

## Immigrants in Healthcare Occupations

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### BACKGROUND

The United States (U.S.) draws a large number of immigrants in search of better economic opportunities. As skilled professionals move from less to more developed countries, this “brain drain” may put the migrants’ home countries at risk by depleting human resources for public health and healthcare. The World Health Organization calls on member nations to report on healthcare worker migration to monitor potential imbalances between countries, but information is limited. A recent study found that international recruitment firms are increasingly engaged in recruiting allied health professionals, but data on the U.S. immigrants who make up allied health occupations is lacking. This study provides a national snapshot comparing immigrants to the U.S. with native-born citizens who work in healthcare occupations, including their sociodemographic characteristics and the jobs they fill.

### METHODS

We used a three-year pooled sample (2011 to 2013) of the American Community Survey, an annual household survey conducted by the U.S. Census, selecting a sample of noninstitutionalized individuals age 18 to 75 years in the U.S. labor force. We compared native-born U.S. citizens with immigrants, which include naturalized citizens and noncitizens. We examined sociodemographic characteristics including birthplace, gender, age, marital status, metropolitan or non-metropolitan residence, highest level of educational attainment, and state of residence. Among immigrants, we also examined the number of years they had lived in the U.S. and age of immigration, and among naturalized citizens, age at naturalization. We compared the sociodemographic characteristics of healthcare workers having less than a bachelor’s degree with those having a bachelor’s degree and higher by immigrant and citizenship status.

### KEY FINDINGS

- Immigrants constituted 15.7% of the healthcare labor force. There were about twice as many naturalized citizen (10.5%) as noncitizen (5.3%) immigrants in healthcare.
- Unemployment in healthcare was lower for naturalized citizens (3.5%) compared with native born citizens (4.8%) and noncitizens (6.0%).
- Most common birthplaces for naturalized citizens were Asia, the Caribbean, Europe, and Africa. For noncitizens, most common birthplaces were Asia, the Caribbean, Mexico, and Africa.
- Naturalized citizens were older than native-born citizens and noncitizens; noncitizens were the youngest. Naturalized citizens had immigrated into the U.S. at a younger age and had lived in the U.S. about 10 years longer than noncitizens.
- Immigrants were more likely than native-born citizens to be married.
- Over 97% of immigrants lived in metropolitan counties.
- More naturalized citizens (53.2%) had a bachelor’s degree or higher than native-born citizens (44.4%) and noncitizens (41.1%).
- Unemployment rates were higher for individuals with less than a bachelor’s degree versus those with a bachelor’s degree or higher, regardless of immigration or citizenship status.
- Most common healthcare jobs of naturalized citizens included registered nurse (19.8%); nursing/psychiatric/home health aide (18.4%); and physician/surgeon (11.4%). The most common healthcare jobs of noncitizens included allied health occupations such as nursing/psychiatric/home health aide (27.3%) and personal/home care aide (17.6%), as well as registered nurse (12.7%).

### CONCLUSIONS AND POLICY IMPLICATIONS

Our study suggests that noncitizens in the healthcare labor force are likely to experience greater social and labor market vulnerability than either naturalized citizens or native born citizens. Further study that addresses the following topics is needed to understand these patterns as well as the causes and consequences of health worker migration:

- Wage comparisons between immigrants and the native born who work in the same occupations.
- Life course and work history patterns of different immigrant groups and how they may affect health career pathways.
- How U.S. recruitment of immigrants into allied health careers affects the labor market and population health of the sending countries.
- How many immigrants have foreign credentials that are not recognized and how this affects immigrants’ qualification for healthcare jobs in the U.S.

Given shortages of healthcare professionals in underserved communities in the U.S., and the loss of healthcare talent in immigrants’ home countries, the extent of the mismatch between immigrants’ skills and the jobs they occupy is an issue of great concern. Policymakers in the U.S. and other nations need a more thorough understanding of these dynamics of healthcare worker migration and occupational outcomes to make more rational use of scarce and valuable human resources for health.

## Sociodemographic Characteristics of U.S. Healthcare Workers by Education Level

	Native-born U.S. Citizen		Naturalized U.S. Citizen		Noncitizen	
	Less than bachelor's degree	Bachelor's degree or higher	Less than bachelor's degree	Bachelor's degree or higher	Less than bachelor's degree	Bachelor's degree or higher
<b>N (Healthcare labor force)</b>	7,700,217	5,982,963	798,000	884,168	523,056	351,529
<b>Unemployed</b>	6.5%	2.4%	4.7%	2.3% <sup>1</sup>	7.5%	3.6%
<b>N (Employed only)</b>	<b>7,202,100</b>	<b>5,841,980</b>	<b>760,222</b>	<b>863,495</b>	<b>483,635</b>	<b>338,878</b>
<b>Female</b>	83.8%	71.2%	82.6% <sup>2</sup>	66.3%	81.9%	63.8%
<b>Age (mean)</b>	41.1	43.5	45.8	46.4	41.4 <sup>3</sup>	40.5
<b>Age at immigration (mean)</b>	NA	NA	22.0 <sup>4</sup>	21.7	26.1	28.8
<b>Years in U.S. (mean)</b>	NA	NA	23.9	24.9	15.4	11.7
<b>Age at naturalization (mean)</b>	NA	NA	32.6	31.2	NA	NA
<b>Married</b>	45.4%	61.0%	56.9%	70.2%	51.1%	65.6%
<b>Live in metropolitan county</b>	83.3%	90.5%	98.2% <sup>4</sup>	98.3%	97.1% <sup>5</sup>	97.5%

Source: Author calculation of data from American Community Survey 2011-2013 extracted from: Ruggles S, Genadek K, Goeken R, Grover J, Sobek M. *Integrated Public Use Microdata Series: Version 6.0* [Machine-readable database] Minneapolis: University of Minnesota, 2015.

Note: All differences by education level are statistically significant at  $p < 0.001$  using sample (unpaired) t-test for all comparisons unless otherwise noted.

1. No statistically significant difference between native-born citizens and naturalized citizens with a bachelor's degree or higher

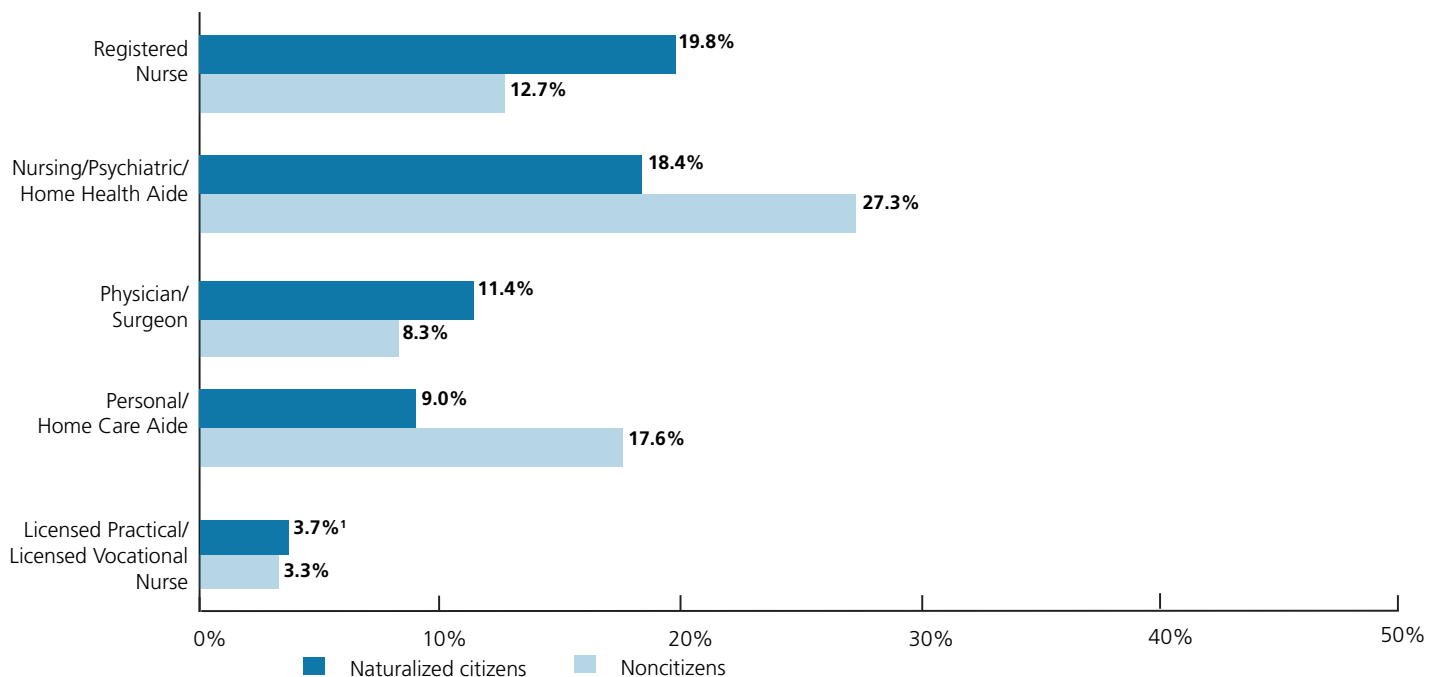
2. No statistically significant difference between naturalized citizens and noncitizens with less than a bachelor's degree

3. Significant difference between native-born citizens and noncitizens with less than a bachelor's degree at  $p = 0.003$

4. No statistically significant difference among naturalized citizens by education level.

5. No statistically significant difference among noncitizens by education level

## Most Common Healthcare Job Categories of U.S. Immigrants



Source: Author calculation of data from American Community Survey 2011-2013 extracted from: Ruggles S, Genadek K, Goeken R, Grover J, Sobek M. *Integrated Public Use Microdata Series: Version 6.0* [Machine-readable database] Minneapolis: University of Minnesota, 2015.

Note: All differences are statistically significant at  $p < 0.001$  using two sample (unpaired) t-test for all comparisons unless otherwise noted.

1. Not statistically significant at  $p < 0.001$

More information about immigrants in healthcare occupations is available in the report: Patterson DG, Snyder CR, Frogner BK. Immigrants in Healthcare Occupations. Center for Health Workforce Studies, University of Washington, Jan 2017. This work was funded through Health Resources and Services Administration Cooperative Agreement U81HP27844 Health Workforce Research Centers Program.