

Immigration of Mexican nurses in Los Angeles: Economic integration inside and outside the health labor market

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Overview

- ❑ International migration and labor markets
- ❑ Economic integration of Mexican professionals in US
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International migration and labor markets

- ❑ **The global labor market and migration.** Hiring foreign workers results in low costs through the flexibility conditions [Sassen, 1988].
- ❑ **“Skilled migrant” concept:** Classification includes *highly skilled migrants** and *skilled technicians*** [Batalova & Fix, 2008].
- ❑ **The United States: recruitment and admissions policies.** Preferential visas / NAFTA and H1B visas.

In 2006, 15.2% (6.1 million) of the labor force with Bachelor's degree in this country was represented by migrants, half of whom received their education outside the United States [Batalova & Fix, 2008]

- ❑ **Underutilization of migrants' skills.** Non-validity of educational credentials issued in their country of origin and limited English proficiency.
- ❑ **Volume of skilled Mexicans in the U.S.** From 114,000 in 1990 to 530,000 in 2008 [CONAPO, 2007].

3 * First professional degree, Doctoral degree, Master's degree, Bachelor's or higher degree plus work experience y Bachelor's degree.
** Associate's degree, postsecondary vocational award, work experience in related occupation y long-term on-the-job training.

International skilled migration:Nursing

❑ **The United States: cycles of shortage and recruitment of nurses.** Admission policies as a temporary solution (H-1A, H-1C y H1-B visas).

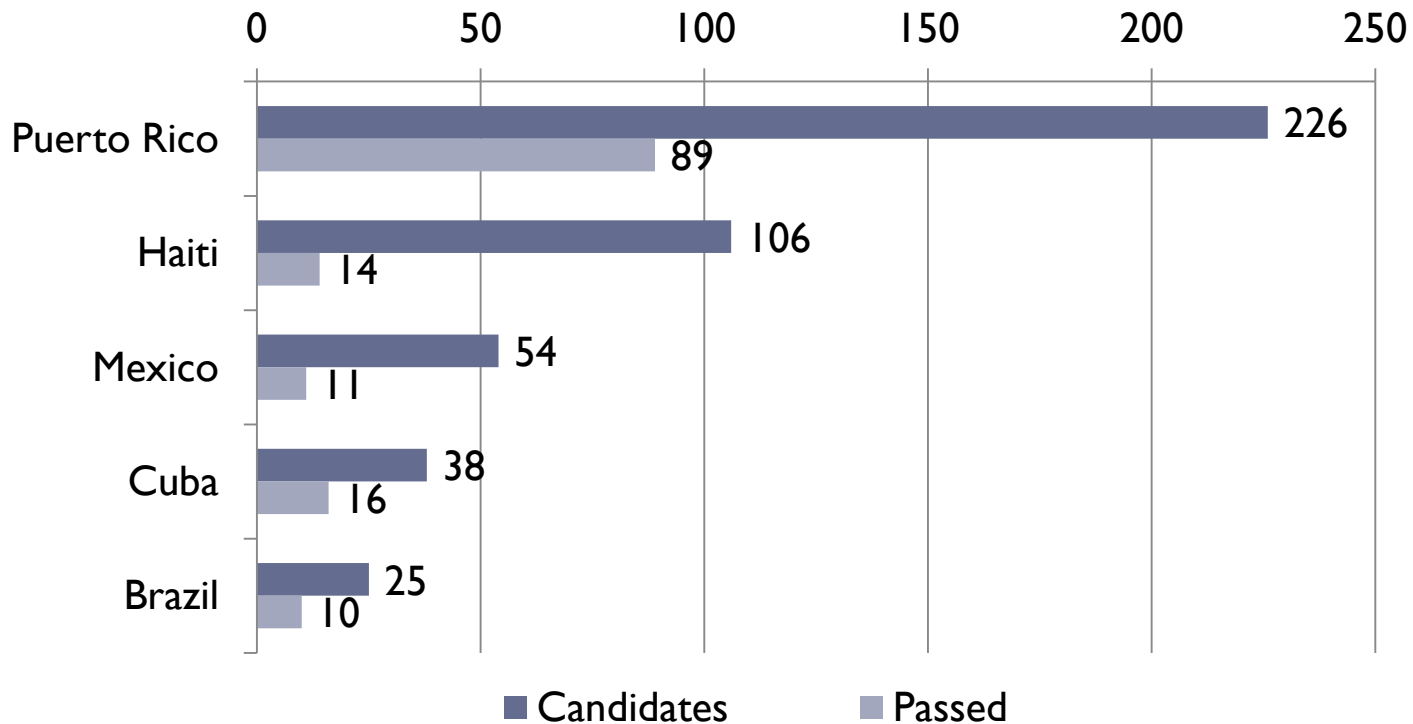
In 2018, a requirement of **1.1 million** workers is estimated in the following categories:
a) Licensed Practical/Licensed Vocational Nurses, b) Medical Assistants, Nursing and Psychiatric Aides y, c) Registered Nurses [BLS, 2010].

❑ **Migration of Filipino nurses.** Historical preconditions between the Philippines and the United States [Ceniza, 2003].

❑ **Regulation relating to professions in the host society.** *Council of State Board of Nursing (NCSBN) / National Council Licensure Examination for Registered Nurses (NCLEX)*

At this scenario of labor demand... what happen with Latino nurses that arrive to United States?

Figure 1. The NCLEX-RN* candidates educated in Latin American countries, 2010**



Fuente: *National Council of State Board of Nursing, Part II NCLEX® Examination Statistics, 2010*

* Registered Nurse

** Absolute values.

Latino nurses in the United States usually not employed as RN, but in others categories of lower rank or outside the health sector = “Hidden nurses” = around of 10,000 at the national level [Squires A, 2013].

Economic integration of Mexican professionals in U.S.

- ❑ **Little correspondence between their education and occupation.** Mexican nurses are included in this pattern.
- ❑ **North American Free Trade Agreement (NAFTA).** To facilitate the migration of professionals on selective basis / Registered Nurse
- ❑ **Double waste.** Lack of agreements to recognize educational and labor qualifications of Mexicans abroad[Cruz, 2010].

53% of Mexican with higher education working in non-professional occupations
[CONAPO, 2007].

¿**What other factors determine the economic integration process of Mexican migrant nurses in United States?**

Objective

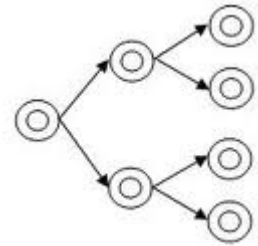
❑ To analyze the experience of a group of Mexican migrant nurses in their economic integration process, outside or inside the health care market in Los Angeles and San Diego, CA.



- ❑ Recognition of school certificates issued in Mexico,
- ❑ Regulation of nursing in California,
- ❑ Role of family networks and international recruiters.

Methodology

- ▶ Cross-sectional study with qualitative approach
- ▶ Places: San Diego, Los Angeles, CA / Tijuana, MEX
- ▶ Data-collection technique: semi-structured interview
- ▶ Snowball technique
- ▶ Non-random sample of 20 nurses Mexican



Inclusion criteria :

- ▶ Male or female Mexican nationality;
- ▶ A nursing education certificate issued in Mexico;
- ▶ Have at least three months of service in current employment;
- ▶ Have tried to practice nursing in the destination place (with or without success);
- ▶ Have a job related or not to their studies;
- ▶ Legal documents to work in the U.S. (yes or no).



Preliminary results

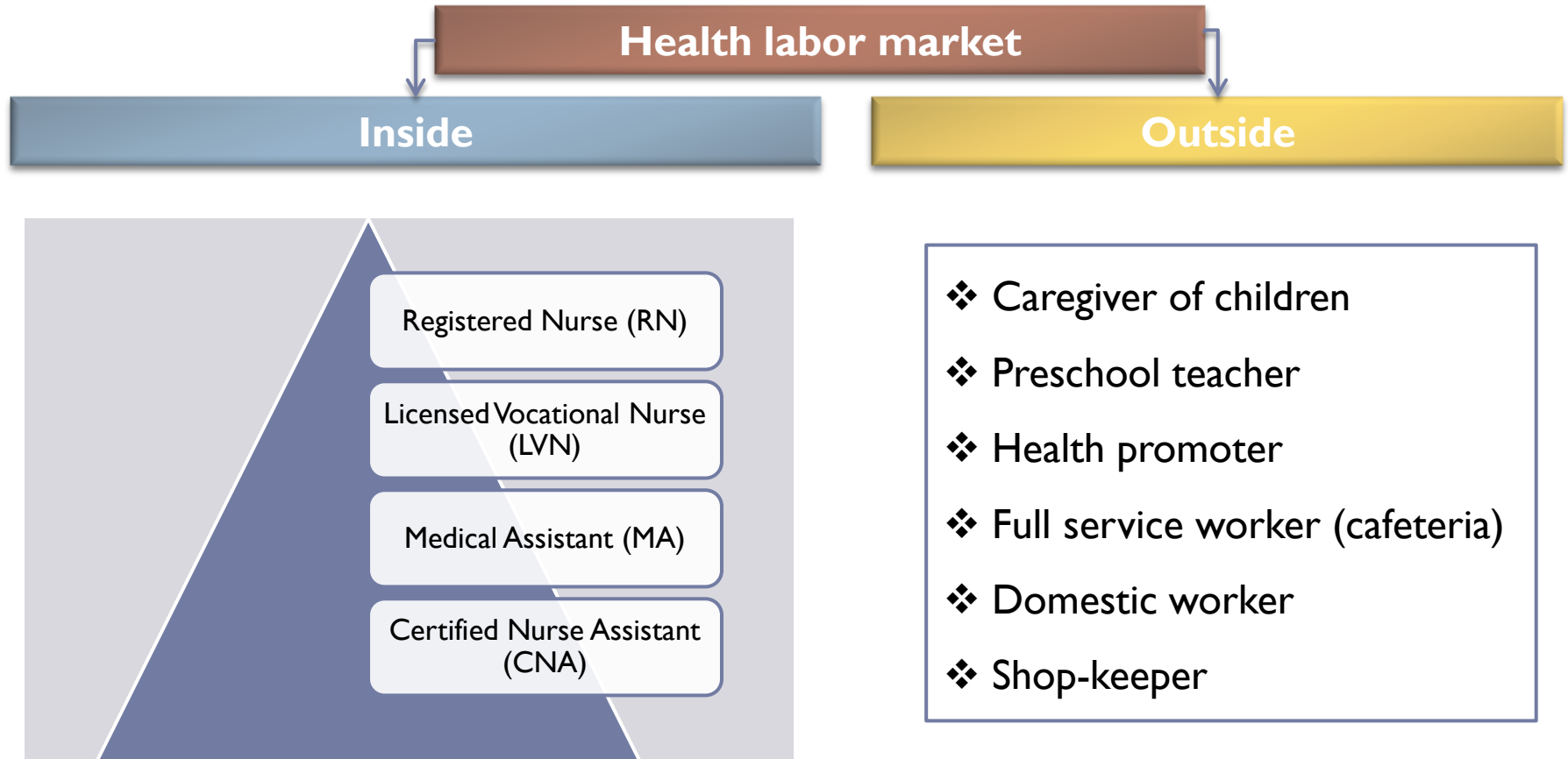


Table 1. Sociodemographic characteristics of twenty Mexican nurses interviewed

Variable	N or mean (range)
Age (years), mean (range)	43 (28 – 61)
Sex - <i>Female</i>	20
Marital status - <i>Married or free union</i>	12
Birthplace (state entity)	Jalisco (7), Mexico City (2), Baja California (2), Michoacán (2), Guanajuato (2), Veracruz, Chihuahua, SLP, Puebla y Durango.
Relatives in USA - <i>Yes</i>	19
Year of immigration (range)	1985 – 2008
Legal documents - <i>Yes</i>	7
Reason of migration - <i>Family reunification</i>	13

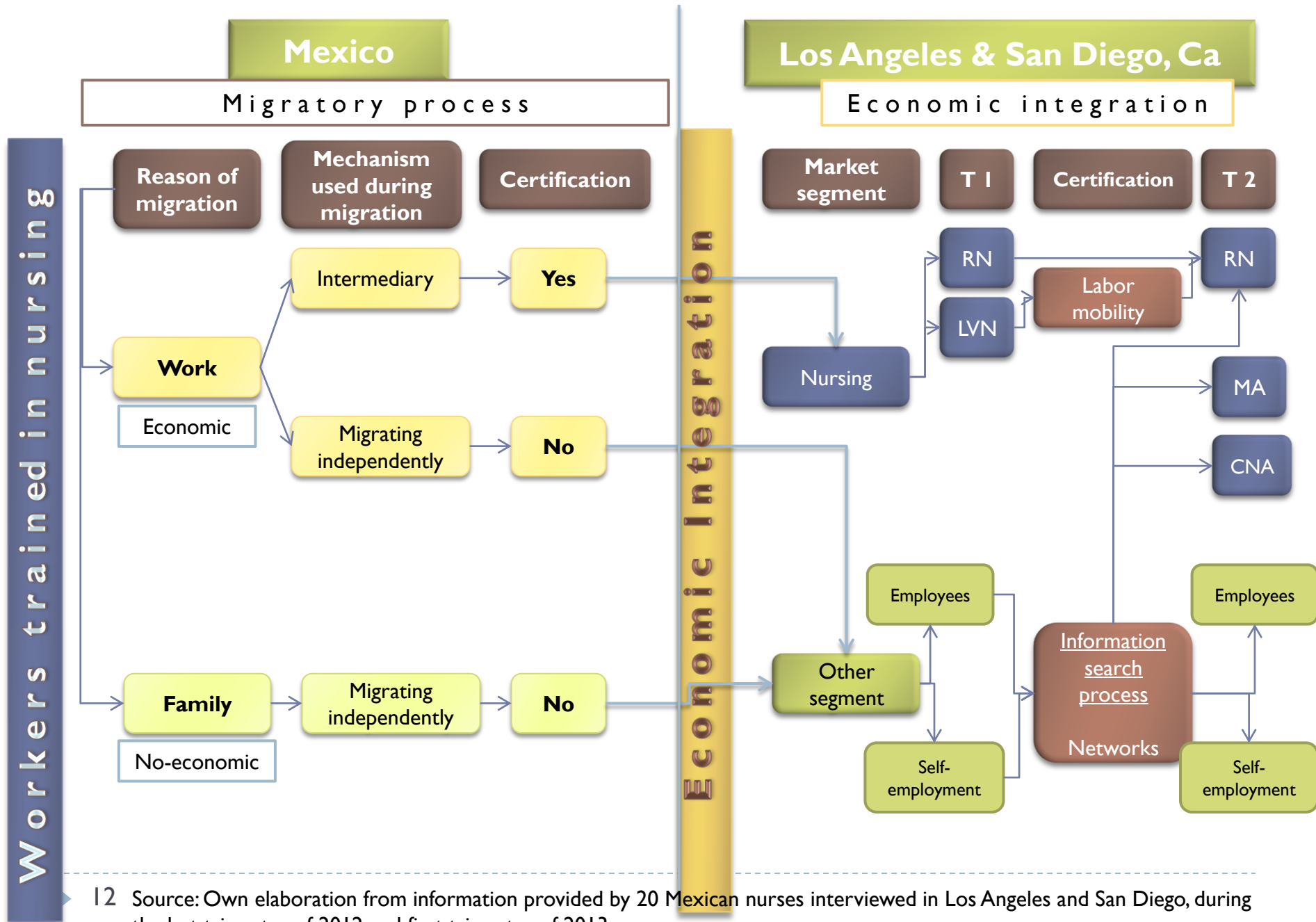
Source: Information provided by 20 Mexican nurses interviewed in Los Angeles and San Diego, during the last trimester of 2012 and first trimester of 2013.

Economic integration of Mexican nurses in Los Angeles and San Diego



Main characteristics of Mexican nurses which hinder their economic integration in nursing market: a) insufficient knowledge of English, b) being undocumented immigrants, and c) lack of resources to pay for their certification as nurse in California.

Figure 2. Flow chart on migration and economic integration of Mexican nurses



12 Source: Own elaboration from information provided by 20 Mexican nurses interviewed in Los Angeles and San Diego, during the last trimester of 2012 and first trimester of 2013.

Selected testimonies by topic

Economic migration Work

- ▶ “I decided to come to the United States with the intention to work, I wanted to improve professionally and increase my income” [Enf21_SD].

No-economic migration: Family

- ▶ “I came because I wanted to reunite my family. My husband came to US because he did not have a job in Mexico. I lived with my children there. Then he did not want to return, so we had to come here” [Enf06_LA].

Selected testimonies by topic

I) Economic migrant: Looking for a nursing job

a) Accompaniment of intermediaries from Mexico or California

“... I was getting ready with an agency in Mexico City to come to take the NCLEX. They gave us information about what we needed and we began to understand the process to come to work here” [Enf20_SD].

b) Migrating independently

“A family member, who is involved in nursing, told me that I could find better job opportunities here [...], in Mexico, people told me that as a nurse, it would be easier to get a job here and much better paid. That motivated me to come. In Mexico people tell one thing, but when you come here is very different” [Enf15_LA].

Selected testimonies by topic

II) Non-economic migrant: We're here ... What now?

- Influence of intermediaries

“I signed up for English classes and a colleague told me I could revalidate my studies. I took the CNA course and, when I had my first job, I received information from the hospital’s director about the proceedings to apply for Registered Nurse. He helped me to get the formats I needed to fill, I began to study nursing books to present the NCLEX. I started with the LVN exam, but I didn’t pass and decided to take a one-week course at an adult school in Downey High School. Finally I passed the exam”
[Enf12_LA]

- Intermediaries identified during fieldwork :

- Welcome Back Center*
- Institute of California Bilingual Healthcare (IOC)*
- Professional Staffing Services International (PSSI)*
- Consortium of Physicians from Latin America Announces (COPHYLA)*

Conclusions



- ❑ Mexican migrant nurses exhibit a heterogeneous economic integration in San Diego and Los Angeles, CA.
- ❑ Explanatory factors: type of migrant (economic, non-economic), time of residence in the host location, nursing certification, english profficiency, migratory status, family networks and role of intermediaries.
- ❑ In Mexico, there is no formal institutional framework supporting this kind of migration. Nonetheless, there are inarticulate actions taken by intermediaries.
- ❑ The migratory history between Mexico and the United States shaped informal access for skilled migrants through family networks embedded in the US.
- ❑ Economic integration of Mexican nurses whose migration process was legal (through intermediaries) occurs directly into nursing.

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