



**O'GRADY
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O'GRADY PEYTON INTERNATIONAL (USA) Inc.
2021 SURVEY OF INTERNATIONAL NURSES

A Survey Examining the Characteristics, Roles and
Work Experiences of International Nurses Practicing in the United States.

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Overview

O'Grady-Peyton International (OGP) is the international division of AMN Healthcare (NYSE: AMN), the largest healthcare staffing organization in the United States as ranked by Staffing Industry Analysts and the innovator of healthcare workforce solutions.

Now marking 40 years of service to the healthcare industry, OGP recruits nurses from around the world for 24-36-month assignments at hospitals, medical groups, community health centers, and other healthcare facilities nationwide. OGP is certified by the Alliance for Ethical International Recruitment Practices, a non-profit organization that works to ensure that all foreign-educated professionals are recruited in a fair, ethical, and transparent manner for employment in the United States (<https://www.cgfnalliance.org/>).



As the thought leader in its field, OGP produces a series of white papers, articles, and other information pertaining to nurse supply and demand, the role of international nurses, visa requirements for international nurses, and related topics.

The *2021 Survey of International Nurses* represents OGP's inaugural effort to provide data on the characteristics of international nurses working in the United States, the roles they are playing in patient care, and their job-related experiences and perspectives.

This report summarizes results of the survey and includes an analysis of its implications. The survey is intended as a resource to help hospitals, health networks, medical groups and other health care organizations better understand the roles, and perspectives of international nurses. The survey also may be of use to policy analysts, academics, journalists, and others who track healthcare workforce trends.

Methodology

The 2021 *Survey of International Nurses* was sent by email to 1,385 international nurses working in the United States as identified in OGP's proprietary data base. 593 nurses responded to the survey, for a response rate of 43%.

Based on this response rate, the survey has an overall margin of error of +/- 4% with a 95% confidence level.

Key Findings

*The survey suggests that the majority of international nurses working in the U.S. (77%) come from one of three countries: The Philippines, Jamaica, or India. 10% come from Africa.

*As the COVID-19 pandemic continues, international nurses are filling roles in high-need, high-stress environments such as Intensive Care Units (ICUs) at higher levels than all nurses. The survey indicates that 19% of international nurses work in Intensive or Critical Care Units, compared to 15% of all nurses.

*8% of international nurses work in emergency rooms, compared to 5% of all nurses.

*11% of international nurses work in psychiatric care, compared to 4% of all nurses.

*The great majority of international nurses (90%) have a training level of Bachelor of Science, Nursing (BSN) or above, compared to 56% of all nurses.

*89% have over 10 years of nursing experience. The average for all international nurses is 12 years.

*A large majority of international nurses (86%) have treated COVID-19 patients.

*The majority (56%) have treated multiple COVID-19 patients (21 patients or more).

*17% report having contracted COVID-19.

*33% said their mental health has been impacted by COVID-19.

*81% sometimes, often or always experience feelings of burnout.

*The greatest stress factor for international nurses during the pandemic has been the acuity of their patients, followed by fear of contracting the virus.

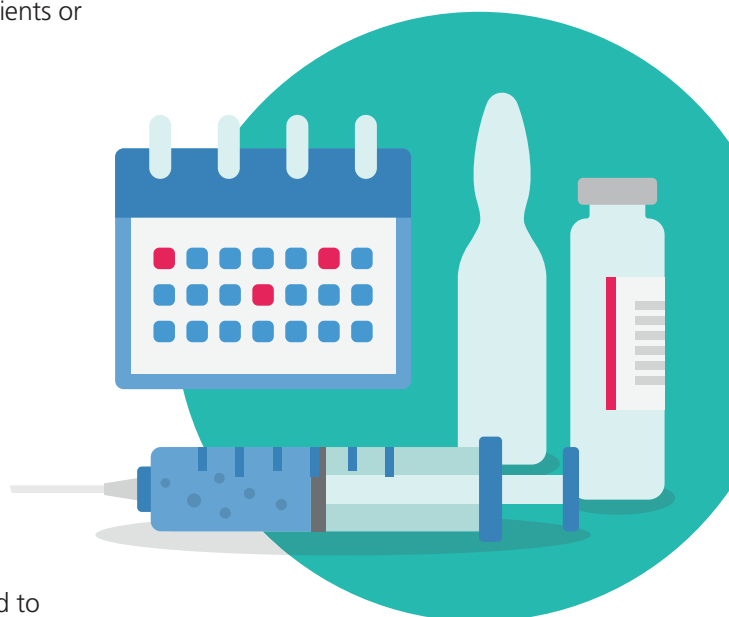
*Despite the risks, only 14% of international nurses said that COVID-19 has caused them to reconsider practicing in the U.S.

*79% of international nurses are somewhat or very satisfied with their jobs in the U.S.

*The majority (55% or more) said they are treated equitably compared to U.S. nurses in terms of pay, working conditions, and hours.

*The majority (over 85%) said they feel accepted by patients, fellow nurses and physicians. However, 36% said they have felt discriminated against at work either "often" or "many times" due to their country of origin.

*81% would choose to work in the U.S. again, while only 5% would not. 14% said they are unsure.



Questions Asked And Responses Received

Following are questions asked by the survey with responses indicated to the nearest full digit.

1.

What is your country of origin?

Jamaica	29%
Philippines	29%
India	19%
Kenya	3%
Nigeria	3%
Zimbabwe	2%
Trinidad & Tobago	2%
UK	1%
South Africa	1%
Ghana	1%
Australia	<1%
Bahamas	<1%
Barbados	<1%
Belgium	<1%

Belize	<1%
Brazil	<1%
British Virgin Islands	<1%
Brunei	<1%
Canada	<1%
Costa Rica	<1%
Dominica	<1%
Germany	<1%
Guyana	<1%
Lebanon	<1%
Malaysia	<1%
Mongolia	<1%
Nepal	<1%
Poland	<1%

Romania	<1%
Saudi Arabia	<1%
Singapore	<1%
St. Lucia	<1%
St. Vincent and the Grenadines	<1%
Turkey	<1%
Venezuela	<1%
Zambia	<1%
Iran	<1%
Ireland	<1%
Pakistan	<1%
Palestine	<1%
Jordan	<1%

2.

What is your age?

18-24	0%
25-34	15%
35-44	38%
44-54	42%
55+	5%

3.

What is your gender?

Male	8%
Female	92%

4.

What is your highest level of training?

Diploma/Certificate in Nursing	10%
BSN	77%
MSN	12%
Doctoral	1%

5.

What are your total years of experience?

10 years or more	89%
15 years or more	70%
20 years or more	49%

Average years of experience: **12**

6.

Are you in working in an advanced practice role?

Yes, Nurse Practitioner	2%
Yes, Nurse Midwife	1%
Yes, Nurse Educator	2%
No	95%



7.

What is your nursing specialty?

Medical/Surgical	24%
ICU	15%
Psychiatry	11%
ER	8%
Operating Room	7%
Telemetry	6%
Other	6%
Critical Care	4%
Dialysis	3%

NICU	3%
PACU	3%
Labor and Delivery	2%
Pediatrics	2%
Post-Partum	2%
Outpatient	1%
Long Term Care	<1%
PICU	<1%
Rehab	<1%

8.

Have you been working in a leadership role during the pandemic?

Yes	41%
No	59%

9.

If yes, which role?

Charge Nurse	34%
Assistant Manager	1%
Clinical Manager	1%
Nurse Educator	1%
Unit Manager/Director	2%
Hospital Administration/Other	1%
Not Applicable	60%

10.

Have you treated COVID-19 patients?

No	14%
Yes, under 10	18%
Yes, 11-20	12%
Yes, 21 or more	56%

11.

Have you tested positive for COVID-19?

Yes	17%
No	83%

12.

What have been your greatest stressors during the COVID-19 pandemic (check all that apply)?

Acuity of Patients	36%
Fear of Contracting COVID-19	20%
Poor Communication from Hospital Leadership	17%
Nurse to Patient Ratio	14%
Lack of PPE Resources	12%
Fear of family contracting COVID-19	8%
Lack of staffing support	4%
Inability to Travel to Visit Family Internationally	3%
Personal & Life Challenges	2%

13.

Has COVID-19 caused you to reconsider practicing as a nurse in the U.S.?

Strongly Agree	5%
Agree	9%
Neither agree nor disagree	24%
Disagree	33%
Strongly Disagree	29%

14.

If you have reconsidered, what is your specialty?

ICU	15%
Not Applicable	14%
Dialysis	13%
Medical/Surgical	12%
ER	10%
Operating Room	6%
Psych	5%
Telemetry	5%
Critical Care	3%
PACU	3%

Pediatrics	3%
Step-Down	3%
Outpatient	2%
L&D	1%
Long Term Care	1%
NICU	1%
Post-Partum	1%
Rehab	1%
Vascular Team	1%

15.

Prior to the COVID-19 pandemic, which of the following were you working as?

OGP Nurse	43%
Travel Nurse	2%
Core Staff	37%
None of the above	18%



16.

During recent COVID-19 peaks, did you work a travel assignment?

Yes	10%
No	90%

17.

Has your mental health been impacted due to the COVID-19 pandemic?

Strongly Agree	9%
Agree	24%
Neither agree nor disagree	25%
Disagree	28%
Strongly Disagree	12%
Prefer not to say	2%

18.

Have you sought professional mental health support and/or employee assistance resources due to COVID-19 related stressors?

Yes	4%
No	93%
Prefer not to say	3%

19.

During recent COVID-19 peaks, how many hours did you work per week?

Less than 36	4%
36-40	48%
40-50	34%
50-60	11%
60+	3%

20.

Pre & post COVID-19, how many hours do you typically work per week?

Less than 35	3%
36-40	67%
40-50	25%
50-60	4%
60+	1%

21.

To what degree do you feel accepted by the following?

	Patients	Nursing Colleagues	Interdisciplinary Team	Physicians	Hospital Leadership % Administration
Very Accepted	28%	28%	25%	26%	25%
Accepted	58%	59%	63%	59%	55%
Neither Accepted nor unaccepted	11%	9%	10%	12%	14%
Unaccepted	2%	3%	1%	2%	4%
Very unaccepted	1%	1%	1%	1%	2%

22.

Compared to my U.S. colleagues, I am treated equitably in the following areas:

	Pay	Hours	Work Conditions	Nurse to Patient Resources
Strong Agree	14%	17%	13%	13%
Agree	42%	64%	58%	53%
Neither agree nor disagree	22%	10%	16%	18%
Disagree	14%	7%	9%	10%
Strong disagree	8%	2%	4%	6%



23.

Have you ever been discriminated at work due to your country of origin or ethnicity?

No	64%
Yes, many times	22%
Yes, often	14%

24.

How satisfied are you with your job working as a nurse in the U.S.?

Very satisfied	37%
Somewhat satisfied	42%
Neither satisfied nor dissatisfied	8%
Somewhat dissatisfied	9%
Very dissatisfied	4%

25.

How often do you experience feelings of burnout?

Never	3%
Rarely	16%
Sometimes	53%
Often	23%
Always	5%

26.

If you had it to do over, would you choose to work as a nurse in the U.S.?

Yes	81%
No	5%
Unsure	14%

Introduction: The Role Of International Nurses In The U.S.

International nurses have a long history of providing care to patients in the United States, as well as supplementing the domestic nursing workforce during national nurse shortages and in times of surging need.

Nurse shortages in the U.S. emerged in the post-World War II era, when many nurses left the field as their husbands returned to civilian life. They have recurred periodically since and continue to occur today. The Bureau of Labor Statistics projects there will be more than 200,000 job openings for RNs per year through 2026, many of which will go unfilled. Population aging, the aging of the nurse workforce, and a lack of enough faculty at nurse training programs are commonly cited as reasons for projected nurse shortages. Added to these factors is the heightened patient demand for care being driven by the ongoing COVID-19 pandemic, which has left many hospitals and other healthcare facilities severely understaffed.

It is difficult to determine the exact number of international nurses practicing in the U.S., but it has been estimated that 8% of RNs in patient care roles in the U.S. are internationally educated. (*U.S. Nurse Labor Market Dynamics Are Key to Global Nurse Sufficiency*. Linda Aiken. *Health Services Research*. June 2007). This equates to more than 300,000 nurses out of 3.8 million nationwide. (Smiley, R.A., Lauer, P., Bienemy, C., Berg, J.G., Shireman, E., Reneau, K.A., & Alexander, M. (October 2018). *The 2017 National Nursing Workforce Survey*. *Journal of Nursing Regulation*, 9(3), supplement (S1-S54)).



We are here with the sincere intent to provide the best care possible. Working side by side with American professionals has molded us to be the best version of ourselves.



The 2021 Survey of International Nurses provides more clarity regarding the role international nurses play, their characteristics, and their experiences working in the U.S. Following is a discussion of the survey's findings and implications.

Trends And Observations

Countries of Origin

The 2021 Survey of International Nurses confirms that international nurses practicing in the U.S. come from a wide variety of nations. Nurses from 41 different countries responded to the survey, representing nations as geographically and culturally distinct as Belgium and Barbados. However, the survey indicates that the lion's share of international nurses working in the U.S. (77%) come from one of three countries: the Philippines, Jamaica, or India, while approximately 10% come from multiple countries in Africa.



The Philippines has long been an exporter of nurses to the United States. Since 1960, 150,000 nurses from the Philippines have migrated to the U.S. (*From AIDS to COVID-19, America's Medical System Has a Long History of Relying on Filipino Nurses. Time. May 30, 2021*). It has been a longstanding Filipino government policy to seek remittances through the export of nurses and other workers. Such remittances now account for 10% of the nation's GDP.



The country of one's birth does not define one's capabilities. Providing holistic care is the primary duty of nurses. Many international nurses have also managed to obtain managerial roles.



Jamaica also has a history of exporting nurses, starting in World War II when Great Britain sought to supplement its critically stretched nursing workforce. This has created a shortage of domestic nurses in the island nation, but also has generated remittances critical to its economy. Jamaica now derives 15% of its GDP from remittances, making it one of the countries most highly dependent on remittances in the world (*Remittances in the Caribbean: More Than Just Money. The International Organization for Migration. www.rosanjose.iom.net. 2016*).

India is another country that is making healthcare worker remittances an official part of its economic policy. Last year, the Indian state of Kerala announced a program to invest in nurse and other healthcare worker training as a means of increasing remittances (*Indian State With First-World Standards to Push Export of Nurses. Bloomberg News. August 2, 2020*). Last year, India received over \$80 billion in remittances, according to Bloomberg News.

As the global economy evolves, the international flow of labor is likely to continue, creating opportunity for many workers but also posing labor challenges that numerous nations, including the United States, continue to address.

International Nurses Are Filling High-Need, High-Risk Roles

The survey suggests that international nurses are filling roles in high-need, and, often, high-risk and high-stress environments at a greater rate than all nurses in the workforce. Close to one in five international nurses surveyed (19%) work in Intensive Care Units (ICUs) or in critical care, according to the survey, compared to 15% of all nurses (*There Are Not Nearly Enough Nurses to Handle the Surge of Coronavirus Patients. Health Affairs. March 31, 2020*).

These settings have been rendered even more dangerous and stressful for all nurses by the COVID-19 pandemic, though risks for international nurses may be particularly acute. As of April 2021, 24% of nurses who died of COVID-19 were Filipino, though Filipino nurses only comprise about 4% of all nurses (*From AIDS to COVID-19, America's Medical System Has a Long History of Relying on Filipino Nurses. Time. May 30, 2021*).



The survey indicates that 8% of international nurses work in hospital emergency departments (EDs), compared to five percent of all nurses (*Emergency/Trauma/Transport Nursing Workforce Study. Human Resources Research Organization. Will Taylor, Ph.D., et al. May 20, 2019*). These also can be chaotic, high-stress settings with traditionally high patterns of turnover.



The hiring of international nurses has greatly helped with the longstanding problem of staffing shortages of US hospitals, especially during the COVID-19 pandemic.



Eleven percent of international nurses surveyed work in psychiatric care settings, according to the survey, compared to 4% of all nurses (*Expanding Mental Health Care Services in America: The Pivotal Role of Psychiatric-Mental Health Nurses. American Psychiatric Nurses Association. April, 2019*).

Today, mental health disorders are seen as a growing epidemic in the United States, where approximately 56 million Americans experience mental illness or substance use disorders and nearly 17% report comorbid mental and physical health challenges. Ultimately, 1 in every 5 adults in the U.S. experiences a mental health condition, according to the Centers for Disease Control and Prevention (CDC). Inpatient mental healthcare facilities are particularly difficult places to work, with high-need patients that require continuous care and monitoring and who often have ongoing disorders that cannot be resolved.

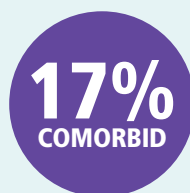
International nurses also are filling high-need roles in post-acute care, neonatal intensive care, dialysis, and other high-need areas.

Maintaining the appropriate nurse-to-patient resource balance required to ensure quality of care often is difficult in these settings and would be even more challenging without the presence of international nurses supplementing the workforce.

Today, mental health disorders are seen as a growing epidemic in the United States



Approximately 56 million Americans experience mental illness or substance use disorders



Nearly 17% report comorbid mental and physical health challenges.



1 in every 5 adults in the U.S. experiences a mental health condition

International Nurses and COVID-19



COVID-19 has posed unprecedented challenges and stress for virtually all nurses in the workforce, including international nurses, and the pandemic continues to exacerbate the difficult conditions under which many nurses work.

The survey indicates that international nurses have worked side-by-side with U.S. nurses on the front lines of COVID-19 care. The majority of international nurses surveyed (86%) have treated COVID-19 patients. This compares to 83% of all nurses as tracked in AMN Healthcare's 2021 Survey of Registered Nurses, one of the largest nurse surveys conducted in the U.S. with data based on over 6,500 responses.

The majority of international nurses (56%) have treated multiple COVID-19 patients (21 patients or more), while 12% have treated 11 or more. This is consistent with the relatively robust role international nurses play in treating ICU/critical care patients, including those with COVID-19, as noted above. Close to one in five international nurses (17%) have contracted

International nurses are vital to the continuation of nursing care, especially in this pandemic and our aim and top priority is to give holistic patient care. We may be from different countries, but our desire is to promote health even if it's in another country. The passion to give quality patient care remains the same.

COVID-19. This is comparable to all nurses as tracked in AMN Healthcare's 2021 *Survey of Registered Nurses*, which revealed that 18% of all nurses have contracted the coronavirus.

When asked what has caused them the most stress during the pandemic, the plurality of international nurses (36%) indicated it was the acuity of their patients, further suggesting that many international nurses treat high-need patients, including COVID-19 patients. This was followed by fear contracting COVID-19, low nurse-to-patient resources, and lack of personal protective equipment (PPE).

Over 40% of international nurses said they have served in a leadership position during the pandemic, with Charge Nurse being the most frequently cited leadership role.

Despite the difficulties and risks imposed by COVID-19, the majority of international nurses (62%) did not agree that the pandemic has caused them to reconsider practicing as a nurse in the U.S., while only 14% agreed that it has caused them to reconsider. About one quarter (24%) neither agreed nor disagreed. Of those international nurses who have reconsidered practicing in the U.S., many fill high-need, high-stress positions in the ICU, the ED and in psychiatric departments.

COVID-19 and Nurse Supply

The impact of the coronavirus pandemic on nurse supply has yet to be calculated, but early indications are that it will cause a significant number of nurses to transition from patient care roles, leave the profession for other opportunities or retire. This includes some international nurses, who, as the survey indicates, have reconsidered working in the U.S. due to COVID-19.

While work visas currently are available for nurses from most countries, country lockdowns, travel restrictions and work interruptions caused by COVID-19 have inhibited the supply of international nurses available to work in the U.S. Supply has further been affected by a large backlog of international nurses waiting for appointments at U.S. embassies to have their visas approved.

As the nurse shortage is being severely exacerbated by COVID-19, methods should be promoted to increase the job satisfaction, wellbeing and retention rates of all nurses, and to ensure that a supplementary supply of international nurses is available when needed.

International Nurse Training Levels and Years of Experience

Aspirants to a career in nursing generally follow one of three routes to becoming an RN. These include completing a 3-year diploma program typically administered in hospitals; completing a 3-year Associate Degree in Nursing (ADN), usually offered at community colleges; or completing a 4-year Bachelor of Science in Nursing (BSN), offered at four-year colleges and universities. Graduates of all three programs sit for the same NCLEX-RN® licensing examination.

It is widely agreed that educational levels make a difference when it comes to quality of nursing care. Findings from the American Association of Colleges of Nursing (AACN) survey on the Employment of New Nurse Graduates show that 46% of employers require new hires to have a bachelor's degree while 88% strongly prefer baccalaureate-prepared nurses. (*American Association of Colleges of Nursing. (2018). Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses*).

Nurses also may obtain graduate degrees, including the Master of Science in Nursing (MSN) and the Doctor of Nursing Practice (DNP). These degrees prepare RNs to take on advanced roles in clinical nursing, administration, research or nursing education.

The percentage of RNs with a BSN or higher degree is now at an all-time high with a national average of approximately 56%, up from 49% in 2010 (*The Impact of Education on Nurse Practice. The American Association of Colleges of Nurses. www.aacnnursing.org/news-information/fact-sheets*).

The *2021 Survey of International Nurses* suggests that the number of international nurses practicing in the U.S. with a BSN or higher is even greater than that of the overall nursing workforce. Ninety percent of international nurses surveyed said they have BSN level education or higher, with 77% holding a BSN, 12% holding an MSN and 1% holding a DNP.



77%
BSN

12%
MSN

1%
DNP

In order to practice in the U.S., internationally educated nurses must meet the requirements of the National Council of State Boards of Nursing (NCSBN) and pass the NCLEX-RN Exam. Each U.S. state has its own licensing requirements for internationally educated nurses which must be met. English language proficiency is required for immigration and visa acquisition purposes.

International nurses practicing in the U.S. have passed through a rigorous training and work visa screening process to ensure



International nurses are qualified, trained nurses with years of experience and the color of our skin does not make us less qualified.



the quality of care they provide is on the same high level as U.S. educated nurses.

In addition, the majority of international nurses have multiple years of nursing experience. 89% of international nurses responding to the survey have over 10 years of experience. The survey indicates that, on average, international nurses have 12 years of nursing experience.

Acceptance and Equitable Treatment

International nurses working in the U.S. were asked if they are accepted in the workplace by patients, nurse colleagues, other non-physician healthcare professionals, and by physicians. In general, international nurses indicated acceptance levels among all these groups are high.

The majority of international nurses (86%) said they are very accepted or accepted by patients, compared to only 3% who said they are unaccepted or very unaccepted. As was referenced above, international nurses have been a fixture at hospitals, medical groups and other healthcare facilities for decades. The survey suggests that patients rarely question their presence or role as frontline caregivers.

Similarly, 87% of international nurses said they are very accepted or accepted by their nurse colleagues, suggesting their peers rarely question their competence or ability to perform their assigned roles. Only 4% indicated they are very unaccepted or unaccepted by their nurse colleagues.



I am very impressed with the acceptance and respectfulness the public shows to my profession.



The great majority (88%) said they are very accepted or accepted by non-physician members of the care team, while 85% said they are accepted or very accepted by physicians. Eighty percent said they are accepted or very accepted by hospital leadership or facility administration, while only 6% said they are very unaccepted or unaccepted.

International nurses also generally agreed that they are treated equitably in terms of pay, hours, and work conditions compared to U.S. nurses. Fifty-six percent strongly agreed or agreed that they are paid equitably compared to U.S. nurses, though nearly one-quarter (22%) strongly disagreed or disagreed, while 22% were neutral. During the process of hiring international nurses, employers are required by U.S. immigration law to pay them wages comparable to those of U.S. workers. The survey suggests that most international nurses believe pay rates are comparable, though a significant minority disagreed.

International nurses mostly agreed that the hours they are required to work are equitable when compared to those U.S. nurses are required to work. Over 80% strongly agreed or agreed that their work hours are equitable when compared to U.S. nurses, while only 9% disagreed. The majority (71%) strongly agreed or agreed that the work conditions they face are equitable compared to those of U.S. nurses, while 13% strongly disagreed or disagreed.

Two-thirds (66%) agreed the nurse-to-patient ratios they experience are equitable compared to those of U.S. nurses, though 16% strongly disagreed or disagreed. As was referenced above, international nurses are more likely to work in high-need environments than U.S. nurses, and this may explain why some international nurses see workplace disparities between themselves and U.S. colleagues.

Workplace Discrimination

Though the majority of international nurses indicated that the pay and work conditions they experience are comparable to those of U.S. nurses, the survey also suggests that international nurses are at times subject to discrimination at work due to their country of origin or ethnicity.



We are equal no matter what our skin color is, what matters most is our skills and experience because we surely can take care of you regardless of your race!



While 64% said they have not experienced such discrimination, more than one-third (36%) said they have. Fourteen percent said they have experienced discrimination based on their country of origin or ethnicity often, while 22% said they have experienced such discrimination many times. The survey is a further indicator that discrimination based on race and related factors remains endemic in the workplace, including in healthcare settings.

Job Satisfaction and Burnout

As measured by various surveys, the rate of professional burnout among nurses and other healthcare professionals was high prior to the pandemic and has had a direct effect on nurse supply. A study posted on JAMA Network found that among nurses who reported leaving their current employment in 2018, 31.5% reported leaving because of burnout. (*Prevalence of and Factors Associated With Nurse Burnout in the U.S. JAMA Network. Megha K. Shah, MD, et al. February 4, 2021.*)

COVID-19 is anticipated to accelerate the rate at which nurses and other healthcare professionals retire or otherwise leave their fields. In AMN Healthcare's *2021 Survey of Registered Nurses*, 23% of all nurses said it is somewhat likely or very likely they will leave the nursing profession as a result of COVID-19.

Like all nurses, international nurses are subject to feelings of burnout. The majority of those surveyed (81%) said they sometimes, often or always experience feelings of burnout.



Treat your patients with pride and dignity. At times they will make statements that will cause you to be demotivated, don't take it personally, take deep breaths, keep a smile on your face, move forward and do your job with grace! You will be rewarded for the great work you do every day!



Despite the challenges posed by COVID-19 and other stress factors endemic to nursing, the survey suggests that career satisfaction among international nurses remains high. The majority (79%) said they are somewhat or very satisfied with their jobs in the U.S., while only 11% said they are somewhat or very dissatisfied. This is comparable to the job satisfaction levels of all nurses. In *AMN Healthcare's Survey of Registered Nurses*, 81% of nurses said they are somewhat or very satisfied with their nursing careers.

The majority of international nurses also concur that, if given the opportunity, they would choose to work as nurses in the U.S. again. Eighty-one percent would choose to do so, while only 5% would not, with 14% uncertain.

Eighty-one percent of international nurses would choose to work as nurses in the U.S. again.



Conclusion

International nurses have established a long-term tradition of serving on the front lines of patient care in the United States. The 2021 Survey of International Nurses indicates they continue to do so while filling high-need, high-stress roles at higher rates than all nurses. In particular, they have filled crucial roles during the COVID-19 pandemic. The great majority of O'Grady Peyton International nurses (86%) have treated COVID-19 patients, while 17% have themselves contracted the virus.

The survey suggests that international nurses are trained to a high level, with 90% holding Bachelor of Science, Nursing (BSN) degrees or higher, compared to 56% of all nurses. Though most international nurses indicated they are accepted by patients, co-workers and administrators, over one-third (36%) indicated they are frequently subject to workplace discrimination based on their race or country of origin.

Despite the challenges they face, job satisfaction among international nurses remains high. The great majority (79%) are very satisfied or satisfied with their jobs in the U.S., while only 11% are very dissatisfied or somewhat dissatisfied. If given the opportunity, 81% of international nurses would choose to work in the U.S. again, while only 5% would not.



**FOR ADDITIONAL INFORMATION ABOUT THIS SURVEY OR ABOUT
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