CROSSCURRENTS

Profiting from a biased rule

By REUBEN S. SEGURITAN

At a time when foreign nurses are being called upon to relieve the pressure of a national nursing shortage in the United States, forces seem to have emerged to undermine what little leeway is given to alien nurses.

Nowhere has this become more apparent than in the position taken by the heads of two leading nursing organizations against a new rule that took effect last week. This rule, only applicable in the New York State, abolishes the CGFNS proficiency examination for foreign-educated nurses as a prerequisite for sitting at the registered professional licensure examination.

The two organizations we refer to are the American Nurses Association and the National League for Nursing. Their respective presidents, Lucille Joel and Patty L. Hawken have publicly criticized the measure predicting that it will "seriously impair the quality of care in this state," and cause "dangerous national ramifications."

It is difficult to comprehend the implications of their arguments. For one major reason, the amendatory regulation applies only to foreign-educated nurses who are in the US. It does not alter the rules governing nurses in foreign countries who are still required to take the CGFNS exam as a prerequisite to obtain their limited permit and H-1 visa to work in the US.

But even if the CGFNS exam were eliminated altogether for all foreign nurses graduates, the conclusions arrived at by these organizations remain implausible. The INS introduced the CGFNS requirement in 1980 to pre-screen nursing applicants as a means to end the plight of nurses faced with deportation upon failing the licensure exam.

Before it was introduced, 30% of the nurses who took the licensure exam had failed and were forced to accept menial jobs with lower pay as an alternative to departure. The CGFNS exam was therefore conceived as a solution to end the exploitation of the nurses who fail, by being able to determine beforehand through the CGFNS, who among the nursing applicants would have greater probability of passing the licensure exams.

The Commission on Graduates of Foreign Nursing Schools (CGFNS) was designated to develop the exam. It was meant to be an independent non-profit organization but the eventual dominance of the American Nurses Association and the National League for Nursing raised some serious questions about the commission's supposed objectivity. It came as no surprise therefore when the CGFNS exam, which was formulated by the National League for Nursing, degenerated into a kind of pre-screening tool that was anything but adequate and fair for foreign-educated nurses.

The Division of Nursing of the Department of Health, Education and Welfare in justifying the CGFNS as an effective indicator for screening the candidates for the licensure exam, once announced that those who take the CGFNS exam have a 76.9% chance of passing the state board exam. Hard realities, however, show that about 40% of those who do pass the CGFNS test still fail the licensure exam when taken the first time. A survey in the New York metropolitan area showed an even higher mortality rate of foreign nurses who failed in the licensure exams last year.

If one is to consider thus the relation of one exam to the other based on the available data we have now, it can be inferred that the CGFNS exam. doesn't serve its purpose as a desirable and effective pre-screening measure. This is not to say that Americans are any more brilliant than foreign nurse graduates in some dramatic way.

The fact is, nurses are unfairly overwhelmed by inevitable forces surrounding the licensure exam: the topically unfair questions on one side, and the high-pressure time frame required to take it on the other. In many aspects of the licensure exam for example, foreign nurses are subjected to culturally-biased questions and situationary cases that are naturally alien or unknown to them, according to a report made by The Overseas Nurse, a nursing publication.

The exam does not distinguish between culturally and economically divergent countries whose quality of training depends on those factors. Economically and technologically advanced countries provide advanced equipment for training in contrast to other countries whose quality of training may differ in terms of sophisticated equipment or means but whose basic academic preparation in theories and basic practices are equally competent. It does not take into consideration, as the questions show, a country's distinct exposure to locally relevant drugs or medications, medical equipment and supplies, nor the locally grown fruits or vegetables as contributions to the administration of medications.

To add to these difficulties, these nurses, upon arrival in the US, are right off thrown into the fray of work and are expected to get adjusted fast and work along effortlessly with their American counterparts. Protracted hours and heavy work load, are oft-repeated banes of foreign nurse graduates.

On or off hours, these nurses at the same time have to acclimate themselves in no time at all and do it in the best of temperament lest they lose themselves in the confusion and randomness of cultural eccentricities. But unlike their American colleagues who can choose to relax at home & watch TV all night long, or take time off for a movie or a play or a sumptuous, expensive dinner for a change, foreign nurses must come home to a mountain of review books to be read and absorbed every night until the eve of their state licensure examination. All that feat to be achieved within a few months of their arrival in the US on the limited work permit.

Indeed before the new rule, there had been strong discussions about reverting to the old system where foreign nurse graduates need not have to take the pre-screening test. The licensure exam should be sufficient to test language and professional nursing skills.

For all its flaws, the CGFNS test must be abolished. The only apparent beneficiaries of these restrictive requirement are the detractors themselves, who because of their intended monopoly of the industry, seek to derive an enviable income from their business and profession.

America can no longer ignore the nursing crisis shortage, and as a way of easing the problem, it attempts to reform its one-sided and inequitable procedures affecting the integration of foreign nurses into its workforce. The total repeal of the CGFNS would be one small step. To give foreign nurses adequate time until proper personal adjustments have been made before they are required to take the licensure exam would yet be the only sincere move it could take to help solve the crisis.

The nursing shortage has already reached a decisive point. Legislators have proposed upgrading pay scales to attract the American labor, but the crisis that the health care industry has come to has done relatively little for foreign nurses who continue to fill the gaping chasm of shortage in the industry.

Legislators have indeed recently passed a law providing instant green cards for selected licensed foreign nurses in the US. But they have also tightened the regulatory passageway through which future foreign nurses would enter incorporating still the pre-screening test, and have squeezed as well the liberal arm of health care employers who choose to hire alien nurses.

It is sad that what little improvement and benefit these foreign nurses could get from an industry and government that look up to them to solve their problems, there are sadistic elements that even attempt to take the crumb away from them. The motives vary from greed attributed to the fear that foreign nurses reduce the pressure to upgrade salary, or the monopoly of an industry that is flourishing.

Whatever the reasons may be, Filipino nurses should know what it is they are in the ring for and at the same time be able to distinguish the heckling crowd from the cheering supporters. Most of all, they should know who they are up against. It would be to their advantage to know now who their opponents are and the kinds of masks they wear.