



The Economics of Nurse Migration

Tracking the Costs and Contributions
of Immigrant Nurses in the United States

Research and report by:



August 2023

The Economics of Nurse Migration

Tracking the Costs and Contributions of Immigrant Nurses in the United States

Authors

Mukul Bakhshi, JD

Chief Global Affairs Officer
CGFNS International, Inc.
mbakhshi@cgfns.org

Kaley N. Cook, MS

Program Manager, Alliance for Ethical
International Recruitment Practices
kcook@cgfns.org

Thomas D. Álvarez, MS

Global Affairs and Policy Specialist
CGFNS International, Inc.
talvarez@cgfns.org

Margaret Maiyer

Program Coordinator, Alliance for Ethical
International Recruitment Practices
mmaiyer@cgfns.org

All rights reserved, including translation into other languages. This work may be reprinted and redistributed, in whole or in part, without alteration and without prior written permission, provided the source is indicated.

Suggested citation: CGFNS International (2023). Eds. Bakhshi, M., Cook, K., Álvarez, T.D., & Maiyer, M. *The Economics of Nurse Migration: Tracking the Costs and Contributions of Immigrant Nurses in the United States*. Online Report. Available at: www.cgfns.org/eonm23

About CGFNS International, Inc.

CGFNS International is an immigration neutral nonprofit organization that helps foreign educated healthcare professionals live and work in their country of choice by assessing and validating their academic and professional credentials. We provide foreign students and healthcare professionals with a comprehensive assessment of their academic records to facilitate their successful admission to schools in the US and other countries. We help protect migrating healthcare professionals by advocating for ethical recruitment practices and continuously monitoring the global landscape for developing trends in employment recruitment and workplace norms. CGFNS International is an NGO in Consultative Status with the United Nations Economic and Social Council (ECOSOC), which serves as the central forum for international and social issues.

Copyright © 2023 by CGFNS International, Inc.
3600 Market Street, Suite 400, Philadelphia, PA
19104, USA

Table of Contents

1

Foreword	5
Executive Summary	7
Introduction	9
Survey Methodology and Demographics	10
Background	11

2

The Costs and Contributions of Nurse Migrants	14
Pre-Departure	15
Motivation	15
Choosing a pathway	15
Stopover countries	16
Migration	17
Obtaining a visa	17
Requirements and credentialing	17
Arrival	21
Accommodations and orientation	21
Starting salary	21
Spending	21
Integration	22

3

Discussion	26
Remittances	26
Wages	27
Sustainability	28

4

Conclusion	30
Glossary	32
Works Cited	34

Boxes

Box 1: VisaScreen® (VS) Service and Credentials Evaluation Service (CES) Professional Report 11

Box 2: Recruitment models 15

Case Studies

Case study: The Migratory Journey of a Filipina Nurse 19

Case study: The Migratory Journey of a Kenyan Nurse 24

Figures

Figure 1: Survey Respondent Demographics 10

Figure 2: International Migrants 1990-2020 11

Figure 3: Percentage of Foreign-Educated Nurses in National Workforce (2022) 11

Figure 4: Estimated Global Nursing Shortage by 2030 12

Figure 5: Nurses per 10,000 Population (2020) 12

Figure 6: Countries Receiving the Highest Remittances in Total Dollars (2022) 13

Figure 7: Countries Receiving the Highest Remittances as Percentage of GDP (2022) 13

Figure 8: Typical Salary of a Registered Nurses from Select Cities 18

Figure 9: How an Immigrant Nurse in the U.S. Spends \$100 22

Figure 10: Immigrant Nurse Education Level 23

Figure 11: Average Current Salaries of Immigrant Nurses Since 2012 28

Figure 12: Average Current Salary of Immigrant Nurses Compared to Total Years of Nursing Experience 29



Foreword

For nearly a half century, CGFNS International, Inc. has been at the forefront of verifying and evaluating the credentials of foreign-educated nurses and facilitating their integration into healthcare workforces in the U.S. and other countries. Accordingly, we are deeply familiar with the profound impact that nurse migration has had on health systems around the world.

Accompanying this role is our strong advocacy for ethical recruitment and safe migration, which we view as critical to ensuring not only fair and equitable treatment of migrating nurses, but also in supporting health systems in both source and destination countries and upholding patient safety and the highest quality of care delivery.

The contributions of immigrant nurses extend far beyond the boundaries of their chosen profession. While strengthening health systems through their skills and the patient care they provide in their host countries, they also support and enrich local economies through the earnings they spend, the taxes they pay, and the cultural perspectives they offer. Meanwhile, the remittances they send provide a lifeline to family members and the communities in the countries they left.

To be sure, while immigrant nurses often face tremendous challenges—leaving their homes and families behind, coping with new societal norms, and adapting to unfamiliar health systems—their resilience and dedication shine through in the contributions they make to improving health outcomes and quality of life in the places where they live and work.

This report, *The Economics of Nurse Migration: Tracking the Costs and Contributions of Immigrant Nurses in the United States*, endeavors to quantify the financial costs and sacrifices associated with nurse migration, while highlighting the substantial contributions that immigrant nurses make to host countries and the economies of both the host and sending nations. By illuminating these essential aspects, we aim to provide policymakers, healthcare leaders, and stakeholders with a comprehensive perspective that transcends mere statistics and embraces the inherent value of immigrant nurses.

In undertaking this research, we are reminded of the critical need for all of society to recognize and appreciate the contributions of nurse migrants. On behalf of CGFNS International, I would like to express our profound gratitude to nurse migrants around the world. Their unwavering commitment to excellence, compassion, and patient care has transformed countless lives and uplifted the global healthcare community.

It is my hope that with this report, we can help to broaden and enhance understanding of their achievements, sacrifices, and immeasurable contributions to society—and to inspire meaningful action on their behalf.



Peter Preziosi, PhD, RN, CAE
President and Chief Executive Officer
CGFNS International, Inc.

Executive Summary

Purpose

To help health systems administrators, policymakers, health professionals, and the public at large recognize and understand the economic contributions made by health worker immigrants. This manuscript highlights the economic impact of nurse immigrants—the contributions they make and the costs they must bear—throughout the trajectory of their migration/career journey. CGFNS survey data on the finances of foreign-educated nurses in the United States supplement this discussion.

Structure

The substance of the manuscript covers the enormous economic contributions that immigrant health workers make—along with the substantial financial obligations they face—throughout the trajectory of their migration journey (i.e., pre-departure, migration, arrival, and integration). This discussion will be supported by data from the literature, CGFNS knowledge/expertise, and CGFNS survey data.

In April 2023, we invited thousands of former CGFNS applicants to complete our survey, exploring their financial/economic experiences as nurse immigrants by capturing their country of education, salary range, budget breakdown (including remittances sent home), and driving reasons for their migration.

Key Takeaways



Workforce value

Nurse and health worker immigrants are a critical part of health systems worldwide, particularly in the Global North. The U.S. (and many other high-income countries) are increasingly reliant on the skills they bring and the care they provide.



Economic impact

The economic impact of nurse immigrants spans their migration and career trajectory, benefiting the individual, their host country, and their family and broader community back home.



Migration drivers

Survey respondents had three top choices when asked about their migration drivers:

31%	Familial
30%	Professional
25%	Economic



Recruiter utilization

Many foreign-educated nurses (FENs) choose to migrate with a recruiter due to the expense and complexity of the U.S. immigration process. **52%** of survey respondents used a recruitment firm.

55% of respondents who used a recruitment firm used a Certified Ethical Recruiter accredited by CGFNS' Alliance for Ethical International Recruitment Practices.

Woven into the discussion are two case studies aimed to humanize the nurse migration experience. They follow two foreign-educated nurses, one from the Philippines and the other from Kenya, and their varied experiences migrating to and working in the United States as they pertain to the financial cost and their economic contributions.

Key Takeaways



Annual salaries

26% of survey respondents said they made over **\$90,000** annually; for those that arrived in the past three years, the average salary was **\$65,700**. The overall salary average was **\$71,800**.



Licensure trends

21% of survey respondents indicated having been licensed in three or more countries. These emerged as top transit countries on the journey to the US: **United Kingdom, United Arab Emirates, Saudi Arabia, and Singapore**.



Remittances

66% of survey respondents sent money home to friends and family on a regular basis. Across all salary levels, the most common amount was up to **10% of their monthly salary**.



Introduction

The economics of global nurse migration unveils a compelling narrative surrounding the financial costs and contributions associated with the movement of nurses across borders. In an era marked by the globalization of healthcare and the persistent shortage of skilled health professionals, this phenomenon has gained increasing prominence as a critical aspect of health systems worldwide. This report delves into the intricate economic dimensions, aiming to measure the tangible expenses incurred and the invaluable benefits conferred by immigrant nurses in the United States. By comprehensively analyzing the financial aspects of this migration, we shed light on its implications for healthcare delivery, workforce dynamics, and the economic landscape of the countries involved. Through this exploration, we gain a deeper understanding of the complex

interplay between migration, economics, and healthcare, illuminating the critical role immigrant nurses play in meeting the evolving healthcare needs of nations.

There are many data gaps surrounding immigrant nurses in the U.S. and abroad, including the central question of how many are practicing today. The American Nursing Association reports that 4.3 million nurses practice in the U.S. today, and the Migration Policy Institute estimates that 16% of practicing registered nurses are foreign-born, giving us an estimate of 688,000 immigrant nurses. That means well over half a million nurses in our workforce are part of this group, and the financial implication of their journeys cannot be overlooked. This report seeks to help fill the gap in this data and highlight the contributions of these nurses to not only the U.S. workforce but also its communities and the public at large.

Survey methodology & demographics

The survey was distributed to applicants for CGFNS' VisaScreen® and Credential Evaluation Services programs from within the past 10 years and responses were filtered to include only those who received their initial nursing education abroad and are currently practicing nursing in the U.S. Overall, 1,591 of the respondents met the requirements and agreed to the survey terms, with some variation in the total number of respondents for individual questions. The top countries for education were the Philippines, Canada, India, Nigeria, and Kenya. The top states for application for initial licensure in the U.S. were Texas, New York, Illinois, California, and Florida. Survey respondents had the following demographics:

Gender	Licensure
80% Female 19% male 1% preferred not to answer	94% registered nurses (RNs) 3% licensed practical nurses (LPNs) 2% advanced practice nurse (APRN)
Employment	Age
92% full-time 8% part-time	1% - 18-24 28% - 25-34 40% - 35-44 22% - 45-54 7.5% - 55-64 1.5% - 65+

Figure 1. Survey Respondent Demographics

When respondents answered with a range (e.g., reporting an annual salary range of \$40,000-\$50,000), the midpoint was taken. To quantify the unlimited ends of our range spectrum, for an answer below \$40,000, \$35,000 was assumed for analysis purposes; for over \$90,000, \$95,000 was assumed.

This report uses these survey responses as a basis for multiple models and estimations, which are intended to better illustrate the potential economic impact of nurse migration and the monetary flows it generates, as well as to shed light on areas requiring deeper, more quantitative study.

Limitations

As previously noted, there are significant gaps in the data on this topic. This analysis uses the estimate that 688,000 FENs are currently working in the U.S. However, with no federal count, the actual number is unknown.

This report uses averages from survey data from nurses currently practicing in the U.S. who were educated abroad and who were asked about their salary and spending habits. However, with widely varying wages and costs of living across the U.S., additional geographically-specific research could yield different results.

Background

Box 1

VisaScreen® (VS) Service

A comprehensive screening service for immigrant health professionals seeking occupational visas to work in the United States. Nurses who complete the assessment receive an official International Commission on Healthcare Professions (ICHP) Certification which satisfies the U.S. Federal screening requirements. The ICHP is a division of CGFNS.

Credentials Evaluation Service (CES) Professional Report®

A detailed analysis of the credentials earned at multiple levels of nursing education received outside the U.S., including a statement of comparability of a nurse's education when assessed against U.S. standards. FENs use CES to secure licensure and employment in the United States. It can also be used for specialty certification and by immigration attorneys.

Today, global mobility is increasing with advancements in transportation and communications technology, improved credentials evaluation and portability, economic opportunities, and push factors such as climate change, natural disasters, war, conflict, and political turmoil. In 2020, international migrants numbered around 281 million persons, a significant increase from 221 million in 2010 and 174 million in 2000 (**Figure 2**)[1]. Nursing is not immune to these trends.

From the early days of the profession, nurses have crossed international borders in search of new professional, educational, and economic opportunities. Today, approximately one in eight nurses globally lives and works outside of their country of birth or education. In much of the Global North, foreign-educated nurses make up large portions of the nursing workforce (**Figure 3**).[2] [3] [4] [5] [6]

International Migrants 1990-2020

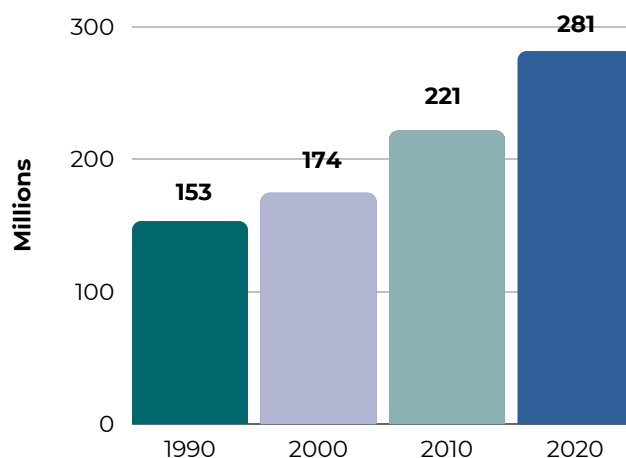


Figure 2.

Note: Estimated number of international migrants globally as per the International Organization for Migration

In the Middle East and North Africa region, upwards of 80% of the nursing workforce is foreign-born. While nurse migration percentages are significant across Latin America and Sub-Saharan Africa, particularly intraregional nurse migration, regular and reliable data is limited.

Percentage of Foreign-Educated Nurses in National Workforce (2022)

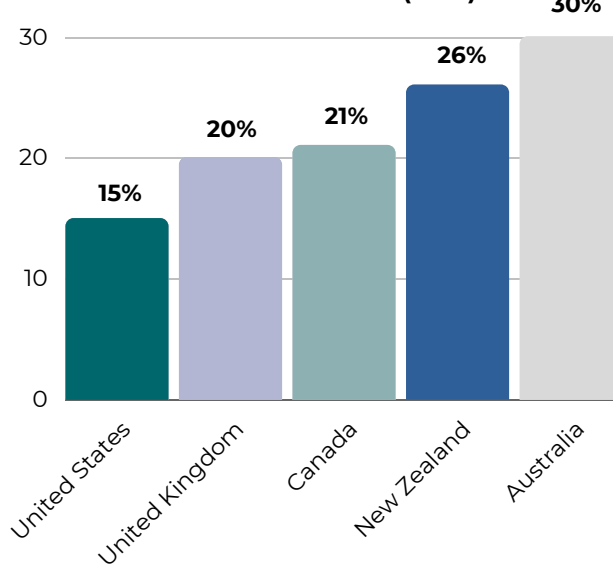


Figure 3.

Note: These percentages are an estimate based on publicly available data.

Prior to the COVID-19 pandemic, the World Health Organization (WHO) estimated the global shortage of nurses and midwives to be almost six million practitioners, the majority of which were in low- and middle-income countries. [7] Post-pandemic estimates of the 2030 shortage by the WHO and International Council of Nurses (ICN) have more than doubled to 13 million **(Figure 4)**. [8] [9]

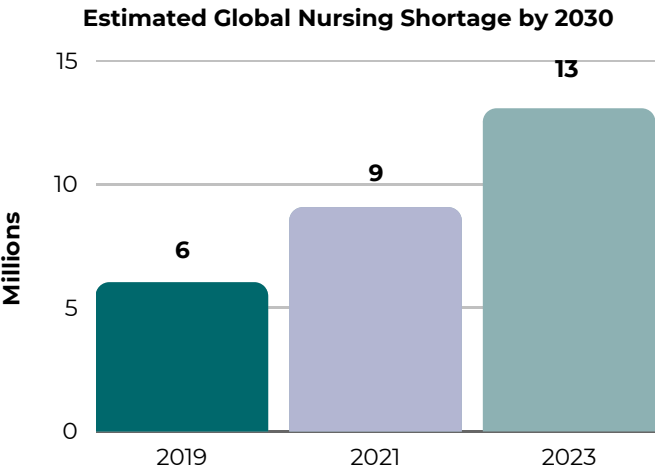


Figure 4.

While the Global North has far more nurses per capita than other regions, there are still critical shortages. In many countries, particularly in Sub-Saharan Africa and South and South-East Asia, the dearth of nurses makes it impossible to deliver essential health services **(Figure 5)**. [10]

Nurse and health worker migration has considerable benefits for all stakeholders involved. Receiving countries gain economic advantages from immigrant nurses through taxes paid and money spent in local economies. Hospitals and health systems benefit from the diversity and cultural expertise of immigrant nurses, while also addressing critical workforce shortages. Sending countries

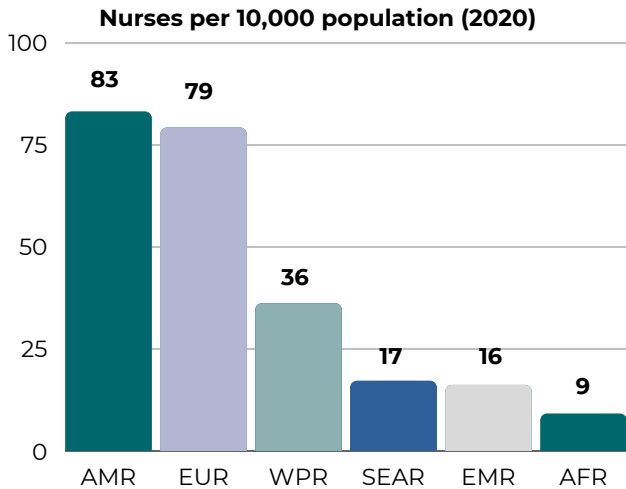


Figure 5.

- Region of the Americas ● European Region
- Western Pacific Region ● South-East Asian Region
- Eastern Mediterranean Region ● Africa Region

may lose professionals from their own workforces, but they gain economic compensation through remittances sent by migrant nurses, which often contribute significantly to their gross domestic product (GDP). In 2021, global remittances reached upward of \$773 billion, including \$605 billion sent to low- and middle-income countries (LMICs) [11] **(Figure 6)**. The Philippines, which is the world’s largest exporter of nurses, receives more than \$38 billion USD in remittance each year, a figure that accounts for roughly 9% of the country’s gross domestic product (GDP) [12] **(Figure 7)**. [13]

Further, nurse migrants themselves benefit greatly from migration, as they often experience improved pay, benefits, working conditions, access to professional and educational opportunities, and better support for themselves and their families.

Countries Receiving the Highest Remittances in Total Dollars (2022)

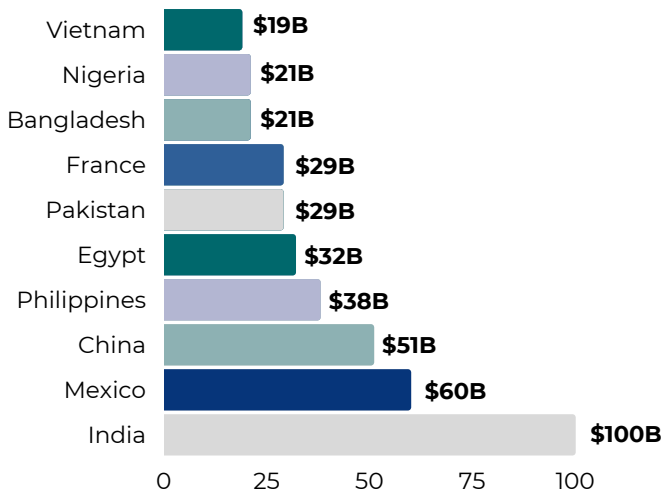


Figure 6.

Note: Remittance amounts are listed in USD.

There are also numerous and often hidden costs associated with nurse migration, including immigration and visa fees, continuing education and bridging program requirements, language and cultural testing, licensure fees, and credential evaluation. On top of these immigration and professional costs, there are usually large expenses related to transportation, housing, and other necessities. Depending on the migration pathway or recruitment model, these costs are carried either by the nurses themselves or by employer-sponsors, government, or a recruitment firm.

Beyond the costs and benefits of nurse migration, ethical concerns arise regarding the rights of individual nurses to practice at the top of their profession and live and work in their country of choice, while also preventing brain drain, uncontrolled nurse emigration, and over recruitment in vulnerable regions.

Countries Receiving the Highest Remittances as Percentage of the GDP (2022)

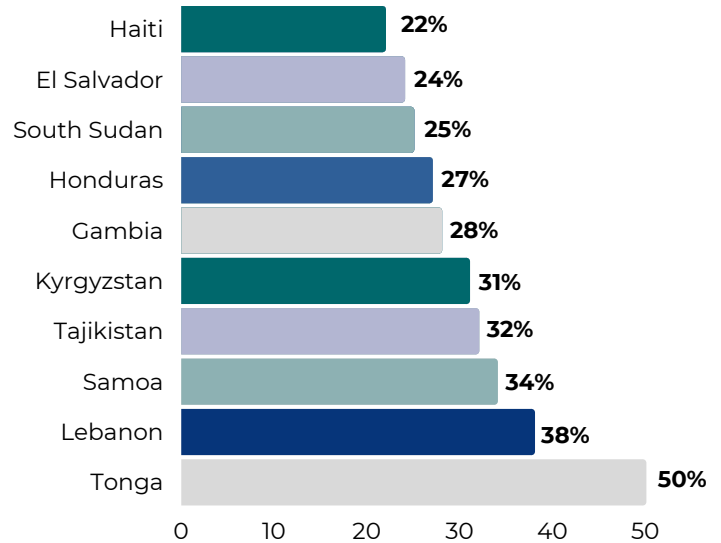


Figure 7.

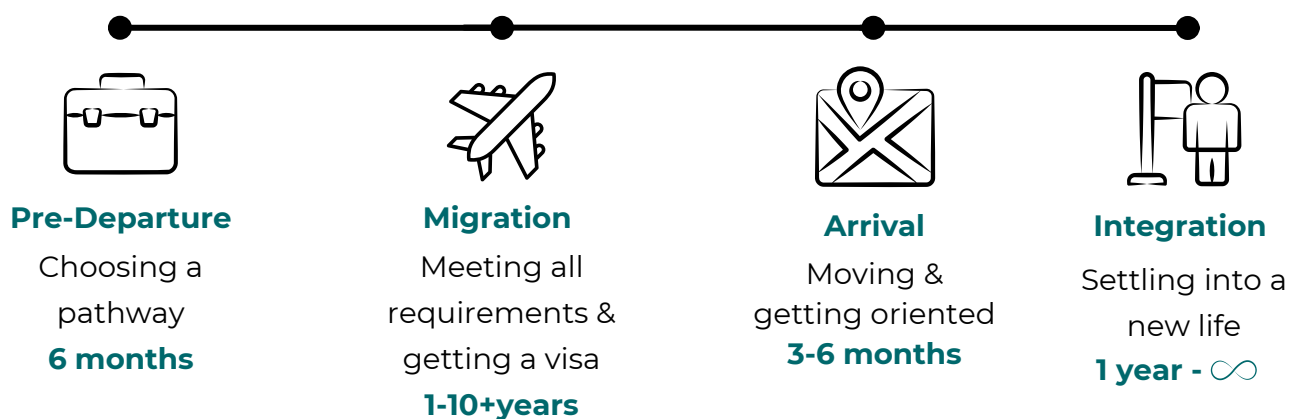
The ethical recruitment of nurses has become a significant consideration for governments, policymakers, and advocates. The 2018 [United Nations Global Compact for Migration](#) and the 2010 [WHO Global Code of Practice on the International Recruitment of Health Personnel](#) set the overarching legal and ethical framework for the safe migration and recruitment of health workers around the globe, while national schemes and civil society-driven initiatives like the [CGFNS Alliance for Ethical International Recruitment \(CGFNS Alliance\)](#) and its [Health Care Code for Ethical International Recruitment and Employment Practices \(Code\)](#) serve as practical implementations of these overarching methodologies.

This dual approach protects the most vulnerable countries from active or predatory recruitment while enabling those individuals who wish to bring their skills across borders to do so safely, ethically, and with dignity.



The Costs and Contributions of Nurse Migrants

To assess and evaluate the financial implications of nurse migration, the journey has been broken down into four stages: pre-departure, migration, arrival, and integration. The following sections will address the costs and economic benefits associated with these stages, how they intertwine, and the impacts on both the immigrant nurses and the communities in which they live.



Pre-Departure

Before the economic impacts of their journey can be considered and quantified, each nurse makes a series of decisions that will significantly impact their future and their migration process. The first of these is the initial choice to migrate from their country of education to the United States.

Motivation

Making the decision to migrate introduces a host of new challenges—leaving family behind, joining a community and a workforce that speaks a new language, and initiating the long and complicated process of obtaining a visa. Despite these challenges, many nurses continue to pursue migration in response to external pressures or to achieve personal goals. These motivators of international migration are often referred to as push and pull factors. Influences like poor or unsafe working conditions and unemployment or underemployment can push nurses to leave their country of education, while the promise of higher salary and career growth can pull nurses toward wealthier countries like the United States.

In a recent survey conducted by CGFNS International, immigrant nurses shared that the greatest driving factors in their migration to the U.S. were familial (31%), professional (29%), and economic (25%). Some were motivated by familial ties, either moving closer to family members already in the U.S. or pursuing a better life for their family in a new environment. Others chose to migrate primarily for professional reasons—seeking new

Box 2: Recruitment Models

Recruitment Models

There are three pathways for nurses seeking to work with a recruiter to manage their migration.

Staffing firms are the most common recruitment model. Under the staffing model, a nurse signs a contract with the staffing firm and continues to be an employee of the firm for the duration of the contract. During this time, the nurse may work in multiple healthcare facilities that are clients of the staffing firm.

Placement firms act as an intermediary between the nurses and the healthcare facilities. Under the placement model, the recruitment firm matches each nurse to a health care institution, where the nurse then signs a contract directly with the employer.

Direct hiring is the least common recruitment model and involves no third-party recruitment firm. Under the direct hiring model, a nurse signs a contract directly with the hospital or institution where they will be working when they arrive in the U.S.

professional opportunities, career growth, and the chance to work with advanced technology. For some nurses, the economic prospect of a higher salary and better benefits was the driving factor in migration. A few respondents indicated additional migration drivers including better educational opportunities, the goal of gaining international experience, and the desire for adventure or a lifestyle change.

Choosing a pathway

Once a nurse has made the initial choice to migrate, they must next decide whether to tackle this journey on their own or to sign on with a recruitment firm.

For some, managing a lengthy, complex, and expensive migration process is undesirable or prohibitive, making using an international recruitment firm the more attractive choice. Some demographic factors might also impact an immigrant nurse's decision to use or not use a recruiter, such as their level of confidence in navigating the U.S. immigration process and whether they have existing connections with U.S. healthcare professionals or institutions. Fifty-two percent of survey respondents indicated using a recruiter for their migration process; for those who migrated in the past three years, 79% used a recruiter.

International recruitment firms offer FENs initial employment upon their arrival and can be a valuable support for nurses seeking to migrate. Nurses who choose to work with a recruiter will enter into an employment agreement with their chosen firm, whereby the recruiter agrees to fund the nurse's migration and the employer (whether a staffing firm or the healthcare facility through the placement or direct hire models) agrees to sponsor their visa petition. For their part, the nurse agrees to work for the firm for a set period of time (typically three years) upon their arrival in the U.S. Nurses can benefit from this process by receiving both the experiential and financial support of the recruitment firm to navigate the migration, visa, and licensure processes—these migration-related expenses will be covered further in the following section. Utilizing a recruitment firm, and the initial benefits of mitigated costs, often comes

tradeoffs. FENs may not be able to choose the location where they work and may face paying tens of thousands of dollars in damages, or “breach fees,” if they want to leave their contracts early. Because of the potential long-term implications, selecting which recruiter to use is also a key decision. Of those survey respondents who migrated with a recruiter, 55% elected to use a Certified Ethical Recruiter (CER)—a status for recruitment firms that agree to additional oversight by CGFNS® [Alliance for Ethical International Recruitment Practices](#) and demonstrate compliance with its [ethical code](#). In 2023, the Alliance's annual survey report found that 88% of respondents to its certification survey reported positive or very positive overall experiences with their CER.

Like many of these early decisions, the choice of whether to use a recruiter—or which recruiter to select—can have long-term financial implications for a nurse. Once they have made these initial decisions to begin their journey, nurses can begin the lengthy and costly process of migrating to the U.S. and beginning work.

Stopover countries

For some, the wait may be too long, and they may seek work in another country first. Twenty-one percent of survey respondents indicated having been licensed as a nurse in three or more countries, with the United Kingdom, the United Arab Emirates, Saudi Arabia, and

Singapore emerging as top stopover countries, also called transit countries, on the journey to the U.S. Movement through stopover countries gives migrants increased global mobility and further embeds migration into health systems globally.

Migration

Despite high demand, health workers can face a long and arduous migration journey to the U.S. while they navigate obtaining a visa, seeking a license to practice, and having their credentials verified. In this lengthy section of the journey, with each step, new costs arise as nurses seek to meet federal and state requirements.

Obtaining a visa

With a timeline ranging from months to years, the migration process is complex and expensive, starting off with U.S. visa application fees that can total an estimated \$2,800 [14] [15] for a standard green card. This cost can grow exponentially if the migrating nurse intends to bring family members or if they wish to consult an attorney regarding their application.

An additional factor of this stage is the varying length of the migration process. The duration of a nurse's migration journey is partially dependent on the country of citizenship. In May 2023, global visa retrogression returned,[16] meaning many migrants face longer wait times between their application and arrival in

the U.S. due to category- or country-based visa caps that create migration queues when more people apply than there are visas available. Although the wait duration varies by country, visa retrogression has a bigger impact on countries with larger populations and high migration demand in other industries. A nurse educated in the Philippines or most other countries may be able to apply for and travel on a visa within two years. Nurses educated in India or China, however, will likely wait for years to be able to travel to the U.S. as a higher volume of potential migrants are seeking U.S. visas across multiple industries. As of July 2023, the current wait for an Indian nurse is more than 14 years.[17] While waiting for a visa, many migrants are working in their home country (or in a stopover country) and completing any additional requirements.

Requirements & credentialing

As professional licensure is handled at the state level in the U.S., health workers apply to a U.S. state board of nursing (SBON) for their new license to have their education and license credentials verified. The requirements and costs of these applications vary by state and must be repeated if a nurse decides to move or change their state of practice. The license application fee for a foreign-educated nurse may be higher than the fee for a domestic one with costs ranging from \$100 to \$750. [18]

Between submitting their SBON license application and beginning to practice, there are multiple additional steps that FENs must complete:

- **Credential Evaluation**

- A critical step for FENs seeking to work in the U.S. is having their nursing education and license credentials verified. Many SBONs require that an approved service authenticate educational and licensing credentials and provide a statement of comparability against U.S. standards. Initial credential evaluation costs average between \$450 and \$700 with an additional \$100 in estimated mailing costs.[19]

- **Language Assessment**

- Many states require proof of passing an English Language Proficiency test (ELP) before granting licensure. These exams typically cost between \$200 and \$300.[20] [21]

- **NCLEX**

- FENs must also take and pass the National Council Licensure Examination (NCLEX-RN® exam) before being granted their U.S. license. This is the same exam that domestic nurses take to gain their licenses. The cost of the exam is \$200.[22]

Based on these estimates, an immigrant nurse seeking to migrate to the U.S. will likely pay between \$3,750 and \$4,850 in immigration and licensing costs alone. This total does not cover any language or exam preparation courses, embassy or consulate travel costs, or consultation fees for immigration attorneys. It also does not include travel to the U.S., housing, transportation, or living

expenses during their arrival and transition period.

When considering the average salaries in source countries, the comparative cost becomes even higher for an immigrant nurse migrating from a country where they make less than \$5,000 a year **(Figure 8).**

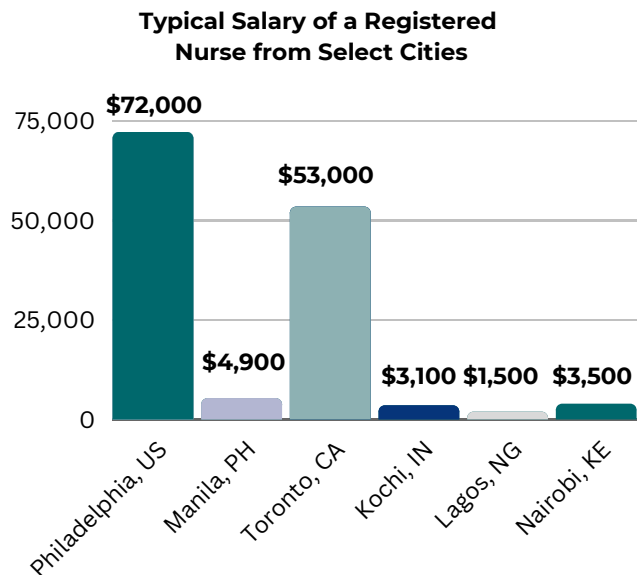


Figure 8.

Note: Typical annual salary for a registered nurse in the U.S. and top source countries in USD (illustrative)

While it is possible for FENs to manage the migration process on their own, many cite the high cost, complexity, and duration of the migration process as a top reason they chose to migrate with a recruitment firm. Depending on the contract, a recruitment firm may cover everything from immigration fees to travel to the U.S. to temporary housing after arrival. Using a recruitment firm grants FENs access to that organization's migration expertise and integration support and can mitigate the initial expense of migrating.



Case Study: The Migratory Journey of a Filipina Nurse

Maria is a recent nursing school graduate living in Cebu City, Philippines. After receiving her nursing license, she began to consider the best career options for herself, her husband, and their young child. With an aunt already working as a nurse in Colorado, Maria decided to pursue a nursing career in the U.S. It was a difficult decision for her and her husband to leave their parents and extended family, but they ultimately decided the increase in opportunities and in salary would be worth it.

After reviewing the immigration process, Maria elected to use a recruitment firm utilized by several of her classmates who had already begun to work in the U.S. The firm helped her arrange the necessary NCLEX-RN® and English language (TOEFL) exams for her visa and began the process of evaluating her credentials so she could seek a U.S. license. She received consistent communication from her case manager about her visa status but was not always able to get her questions answered quickly, which led to frustration and anxiety during the long application process.

While she had requested to be placed in Colorado, near her aunt, the firm was not able to find her an initial role in her chosen specialty of pediatrics. They gave her an option between a role in the neighboring state of Utah in pediatrics or a role in Denver, Colorado in critical care. Maria chose to move to Denver to work as a critical care nurse in a hospital with an annual salary of \$65,000.

In her contract, the recruitment firm agreed to cover her immigration and exam fees, travel costs, and the costs of evaluating her credentials. The firm would also arrange and pay for housing and transportation for her and her family for two months after their arrival in the U.S.

In return, the contract stipulated that Maria would work for the firm for 6,240 hours. If she wanted to leave her contract early, she would need to pay a “breach fee” of \$20,000 to cover the costs the firm had incurred managing her migration process.

Due to U.S. immigration processing delays, it took more than a year for Maria to receive her employment-based visa. During that time, she worked at a public hospital in Cebu City for an annual salary of \$4,900/year. Because of the contract terms with her recruiter, she had few expenses for her migration during this time and was able to use her salary for living expenses.

After 13 months, her visa was issued and Maria, her husband, and her child were able to travel to the U.S. A representative from the recruitment firm met them at the airport and drove them to their temporary home. After a two-week orientation period, Maria began work in Denver. Initially, it was difficult to acclimate to the new work atmosphere, but Maria was able to join several nursing communities, including the Philippine Nursing Association of America, and found resources to help ease the transition.

Her family settled into their new life in Colorado and, with her higher salary, Maria was also able to send money home to her retired mother and father every month to help with their expenses.

While Maria is happy with her choice to migrate, she still wants to pursue pediatric nursing and is looking forward to completing her contract so she can find new opportunities in her chosen specialty.

Note: The content of this case study is purely illustrative and does not depict any real person, data, or entity.

Arrival

When the pre-departure and migration processes are finally complete, a foreign-educated nurse arrives in the U.S. having completed credentialing, language assessment, and licensing requirements. With these prerequisites in place, an FEN is free to begin working as a nurse in the U.S., and the benefits of their migration begin to take shape.

Accommodation & orientation

The first step for a nurse who has arrived in the U.S. is to acquire housing and transportation. Nurses who migrate through a recruitment firm typically receive support in this process—the recruiter might pick them up from the airport or offer temporary housing until their employment assignment begins. In some cases, a nurse might arrive in the U.S. before their recruiter is able to place them with a healthcare employer. When this happens, some recruiters offer “bench pay” to help cover nurses’ expenses until they begin their employment.

Before beginning their first nursing job in the U.S., many FENs receive clinical orientation, cultural orientation, or both through their recruitment firms or the healthcare facilities that employ them. These orientation programs can be of great benefit to FENs but are not always made available due to the time and cost required to facilitate them.

Starting salary

For many immigrant nurses beginning their first job in the U.S., starting salaries

are often lower than those of their domestically-educated counterparts. Many factors contribute to the lower starting salary rates of foreign-educated nurses, including experience, specialty field, and place of employment.

Upon their arrival in the U.S., FENs are sometimes paid the starting salary rate of a new graduate, regardless of the number of years of experience that the nurse had prior to their migration. Many nurses are frustrated initially to find that their several years of work experience in other countries are not considered when their starting pay rate is set in the U.S. Similarly, nurses who worked in a more specialized field in another country may not initially qualify for a similar position in a U.S. healthcare facility. These FENs will first have to gain experience in an alternate field, potentially making a lower salary, before they are able to begin work in a specialized field.

Because of these factors, CGFNS survey data show that the starting annual salary of an FEN upon arrival in the U.S. typically ranges roughly from \$65,000 to \$70,000, depending on the employer and location.

Spending

Once FENs start receiving compensation for their work in the U.S., they can begin supporting themselves, contributing to their local economy, and even sending money back to their home country to support family. Data from the CGFNS survey show that the greatest portion of a FEN’s monthly income is spent on rent, household bills, and groceries (**Figure 9**).

How an immigrant nurse in the U.S. spends \$100

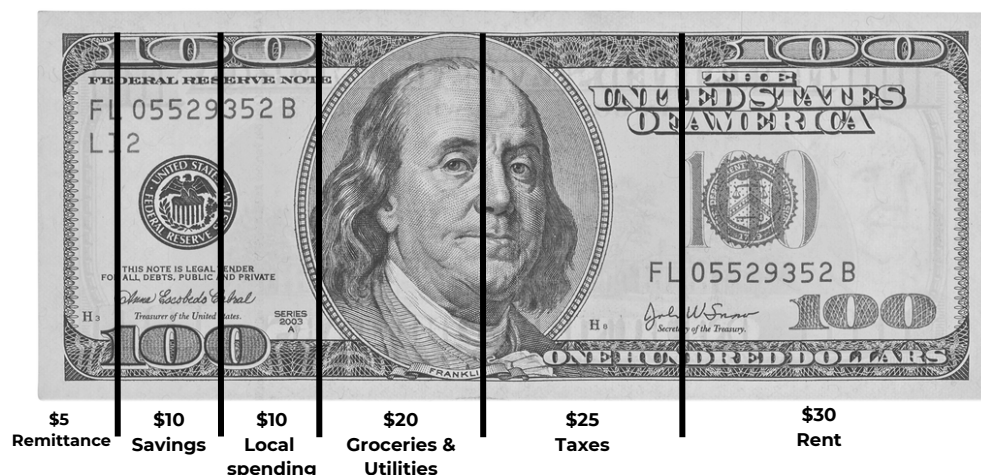


Figure 9.

Notes: This model depicts immigrant nurses' spending allocation in key categories based on CGFNS® survey responses for immigrant nurses working in the U.S. making \$65,700 a year.

Spending (cont.)

These expenses vary depending on location, since the cost of living varies significantly across the U.S., with average monthly rent for a two-bedroom apartment costing as little as \$990 in Mississippi or as much as \$2,400 in Hawaii. [23] These averages mask intrastate differences across urban and rural areas, meaning that an FEN working in a large city like Los Angeles or Chicago could have to pay significantly more for housing than a nurse living in a small, rural town.

After paying for the necessities, nurses continue to contribute directly to their local economies by spending money at local merchants, restaurants, entertainment venues, and other businesses. Many FENs work to build personal savings with money from their monthly paychecks, and 66% send money home to friends and family on a regular basis. At this point in the migration process, FENs offer significant

contributions—both to the healthcare facilities that employ them, as well as to their new host communities—but they may not yet be reaping all the personal benefits that they sought. As FENs continue to be integrated into the American society and healthcare workforce over time, their personal benefits will continue to increase.

Integration

In addition to benefitting local economies through taxes, housing, food, and entertainment, immigrants, including nurse and health worker immigrants, often contribute large sums of their income to their home countries and communities through remittances—the money or goods sent back to family and friends by migrant workers. In addition to financial remittances, sending countries receive less tangible social remittances in the form of ideas, behavior, identities, social capital, and knowledge and

education that migrants acquire during their residence abroad. [24] [25]

Nurse migration, while often analyzed through an economic lens, encompasses a myriad of less tangible benefits that extend beyond financial considerations. The tendency of immigrants to pursue continuing education and professional development at higher rates than their domestic counterparts is one example. In 2022, at least 75% of the internationally educated nurses who applied for CGFNS VisaScreen® Certificates, a requirement for healthcare employment-based immigration, held baccalaureate-level nursing degrees, [26] or higher, as compared to the 65% of registered nurses in the United States who were prepared at the baccalaureate level **(Figure 10)**. [27] With this said, bachelor’s degrees in nursing are widely becoming the preferred entry into practice for nurses in the U.S. and around the world.

Cultural enrichment and linguistic diversity are also prominent facets of nurse migration that benefit health systems, healthcare professionals, and patients. Workforce diversity offers valuable perspectives, enhances cultural competency, and promotes more inclusive and patient-centered care.

Moreover, nurse migration facilitates the diffusion of knowledge globally. Nurse immigrants not only bring unique skills and expertise to destination countries, but occasionally return their newfound skills and expertise to their home countries through return migration, contributing to the development and advancement of health systems globally. This dynamic exchange not only enriches the professional growth of individual

nurses but also promotes cross-cultural understanding and collaboration, fostering the creation of a global healthcare community united in its pursuit of excellence and improved patient outcomes.

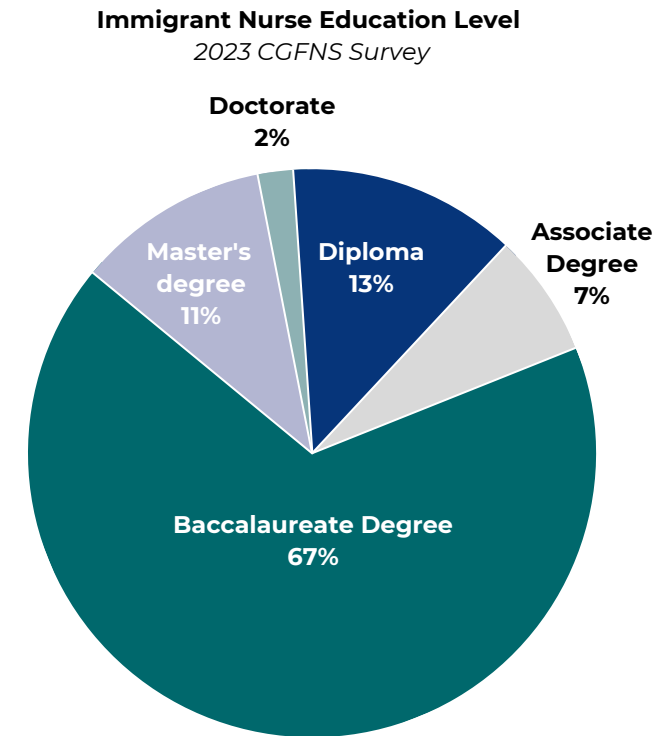


Figure 10.
Note: Highest level of education of CGFNS survey respondents



Case Study: The Migratory Journey of a Kenyan Nurse

Nadia is a registered nurse in Mombasa, Kenya. After initially receiving her diploma in nursing, she went on to earn a bachelor's and master's degree in nursing science and began to work at a local state-run hospital. After working there as a charge nurse for 10 years, she met a U.S. citizen who was working in Mombasa and eventually the pair were married.

When her partner received a job offer in Billings, Montana, Nadia was excited to seek a new opportunity and continue to work as a nurse abroad. Due to her marital status, she did not choose to work with a recruiter and was able to apply for a nonimmigrant K-3 visa (the precursor to the typical spousal visa, a marriage-based green card), which entitled her to live and work in the United States while her visa petition is pending. Her spouse and their family were able to help with the lengthy application and found an immigration attorney to review it before it was sent to USCIS. As her visa was processed, she began the process to receive her U.S. nursing license.

Despite coming from a country with English as a national language, she was required by the Montana State Board of Nursing to take an English examination in addition to having her education and license credentials verified. Nadia took and passed the IELTS exam. She also requested information from her nursing school and the Kenyan licensing authority to be evaluated by CGFNS International against U.S. standards and be compiled into a comparability report for the state board. Once they received her report, she was able to sit for the NCLEX-RN®.

In her estimation, Nadia spent \$3,900 on her visa and U.S. nursing license requirements. She spent \$900 on transportation and accommodation to the embassy and testing sites, \$500 on exams course preparation courses, as well as \$1300 on a flight from Mombasa to the U.S. She spent over 80 hours working on her visa and licensing applications, \$300 on long-distance phone charges, and \$200 on mailing costs for required documentation.

It was a grueling process and Nadia was relieved when her visa request was approved, and she was finally able to move. She and her spouse were able to stay with family for the first few months after arrival, avoiding many of the initial relocation charges until Nadia had begun work. Once she received confirmation that she passed the NCLEX-RN®, she quickly found a job in the emergency room at a local hospital. Despite her master's degree and over 10 years of experience working as a nurse, Nadia was frustrated with her status as an “entry-level” nurse but was pleased with the increase in her annual salary of \$70,000 and the low cost of living in Montana.

After the move, Nadia is still excited to explore her new surroundings and work in a new environment. She remains in close contact with her colleagues, friends, and family in Kenya and hopes to visit them next year.

Note: The content of this case study is purely illustrative and does not depict any real person, data, or entity.

Discussion

Remittances

Remittances are a critical element of migration flows, especially in sectors like healthcare where salaries are substantially higher in destination countries. Higher salaries are a major driver in this migration—a quarter of survey respondents indicated that their primary reason for migrating was economic—and even with the higher cost of living in the U.S., sending remittances is a common practice for immigrant nurses. This flow of money from higher-income to lower-income countries is often cited as a top benefit for sending countries, some of which gain a significant portion of their gross domestic product (GDP) through this channel. The United Nations (UN) reports that around 800 million people globally benefit from remittances sent by family members working abroad. [28]

The practice of sending remittances was common in the survey responses, with two-thirds (66%) of respondents saying they sent money home to friends and family on a regular basis. Out of responses from CGFNS applicants' top countries of education, Kenya (93%), Ghana (90%), Nigeria (84%), Jamaica (82%), the Philippines (79%), and Nepal (70%) had the highest rates of sending remittances, while India (46%), Canada (21%), and South Korea (20%) had the lowest. Of those that sent money, 44% reported sending home more than 10% of their monthly salary.

To make these responses more tangible, we can use our averages to make an

estimation. Taking the 66% who reported sending remittances and assuming (1) a 5% monthly remittance rate and (2) a \$71,800 annual salary, it can be estimated that the respondents are each sending approximately \$3,600 a year. If we take these parameters and expand it to 66% of the 688,000 immigrant nurses [29] estimated to be practicing in the U.S., the total amount of remittances would be \$1.6 billion annually. This conservative estimate shows the potential breadth of the flow of remittances and underlines the impact of this critical economic thread in healthcare migration.

The UN estimates that migrant workers typically send between \$200 and \$300 dollars every one to two months, averaging 10 – 15% of their salaries. This money can be used to cover the costs for essentials like food, housing, or medical expenses, and over half of these remittances go to rural areas with high levels of poverty and food insecurity. In 2018, migrant workers collectively sent \$689 billion back to their home countries, \$529 billion of which went to developing countries—that's more than three times the amount of official development assistance and foreign direct investment. [30] Healthcare workers make up only a segment of this economic flow.

With 10 – 15% of their monthly salaries going abroad, that means up to 90 percent of what they make can be re-invested into local economies through housing, shopping, entertainment, and taxes. For the 688,000 immigrant nurses

in the U.S., that is more than \$46.9 billion left over to be saved or spent in the U.S. economy, underscoring that while this group provides essential flows of money out of the country, FENs are also contributing significant amounts to local economies.

Wages

CGFNS® survey findings indicate that, on average, FENs are paid significantly less than their U.S.-trained colleagues. The average initial salary reported by respondents was \$65,700 within the first three years of arrival and \$71,800 overall. These amounts are 26% and 19% lower than the \$89,000 average reported for a registered nurse in the U.S. [31]

A common criticism of the recruitment model from FENs is that wages for immigrant healthcare workers that use a recruiter may be lower, particularly within the first three years after arrival, when they are likely still under contract. As recruiters invest substantially in these nurses by covering up-front immigration costs, nurses under contract with recruitment firms may be paid at lower rates than their counterparts who are employed directly by the healthcare facilities where they work, although the U.S. Department of Labor has prevailing wage requirements intended to ensure that immigrant workers are paid comparably to similarly situated domestically-educated workers, taking into account work experience, specialties, and geography.

In our survey, the average salary for a respondent who began work in the U.S. since 2020 and was contracted by a recruiter was \$64,800 versus \$69,300 for a respondent who was not. At that rate, over the typical three-year contract period, these health professionals would make \$13,500 less than their FEN colleagues, but also would have benefited from lower or no up-front migration costs as their recruiters footed the bills for travel, licensure, credentialing, visa processing, and relocation expenses—with amounts typically running into the thousands of dollars. Differences in demographics and experience of nurses who choose whether or not to use a recruiter could also be other factors that impact wages. These factors include having family already living in the U.S. or coming from other high-income countries like Canada or the United Kingdom.

After the expected three-year length of the contract term, reported wages for those that use a recruiter increased at a higher rate than those who did not **(Figure 11)**. When comparing current salaries for immigrant nurses who arrived between 2016 and 2019, those who used a recruiter reported current salaries 18% higher than new arrivals, tripling the 6% higher salaries reported by those who did not use a recruiter. Immigrant nurses who used a recruiter and arrived between 2016 and 2019 also reported currently making \$2,600 more per year than those who arrived during the same period but did not use one. That number rises to \$7,800 more per year for the current salary of those who arrived between 2012-2015.

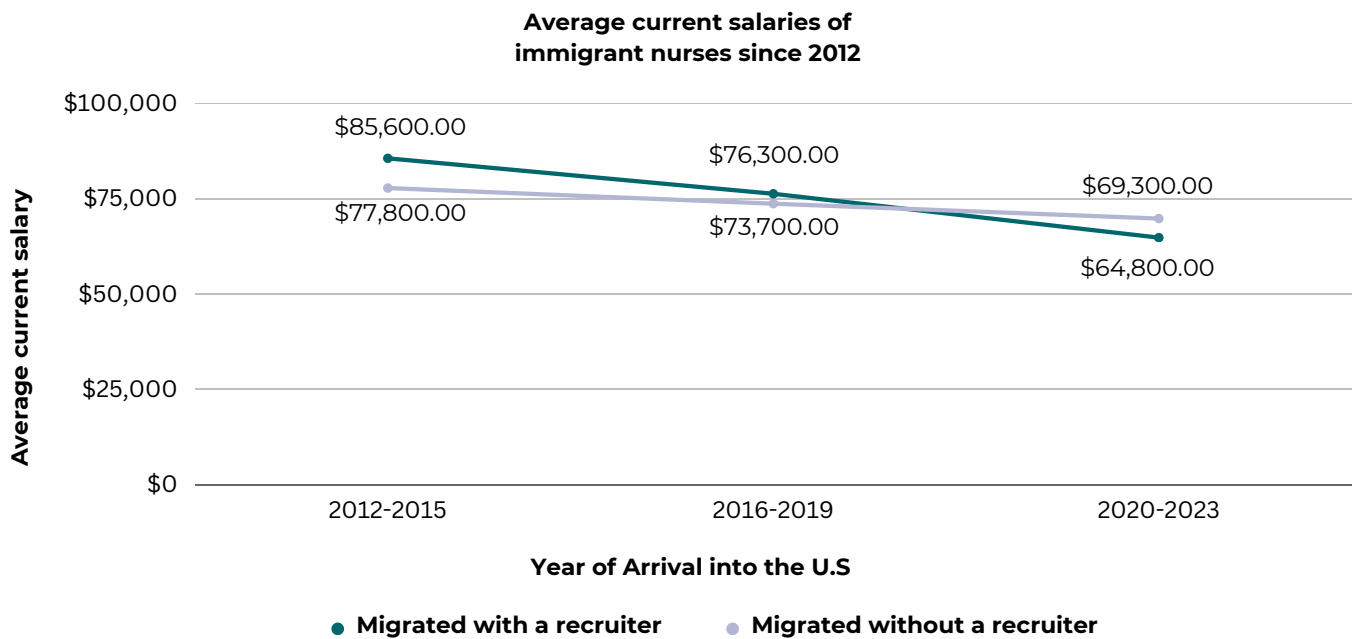


Figure 11.

Note: Comparison of the reported current salaries of CGFNS survey respondents that have arrived in the U.S. since 2012

Over time, the reported salary increased largely in line with years of experience working in the U.S. (**Figure 12**). Years of work experience outside of the U.S. may not have the same wage impact; however, it is positive to see foreign-educated nurses' wage growth over time and to find that 26% of survey respondents—the largest group—reported an annual salary of over \$90,000. While this category exceeds the \$89,000 average salary for registered nurses reported by the U.S. Bureau of Labor Statistics in 2022, more research is needed to determine if wage growth rates for immigrant nurses match those of domestically-educated nurses.

Sustainability

The U.S. relies on worker migration to supplement its domestically-educated nursing workforce. In addition to helping with the effort to alleviate nursing shortages, these workers bring experience and diversity to the health

workforce, expanding access to healthcare through cultural awareness and language. This migration flow, however, raises conflicting ethical principles, particularly when it comes to recognizing both an individual's right to migrate and the harm done to health systems in low-income countries that see their nurses leaving to pursue career opportunities elsewhere. It is also an increasingly unsustainable practice, especially now that nearly every country is reporting a nursing shortage. In fact, while healthcare migration and recruitment into the U.S. is increasing, many other high-income countries are recruiting at even higher levels to fill acute shortages.

Prior to the emergence of COVID-19 in 2020, the U.S. was facing a growing nursing shortage. [32] After three pandemic years marked by rising levels of burnout, early retirement, and an exodus

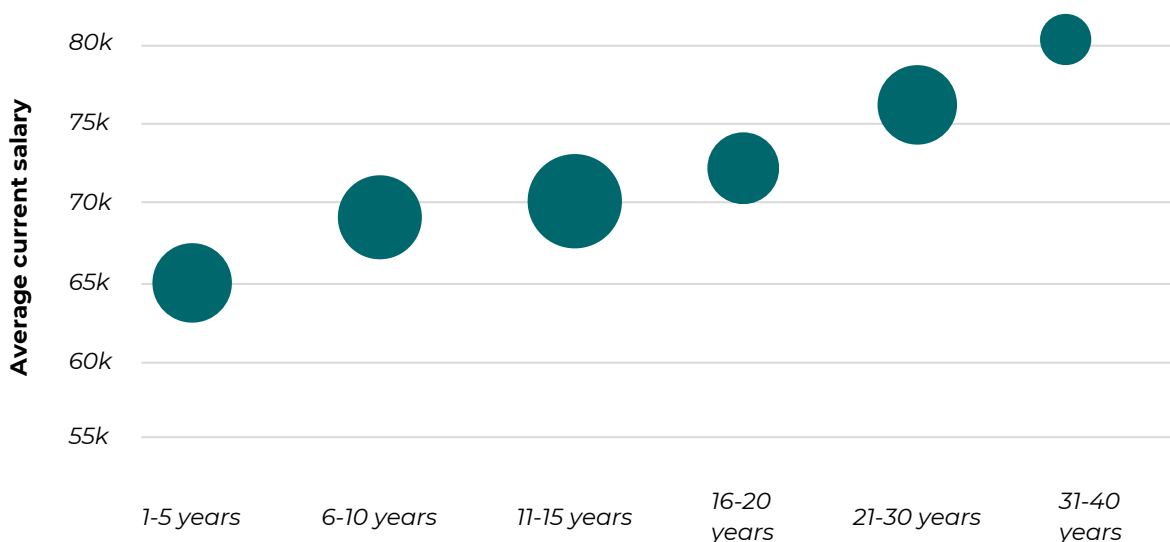


Figure 12. How many years have you practiced nursing?

of younger nurses leaving the field altogether, the shortage is now estimated to reach up to 450,000 RNs by 2025. [33] While immigrant nurses and healthcare workers have long been an essential part of the U.S. health system, they are only one aspect of the essential considerations involved in developing a more sustainable workforce and more supportive working conditions. A consistent and steady supply of healthcare professionals interested in migrating to the U.S. will not correct the lack of wage growth, overwhelming patient ratios, or lack of mental health support that many have cited as reasoning for leaving the profession.

Beyond domestic concerns, the scars this migration can leave on countries already struggling with dangerously low health provider-to-patient ratios cannot be ignored. Players involved in international recruitment have an obligation to ensure ethical recruitment practices, including seeking ways to provide support to negatively impacted countries.

Ethical codes from the [WHO](#) and [CGFNS® Alliance for Ethical International Recruitment Practices](#) lay out best practices for national health systems and international recruitment firms navigating the critical balancing act of empowering and protecting individuals while supporting health systems to create a more sustainable global workforce.



Conclusion

The economics of global nurse migration is a complex patchwork of financial costs and gains borne by parties across the migration journey—including individual nurses, recruitment firms, governments, and health systems. For the immigrant nurses at the center, numerous decisions and tradeoffs impact their livelihood and financial future. Understanding not only the migration drivers but the actual costs accrued along the journey—from pre-departure to integration—gives us a better picture of the economic impact of this migration flow and with that a better understanding of implications for source countries and host communities.

Through analysis of the intricate economic dimensions of nurse migration, supported by the information we derived from our survey of nurses migrating to the U.S. to work, several conclusions can be made:

- Nurse and health worker immigrants are a critical part of health systems worldwide, particularly in the Global North. It is critical to understand that these countries are increasingly reliant on the skills that FENs bring and the care they provide. More attention should be placed on securing accurate data surrounding their migration flows as they increase.
- One-quarter of the CGFNS survey respondents said their top migration driver was familial, with professional and economic factors close behind. Understanding migration drivers is crucial to understanding the push and pull factors that directly impact these flows and working to create more sustainable workforces globally.

- More than half (52%) of survey respondents used a recruiter to come to the U.S., and the trend appears to be increasing. Ensuring ethical recruitment remains a key issue for the U.S. to ensure that immigrant nurses are protected and aware of their rights as workers.
- The average overall wages reported by immigrant nurses in the CGFNS survey was 19% lower than the average wage reported by the U.S. Bureau of Labor Statistics. Years of experience correlated to higher pay, but further analysis is needed to understand if FENs' wages increase at the same rate as their domestically-educated counterparts.
- The economic impacts of nurse immigrants span their migration journey and their career. The benefits to the individual, their host country, and their family or community back home are substantial. In addition to providing critical healthcare, they contribute billions of dollars to communities around the world through their remittances, and billions more to their host economies through spending and taxes.

Glossary

Alliance Code

The Alliance Health Care Code for Ethical International Recruitment and Employment Practices is a voluntary code of practice for international healthcare recruitment firms to ensure ethical international recruitment practices of nurses being recruited into the U.S.

Credentials Evaluation Services (CES) Professional Report®

A detailed analysis of the credentials earned at multiple levels of nursing education received outside the U.S., including a statement of comparability of a nurse's education when assessed against U.S. standards. FENs use CES to secure licensure and employment in the United States. It can also be used for specialty certification and by immigration attorneys.

Global North

The Global North refers to a loosely defined group of economically developed and politically influential countries primarily located in North America, Europe, and parts of Asia.

International Recruitment

The process of identifying, attracting, interviewing, selecting, hiring, and onboarding employees from overseas. Recruitment firms are one of main pathways for nurse and healthcare migrants to travel to and secure employment in the United States.

Credential Evaluation

The assessment of academic and professional degrees and certifications earned in one country to determine comparability and portability to another country; to identify deficiencies; and to ensure one's ability to practice to the full scope of their educational preparation, skills, and abilities.

Foreign-Educated Nurse (FEN)

A foreign-educated nurse, as defined by U.S. immigration law, is a healthcare professional who has obtained their nursing education and training in a country other than the one where they are currently seeking employment or practice. FENs are also referred to as nurse migrants, internationally educated nurses, internationally qualified nurses, and foreign trained nurses, depending on the context.

Global South

The Global South refers to a broad category of countries, primarily located in Africa, Asia, Latin America, and the Caribbean, which are characterized by lower levels of economic development and political influence compared to the Global North.

Visa Retrogression

Occurs when the cut-off date that determines visa availability moves backward instead of forward. Visa retrogression occurs when more people apply for a visa in a particular category or country than there are visas available for that month.

VisaScreen® Service

A comprehensive screening service for immigrant health professionals seeking occupational visas to work in the United States. Nurses who complete the assessment receive an official ICHP Certificate which satisfies the U.S. Federal screening requirements.

Works Cited

- [1] International Organization for Migration (IOM). (2021). World Migration Report 2022. 01 December 2021. Retrieved from: <https://publications.iom.int/books/world-migration-report-2022>
- [2] Institute for Immigration Research at George Mason University. (2017). Immigrants in Health Care: Keeping Americans Healthy Through Care and Innovation. Retrieved from: https://d101vc9winf8ln.cloudfront.net/documents/22231/original/health_care_report_FINAL_20160629.pdf?1467209316
- [3] Nursing and Midwifery Council (NMC). (2022). The NMC register mid-year update: 1 April – 30 September 2022. Online Report. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/sep-2022/0082a-mid-year-data-report-uk-web.pdf>
- [4] Harun, R. & Walton-Roberts, M. (2022). "Assessing the contribution of immigrants in Canada's nursing and health care support occupations: a multi-scalar analysis." Human Resources for Health, 20(53). <https://doi.org/10.1186/s12960-022-00748-7>
- [5] Nursing Council of New Zealand (NCNZ). (2023). Webpage. Retrieved from: <https://www.nursingcouncil.org.nz/>
- [6] James Cook University (JCU). (2021). "International nurses struggling to fit in. Adapting in Australia." Webpage. Available at: <https://www.jcu.edu.au/this-is-uni/health-and-medicine/articles/international-nurses-struggling-to-fit-in>
- [7] World Health Organization (WHO). (2020). State of the World's Nursing 2020: Investing in education, jobs, and leadership. 06 April 2020. Retrieved from: <https://www.who.int/publications/i/item/9789240003279>
- [8] Buchan, J., Catton, H., Shaffer, F.A. (2022). Sustain and Retain in 2022 and Beyond: The Global Nursing Workforce and the COVID-19 Pandemic. International Centre for Nurse Migration (ICNM). Retrieved from: <https://www.icn.ch/system/files/2022-01/Sustain%20and%20Retain%20in%202022%20and%20Beyond-%20The%20global%20nursing%20workforce%20and%20the%20COVID-19%20pandemic.pdf>
- [9] Buchan, J., Catton, H. (2023). Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness. International Council of Nurses (ICN). Retrieved from: https://www.icn.ch/system/files/2023-03/ICN_Recover-to-Rebuild_report_EN.pdf
- [10] World Health Organization (WHO). (2020). State of the World's Nursing 2020: Investing in education, jobs, and leadership. 06 April 2020. Retrieved from: <https://www.who.int/publications/i/item/9789240003279>
- [11] Migration Policy Institute (MPI). (2023). "Global Remittances Guide." Migration Policy Institute (MPI) [Webpage]. Retrieved from: <https://www.migrationpolicy.org/programs/data-hub/global-remittances-guide>
- [12] Agcaoili, L. (2023). "Remittances hit record high of \$36.1 billion in 2022." Philstar. Retrieved from: [https://www.philstar.com/business/2023/02/16/2245201/remittances-hit-record-high-361-billion-2022#:~:text=Personal%20remittances%20%E2%80%93%20the%20sum%20of,gross%20national%20income%20\(GNI\),](https://www.philstar.com/business/2023/02/16/2245201/remittances-hit-record-high-361-billion-2022#:~:text=Personal%20remittances%20%E2%80%93%20the%20sum%20of,gross%20national%20income%20(GNI),)
- [13] World Economic Forum. (2023). "Animated chart: Remittance flows and GDP impact by country." World Economic Forum [Webpage]. Retrieved from: <https://www.weforum.org/agenda/2023/01/chart-remittance-flows-impact-gdp-country/>

[14] This estimation includes USCIS fees as of 2023 for a standard green card application, including the following forms: I-130, I-360, I-129F, and I-140. It also includes the National Visa Center's fee for employment-based applicants and \$220 "immigrant fee" charged by USCIS to cover the cost of making the card.

[15] Nolo. (2023). "How Much It Costs to Get a Green Card by Consular Processing." Nolo [Webpage]. Retrieved from: <https://www.nolo.com/legal-encyclopedia/how-much-it-costs-get-green-card-consular-processing.html>.

[16] Travel.State.Gov. (2023). "Visa Bulletin for May 2023." Travel.State.Gov. [Webpage]. Retrieved from: <https://travel.state.gov/content/travel/en/legal/visa-law0/visa-bulletin/2023/visa-bulletin-for-may-2023.html>.

[17] U.S. Department of State. "Visa Bulletin for July 2023." Travel.State.Gov [Webpage]. Retrieved from: <https://travel.state.gov/content/travel/en/legal/visa-law0/visa-bulletin/2023/visa-bulletin-for-july-2023.html>.

[18] California Board of Registered Nursing. (2023). "Fee Schedule." California Board of Registered Nursing. [Webpage]. Retrieved from: <https://www.rn.ca.gov/consumers/fees.shtml>.

[19] CGFNS International. (2023). "Fee Schedule and Policies." CGFNS International [Webpage]. Retrieved from: <https://www.cgfns.org/support/fee-schedule/>.

[20] International English Language Testing System (IELTS). (2023). "IELTS in the USA." IELTS [Webpage]. Retrieved from: <https://www.ielts.org/en-us/usa>.

[21] Educational Testing Service (ETS). (2023). "TOEFL iBT Test Fees." Educational Testing Service [Webpage]. Retrieved from: <https://www.ets.org/toefl/test-takers/ibt/register/fees.html>.

[22] National Council of State Boards of Nursing (NCSBN). (2023). "Fees and Payment." NCLEX. [Webpage]. Retrieved from: <https://www.nclex.com/fees-payment.page>.

[23] World Population Review. (2022). "Cost of Living Index by State." World Population Review [Webpage]. Retrieved from: <https://worldpopulationreview.com/state-rankings/cost-of-living-index-by-state>.

[24] Migration Data Portal. (2023). "Remittances data." Migration Data Portal [Webpage]. Retrieved from: <https://www.migrationdataportal.org/themes/remittances>.

[25] KNOMAD. (2023). "Remittances" The Global Knowledge Partnership on Migration and Development (KNOMAD) [Webpage]. Retrieved from: <https://www.knomad.org/data/remittances>.

[26] CGFNS International (2022). CGFNS Nurse Migration Report 2022: Trends in Healthcare Migration to the United States. Online Report. Retrieved from: <https://www.cgfns.org/wp-content/uploads/2022/11/CGFNS-International-Nurse-Migration-Report-2022-Trends-in-Healthcare-Migration-to-the-United-States.pdf>

[27] AACN (01 July 2021). The Impact of Education on Nursing Practice. American Association of Colleges of Nursing [Webpage]. Retrieved from: <https://www.aacnnursing.org/news-information/factsheets/impact-of-education>.

[28] United Nations (UN). (2023). "Remittances matter: 8 facts you don't know about the money migrants send back home." United Nations (UN) [Webpage]. Retrieved from: <https://www.un.org/en/desa/remittances-matter-8-facts-you-don%E2%80%99t-know-about-money-migrants-send-back-home>.

- [29] The American Nurses Association reports that 4.3 million nurses are practicing the U.S. today and the Migration Policy Institute estimates that 16% of practices registered nurses are foreign-born, giving us an estimate of 688,000. American Nurses Association (ANA). (2023). "Nurses in the Workforce." American Nurses Association [Webpage]. Retrieved from: <https://www.nursingworld.org/practice-policy/workforce/>. Batalova, J. (2023). "Immigrant Health-Care Workers in the United States." Migration Policy Institute (MPI). Retrieved from: <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states>.
- [30] United Nations (UN). (2023). "Remittances matter: 8 facts you don't know about the money migrants send back home." United Nations (UN) [Webpage]. Retrieved from: <https://www.un.org/en/desa/remittances-matter-8-facts-you-don%E2%80%99t-know-about-money-migrants-send-back-home>
- [31] United States Bureau of Labor Statistics. (2022). "Registered Nurses." United States Bureau of Labor Statistics [Webpage]. Retrieved from: <https://www.bls.gov/oes/current/oes291141.htm>.
- [32] <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>
- [33] AJN. (2023). "The Nursing Shortage: Foreign-Educated Workers Are Only a Stopgap." American Journal of Nursing, 123(3): 12-13. <https://doi.org/10.1097/01.NAJ.0000921744.82355.24>.
- [34] World Health Organization (WHO). (2010). "WHO Global Code of Practice on the International Recruitment of Health Personnel." Retrieved from: <https://www.who.int/publications/i/item/wha68.32>.
- [35] CGFNS Alliance for Ethical International Recruitment Practices. (2023). "The Health Care Code for Ethical International Recruitment and Employment Practices." Retrieved from: <https://www.cgfnsalliance.org/about-the-codes/health-professional/>.