educated using US textbooks and nursing journals.

In an ethnographic study, Spangler³ investigated 26 nurses' nursing care values and caregiving practices. The nurses in this group espoused a professional obligation to care. The nurses expressed seriousness and dedication to work, which was derived from a sense of duty, having a conscience to do right, and having a vocational commitment to work. The nurses articulated attentiveness to patients' physical comfort and possessed a great deal of respect and patience for patients' needs. Filipino-American nurses' dedication and commitment to service are congruent and consistent with Filipino cultural traditions, which include respect for authority and social interests. I have experience working with IEFNs, and they are very respectful to their managers, educators, and coworkers. They are nonconfrontational and want to meet the preferences of their patients and families. As an IEFN myself, I believe that IEFNs came to the United States with the purpose, not only to better themselves and help their families in the PH, but more than ever, to also contribute significant outcomes to health care, society, and the communities they serve. They want to be successful in their transition to US practice. They have deep faith, positive attitudes, and a pursuit of lifelong learning by going back to school for higher education, attending nursing conferences, seeking membership in professional organizations, taking specialty nursing certifications, and participating in the hospital clinical ladder for professional development. They also like to have mentors to help them navigate their career paths in practice, leadership, management, and academia.

INTRINSIC AND EXTRINSIC BARRIERS: WHY THEY MATTER

Literature has shown that regardless of gender, age, education level, or prior years of experience, IEFNs are faced with challenges in their transition to US nursing practice and work environments. Recognizing the barriers to IEFNs' transition to nursing practice in the United States is valuable information for nurse leaders in developing strategies and a tool kit to facilitate IEFNs' successful transition to the US health care system.

The author's qualitative study⁴ showed that IEFNs had begun a difficult transition process. Regardless of the type of health care institution nurses were employed in, there were practice and cultural differences to face that were characterized as either intrinsic or extrinsic factors.

Intrinsic Barriers

Intrinsic barriers are those factors that are innate within each nurse, such as being shy and timid. Many

times, colleagues and other health care disciplines mistook the Filipino nurses' quietness as signifying that they did not understand instructions or conversations. The reality was that many participants were quiet because they did not want to offend colleagues, coworkers, and/or other disciplines, so they kept their concerns to themselves instead of utilizing constructive criticism.

Extrinsic Barriers

Extrinsic barriers are environmental factors serving as barriers to the participants' adaptation to the US nursing practice. One of the most common extrinsic barriers was *language and communication problems*. Participants were faced with different accents, the use of slang words, and idiomatic expressions. All participants expressed that in their transition process, they had encountered challenges and difficulties understanding and communicating with patients, families, physicians, coworkers, and other disciplines.

Variations in nursing practice and use of technology were overwhelming barriers to participants' adaptation. Having only seen equipment in US textbooks and nursing journals, participants struggled to use equipment such as intravenous (IV) pumps, patient-controlled analgesia pumps, feeding pumps, wound vacs, bedside monitors, and ventilators, to mention a few. Learning computerized systems for such things as documentation and medication was a struggle, but once participants learned how to navigate the systems, they liked them for their efficiency, real-time updates, and accuracy. Cultural differences were 1 of the barriers identified by IEFNs in the adaptation process. The study's finding showed participants' lack of knowledge and understanding of US culture. Coworkers and other health care disciplines misunderstood the participants' characteristics of being quiet, shy, and timid as an inability to communicate and/or understand instructions. In my personal experience with IEFNs, it is not intentional on their part; however, there is a lack of providing ample explanation or not updating patients and family members about the care plan.

Fear of lawsuits in health care is 1 of the study findings that participants worried about and was a barrier to their adaptation. The participants felt they had to be extra careful in the delivery of patient care. In addition, they had to document thoroughly their notifications to physicians and other health care disciplines to protect them from any problems that might arise. These practices were not norms in the PH. They felt that in the United States, the amount of documentation was taking them away from actual patient care. A major finding was that 41% of IEFNs in this study claimed patients had refused their services because they were non-American nurses.

INTRINSIC AND EXTRINSIC FACILITATORS

The author's qualitative study⁴ showed intrinsic and extrinsic facilitators of IEFN participants' transition to practice. Intrinsic facilitators are those factors innate in oneself, such as determination to learn and a quest for lifelong learning, personal goals, determination to succeed, and strong faith in God. All participants, regardless of any challenges, were determined to succeed in the US nursing practice and work environments. The IEFN study participants had a deep desire to learn about the US culture and health care systems and to utilize their nursing education and training, positive attitudes, and behaviors to meet the needs of patients. All participants expressed their strong faith in God, which kept them strong amidst the challenges they faced. They believed they had the purpose of making a difference in the lives of people and society as a whole.

The extrinsic facilitators were those environmental factors that supported and facilitated participants' adaptation to US nursing practice and work environments. In the study findings, extrinsic factors include support systems from management, preceptors, educators, coworkers, families, and friends; thorough orientation and value of the preceptor; interdisciplinary teamwork and partnership; utilization of evidence-based practice; and the impact of National Council Licensure Examination—Registered Nurse (NCLEX-RN) on practice. In the study findings, participants stressed the importance of interdisciplinary teamwork and partnerships, which facilitated their adaptation to the US nursing practice and work environments. Participants appreciated the availability and assistance of the dietitian, physical therapist, respiratory therapist, case manager, social worker, chaplain, and physician in coordinating patients' care plans. These IEFNs only learned the concept of the interdisciplinary team approach in the United States from textbooks and nursing journals. In the PH, due to a lack of resources, participants claimed that there was no such thing as an interdisciplinary team available to coordinate patients' plan of care.

My experience working with IEFNs validated these extrinsic facilitators in their transition to practice. They expressed the importance and value of management support—for example, a brief but meaningful rounding to check on them, what is working well in their orientation or nursing practice, as well as areas of opportunities to improve. Another suggestion was to conduct a weekly meeting with IEFNs, educators, preceptors, and managers to ensure a thorough orientation of whether the IEFN is progressing well and if any resources are needed. The vital role of the preceptor in the IEFN transition-to-practice process has been emphasized both in the study and in my lived experiences. Preceptors are important to the successful transition of IEFNs to nursing practice. They are not

only knowledgeable but have the clinical skills, patience, and positive attitude to teach IEFNs clinical skills and the use of equipment to make them feel secure and safe in their nursing practice.

Utilization of evidence-based practices in all health care institutions was an important part of institutional emphasis and expectations. The study participants claimed that core measures and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) were part of their orientation. These evidence-based practices were learned by IEFNs from US nursing journals and were now part of their daily practice, and they understood and valued their purpose and positive patient outcomes. A study by Sherman and Eggenberger⁵ identified the orientation needs of IEFNs regarding regulatory bodies and issues such as HIPAA (Health Insurance Portability and Accountability Act), JCAHO (Joint Commission on Accreditation of Healthcare Organizations), and EMTALA (Emergency Medical Treatment & Labor Act). For transition programs, the following should be included: cultural aspects of care, confidentiality, the importance of documentation, roles of interdisciplinary team members, core measures, legal aspects of care, and differences in English pronunciations.

Orientation was an important facet of transitioning to US practice. However, there was variability in orientation depending on the type of institution involved. Participants who worked in hospital settings expressed appreciation for their thorough orientation that incorporated both classroom and clinical training with a preceptor. The average orientation was 6 to 8 weeks. An educator or unit manager met weekly with participants and the preceptor to assess the orientation process and the participants' progress. However, participants who worked in nursing homes and/or home health agencies had received minimal orientation due to staffing needs. They described their classroom orientation as watching a video and following their preceptors in a clinical setting or home. The average orientation lasted about 3 to 5 days before IEFNs became part of the health care institution's staffing. In addition, the study findings showed that participants who had Filipino nurse preceptors learned faster and felt more confident after their orientation period. The participants claimed that they felt comfortable asking questions with Filipino nurse preceptors, which helped them feel confident and competent in their clinical skills. Studies have shown that a thorough orientation and continuing education cannot be overemphasized in order to ensure that IEFNs have a solid orientation program that is more than a routine hospital orientation.⁶

In my study findings, participants confirmed that passing the NCLEX-RN helped them apply theories to actual US nursing practice. Most of the IEFN

participants used different methods in preparing for the NCLEX-RN. Some participants attended 2 months of review classes offered by review centers or self-review using books and NCLEX-RN review manuals. All participants firmly believed that passing the NCLEX-RN improved their critical thinking, prioritization, delegation, culturally sensitive care, and safe medication administration. All participants acknowledged the value and importance of passing the NCLEX-RN in order to practice safely and effectively in the United States.

STRATEGIES THAT PROMOTE IEFNS' TRANSITION TO THE US HEALTH CARE SYSTEM

1. Observing, listening, and asking questions—these nurses had never seen equipment except in textbooks and nursing journals; hands-on practice with commonly used equipment was the best way to develop their clinical skills.
2. Team player and positive attitude—their coworkers appreciated IEFNs' personality traits and in turn also helped and taught them their culture and unit best practices.
3. Continuous embrace of lifelong learning was very effective—they emphasized the importance of reading nursing journals, attending conferences, and participating in unit case studies and huddles. For example, IEFNs believed in learning new skills with enterostomal nurses for managing complex wounds and with nurse practitioners for their clinical expertise.
4. Value of building relationships and finding deeper meaning in nursing practice—these IEFN participants capitalized on their personality traits of being hardworking, flexible/resilient, dedicated, compassionate/caring, patient, loyal, and empathetic. They utilized these traits in their daily practice and were appreciated by patients, coworkers, and managers.
5. Self-reflection helped promote adaptation through analysis of situations for improving oneself and practice.

TOOL KITS FOR TRANSITION TO US PRACTICE

1. US health care institutions should provide institutional and unit-specific orientations as well as education regarding US customs, language and effective communication, and developing assertiveness.
2. Valuable resource materials for commonly used slang words, idiomatic expressions, and jargon would be beneficial for IEFNs.
3. Orientation to equipment should focus on hands-on practice in operating equipment and machines for patient care. This equipment includes, but is not

limited to, IV pumps, feeding pumps, respiratory machines, ventilators, and wound vacs.

4. Unit leadership/managers should provide a welcoming and supportive atmosphere to IEFNs by assigning a Filipino big brother or sister and conducting informal monthly meetings with staff or unit leadership. They should solicit information regarding IEFNs' successes and concerns, and provide resources to alleviate concerns.
5. Introduce and connect IEFNs to a local chapter of the Philippine Nurses Association of America (PNAA).
6. Educators, together with the preceptor, preceptee, and unit manager, should meet weekly to evaluate the preceptee's milestones, progress, and areas of improvement until the orientation period is completed. They should provide follow-up for orientees during work hours, reinforce strengths, and create developmental plans for areas needing improvement.
7. Colleagues and other health care disciplines should learn about IEFNs' culture. Raising awareness of cultural sensitivity and diversity in the workplace brings mutual respect and harmony among nursing staff, and promotes positive work environments and patient outcomes.
8. Experienced IEFNs who have adapted to US practice should provide support and mentoring to new IEFNs who are beginning their US practice.

CONCLUSIONS

With the critical nursing shortage throughout the country, IEFNs will continue to fill the gaps to support the staffing needs of health care institutions. We know that regardless of gender, age, education level, prior experience, or type of health care institution, IEFNs face significant challenges when transitioning to US nursing practice. However, the transition to US nursing practice can be achieved through a combination of intrinsic strength of resolve on the part of IEFNs and institutional support. Although personal and professional advancement are motivators for IEFNs to engage in US nursing practice, IEFNs possess a strong aspiration to make a difference in the lives of patients and society as a whole. The IEFNs' successful transition to US nursing practice needs facilitation on many levels.⁴

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