

## **Sociologist urges better integration of foreign-trained nurses**

San Jose Mercury News (California)

December 8, 2009 Tuesday

Copyright 2009 San Jose Mercury News All Rights Reserved

**Section:** COMMUNITIES; Peninsula; News; Local

**Length:** 964 words

**Byline:** By LJ Anderson For The Daily News

### **Body**

---

Sheba George was just 10 years old when she stood at an airport window in Bangalore, India, and tearfully watched her mother leave to work as a nurse in the United States. It would be two years before George and the rest of the family would be reunited with her. This experience would play out for thousands of other Indian families as nurses immigrated to the United States in greater numbers spurred by passage of the Immigration and Nationality Act of 1965 which encouraged entry of skilled professionals.

Today, Sheba George, Ph.D., is a sociologist who studies health care, and in particular, the immigration patterns of Indian nurses. She is an assistant professor at the Charles Drew University of Medicine and Science in Los Angeles. George holds a doctorate in sociology from UC-Berkeley, and is the author of "When Women Come First: Gender and Class in Transnational Migration."

Q: How did your childhood and family influence your career in nursing research?

A: While I am not a nurse, I have lived among nurses all of my life. As a person of Indian origin, I grew up in a community of Indian nurses in the United States. My mother, several of my aunts, the mothers of many friends and now a new generation of cousins and friends are nurses. As a sociologist, I have studied the experiences of Indian immigrant nurses to the United States specifically, Christian nurses from the state of Kerala and understand their experiences in a broader context.

Q: What has defined the immigration of Indian nurses to the United States?

A: The nurses I interviewed had tremendous challenges to overcome before they could work in their full professional capacities in the U.S. From language comprehension difficulties to prohibitively expensive costs for preparatory classes and the taking of licensing exams, they faced many hardships in passing their board exams.

Even after obtaining their licenses, they faced other barriers which were less expected by many of them. In U.S. hospitals and nursing homes, they confronted a racialized division of labor. Before passing the state boards, they were forced to work as nurses' aides with other mostly minority women. With registrations in hand, they were more likely to be recruited for inner-city hospitals, and to work in wards that were physically labor-intensive and had a high burnout rate for American-trained nurses. On the ward floor, immigrant nurses faced discrimination from patients, doctors and hospital administration, as well as from their peers. Many of the nurses spoke of their experiences of being rejected by patients who outrightly asked for "white nurses."

Q: Were there any positive aspects to the immigration experience?

A: Despite the limitations they encountered, the Indian immigrant nurses I interviewed brought up "total patient care" as a nursing practice that was different from what they were accustomed to in India. As patient-care managers, teachers, students, or consultants, immigrant nurses talked about how they were able to practice their

## Sociologist urges better integration of foreign-trained nurses

profession in new and varied ways. In spite of racism and the devaluation of their work, they were able to appreciate the positive and empowering aspects of work in the United States.

Q: What was the effect on the families of immigrating nurses?

A: The nurses in my study immigrated first and established themselves before bringing their families over. This was a huge challenge for nurses who came from a society where traditionally women do not tend to travel alone, particularly to faraway lands to establish themselves as breadwinners. When their families arrived, there were more complicating factors. Whereas their wives were able to find stable and better-paying jobs, the majority of the men were not able to transfer their skills or work experiences to the United States. Many of the men that I interviewed were reluctant to tell me exactly what they did for a living. But most of those who did, revealed that they worked in occupations that were of less status and lower pay than their wives, which was often a reversal of their situation in India. So in addition to getting settled in a new society, nurses and their husbands had to deal with unexpected tensions resulting from dramatic changes in gender relations in their homes and communities.

Q: How could U.S.-trained nurses, physicians and administrators better understand the experience of immigrant nurses?

A: The work force is getting more diverse racially, linguistically, culturally and nationally. And there are unspoken burdens that are often carried by this global work force. Emotionally and mentally, these burdens place further limits on these workers' ability to function effectively and enhance the quality of care in their workplaces.

To support the integration of foreign-born nurses into their U.S. work settings, I believe that standardized orientation programs (in all settings) are needed to introduce them to the U.S. health care system and its legal, technological and professional standards. They should also be provided with training in cultural competency and cross-cultural communication skills.

Secondly, with foreignness comes the questioning of qualifications and credentials and the implication that nurses from other countries may bring down the professional nursing standards of the host country. Yet recent U.S. census data shows that immigrant nurses have, on average, higher educational levels than their U.S.-born counterparts and the technical qualifications necessary to do the job. Health-care organizations who employ such workers should educate patients, administrators and co-providers about the qualifications and competence of foreign-trained nurses.

LJ Anderson writes on health matters every other Wednesday. She can be reached at [www.ljanderson.com](http://www.ljanderson.com).

## Classification

---

**Language:** ENGLISH

**Publication-Type:** Newspaper

**Subject:** NURSES & NURSING (93%); IMMIGRATION (91%); SOCIOLOGY (91%); FAMILY (90%); PROFESSIONAL WORKERS (90%); MINORITY GROUPS (76%); HUMANITIES & SOCIAL SCIENCE (75%); COLLEGE & UNIVERSITY PROFESSORS (54%)

**Industry:** NURSES & NURSING (93%); HOSPITALS (89%); HEALTH CARE (77%); NURSING HOMES (76%); LONG TERM HEALTH CARE (70%); COLLEGE & UNIVERSITY PROFESSORS (54%)

Sociologist urges better integration of foreign-trained nurses

**Geographic:** LOS ANGELES, CA, USA (79%); BANGALORE, KARNATAKA, INDIA (58%); KERALA, INDIA (79%); CALIFORNIA, USA (79%); SOUTH INDIA (79%); UNITED STATES (95%); INDIA (94%)

**Load-Date:** January 7, 2012

---

End of Document