

A STUDY TO DETERMINE APPROPRIATE UTILIZATION  
OF THE UNLICENSED FOREIGN GRADUATE NURSE AT  
ST. JOSEPH HOSPITAL, HOUSTON, TEXAS

APPROVED

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A Problem-Solving Thesis

APPROVED BY

Submitted to the Faculty of

Baylor University

in Partial Fulfillment of the

Requirements for the Degree

of

Master of Hospital Administration

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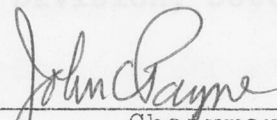
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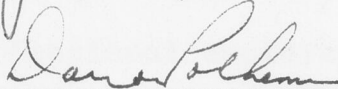
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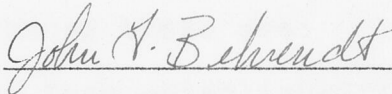
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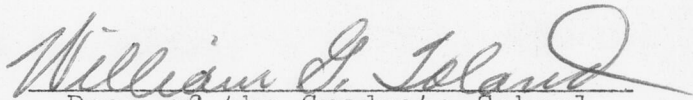
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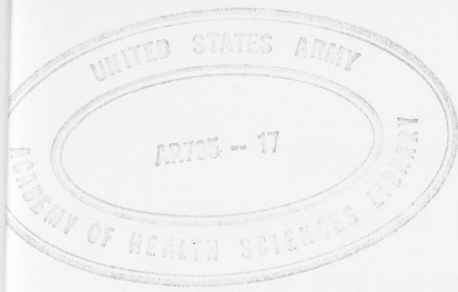
  
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DATE: August 18, 1973



## ACKNOWLEDGMENTS

The writer wishes to express sincere appreciation to the following hospital administration personnel at St. Joseph Hospital, Houston, Texas: the Hospital Administrator, Sister Mary Agnesita Brosman; the Associate Administrator, David DeBecker; and the Assistant Administrator of the Nursing Division, Dottie Moore.

is staffed by 50 Sisters, a medical staff of 1,074 physicians, 46 full-time interns and residents, and 1,900 professional and non-professional employees.

The Sisters of Charity have many dates in which they take special pride; among these are:

the year 1905, when they established the St. Joseph Hospital School of Nursing, the first in Houston;

the year 1912, when they established the city's first Department of Pathology and introduced some of the earliest X-ray equipment for better patient care;

the year 1918, when the Main Building was constructed with up-to-date facilities;

the year 1937, when ground was broken for a new Maternity and Children's Unit. More than 150,000 babies have been born in St. Joseph Hospital since that time;

HISTORICAL SKETCH

St. Joseph Hospital is a 725 bed, non-profit community medical complex in mid-town Houston, Texas, located in an area encompassing six city blocks. Established in 1887, St. Joseph's was Houston's first general hospital and Texas' second. Operated by the Sisters of Charity of the Incarnate Word, the Hospital is staffed by 50 Sisters, a medical staff of 1,074 physicians, 46 full-time interns and residents, and 1,900 professional and non-professional employees.

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the year 1918, when the Main Building was constructed with up-to-date facilities;

the year 1937, when ground was broken for a new Maternity and Children's Unit. More than 150,000 babies have been born in St. Joseph Hospital since that time;

the year 1958, when the Sisters of Charity were offered a nine acre tract in the Texas Medical Center. A major decision had to be made. Should St. Joseph Hospital move its complete operation to the Medical Center and build a new facility on the nine acre tract or continue development of the hospital in the present location? After undertaking many surveys of the medical needs of Houston, the Sisters decided that St. Joseph Hospital provided a greater service in the downtown area and they considered it unwise to locate all major hospitals in the Medical Center;

the year 1962, when St. Joseph Hospital launched the largest expansion and renovation program in the hospital's history which resulted in a ten story building featuring the most advanced principles of hospital design;

the year 1967, when a new six story addition to the Main Building was opened and subsequently named for George W. Strake, a major contributor of funds for the procurement of advanced equipment throughout the hospital.

Other events important to the progress of St. Joseph Hospital include open heart surgery, Cardiac Catherization laboratory, the city's first Coronary Care Unit, a 50 bed Psychiatric Unit, and installation of a Theratron-80 Cobalt Unit.

Today, St. Joseph Hospital is among the most modern educational hospitals in the country offering intern and resident training programs as well as degree programs for Nursing and Medical Record Library Science from Dominican College of Houston.

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over the past several years. Just as the hospital is the focal point for the needs of the community, so is the nursing service a focal point within today's hospital. As the demand for health services has grown, it has become increasingly difficult to provide adequate nursing service. As a rule the largest organization in the hospital is the Department of Nursing. It accounts for a major portion of the hospital budget and its share increases faster than any other service.<sup>1</sup> With the rapid increase in population and the spread of the idea that health care is a right and not a privilege, hospitals find it more and more difficult to fulfill their mission of providing for the needs of the community. The critical shortage of registered nurses adds to this problem.

The radical changes in health care in our society and the rapidity with which these changes are occurring

CHAPTER 1

INTRODUCTION

Today's hospital is the focal point of the health needs of the community. The rising demand for this service has created an expansion of health care facilities over the past several years. Just as the hospital is the focal point for the needs of the community, so is the nursing service a focal point within today's hospital. As the demand for health services has grown, it has become increasingly difficult to provide adequate nursing service. As a rule the largest organization in the hospital is the Department of Nursing. It accounts for a major portion of the hospital budget and its share increases faster than any other service.<sup>1</sup> With the rapid increase in population and the spread of the idea that health care is a right and not a privilege, hospitals find it more and more difficult to fulfill their mission of providing for the needs of the community. The critical shortage of registered nurses adds to this problem.

The radical changes in health care in our society and the rapidity with which these changes are occurring

leave the hospital Department of Nursing only one course of action if it is to keep pace with the demand for the trained professional nursing personnel: it must locate and make use of untapped sources of potential registered nurses. The movement to reactivate professional nurses in the United States which began before World War II underscored the shortages in this area. Much time, effort and money have been spent in an endeavor to recruit and re-educate inactive nurses and to keep them interested in employment as professional nurses. Many schools of nursing have accepted the responsibility of providing refresher courses for these nurses. Such programs, however, have focused primarily on the nurse trained in this country and have neglected the foreign graduate nurse now living in the United States.<sup>2</sup>

#### Conditions Which Prompted the Study

A recent report from the California State Board of Nursing Education and Nurse Registration noted that 21.4 per cent, or 2,041 out of 9,547 nurses licensed in the state during 1967, came from countries other than the United States.<sup>3</sup> This would indicate that foreign nurses make up a considerable part of the nurse labor force in California, at least, and probably in the rest of the United States as well.

With the problem of increased demand for hospital

health care services, St. Joseph Hospital is considering the eventual problem of a shortage of qualified, professional nurses and the appearance on the scene of the unlicensed foreign graduate nurse who is seeking employment while preparing for the Nursing State Board Examinations. These assumptions prompted this hospital to request that a study be conducted in the area of utilization of the unlicensed foreign graduate nurse in patient care activities as well as an educational program aimed at preparing these nurses for taking the Nursing State Board Examination.

The Associate Administrator and the Assistant Administrator for Nursing Division at St. Joseph Hospital are aware of this problem and the fact that the State of Texas licensure laws must be observed. It was their desire that a study be conducted at St. Joseph Hospital to determine the appropriate use of the unlicensed foreign graduate nurse and to recommend a realistic approach to establish an educational program to prepare these nurses for the Nursing State Board Examination while being utilized in the patient care program.

Any proposed solution to the above problem should:

1. Statement of the Problem of unlicensed

foreign The Problem is to determine the appropriate utilization of the unlicensed foreign graduate nurse in patient care activities and to recommend a training program (to

prepare these nurses for the Nursing State Board Examinations) at St. Joseph Hospital, Houston, Texas.

of preparation and eligibility for applying for state licensure.

### Objectives

The objectives of this study are:

1. To determine if the unlicensed foreign graduate nurse forms a significant population source for registered nurses.

2. To devise a screening procedure for selecting unlicensed foreign graduate nurses to insure that prerequisites for taking the Nursing State Board Examination can be met in a reasonable length of time.

3. To identify the legal restrictions and to determine legal liability to the hospital in cases involving an unlicensed foreign graduate nurse.

4. To determine if this program to assist the unlicensed foreign graduate nurse in preparing for the State Board Test Pool Examination will be effective and economical.

Assumptions

For the purpose of this study, the following assumptions:

Any proposed solution to the above problem should:

1. Determine whether the number of unlicensed foreign graduate nurses is large enough to warrant special programs and efforts to bring them into the St. Joseph Hospital health care delivery system.

2. Develop employment selection criteria for the unlicensed foreign graduate nurse to determine adequacy of preparation and eligibility for applying for state licensure.

3. Identify legal restrictions in the use of unlicensed foreign graduate nurses and determine liability in cases involving the unlicensed foreign graduate nurse.

4. Recommend a program designed to assist the unlicensed foreign graduate nurse prepare for the Nursing State Board Examinations.

Limitations This study is confined to the use of the unlicensed foreign graduate nurse functioning in a general medical-surgical unit. The Nursing Division presently has but twenty-one unlicensed foreign graduate nurses on its staff who are being utilized in the general medical-surgical unit; these nurses will provide the basis for this study.

Assumptions For the purpose of this study, the following assumptions are made:

1. Requirement for graduate nurses will continue to increase.
2. Supplemental services provided by the unlicensed foreign graduate nurses will continue to be vital to the

hospital in the total care and treatment program of patients.

3. Influx of foreign graduate nurses will continue to the Houston area.

Definition of Terms

The professional nurse (RN) is one who has successfully completed the educational requirements of an accredited nursing school or has obtained a Bachelor of Science degree in Nursing from an accredited school and is licensed by the State licensing agency.

The graduate nurse (GN) is one who has successfully completed the educational requirements of an accredited nursing school or has obtained a Bachelor of Science degree in Nursing from an accredited school but is not licensed by the State licensing agency.

The foreign graduate nurse (FGN) is one who has successfully completed the educational requirements of a nursing school or has obtained a Bachelor of Science degree in Nursing (or its equivalent) from a school outside the United States.

The unlicensed foreign graduate nurse (UFGN) is one who has successfully completed the educational requirements of a nursing school or has obtained a Bachelor of Science degree in Nursing (or its equivalent) from a school outside

licensed vocational nurse, graduate vocational nurse, nurses' aide, orderly, technician, and ward clerk.

the United States but is not licensed by the State licensing agency.

A head nurse (HN) refers to the professional nurse (RN) in charge of a specific ward, wing, or other designated nursing unit and the nursing care given on the unit.

A supervisor is a professional nurse who is responsible for the overall organization and management of nursing care given on two or more nursing units.

The licensed vocational nurse (LVN) is an individual who has received at least nine months, but less than two years, of education in a state approved vocational nursing school and is licensed by the state licensing agency. She assists the professional nurse with nursing care procedures.

The graduate vocational nurse (GVN) is an individual who has received at least nine months, but less than two years, of education in a state approved vocational nursing school but is not yet licensed by the State licensing agency.

A nurses' aide is a nonprofessional member of the nursing staff who has been trained through an inservice program to perform and assist with basic routine nursing care procedures under the supervision of a professional nurse.

The nursing service refers to all hospital personnel occupying position control spaces assigned to the nursing division, and include: registered nurse, graduate nurse, licensed vocational nurse, graduate vocational nurse, nurses' aide, orderly, technician, and ward clerk.

A nursing unit is a specific area of the hospital where nursing care is given.

The non-nursing functions are nursing activities which can be performed by someone other than a professional nurse.

The licensure examination refers to the regulated tests given by the State Board of Nurse Examiners of Texas and developed by the National League of Nursing for the purpose of licensing nurses which is mandatory in the State of Texas.

Endorsement is the procedure by which a nurse registered in one state is approved to practice nursing in another state; the board of the latter state reviews the information submitted and determines if a license may be granted by endorsement without examination.

#### Research Methodology

The problem-solving methodology used in collecting, evaluating, and analyzing data was:

1. Intensive review of the literature to determine current trends and guidelines in the subject areas of legal aspects of nursing, mandatory licensure requirements of the professional nurse, and nursing legislation.

2. Extensive examination of the present Nursing Division, St. Joseph Hospital. This included an in depth study of the mission, goals, organization, management

practices, recruitment programs, and current use of the twenty-one unlicensed foreign graduate nurses. Structured and semi-structured interviews were conducted with the Hospital Associate Administrator, the Assistant Administrator for the Nursing Division, other administrative and professional hospital staff members involved with nursing activities.

3. Interviews with representatives of the State Nursing Licensure Board, Texas League of Nursing, and Texas Nursing Association.

4. Hospital records, reports, policies, workloads, scope of services and future plans were reviewed with specific emphasis on data and information relating directly and indirectly to the Nursing Division.

5. After observing and discussing the problem extensively for five days, it was felt that the approach best suited to this problem was the issues approach.

#### Literature Review

With the rapid increase in technology and research, the scope of patient care has broadened to the point that today's hospitals bear little resemblance to those of years past. Equally so, nursing has evolved from a primitive "laying on of hands" to a more sophisticated set of procedures in caring for the sick and injured.<sup>4</sup> Unfortunately the supply of nursing personnel has had difficulty meeting

the rising needs of the health care system. An overview of nursing shortages indicates an alarming drop in nurses available for bedside care and stresses the need for bringing in more graduate nurses and luring more individuals into the field. A critical review could be made to determine whether nurses are being effectively utilized, thus determining if in fact there is a shortage. This study only addressed the point that an alleged shortage exists. Studies have shown that nurses who have trained in foreign countries are a sizable source of potential professional nursing manpower in the United States. Many of them have educational deficiencies that delay the process of obtaining state registration and licensure.<sup>5</sup>

Different definitions of nursing have evolved over the years. These descriptions have been prompted by the need to protect both the public and the nurse. Under the police power reserved to each state by the United States Constitution, each state has the legislative authority to regulate the practice of nursing within its boundaries; this authority is defined in each state's Nursing Practice Act. Because each state legislature enacts its own act, we find that there are almost as many definitions of professional nursing as there are legislatures. The American Nurses' Association recommends the following definition, which has been adopted by the State of Texas and other legislatures:<sup>6</sup>

"The practice of professional nursing means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm, or in the supervision and teaching of other personnel, or in the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures."

The definition of professional nursing practice is important for two reasons. First, it defines the boundaries of professional nursing, to establish when a license is required for providing these professional services. Secondly, the definition protects the nurse from the charge of unlicensed practice of medicine. It is remarkable that there have been relatively few lawsuits brought against unlicensed persons for the crime of engaging in nursing practice without a license. Perhaps the good experience in nursing stems from the fact that physicians, dentists, and hospitals are careful in selecting their employees. The public, too, has become educated of the need to employ only a licensed person for nursing functions.<sup>7</sup>

In contrast to other professions, the law with respect to licensing of nurses has been, for the greater part, "permissive." A permissive law applies only to those persons who wish to represent themselves as licensed nurses or to use a title, such as the legal abbreviation, "R.N." To differentiate between mandatory and permissive licensure, the following operational definitions were developed:<sup>8</sup>

"A mandatory act requires that anyone who practices nursing according to the definition of the practice that appears in the law must be licensed, the only exceptions being: (1) furnishing nursing assistance in an emergency, (2) practice by student nurses incidental to their course of study, (3) employees of the federal government.

In a permissive act, the title "registered nurse" and "licensed practical nurse" are protected. The practice of either level of nursing is not prohibited in a permissive act, but an unlicensed person is not entitled to represent himself as an "R.N." or an "L.P.N." In other words, anyone may, whether licensed or not, practice nursing as long as the unlicensed individual does not call himself an R.N. or an L.P.N."

Mandatory licensing laws control the practice of all who nurse "for hire." Briefly then, the purpose of licensure is to protect the public from unskilled and incompetent persons who would practice or offer to practice nursing.

Though it has been pointed out that there are nurse practice acts in every state which outline precisely what a nurse may do, her duties are not defined or set forth except in general terms. However, it is evident that a nurse must not do any act that might be interpreted as the practice of medicine;<sup>9</sup> and the nurse's acts, aside from emergency situations, must be performed under the direction or supervision of a licensed physician.<sup>10</sup> From

the decided cases,<sup>11,12,13</sup> it appears that a licensed nurse may do all those professional acts which she is ordinarily and customarily taught to do and does do in schools of nursing which are approved by the jurisdiction, provided the acts are done to a patient in accordance with the direction and supervision of his physician.

As the profession of nursing continues to grow, the professional registered nurse is required to assume more and more responsibility for supervising the work of others: graduate nurses, student nurses, practical nurses, and others who help the patient. Liability may be attached to a hospital if it negligently employs a person whose lack of ability causes a patient to become injured.<sup>14</sup> The Magit case,<sup>15</sup> decided by the California Supreme Court, stressed the significance of a hospital's responsibility in employing personnel to whom nursing responsibilities could be delegated. The Court in the Magit case held that a licensed physician could under designated conditions delegate the giving of general anesthesia to a registered nurse because the nurse was licensed in California and that Licensure contemplated delegation of some functions by a physician. The general principle stated by the Court, translated into the field of nursing, is that a registered nurse may delegate some nursing functions to licensed nursing personnel which cannot be delegated to non-licensed nursing personnel.

It should be noted that in view of this particular interpretation, a nurse shortage can be risky to the hospital. In order to relieve the hospital of the potential risk, sufficient nursing personnel must be employed to meet the minimal physical needs of the patient. When UFGNs and student nurses are used as registered professional nurses, a situation which repeatedly occurs during evenings and nights, the hospital should realize that the doctrine of respondeat superior (the employer answers for the employee) applies to most non-federal hospitals.<sup>16</sup>

Utilization of the UFGN must be established with this legal responsibility to the hospital paramount and the ratio of unlicensed to licensed nurses must be on a one to one basis. In this particular situation, the licensed professional nurse is the supervisor of the UFGN.

The professional nurse serving as a supervisor is not, however, the master or employer of the personnel working under her supervision or at her direction. Therefore, a nurse who has supervisory responsibility over other nursing personnel cannot be held liable merely because one of the persons to whom she assigned or delegated duties was negligent. The supervisor is liable only for her personal negligence in performing her supervisory duties. In the event that a registered nurse assigned an unlicensed foreign graduate nurse to duties beyond her ability to own that there was negligence in selecting the employee.<sup>19</sup>

carry out, and negligence occurred, the supervisory registered nurse is responsible. This rule is based on the fact that the supervisor should not assign duties which she knows or should know are beyond the capability of the UFGN because of inexperience or insufficient education. In other words, the supervisor must not assign duties that such a person could perform only under adequate supervision and then fail to provide the supervision, in accordance with the standard of care used by an average, careful supervisor in similar circumstances.<sup>17</sup>

Recovery for negligence is complicated in the United States since hospitals are divided into three classes: public (government) hospitals, private nonprofit charitable hospitals and private hospitals run for profit (proprietary hospitals). The liability of a hospital as an employer varies with its classification. The immunity of charitable institutions in cases of negligence of employees has been based on different theories: that public policy supports an immunity; that the assets of the institution, being impressed with a trust for a charitable purpose, may not be used otherwise; and that patients who voluntarily enter assume the risk and waive claims for injuries.<sup>18</sup> There is a conflict in the decisions of the various states as to whether or not the beneficiaries of the charity may recover for injuries due to negligence when it is not shown that there was negligence in selecting the employee.<sup>19</sup>

However, the trend of recent decisions is toward discarding the immunity rule and holding charitable institutions liable for the negligent acts of employees.

A serious drawback to using established refresher nursing programs is that many UFGNs have not completed certain courses required for licensure in the United States. Of 2,629 foreign nurses who applied for registration in California in 1967, 588 did not meet the educational requirements of the state board; of these, 386 had deficiencies in psychiatric nursing and 154 had deficiencies in maternity nursing. In addition to these 588, several foreign nurses had made up their educational deficiencies prior to applying for registration. Psychiatric nursing and maternity nursing are the two areas in which foreign nurses are most often deficient.<sup>20</sup>

It should be noted that the Board of Nurse Examiners for the state of Texas has changed the policy concerning course deficiencies of the FGN. It is no longer necessary for the FGN to successfully complete a course in a school of nursing to "make up course deficiencies." Effective April 20, 1971, the policy changes state:

"The requirements for licensure in the state of Texas are:

1. graduates from an accredited program in a professional school of nursing (general) of at least two calendar years in length;

<sup>20</sup>People ex rel. Burke v. Steinberg.

2. licensure in another state, territory or possession of the United States, or foreign country;
3. satisfactory completion of the State Board Test Pool Examination for professional nurses, with a minimum score of 350."<sup>21</sup>

#### Footnotes

<sup>1</sup>Martin Saren and Anton Straub, "Nursing Service Effectiveness," Journal of American Hospital Association, X.IV (January, 1970), 46.

<sup>2</sup>Gwenn D. Marram, "An Untapped Source of Registered Nurses," Nursing Outlook (July, 1969), 48.

<sup>3</sup>California, State Department of Professional and Vocational Standards, Board of Nursing Education and Nurse Registration, Newsletter: Annual Highlights 1967-1968, November-December 1967 - January 1968, p. 17.

<sup>4</sup>Sister Elsie, "Reorganizing a Nursing Service Department," Hospital Progress, XLVII (July, 1966), 117.

<sup>5</sup>Jessie M. Scott, "Seeing Nursing Activities as They Are," American Journal of Nursing, LXII (November, 1962), 90.

<sup>6</sup>American Nurses' Association, Position Paper, "Legal Definition of Nursing" (1961).

<sup>7</sup>Harvey Sarnier, The Nurse and the Law (Philadelphia: W. B. Saunders Company, 1968), p. 18.

<sup>8</sup>Florence M. Alexander, "Report of AMA Committee on Nursing Mandatory vs. Permissive Licensure for Nurses," Journal of the American Medical Association, CVC (February, 1966), 202-3.

<sup>9</sup>People ex rel. Burke v. Steinberg, 73 N.Y.S. 2d 475 (Mag. Ct. N.Y.C. 1947).

<sup>10</sup>Thomson v. Virginia Mason Hospital, 152 Wash. 297, 277 Pac. 691 (1929).

<sup>11</sup>Ibid.

<sup>12</sup>People ex rel. Burke v. Steinberg.

<sup>13</sup>Chalmers-Francis v. Nelson, 6 Cal. 2d 402, 57 P. 2d 1312 (1936); Cooper v. National Motor Bearing Co., 136 Cal. App. 2d 229, 288 P. 2d 581; Ariz. Rev. Stat Ann. 32-1661 (1956).

<sup>14</sup>England vs. Hospital of Good Samaritans, 16 Cal. App. 2d 640, 644, 61 P. 2d 48.

<sup>15</sup>Magit vs. Board of Medical Examiners of the State of California, 61 Cal. 2d 74, 366 P. 2d 816 (1961).

<sup>16</sup>William A. Regan, "Nurse Shortage Remedies Can Be Risky," Regan Report on Nursing Law, Vol. 5 (January, 1965), 1.

<sup>17</sup>Eugenia K. Spalding and Lucille E. Notter, Professional Nursing (Philadelphia: J. B. Lippincott Company, 1970), p. 118. Helen Creighton, Law Every Nurse Should Know (Philadelphia: W. B. Saunders Company, 1970), p. 61. Nathan Hershey, Problems in Hospital Law (Pittsburgh: Aspen Systems Corporation, 1969), p. 126.

<sup>18</sup>Cook v. John N. Norton Memorial Infirmary, 180 Ky. 331, 202 S. W. 874 (1918).

<sup>19</sup>Austin W. Scott, Law of Trusts, Vol. III (Boston: Little, Brown & Company, 1939), p. 2148.

<sup>20</sup>Marram, "Untapped Source," p. 48.

<sup>21</sup>Letter from Margaret L. Canney, Executive Secretary on the Board of Nurse Examiners for the State of Texas, April 21, 1971.

The overall staffing organization of the Nursing Division consists of the following elements noted in Table 1.

## CHAPTER II

### DISCUSSION

#### Background

The Nursing Division of St. Joseph Hospital is directly subordinate to the Associate Administrator (see Appendix A). The Division in its statement of philosophy recognizes the overall aim of giving care to the sick and injured, regardless of race, creed, or nationality, and to provide this care in a sympathetic, efficient manner (see Appendix B). In addition, the department is charged with carrying out the policies and procedures prescribed by the Governing Board and the Medical Staff (see Appendix C).

The Assistant Administrator, Nursing Division, is responsible for the overall management of the Division. To assist her are an Executive Director, five Directors, and eighteen Supervisors. The head nurse of each nursing unit is responsible for whatever occurs within that unit. In addition, she is responsible for all coordinating functions and integration of the activities within the unit.

The overall staffing organization of the Nursing Division consists of the following elements noted in Table 1.

TABLE 1  
STAFFING OF THE NURSING DIVISION

	<u>Full Time</u>	<u>Part Time</u>
Registered Nurses:		
Assistant Administrator	1	-
Executive Director	1	-
Directors	5	1
Supervisors (Sisters 15)	18	-
Head Nurse:		
R. N. (Staff)	153	77
*G. N. (Staff)	25*	5
Ancillary Personnel		
L. V. N.	159	47
G. V. N.	11	2
Nursing Tech.	36	12
Nursing Assistant	303	46
Mental Health Worker	3	-
Clerical Personnel		
Administrative Assistant	1	-
Executive Secretary	1	-
Staffing Clerk	4	-
Posting Clerk	1	-
Ward Clerk	68	5
Totals:	<u>790</u>	<u>195</u>
GRAND TOTAL:	985	

\*Includes 21 foreign graduate nurses.

Source: Administrative Quarterly Report (January, 1972)  
St. Joseph Hospital, Houston, Texas

In discussing the staffing requirements with the Assistant Administrator, Nursing Division, it was determined that the

present system has just evolved and that staffing studies have not been conducted to determine staffing requirements; staffing has been done primarily by intuition and availability of qualified professional nursing personnel.

Since December, 1971, the Nursing Division has employed twenty-one unlicensed foreign graduate nurses. No overt recruitment effort was exerted by the Division. These nurses came to St. Joseph Hospital seeking employment while awaiting to take the State Board Test Pool Examination. It has been the policy of the Nursing Division to employ these nurses only if they show evidence of having graduated from a professional school of nursing, possess a good working knowledge of the English language, and express a desire to take the State Board Examination within the ensuing six months.

#### Analysis of Interviews

It was the feeling of the writer that the problem of employing the UFGN could best be studied by using a broader base of experience than by using one hospital's limited experience and information. For this reason, interviews conducted and information gathered at St. Joseph Hospital were used merely as a "jumping off" point. Contacts were made, as will be discussed later in this paper, with agencies and professional organizations that

deal with the State as a whole. The objectives of these interviews and contacts were to gain a better insight into the issues that confront a hospital, professional organizations, and the State Board of Nurse Examiners when dealing with the issue of the UFGN.

St. Joseph Hospital's views

In an interview with the Associate Administrator it became apparent that his views on licensure of health care personnel were quite explicit and somewhat progressive. The problem of the UFGN only focused more attention on the unrealistic restrictiveness of state licensure laws. It is safe to say that the Associate Administrator subscribes to and is a strong proponent of Nathan Hershey's thesis relating to the current health care personnel shortages which suggests that:

"Because the provision of services is becoming more and more institution-based individual licensing of practitioners might be legitimately replaced by investing health services institutions and agencies with the responsibility for regulating the provisions of services, within bounds established by state institutional licensing bodies."<sup>1</sup>

Realizing that this view is not in keeping with current nurse practice legislation, it was the Associate Administrator's desire that the study being undertaken by this writer research and provide the legal facts, restrictions, and liabilities involved in using the UFGN. Further, he hoped that guidelines would be developed, as a

result of this study, by which these nurses could be utilized in St. Joseph Hospital.

The Assistant Administrator, Nursing Division, expressed her views on the use of the UFGN by indicating that her experience with these nurses, though limited to less than twelve months, had proven that, as a general rule, their training and experience were good; these nurses did perform well on the surgical-medical wards. The procedure being followed by St. Joseph Hospital at this time included a careful and detailed orientation of some thirty days to ascertain the foreign nurse's level of nursing abilities and skills. After this introduction, these nurses were assigned, usually to evening, weekend, and holiday shifts with a supervisory registered nurse on duty. The nurse supervisor, in most cases, covered more than one ward. Again, the Assistant Administrator, Nursing Division expressed concern about what she referred to as "the realities of job requirements (of the UFGN) and the restrictiveness of the licensure laws." She, too, expressed a desire to have this study address itself to the legal requirements of the State licensure laws and how best to assure the hospital of fulfilling those requirements.

In a meeting with the Executive Director, Nursing Service, an inquiry was made as to the status of the UFGNs which St. Joseph Hospital now employed. The Executive

Director, Nursing Division, stated that her principal goal for the twenty-one UFGNs was to insure that they applied to take the State Board Test Pool Examination. She explained the various means (memoranda, staff meetings, and informal contacts) used to remind these nurses of St. Joseph Hospital's desire to have them obtain their license as soon as possible.

Texas Nurses Association's views

The Texas Nurses Association in 1970 initiated action to meet the nursing manpower shortage by developing a program to assist UFGNs in qualifying for licensure in the State of Texas.<sup>2</sup> The program was designed to assist nurses who were unaware of the qualifications for Texas licensure, did not know where to receive instruction to make up course deficiencies, and needed to become familiar with the type of test used for the State Board Test Pool Examination.<sup>3</sup> The Texas Nurses Association's rationale for such an undertaking is based upon the large number of foreign graduate nurses attracted to Texas.

"In the years between 1961-1969, 2,621 graduates of foreign schools of nursing applied for registration in Texas. Of this number 226 became registered. During 1969, 188 nurses not registered in Texas were reportedly employed in 72 agencies utilized for student clinical experiences. Of that number, 54 of the unlicensed nurses were reported by one institution."<sup>4</sup>

(753-20) In October 1970, the Licensure Qualification Project

sponsored by the Texas Nurses Association and funded by HEW was created to assist the unlicensed nurse, whether educated inside or outside of the United States, to become licensed in Texas. The Project provided two main services: (1) "Test-Taking Workshops" to familiarize graduate nurses with standardized objective tests which would assist the nurse in diagnosing clinical areas in which he or she needed review; and (2) review courses in the five clinical subjects tested on the "State Board". Both American and foreign graduate nurses showed a higher percentage of passing "State Boards" after taking Test-Taking Workshops and Review Courses. Two-hundred and two (202) foreign graduate nurses who wrote the "April 1971 Boards" were in the Licensure Qualification Project. One-hundred and five (105) FGNs became licensed after the April Examinations. The FGNs assisted by the Project had a 30% success rate as compared with 20% for other foreign nurse graduates. Age and year of graduation did not appear to be a factor in whether or not a person passed the exam; those who graduated before 1950 had a markedly lower percent of licensure (14% licensure rate). FGNs region of origin did make a significant difference in licensure rate; with Australia, South Africa and Canada (Northern North America) having a very high percentage of licensure (75%-100%) while none of those from South America received

their license after the "April 1971 Boards." Almost all areas of the world showed a markedly higher percent of licensure after the April 1972 "Boards" when compared with the licensure rate of the same regions during the period of 1965-1970<sup>5</sup> (see Appendix E).

The Texas Nurses Association felt, therefore, that licensure of the FGN is an innovative use of existing manpower and will help elevate the standards of nursing health care. Compliance with the mandatory Nurse Practice Act by the FGN will not only upgrade the quality of nursing care but will upgrade the position of FGNS who are actively engaged in professional nursing. Nursing services in agencies employing licensed FGNS will be better able to utilize their nursing knowledge and skills.<sup>6</sup>

#### Views of the Texas Board of Nurse Examiners

The purpose of the Nurse Practice Act of Texas is to protect the public from unqualified, or incompetent practitioners of nursing. Without legal regulation of nursing practices, the public has no assurance that the nurses who provide nursing care as a part of the total health care plan are qualified to do so.<sup>7</sup>

Registered Nurses who graduated from nursing schools located in foreign countries are required to meet the same standards as Texas Registered Nurses. This includes passing the State Board Test Pool Examination. Many

questions arise as to the employment status of graduates who have not yet completed the state board examination and the employment status of registered nurses coming from foreign countries prior to obtaining a license to practice in Texas. Subscribing to the principle that all practitioners of nursing should be licensed, the Board suggests the following consideration by employers as pertains to:

...Nurses who graduated from schools in foreign countries who do not meet the requirements for registration in Texas, and who desire employment while requirements are being met:

It is the recommendation of the Board that these individuals be employed in positions not requiring licensure.<sup>8</sup>

#### Analysis of Supplementary Data:

The U. S. Department of Justice, Immigration and Naturalization Service and Facts About Nursing contain information and figures compiled from individual state boards of nursing and governmental population statistical records which give a more complete picture of the potential numbers of foreign nurses in Texas and the United States and territories which, if licensed, could be added to the nursing manpower labor force.

Information pertinent to this study is presented in

the following tables.

During interviews with various hospital personnel, the general problems, needs, and deficiencies of the UFGN were discussed. A genuine interest in the problems of

TABLE 2  
PROFESSIONAL NURSES ADMITTED AS IMMIGRANTS<sup>9</sup>

<u>Year</u>	<u>Total</u>
1968 . . . . .	6,952
1970 . . . . .	4,858
1971 . . . . .	6,363

TABLE 3  
LICENSES ISSUED TO REGISTERED NURSES FROM  
FOREIGN COUNTRIES, BY METHODS OF  
LICENSURE AND ENDORSEMENT<sup>10</sup>

Year	Total - Texas	Total - U. S.
	Examination	Examination and Endorsement
1967	821	5,361
1968	925	6,063
1969	48	5,578
1970	100	5,128

TABLE 4  
PROFESSIONAL AND STUDENT NURSES ADMITTED  
AS EXCHANGE-VISITORS<sup>11</sup>

Year	Professional Nurses	Student Nurses
1967	1,070	533
1968	1,051	434
1969	1,007	864
1970	755	354

During interviews with various hospital personnel, the general problems, needs, and deficiencies of the UFGN were discussed. A genuine interest in the problems of

the foreign nurses in obtaining licensure was expressed by all of the hospital personnel surveyed. Several of the problems mentioned by the interested parties were related to cultural differences and ethnic backgrounds and the lack of English language proficiency among the foreign nurse graduates. "A lack of congruence seems to exist between the nurses' perception of their proficiency in English and the perception of their co-workers."<sup>12</sup>

Response to the questionnaires used by the Licensure Qualification Project reaffirmed the lack of perception of a deficiency in English language skills by the foreign nurse graduates. In addition, the questionnaire was used to survey the learning needs of unlicensed nurses. The needs were classified according to learning needs related to the foreign nurse graduate, and learning needs of the unlicensed graduates of American schools.

Problems Identified by Hospital Personnel  
Which are Related to the Foreign Nurse Graduate<sup>13</sup>  
(Selected entries are direct quotes)

1. Too few available vacancies in schools of nursing for foreign nurse graduates to make up clinical course deficiencies. Most are placed on a waiting list.
2. Refresher courses developed for the inactive American nurse do not meet the review needs of foreign nurse graduates.
3. Foreign nurse graduates need more knowledge and supervised practice in medications and complex equipment.

4. Foreign nurse graduates need a course in medical terminology.
5. English language courses as taught in colleges and high schools do not meet the English language needs of non-English speaking foreign nurse graduates.
6. Foreign non-English speaking nurse graduates do not perceive their need for English language skills. They "say they understand what has been said," but their behavior indicates otherwise.
7. Foreign nurse graduates have difficulty understanding the terminology contained in communications from the Board of Nurse Examiners.
8. Some junior and senior collegiate nursing programs place constraints on foreign nurse graduates by requiring matriculation and transcripts, and/or they bar males.

Suggestions Provided by Hospital Personnel  
For Meeting the Learning Needs of Foreign Nurse  
Graduates and Unlicensed Graduates of American Schools<sup>14</sup>

(Selected entries are quoted for foreign nurse graduates only)

1. Schools of nursing could utilize teaching facilities during the summer when regular students are not enrolled to meet the clinical course needs of foreign nurse graduates.
2. Schools of nursing could hire an extra instructor to teach clinical courses to foreign nurse graduates.
3. Courses in the English language could be developed for foreign nurse graduates which include conversational English and medical terminology.
4. The foreign nurse graduate could be permitted to immediately challenge the State Board

Examinations after it is established that the individual is a licensed professional nurse in another country.

5. Retired nurses could be used to tutor foreign nurse graduates in English.
6. Limited licensure of the foreign nurse could be permitted for a specified period during which the individual would be expected not only to work toward licensure but have needed courses available if deficiencies existed.
7. Schools of nursing should remove all artificial barriers which prevent foreign nurse graduates from demonstrating their knowledge.

#### Summary

Today, in any discussion of the health care system in the United States, it is common to hear such terms as "fragmented," "lack of continuity," "inaccessibility," "duplication," and "inflexibility." These terms are probably more aptly applied to the general area of health personnel and, more specifically, to the licensing of these persons than any other segment of the health care system. Licensure has been criticized because it restricts entrance into the field and leaves certain institutions without qualified personnel.

Because the unlicensed foreign graduate nurse has been identified as a potential source of registered nurses, the attention of health care professionals has

been focused on the various factors that bear on the problem of bringing this individual into the American health care team. Through extensive review of the literature, contacts with a state professional organization and the State Board of Nurse Examiners, and a broad overview of legal decisions that affect licensed and unlicensed health care professionals, this study has: (1) delineated selection criteria of unlicensed foreign graduate nurses; (2) ascertained the requisites for the unlicensed foreign graduate nurse to perform nursing functions; (3) identified the legal restrictions and implications to the hospital utilizing the UFGN as well as possible legal liabilities incurred; and (4) recommended approaches aimed at assisting the unlicensed foreign graduate nurse prepare for the State Board Test Pool Examination.

From this study it was determined that:

1. The minimum criteria for screening and selecting for employment of the UFGN must include:

- a. personal data, duly notarized
- b. certification of graduation from a professional school of nursing
- c. verification of the application by licensing authority of the respective country
- d. recent identification photograph (properly identified)

2. The UFGN must be directly supervised by a licensed registered nurse when performing professional nursing functions. When not directly supervised, the unlicensed nurse can perform only those duties performed by other unlicensed nursing personnel (i.e. nursing assistant).

3. The hospital incurs liability for any negligent acts of the unlicensed foreign graduate nurse while she is performing her assigned duties. Supervisory personnel are also liable in these cases.

4. Employing the UFGN with the hope that on-the-job exposure to the American hospital will assist her in preparing to take, and hopefully pass, the State Board Test Pool Examination is the least economical and most ineffective approach. Studies cited have shown that better methods can be devised.

It is evident that the UFGN can be a potential boon to the badly understaffed hospital of today. However, the Texas Board of Nurse Examiners exercises final jurisdiction on the question of licensure of the professional nurse. The individual who practices professional nursing without a license or proper supervision by a licensed health professional, and the hospital that employs such an individual, run the risk of legal entanglement.

Licensure does restrict the use of health care personnel. However, circumventing the licensure laws will not correct this problem.

#### CONCLUSION

#### Footnotes

<sup>1</sup>Nathan Hershey, "An Alternative to Mandatory Licensure of Health Professionals," Hospital Progress, (March, 1969), 73.

<sup>2</sup>First Quarterly Report of the License Qualification Project, Lillian E. Faubert, project director (San Antonio, Texas: Texas Nurses Association, 1970), p.1.

<sup>3</sup>Texas Nurses Association, Roadmap to Licensure (San Antonio, Texas: Texas Nurses Association, 1970), p.1.

<sup>4</sup>First Quarterly Report.

<sup>5</sup>Progress Report of Licensure Qualification Project, Lynelle King, Nurse Coordinator (San Antonio, Texas: Texas Nurses Association, 1972). p.4.

<sup>6</sup>First Quarterly Report.

<sup>7</sup>A Manual of Rules, Regulations and Policy Statements for the Practice of Nursing (Austin, Texas: Board of Nurse Examiners for the State of Texas, 1971), p.2.

<sup>8</sup>Ibid, pp. 9-10.

<sup>9</sup>American Nurses Association, Facts About Nursing (New York: American Nurses Association, 1968), p. 23; Facts About Nursing, 1970-71 edition, p. 51.

<sup>10</sup>Ibid.

<sup>11</sup>Ibid.

<sup>12</sup>First Quarterly Report, p.8.

<sup>13</sup>Ibid, p. 9.

<sup>14</sup>Ibid.

the English language and medical terminology.

Special course work CHAPTER III geriatric and pediatric

nursing should be included for those nurses who

lack this preparation. CONCLUSION

#### Conclusion

The UFGN does represent a sizeable population of potential professional nurses. These nurses can best be brought into the American health care team by providing them the assistance they need to prepare them, not only to write and pass the state board examinations, but to function in the hospitals of this country. Fluency in the English language and medical jargon are most essential if these nurses are to help fill the shortage of registered nurses.

should be launched.

#### Recommendations

The following recommendations are submitted:

1. The UFGN should not be employed as a nurse and should not be permitted to perform professional nursing functions even though legally, with proper supervision, she could perform such functions.
2. A special training program should be developed specifically for the FGN with emphasis on instruction in where their skills and experience would fulfill the needs of the hospital.

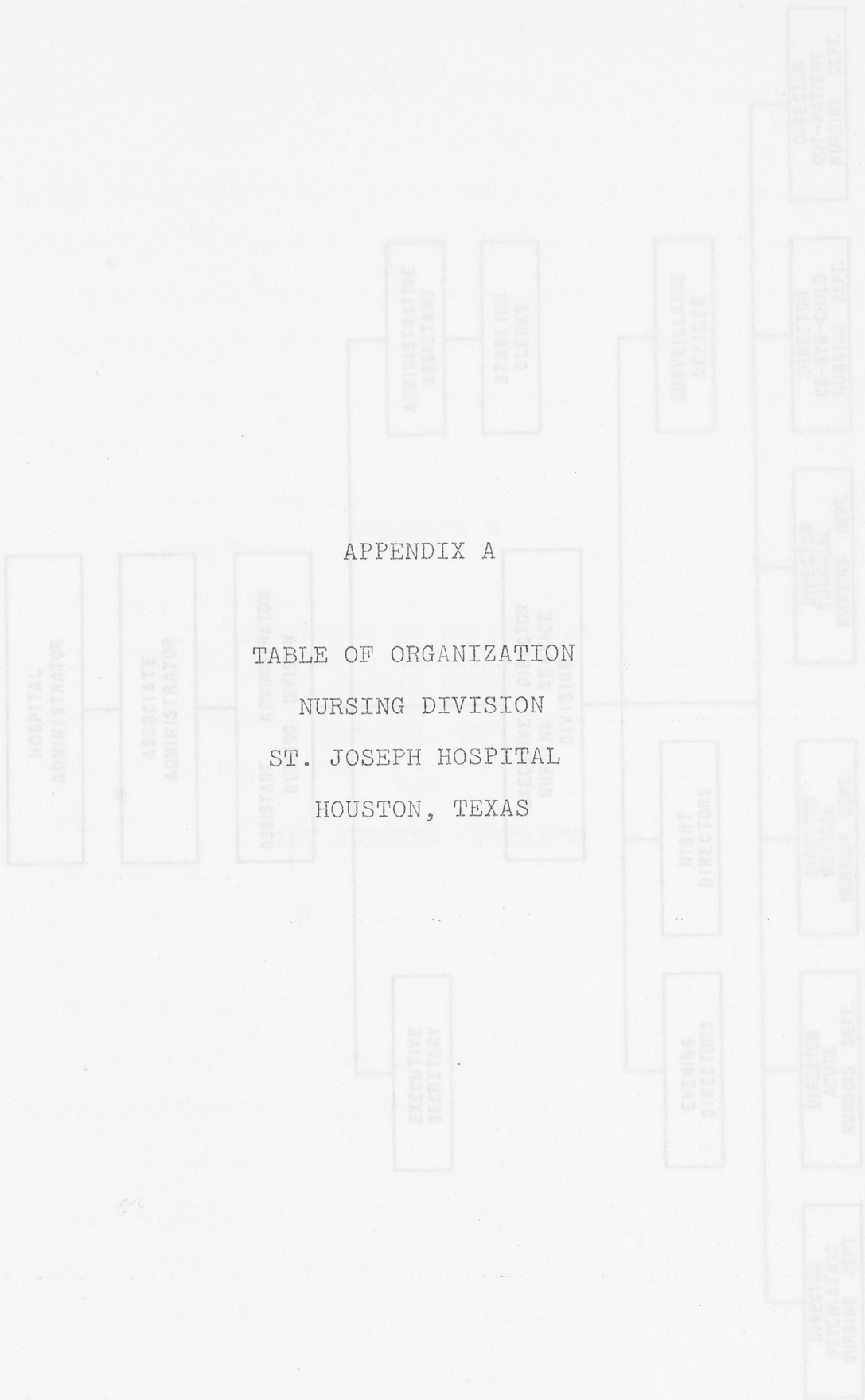
the English language and medical terminology. Special course work in psychiatric and pediatric nursing should be included for those nurses who lack this preparation.

3. The hospital should work with one of its affiliated nursing schools to have such a course established; it would be an uneconomical and inefficient use of existing hospital nursing personnel to have an individual hospital conduct such a course.

4. Once such a program is established, support of all hospitals in a given geographical area should be solicited; a vigorous program publicizing the existence of the program for foreign graduate nurses should be launched.

#### Further Research

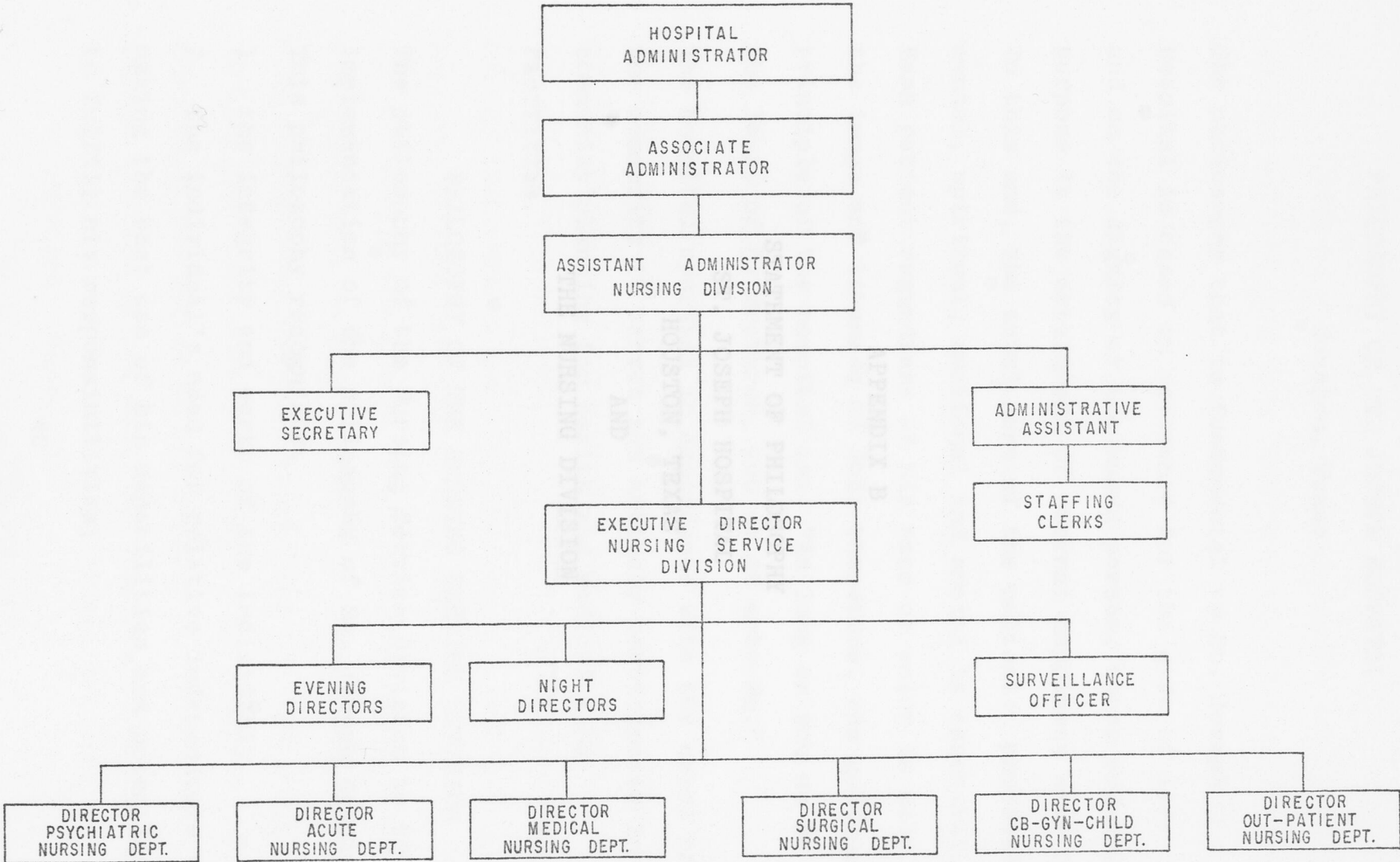
Further research is needed to determine if there are any workable alternatives to mandatory licensure of health professionals. Several hospital administrators alluded to such a possible recourse which would provide a greater degree of flexibility in assigning personnel and permit easier use of such individuals as the FGN where their skills and experience would fulfill the needs of the hospital.



APPENDIX A  
 TABLE OF ORGANIZATION  
 NURSING DIVISION  
 ST. JOSEPH HOSPITAL  
 HOUSTON, TEXAS

NURSING DIVISION, ST. JOSEPH HOSPITAL  
 TABLE OF ORGANIZATION

Source: Office of the Assistant Administrator, Nursing Division  
 St. Joseph Hospital, Houston, Texas



NURSING DIVISION, ST. JOSEPH HOSPITAL  
TABLE OF ORGANIZATION

Source: Office of the Assistant Administrator, Nursing Division  
St. Joseph Hospital, Houston, Texas

## PHILOSOPHY OF ST. JOSEPH HOSPITAL

Houston, Texas

The philosophy that is fundamental to St. Joseph Hospital is based on reverence for the gift of life and on the dignity of the human person, whose primary purpose is the attainment of eternal happiness with God. To this end, the total care of the patient: physical, mental, spiritual, emotional and social is essential.

Each patient regardless of his race or color is made to the image and likeness of God; therefore, the guiding principle of the hospital is: "As long as you do it to the least of my brethren, you do it unto Me."

### APPENDIX B

#### STATEMENT OF PHILOSOPHY

ST. JOSEPH HOSPITAL

HOUSTON, TEXAS

AND

THE NURSING DIVISION

The hospital operates in accordance with the needs of the community it serves and actively participates in community planning for health and medical care facilities.

#### PHILOSOPHY OF THE NURSING SERVICE DIVISION

The philosophy of the Nursing Service Division is the implementation of the philosophy of St. Joseph Hospital. This philosophy recognizes:

1. the integrity and worth of the individual;
2. the individual's need for relative independence while making the best use of his capabilities and potentialities to fulfill his responsibilities;

## PHILOSOPHY OF ST. JOSEPH HOSPITAL

3. that competent Houston, Texas employees will render optimum patient care when motivated to job satisfaction

The philosophy that is fundamental to St. Joseph Hospital is based on reverence for the gift of life and on the dignity of the human person, whose primary purpose is the attainment of eternal happiness with God. To this end, the total care of the patient: physical, mental, spiritual, emotional and social is essential. Each patient regardless of his race or color is made to the image and likeness of God; therefore, the guiding principle of the hospital is: "As long as you do it to the least of My Brethren, you do it unto Me."

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2. the individual's need for relative independence while making the best use of his capabilities and potentialities to fulfill his responsibilities;

Revised: June, 1970

3. that competent and concerned employees will render optimum patient care when motivated to job satisfaction and performance with opportunity for personal achievement and advancement;
4. that a continuous program of evaluation is essential to improve nursing techniques and practices;
5. that service, teaching and research should be supported, promoted and participated in through cooperation with other departments; and
6. that the patient has a right to expect that:
  - a. he will receive the nursing care necessary to help him regain or maintain his maximum degree of health;
  - b. the nursing personnel caring for him are qualified through education, experience and personality, to carry out the functions for which they are responsible;
  - c. nursing personnel will assist in keeping adequate records and reports and will treat with confidence all personal matters relating to him; and,
  - d. within the limits set by his physician, he and his family will be taught about his illness and plans made so that they can help themselves and have continuing nursing and other necessary services available to him throughout the period of his need.

Source: Office of the Assistant Administrator, Nursing Division, St. Joseph Hospital, Houston, Texas.

Revised: June, 1970

## NURSING SERVICE DEPARTMENT

### STATEMENT OF FUNCTIONS

The nursing service department carries out its functions according to the philosophy, objectives, and policies of the hospital established by the governing board. Accordingly, the director of nursing service is responsible to the associate administrator of the hospital. Within this organizational pattern, the functions of the department of nursing service are:

1. To provide and evaluate nursing service for patients and their families in support of medical care as directed by the medical staff and pursuant to the objectives

#### APPENDIX C

### STATEMENT OF FUNCTIONS

#### OF THE

#### NURSING DIVISION

#### ST. JOSEPH HOSPITAL

#### HOUSTON, TEXAS

2. To define and implement the philosophy, objectives, policies, and standards for nursing care of patients and related nursing services.
3. To provide and implement a departmental plan of administrative authority which clearly delineates responsibilities and duties of each category of nursing personnel.
4. To coordinate the functions of the Department of nursing service with the functions of all other departments and services of the hospital.
5. To estimate the requirements for and to maintain an adequate and competent nursing staff.

## NURSING SERVICE DEPARTMENT

### 6. To provide STATEMENT OF FUNCTIONS by which the

The nursing service department carries out its functions according to the philosophy, objectives, and policies of the hospital established by the governing board.

Accordingly, the director of nursing service is responsible to the associate administrator of the hospital.

Within this organizational pattern, the functions of the department of nursing service are:

1. To provide and evaluate nursing service for patients and their families in support of medical care as directed by the medical staff and pursuant to the objectives and policies of the hospital.
2. To define and implement the philosophy, objectives, policies, and standards for nursing care of patients and related nursing services.
3. To provide and implement a departmental plan of administrative authority which clearly delineates responsibilities and duties of each category of nursing personnel.
4. To coordinate the functions of the department of nursing service with the functions of all other departments and services of the hospital.
5. To estimate the requirements for and to maintain an adequate and competent nursing staff.

Division, St. Joseph Hospital, Houston, Texas.

6. To provide the means and methods by which the nursing personnel can work with other groups in interpreting the objectives of the hospital and nursing services to the patient and community.
7. To participate in the formulation of personnel policies, to implement established policies and evaluate their effectiveness.
8. To develop and maintain an effective system of clinical and administrative records and reports.
9. To participate in and adhere to financial plan of operation for the hospital.
10. To estimate needs for facilities, supplies, and equipment, and implement a system for evaluation and control.
11. To initiate, utilize, and/or participate in studies or research projects designed for the improvement of patient care or the improvement of other administrative and hospital services.
12. To participate in and/or facilitate all educational programs which include student experiences in the department of nursing service.
13. To provide and implement a program of continuing education for all nursing personnel.

Source: Office of Assistant Administrator, Nursing  
Division, St. Joseph Hospital, Houston, Texas.

## TEXAS EMPLOYMENT STANDARDS FOR PROFESSIONAL NURSES

### Philosophy

The Texas Nurses Association, the organization of professional registered nurses in Texas, believes that good employment practices contribute to the improvement of nursing services to the public. The development and maintenance of high professional standards is the responsibility of each professional. Therefore the Texas Nurses Association has been motivated by exercising this responsibility in the adoption of employment standards.

Professional nurses and employers of nurses will find these recommendations helpful.

### APPENDIX D

It is intended that these standards be used as a guide in the establishment of employment policies and the recruitment of registered nurses. Upon request, the Texas Nurses Association is available for consultation with members and employers to effect sound personnel policies.

### The A.N.A. Code of Ethics

1. The nurse provides services with respect for the dignity of man, unobscured by considerations of nationality, race, creed, color or status.
2. The nurse recognizes the individual's right to privacy by judiciously protecting information of a confidential nature, sharing only that information relevant to his care.
3. The nurse evaluates individual competence in nursing

## TEXAS EMPLOYMENT STANDARDS FOR PROFESSIONAL NURSES

### Philosophy

The Texas Nurses Association, the organization of professional registered nurses in Texas, believes that good employment practices contribute to the improvement of nursing service to the public. The development and maintenance of high professional standards is the responsibility of each profession. Therefore the Texas Nurses Association has taken one step in exercising this responsibility in the adoption of employment standards. Professional nurses, as well as employers of nurses will find these recommendations helpful.

It is intended that these standards be used as a guide in the establishment of personnel policies and the recruitment of registered nurses. Upon request, the Texas Nurses Association is available for consultation with members and employers to effect sound personnel policies.

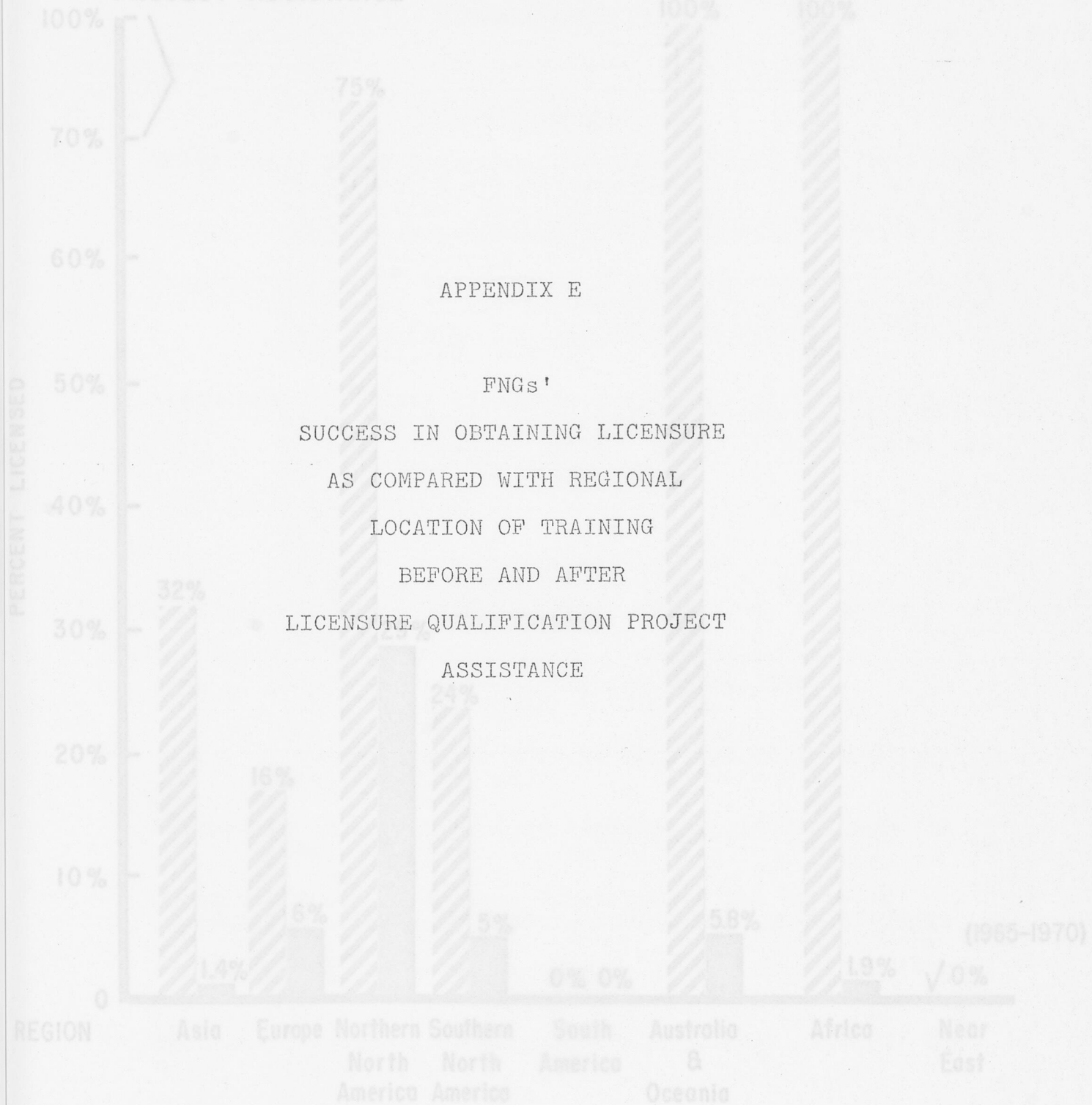
### The A.N.A. Code for Nurses

1. The nurse provides services with respect for the dignity of man, unrestricted by considerations of nationality, race, creed, color or status.
2. The nurse safeguards the individual's right to privacy by judiciously protecting information of a confidential nature, sharing only that information relevant to his care.
3. The nurse maintains individual competence in nursing

practice, recognizing and accepting responsibility for individual actions and judgments.

4. The nurse acts to safeguard the patient when his care and safety are affected by incompetent, unethical, or illegal conduct of any person.
5. The nurse uses individual competence as a criterion in accepting delegated responsibilities and assigning nursing activities to others.
6. The nurse participates in research activities when assured that the rights of individual subjects are protected.
7. The nurse participates in the efforts of the profession to define and upgrade standards of nursing practice and education.
8. The nurse, acting through the professional organization, participates in establishing and maintaining conditions of employment conducive to high quality nursing care.
9. The nurse works with members of health professions and other citizens in promoting efforts to meet health needs of the public.
10. The nurse refuses to give or imply endorsement to advertising, promotion, or sales for commercial products, services, or enterprises.

FNG's SUCCESS IN OBTAINING LICENSURE AS COMPARED WITH REGIONAL LOCATION OF TRAINING BEFORE AND AFTER LICENSURE QUALIFICATION PROJECT ASSISTANCE



APPENDIX E  
 FNGs'  
 SUCCESS IN OBTAINING LICENSURE  
 AS COMPARED WITH REGIONAL  
 LOCATION OF TRAINING  
 BEFORE AND AFTER  
 LICENSURE QUALIFICATION PROJECT  
 ASSISTANCE

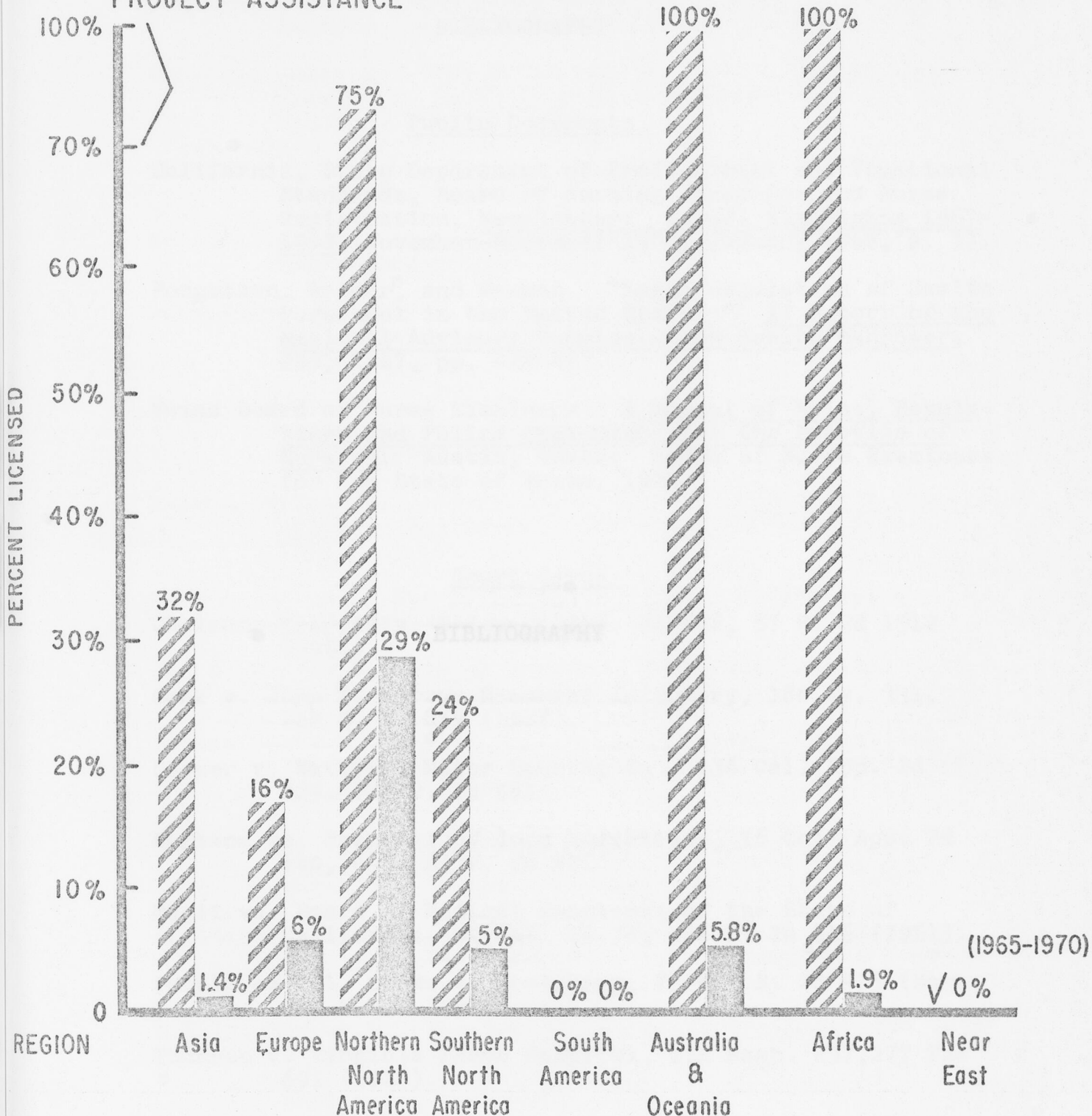
April 1972  
 1965-1970

FNG = Foreign Nurse Graduate  
 SBTPE = State Board Test

√ none took SBTPE  
 in April, 1972

Source: Progress report of Licensure Qualification Project, Texas Nurses Association, 1972.

FNG's SUCESS IN OBTAINING LICENSURE AS COMPARED WITH REGIONAL LOCATION OF TRAINING BEFORE AND AFTER LICENSURE QUALIFICATION PROJECT ASSISTANCE



April 1972  
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FNG = Foreign Nurse Graduate  
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Source: Progress report of Licensure Qualification Project, Texas Nurses Association, 1972.

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ABSTRACT

A STUDY TO DETERMINE APPROPRIATE UTILIZATION  
OF THE UNLICENSED FOREIGN GRADUATE NURSE AT  
ST. JOSEPH HOSPITAL, HOUSTON, TEXAS

A Problem-Solving Thesis Submitted to the Faculty of Baylor University  
in Partial Fulfillment of the Requirements for the Degree of  
Master of Hospital Administration

by

Jose R. Coronado

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This study was initiated to determine the appropriateness of using the unlicensed foreign graduate nurse in the patient care program at St. Joseph Hospital, Houston, Texas.

Information was gathered by means of interviews, examination of legislation, and review of pertinent literature. From this it was determined that the foreign graduate nurse represents a sizeable untapped source of potential registered nurses. Most of these nurses find it difficult to obtain licensure because of a lack of fluency in the English language and medical terminology.

A review of current nurse licensure legislation affirmed that the unlicensed foreign graduate nurse may be used in direct patient care only if she performs these duties under the direct supervision of a registered nurse. Under the doctrine of respondeat superior, the hospital using the unlicensed foreign graduate nurse is liable for any negligence on the part of this nurse.

It was concluded that the unlicensed foreign graduate nurse should not be used in the patient care program, but that a special program be established to prepare her for the State Board Test Pool Examination.