Immigrants in Health Care Jobs: Divergent Paths

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Objective: The World Health Organization's Code of Practice on the International Recruitment of Health Personnel calls on the WHO's Director General to solicit member nation reports every three years on the migration of healthcare workers to monitor any potential imbalances. However, data on the migration of health workers is largely unavailable or limited in scope. The purpose of this study is to provide a snapshot of jobs that immigrants hold in the U.S. health workforce, countries of origin, and demographic characteristics compared to their U.S. citizen counterparts.

Population Studied: Immigrants in the U.S. health workforce.

Method: This descriptive study used a three-year pooled sample (2011 to 2013) of the American Community Survey (ACS), an annual household survey conducted by the U.S. Census Bureau. We restricted the sample to persons age 18 years and older in the healthcare labor force, defining occupations using the 2010 Standard Occupational Classification System. We classified individuals as native-born U.S. citizens, and two immigrant categories, naturalized citizens and noncitizens. Among immigrants, we analyzed source country, gender, age, education, marital status, current residence, and employment.

Findings: About 16% of the U.S. healthcare workforce are immigrants, with mean ages of 46.1 (naturalized) and 41.0 (noncitizen). Similar proportions of native-born and immigrants in healthcare were women (75%-79%). Immigrants were more likely to be married. Naturalized citizens resided in the U.S. for a mean of 24.4 years, and noncitizens, 13.8 years. The three top birth regions were Asia, the Caribbean, and Europe; top birth countries were the Philippines, Mexico, and India. Top states of residence were California, New York, and Florida. Fewer than 3% of immigrants resided in rural areas. Top healthcare jobs of naturalized citizens, in order, were (1) registered nurse (RN), (2) nursing, psychiatric and home health aides (NPHH), and (3) physicians and surgeons. Top jobs of noncitizens were (1) NPHH, (2) personal and home care aides (PCA), and (3) RN. Jobs with the highest share of naturalized citizens were (1) physicians and surgeons, (2) dentists, and (3) pharmacists. Jobs with more noncitizens were (1) PCA, (2) NPHH, and (3) other diagnosing and treating practitioners. Naturalized citizens had more education than native born, and noncitizens less. Immigrants were more likely than native born to be greatly overqualified for entry level healthcare jobs. For example, 17.6% of noncitizen PCAs had bachelor (college or university) degrees or higher, compared with 9.8% of native-born PCAs; 4.6% of noncitizen medical assistants had master's degrees or higher, compared with 1.3% of native-born medical assistants.

Conclusions: Naturalized citizens fill more skilled job than noncitizens. Some immigrants appeared to have a skills/education mismatch, with higher levels of education than required for their jobs.

Implications for Policy or Practice: The U.S. relies on significant numbers of immigrants to fill healthcare jobs but may not be fully utilizing immigrant capabilities. Noncitizens appeared to be more vulnerable than naturalized citizens: though noncitizens may have come to the U.S. for upward mobility, the outlook for some entry level jobs they occupy may put them at long-term financial risk.