The geographical imaginations and mobilities of Filipino nurses: An exploration of Global Therapeutic Networks in Metro Manila, the Philippines

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A map drawn by Nicole, one of the participants. She has drawn the world surrounded by a stethoscope.

Abstract

This thesis challenges the commonheld notion that being a Filipino nurse involves an aspiration to migrate to the global north. I analyse how women and men negotiate, interpret, and resist the pressures of migration, engaging in new mobilities within the Philippines and beyond. Drawing on Global Care Chain thinking and the mobilities paradigm, I call for an orientation towards Global Therapeutic Networks (GTNs) to better explain the complex, multiple, and varied experiences of those involved in global transfers of care. I adopt and develop the geographical imaginations approach to examine and understand the agentic decision-making practices undertaken by nurses within larger GTN pressures. Focusing on the experiences of nurse students and graduates living in Metro Manila, rather than overseas, brings light to the hidden stories of those involved in the global circulation of care who do not migrate.

Drawing on 48 interviews and 39 mental maps with nurse graduates and students, I examine four key areas. Initially, I explore how young women and men are drawn into nursing education in the Philippines, examining the intersections of nursing, overseas migration, therapeutics, and socioeconomic mobility. Secondly, I explore how participants understand what it means to be a Filipino nurse in the context of global healthcare circulations. I demonstrate expectations of exploitation are largely accepted by nurses, regardless of migratory desire. Thirdly, I turn to employment experiences, focusing on volunteerism, 'call centre nursing', and entrepreneurship. I explore novel mobilities nurses engage in to achieve the goals of migration without leaving the Philippines. Finally, I examine the geographical imaginations and migratory intentions and aspirations of nurses. I draw attention to the importance of sociocultural mobility as a deciding factor in decisions *to* migrate, and of *where* to migrate to. I contribute to wider debates on global circulations of healthcare and migration decision-making approaches.

Dedication and Acknowledgements

First and foremost, I offer my kindest gratitude and thanks to each of the participants in this study. Without their participation and willingness to share their narratives, this project could not have been completed. I also wish to thank the gatekeepers, facilitators, contacts, and others that I met who assisted with my research, particularly the College of Nursing at the University of the Philippines, Manila.

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This thesis is dedicated to Luke Gaul, who will never be forgotten, and, as always, to my Dad. BLD.

Table of contents

List of Tables and Figures

List of Key Acronyms

ASEAN	Association of South East Asian Nations
BPO	Business Process Outsourcing
CFO	Commission on Filipinos Overseas
CN	College of Nursing (at UPM)
CPD	Continuing Professional Development
DOH	Department of Health (the Philippines)
DOLE	Department of Labor and Employment (the Philippines)
GCC	Global care chains
GTN	Global therapeutic networks
HIM	Healthcare Information Management
ICN	International Council of Nursing
IELTS	International English Language Testing System
LGU	Local Government Unit (the Philippines)
NCLEX	National Council Licensure Exam (US)
NCLEX-RN	National Council Licensure Exam- Registered Nurse (US)
NCR	National Capital Region/ Metro Manila
NHS	National Health Service (UK)
NRCO	National Reintegration Center for OFWs (the Philippines)
OFW	Overseas Filipino Worker
OWWA	Overseas Workers Welfare Administration (the Philippines)
PDOS	Pre-Departure Orientation Seminar
POEA	Philippine Overseas Employment Administration
POLO	Philippine Overseas Labor Office
PRC	Professional Regulation Committee (the Philippines)
RSA	Return Service Agreement (the Philippines)
TOEFL	Test of English as a Foreign Language
UPM	University of the Philippines, Manila
WHO	World Health Organization

Chapter 1. Introduction

In this thesis I analyse the ways nurses resist and overcome the pressures of migration, creating new futures and engaging in new mobilities in the Philippines. I uncover the hidden stories of those involved in the global circulation and movements of healthcare provision, giving equal space to the voices of those without a desire to migrate. This attention is important to disrupt common-held assumptions in migration research that it is only migrants themselves who are worthy of being researched. While an estimated 25 percent of the world's migrant nurses are Filipino[1] (Matsuno, 2009), and the Philippines is a key 'supplier and producer' of nurses for overseas markets, there are also an estimated 500,000 Filipino nurses who are unemployed or underemployed (Lapeña, 2011; The Manila Times, 2016). These nurses deserve attention.

I examine how the demand for skilled nurses which primarily originates from the global north, widens class divisions within the Philippines' nursing sphere, replicates and further entrenches global and national health inequalities, and impacts the various mobilities of nurses, not just international migration. I draw upon global care chain (GCC) approaches as pioneered by Yeates (2012, 2004b), but expand GCC analysis to account for healthcare workers who do not migrate, and to account for mobility beyond international migration. Through shifting understandings of movement as mobilities rather than migration, it is possible to examine how global care chains result not just in spatial mobilities, but in occupational and sectoral mobilities, and socioeconomic mobilities (Thompson, in press). I call for an orientation towards Global Therapeutic Networks (GTNs) to better explain the complex, multiple, and varied experiences of those involved in global transfers of care. GTNs are sensitive to non-traditional and digital forms of care provision, and challenge linear conceptualisations implicit in GCC literature.

My interactions with a diverse range of nurse graduates and students living in Metropolitan Manila (henceforth Manila) also demands a broadening of the notion of 'care'. Within GCC literature, and wider healthcare migration literature, there is an implicit assumption that care work relates to reproductive and/or highly feminised work, such as nursing, domestic work, childminding, cleaning, healthcare work, etc. Kilkey (2010) argues that in part this serves to silence 'care work' traditionally undertaken by men migrants – gardening, janitorial work,

[1] Although there is a move towards using Filipinx rather than the gendered Filipino/Filipina within critical Philippine studies (Bagunu, 2018; Sarmiento, 2017; Viola, 2017), the participants I spoke with used Filipino to refer to both genders, and I have adopted this throughout the thesis.

and DIY. I therefore instead adopt a 'therapeutic mobilities' approach that is more sensitive to practices and activities intended to improve wellbeing and health, as well as more traditional caring activities, and incorporates the 'caring' work of men.

First proposed by Gatrell (2013, p. 100) to describe the mental, physical, and spiritual benefits of walking on wellbeing and health, therapeutic mobilities conveys *'the idea that movement itself can be conducive to wellbeing and health'*. By considering therapeutic mobilities, rather than therapeutic (international) migrations, Gatrell pushes us to consider a broader conceptualisation of what movement might entail, focusing on the effects of movement for the individual. While Gatrell's approach centres on the therapeutic as a quality of mobility (walking), a forthcoming edition of the journal *Mobilities* expands this notion to consider how the therapeutic can be an effect of mobilities.

> [M]obility itself works as a form of therapy, whereas in other cases therapy is a (desired) outcome of mobility that is owed to something beyond movement itself. Mobility hence, is a means to prompt the production or consumption of therapy. Accordingly, therapeutic mobilities contain on the one hand the mobility of human and non-human bodies and things including, though not limited to, nurses, doctors and pharmaceuticals […] On the other hand, therapeutic mobilities contain bodies that articulate a need/desire for diagnostics, therapies or palliative care and are ready to travel to access it. (Kaspar *et al*., forthcoming, pp. 6–7)

Mobility can result in therapy, and therapy can prompt mobility. In this thesis, I demonstrate the ways that mobilities and therapies are critically and inherently intertwined, through the example of nurse graduates and students living in the Philippines. The development of a global therapeutic networks (GTN) approach incorporates insights from therapeutic mobilities, and is necessary to correct the inadequacies of existing GCC approaches. GTN offers a refined and more nuanced approach to understanding the global circulations, movements, and mobilities of those involved in the provision of healthcare.

Furthermore, I adopt and develop the geographical imaginations approach to better understand the decision-making practices of potential migrants, and to move away from purely structural approaches that deny migrant agency. The geographical imaginations approach is sensitive to the influence of agency, accounts for the influence of cultural as well as economic and social motivations for migration, gives credence to images of both 'home' and 'away', and can incorporate into research those without desires to migrate. This is

particularly central in the current context of growing debates concerning the integration of migrants (particularly from the global south to the global north) and rising anti-immigrant/ anti-immigration rhetoric (Carling and Collins, 2018). Focusing only on migrants contributes to the normalisation of migration (of those from the global south) as a common everyday occurrence. Given that the estimated 258 million international migrants represents just over 3.4 percent of the world population (United Nations, 2017), migration is by no means an everyday decision. Even in case of the Philippines, a country with a deep culture of migration, one of the world's highest emigration rates (United Nations, 2017), an overseas population of 10 million (CFO, 2013), and from where at least 1.4 million migrants leave each year since 2009 (POEA, 2016, 2013); migration is not the norm. The most recent national survey on intentions to migrate found that with regard to the statement *'If it were only possible, I would migrate to another country and live there'*, 20 percent of Filipinos would do so while 54 percent would not (the remaining 26 percent undecided/refused to answer) (PulseAsia Inc., 2008, p. 3). Giving space to the voices of those without desires to migrate is therefore a central purpose of this thesis.

1.1 Thesis aims and objectives

The overall aim of this thesis is to understand how nurses in the Philippines are drawn into global circulations of healthcare, known as the global care chain, or global therapeutic network. To do so, I have four key objectives:

1. To explore the reasons why young women and men enter nursing education in the Philippines.
2. To examine how nurse students and graduates understand the occupation of nursing and their role(s) within nursing whether at home or overseas.
3. To explore the employment experiences, opportunities, and trajectories of nurse graduates.
4. To understand how nurse students and graduates imagine their future trajectories, whether 'at home' or abroad.

To explore these objectives, I used an inductive approach with qualitative methods. The methodological approach is discussed in detail in Chapter 3. The present project emerged from previous research focusing on the experiences of Filipino nurses and healthcare workers living in the northeast of England (Thompson, 2015). That project raised questions as to how

and why women and men from the Philippines turn to migration in healthcare industries as a life choice. My initial interest into the healthcare migration of Filipino women and men emerges from personal relations with migrants in the northeast of England.

The discussion of the findings is organised around these four areas in Chapters 4 to 7. This is an important endeavour as previous research on global care chains has overwhelmingly focused on nurses and other care providers who have already migrated (c.f. Bhutani et al., 2013; Walton-Roberts, 2010, 2012). While we have increasing understanding of the processes and structures that facilitate, prompt, or prohibit the migration of healthcare providers, we know very little as to how these healthcare providers understand, work with, and in cases resist these larger international pressures and are drawn and pushed into global circulations of care.

1.2 Research context

To carry out this research, I was based in Manila, the Philippine's National Capital Region (NCR) for a six-month period between June and December 2015. I travelled within the Metro region and spoke with nurses, nursing students, and those involved in wider aspects of the nursing industry. Metro Manila is a hub in the Philippines for industries relating to both migration and healthcare, attracting a diverse range of nurses from around the nation (Capones, 2013). In total, I interviewed 48 nurse graduates and students, in 46 conversations lasting from 40 to 150 minutes, and 39 of the participants created 'mental maps', visual depictions of their worlds and future desires (see Chapter 3 for further information). Due to issues of knowledge extraction, representation, and power imbalances when researchers from the global north travel south for fieldwork I draw on insights from postcolonial methodological literatures (Griffiths, 2017; Jazeel and McFarlane, 2007; Radcliffe, 2012; Raghuram and Madge, 2006), although it must be noted that the study does not seek to explicitly critique or analyse colonial or postcolonial relations and practices.

The Philippines is an archipelagic nation consisting of over 7,000 islands situated in Southeast Asia (see Figure 1). With a population of over 105 million, it is the world's twelfth most populated nation (US Census Bureau, 2018), and with an overseas migrant population of around 10 percent (CFO, 2013), is one of the world's largest providers of migrant labour (United Nations, 2017). Spanish and American colonialism have left their mark, as around 80 percent of the population are practising Catholics, one of the two official national languages is English (Anderson, 2004a; Kaufman, 2013), and educational and political institutions are heavily influenced by the US (Choy, 2003). Metro Manila, the capital region (see Figure 2 and Figure 3), has historically served as the Philippines's political, economic, educational,

and cultural hub, and is home to at least 12.8 million Filipinos (Philippine Statistics Authority, 2016), many of whom travel from other provinces for work and opportunities. Manila is also home to over 35 nursing colleges as well as a vast and expansive migration industry including recruitment offices, training facilities, clinics conducting health checks, visa assistance, foreign currency exchanges, and international money transfer stores (see Figure 4) (Ortiga, 2018, 2014).

Figure 1: Political map of Southeast Asia (Philippines in pink) (Cacahuate, 2008)[2]

[2] The 'South China Sea' is generally referred to as the 'West Philippine Sea' within the Philippines, reflecting ongoing disputes concerning contested islands in the sea.

Figure 2: Map of Philippines showing provinces and regions. Manila is located in the National Capital Region (Sanglahi86, 2016).

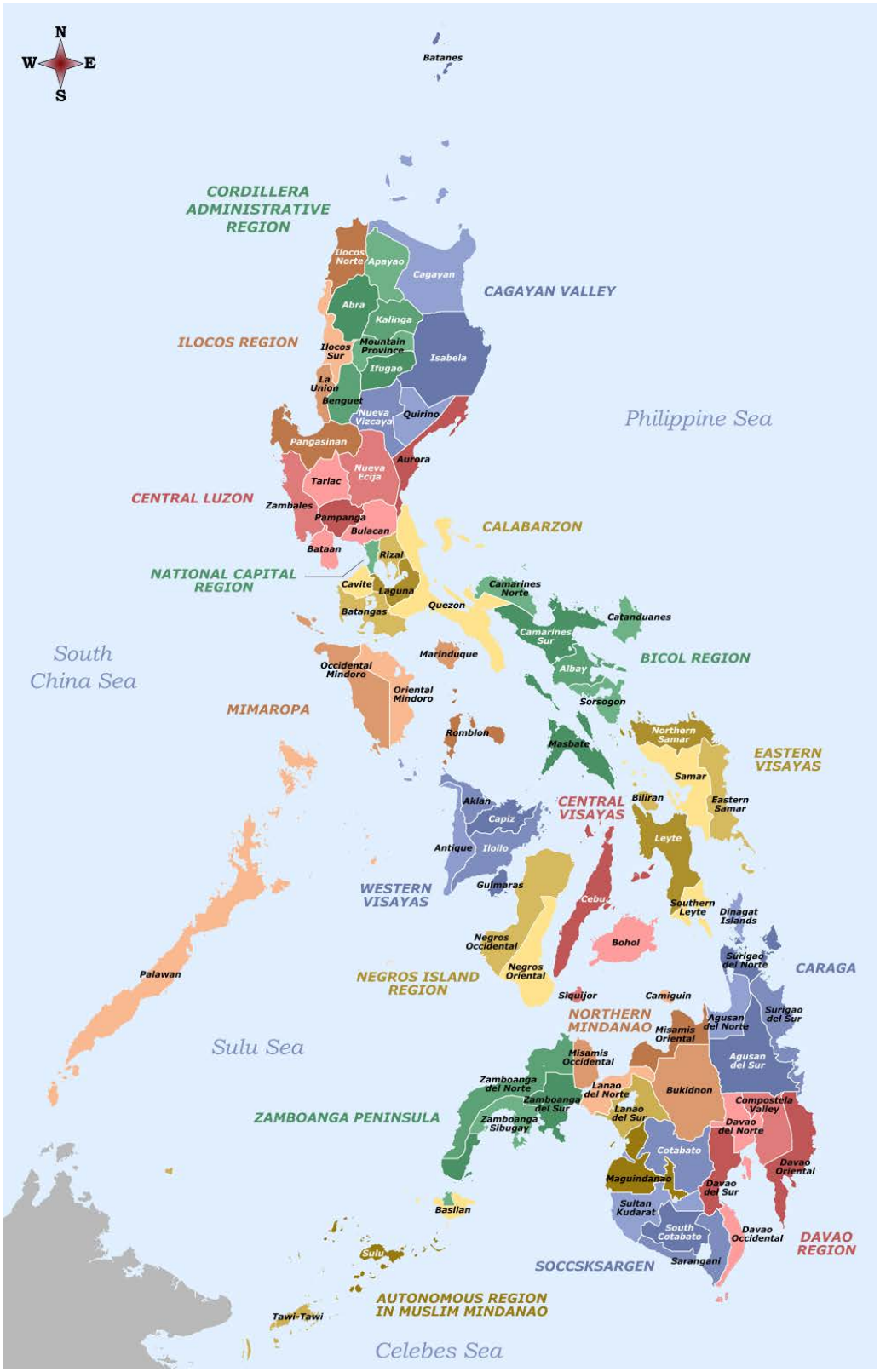


Figure 3: Map of Metro Manila showing all cities/regions (Magalhães, 2005)

In the Philippines, nursing has long been a favoured occupation, particularly with young women, and increasingly with men since the early 2000s (Lorenzo *et al*., 2007), due to the opportunities it provides for skilled emigration (Espiritu, 2005). Many have noted the importance of migratory desires in decisions to become nurses in the Philippines (Alonso-Garbayo and Maben, 2009), and other nurse exporting destinations such as South Africa (McNeil-Walsh, 2010), India (Walton-Roberts, 2010), and the Pacific islands (Connell, 2014). Overseas Filipino nurses earn better wages, have preferable working conditions and rights,

and opportunities to work with new medical technology than they do in the Philippines. However, they also report abuse, discrimination, and deskilling (Choi and Lyons, 2012).

Figure 4: Photo showing recruitment agencies.
Note how recruitment agencies occupy each floor of this building, all vying for advertising space. On the bottom floor is 'Good Rate', one of the thousands of money changers in Manila. The 'Dental Clinic' on the first floor specialises in assessments for migrants. (Author's own, 2016)

The Philippines has long been researched under the lens of migration, which is understandable due to the large scale nature of emigration from the Philippines (see the following sub-section). Indeed, this thesis is situated within, and draws heavily on insights within Philippine migration studies (Barber, 2013; Cabanes and Acedera, 2012; Capones, 2013; Galam, 2015; Trager, 1984; Tyner, 2004; Zosa and Orbeta Jr., 2009). However, I argue that the sheer prevalence of migration-based research has sought to normalise the association with the Philippines and migration and with Filipino-ness and migrants, (re)producing narratives that position Filipinos as being ideally suited to migration. The Philippines has one of the world's largest emigration rates, and a deeply established culture of migration, making it difficult to discuss it without reference to migration. However, there is a need to explore how this culture of migration affects those without desires to migrate.

In the present research, the intimate focus on the narratives of women and men making their way in the Philippines challenges the overwhelming majority of research on nurse migrants from the global south that represents nurses as objects whose trajectories are determined by global labour market and healthcare forces (Alonso-Garbayo and Maben, 2009; Ball, 2004; Brush, 2008; Goode, 2009; Kingma, 2006; Lorenzo *et al*., 2007; Smith and Mackintosh, 2007; Vaittinen, 2014). While I do not deny global forces shape the possibilities and opportunities of the nurses I spoke with, they by no means determine them. I therefore demonstrate the significance and applicability of a geographical imaginations approach, discussed in Chapter 2 that is able to ascribe agency to the women and men considering, planning, and deciding about their futures. In order to appreciate the extent to which the lives and experiences of those in the Philippines are impacted by global circulations of care, I begin by providing context about the wider environment of migration in the Philippines and to nursing and global health.

1.3 Contextualising Philippine migration

Around 10 percent of the Philippine population currently reside overseas (compared to 3.4 percent of the world's population (United Nations, 2017), and they are one of the world's top exporters of human labour (Calzado, 2007). Filipinos are found in at least 197 different nations, working in a range of occupations, most commonly in factory and manual labour-based work for men, and domestic and healthcare related work for women (Semyonov and Gorodzeisky, 2005). It is estimated that over 97 percent of Filipino migrants send remittances back to their families and/or communities in the Philippines, and that within the last two decades there has been a proliferation in the number of NGOs formed, organised and funded by Filipino migrants (Asis, 2006). This large scale and diverse migration has various socio-economic, political and cultural implications for the Philippines as a nation, for Filipinos as individuals (whether migrant or non-migrant), and for the receiving societies to which Filipinos migrate.

1.3.1 'The Stop-gap Program' (Tigno, 2014, p. 19)

Filipino migration has been commonplace since the early 20th century when movement to the USA was encouraged to aid with agriculture and nursing demands (Secretary Ang, 2008). Migration to the colonial or ex-colonial ruler was commonplace worldwide during this era, and similar movements of peoples occurred between other colonial powers and subjugated nations (Darby, 2007; Flahaux and De Haas, 2016; Skeldon, 2006; Vezzoli and Flahaux, 2017). After the official independence declaration in 1946, the Philippines began a process of industrialisation. By the mid-1960s, the country was deemed more advanced and

industrialised than its neighbours, including Indonesia, Thailand, and the Republic of Korea (Coclanis, 2013; Secretary Ang, 2008). However, an environment of restrictive domestic labour policies (Imperial, 2004), political instability, rising population, inadequate infrastructure, natural disasters (Coclanis, 2013), high unemployment (around 10 percent), rising poverty levels, low wages, a lack of foreign investment and aid, and a chronic balance of payments deficit in the early 1970s, prompted the Marcos administration to explore new ways to stimulate national development (Tigno, 2014). The oil boom in the nations of the Gulf Cooperation Council (henceforth, the Gulf region) that generated new wealth and supported labour-intensive development of infrastructure became the Philippines' saving grace. In 1974, the Labor Code of the Philippines was passed into law, intended as a temporary measure to encourage and facilitate the mass migration of Filipinos to the Gulf region. The migration itself was also intended to be temporary as the majority of employment contracts were short-term (Asis, 2006; Cai, 2011).

This strategy was relatively successful. 36,035 Filipino workers were sent overseas, or were 'deployed' (as is referred to throughout Philippine migration terminology) in 1975, and the number continued to rise over the next few years (Asis, 2006). Through remittances and the increase of foreign currency entering the country, the balance of payments deficit was reduced, and unemployment figures fell (Tigno, 2014). However, reducing the balance of payments deficit meant less capital was available to invest in development strategies. Additionally, the implementation of Martial Law diverted significant capital to the police and military forces. Agriculture, rather than industry or manufacturing, continued to be the main source of employment and of foreign exports (Laquian, 2011). As most of East and Southeast Asia embarked on drastic industrialisation programs, the Philippines began to lag behind, poverty levels were not alleviated, and wages remained low (Tigno, 2014). A new demand for low-skilled employment in East and Southeast Asia presented itself as a new opportunity for potential Filipino migrants, and thus the 'stop-gap program' of temporary migration continued and expanded (Asis, 2006, Scalabrini Migration Center, 2010, Secretary Ang, 2008, Tigno, 2014). In 1987, just over a decade after the initiative began, 449,271 Filipino workers found overseas employment, a twelve-fold increase (Asis, 2006).

Philippine migration has continued to grow almost every year since 1974. Since 2006, the annual deployment of migrants averages at one million per year (Tigno, 2014; POEA, 2015). Domestic labour policies are inherently restrictive to employment creation, while the lack of large-scale industrialisation means other exports are scarce, and the majority of agricultural land is owned by absentee landlords, or is left unused (Imperial, 2004). Cai (2011) argues the

four-year election cycle results in successive leaderships attempting to maintain the status-quo rather than implement large-scale development policies. Moreover, particularly within nursing, policies aimed to improve employment conditions are repeatedly and consistently shelved (see for example Badilla, 2016). Through not developing another reliable source of national income, the Philippines has become reliant upon remittances, and therefore on migration. Many young people engage in university courses suitable for overseas employment, and nursing in particular is perceived as a 'passport' to overseas opportunities (Ortiga, 2014, 2018).

Remittances account for around 10 percent of the Philippines' GDP annually (Cai, 2011, Calzado, 2007). Remittances have grown year on year, and in 2017 remittances were over US$31.3 billion (£23.78 billion) (Bangko Sentral ng Pilipinas, 2018) or 10.46 percent of GDP (World Bank, 2017). On a household level those receiving remittances tend to be better off, able to afford quality education for children, better healthcare, and use remittances for consumption (Cai, 2011). The extent to which remittances are invested in business, community projects and charitable organisations is questionable, yet they do bring families, households and sometimes communities out of poverty (Scalabrini Migration Center, 2010). Nonetheless, a lack of stimulation in the domestic employment market combined with uneven distribution of remittances results in the widening of the poverty gap. It also means children who have a remittance-sending migrant in their family are more likely to migrate themselves, as they are provided with better opportunities for education (O'Neil, 2004). This further exacerbates nation-wide inequalities. In this sense, as O'Neil (2004) illustrates, social mobility becomes synonymous with migration. This is a common theme among participants I spoke with – those with migrant family members are more likely to afford the costs associated with finding an overseas nursing job.

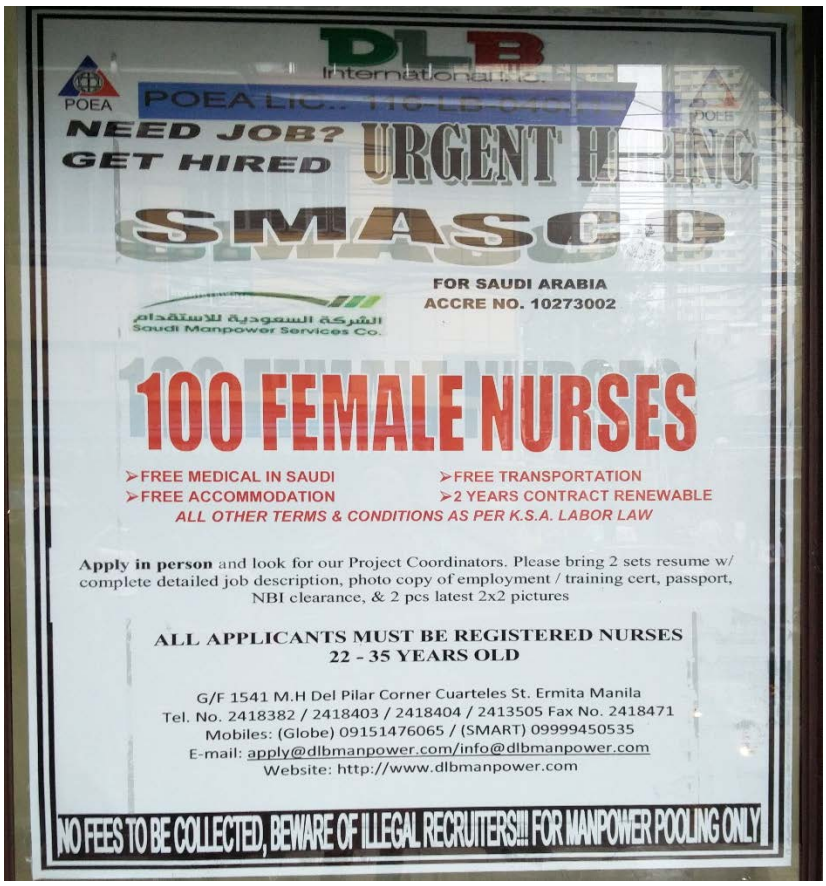
1.3.2 Managing and facilitating migration

The expansion of the migration programme (initially overseen by the Bureau of Employment Services) demanded clearer and more efficient management. In 1977, the Welfare and Training Fund for Overseas Workers was initiated, and in 1980, the Commission on Filipinos Overseas (CFO) was started (it continues today). Both organisations work to assist Filipinos overseas, while the latter was also mandated to promote the concerns of permanent migrants. In 1982, the Philippine Overseas Employment Administration (POEA) was created. The POEA undertakes a variety of roles, including but not limited to regulating and facilitating migration, protecting workers rights, and providing support services for migrants (Cai, 2011; Scalabrini Migration Center, 2010). Finally, in 1984, the Welfare Training Fund for Overseas

Workers was renamed the Overseas Workers Welfare Administration (OWWA) given powers to promote the welfare of both migrants and their families and facilitates the sending of remittances (O'Neil, 2004, Scalabrini Migration Center, 2010). Both the POEA and OWWA are under the wider state Department of Labor and Employment (DOLE). This draws attention to the associations with migration as an alternative employment strategy (Asis, 2006). Support available for migrants includes pre-deployment training of working and cultural skills to prepare for working overseas, medical insurance, pension, and emergency loans (O'Neil, 2004). Filipino migrants are referred to as Overseas Filipino Workers (OFWs).

Private recruitment agencies (which must be licensed by the POEA) facilitate much migration, connecting employers with potential employees, carrying out employment and visa checks, processing contracts, and ensuring migration occurs through legal channels (Guevarra, 2010). They primarily specialise in a region (such as the Gulf region, or Canada) and/or an occupation (such as nursing or domestic work) (Guevarra, 2010; Tyner, 2004). Agencies tend to continually develop pools of eligible workers so work orders can be processed quickly, and overseas employers provided with high quality options. At any time, there are thousands of Filipino nurses in various pools for overseas employment (Guevarra, 2010). Often, nurses apply to multiple pools (via multiple recruitment agents) in order to increase their chances of success. When an overseas employer creates a job order, they often send a representative to carry out interviews with eligible participants from the pool in the Philippines. Once in a pool, there is no guarantee of employment for nurses. Figure 5 is a standard recruitment agency sign. The line at the bottom, ‘For manpower pooling only’, is common (see also Figure 6).

Figure 5: Recruitment poster for pooling 'Female nurses' to Saudi Arabia. Displayed by DLS International recruitment agency in Ermita, Manila. (Author's own, 2016).



The Philippine government has also been active, and often reactive, in proposing and adopting both national and international policies and initiatives with regard to orderly, ethical, and legal migration (Thompson and Walton-Roberts, 2018). In many cases, these policies are developed in response to public criticism following high-profile cases of migrant abuses (Asis, 2006). Key national policies, known as Republic Acts (RAs), are in Table 1. Key international policies signed include the ASEAN Consensus on the Protection and Promotion of Migrant Workers (2017), the Convention on Domestic Workers 2011 (ILO No. 189), and the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. The Philippines was the first country in Asia to enact laws which specifically aim to protect migrants (Asis, 2006), and has been identified as one of the few countries worldwide to seriously and consistently lobby to protect the rights of their migrants (Thompson and Walton-Roberts, 2018; Tigno, 2014).

The Philippine government has also taken considerable initiative in pursuing bi-lateral agreements to further develop the accessibility of foreign labour markets to both unskilled and skilled Filipino workers. Despite the non-binding status of many such agreements, it has been

the modus operandi of the POEA and Philippines government to establish a large number, assuming that having an agreement in place to secure a trade relationship is the best alternative in a demand-driven global labour market (Ingle *et al*., forthcoming). The Philippines has or has had MOUs with the following: Cambodia, Italy, China, Kuwait, New Zealand, Papua New Guinea, Saudi Arabia, Switzerland, the United Arabic Emirates, Japan, Germany, Bahrain, the UK, Taiwan, Spain, Qatar, Norway, Libya, Lebanon, Lao, Korea, Jordan, Iraq, Indonesia, the Commonwealth of the Northern Mariana Islands, and four Canadian provinces (Alberta, Manitoba, Saskatchewan, and British Columbia). While many of these MOUs are designed to facilitate the migration of any occupation, some such as the one with Germany (Agreement Concerning the Placement of Filipino Health Professionals in Employment Positions in the Federal Republic of Germany, 2013) and Japan (POEA-JICWELS MOU on Acceptance of Nurses and Caregivers, 2009) are designed only to facilitate the migration of healthcare personnel.

Table 1: Key Policies relating to migration enacted by the Philippines

Law/ Policy name	***Key points***
Migrant Workers and Overseas Filipinos Act of 1995 (RA 8042) and amendments of 2009 (updated to RA 10022)	***RA 8042* (Republic of the Philippines, 1995)** - monitor international conventions, adopt and ratify those guaranteeing protection to migrant workers, and develop bilateral agreements - legal assistance for all migrants (regardless of status) - restrictions on migration if Filipino rights not protected - defining and banning illegal recruitment (including false documentation, altering contracts) and outlining penalties - establishing welfare assistance - outlining roles of government departments in relation to migration - development of shared government information system for migration ***RA 10022* (Republic of the Philippines, 2009)** - license and register all private sector recruiters - providing Pre-Employment Orientation Seminars (PEOS). - establishment of National Reintegration Center for Overseas Filipino Workers (NROO) (for returning migrants)
Overseas Absentee Voting Act of 2003 (RA 9189)	"All citizens of the Philippines abroad, who are not otherwise disqualified by law, at least eighteen (18) years of age on the day of elections, may vote for president, vice-president, senators and party-list representatives." (Section 4)
Anti-Trafficking Persons Act of 2003 (RA 9208) and The Expanded Anti-Trafficking in Persons Act of 2012 (RA 10364)	- Focus on elimination of trafficking of women and children - Making it unlawful to "recruit, obtain, hire, provide, offer, transport, transfer, maintain, harbor, or receive a person by any means, including those done under the pretext of domestic or overseas employment or training or apprenticeship, for the purpose of prostitution, pornography, or sexual exploitation" (Republic of the Philippines, 2012 Section 4, a), or through contract marriage - legal protection for victims of trafficking

Citizenship Retention and Reacquisition Act 2003 (RA 9225)	- Filipinos who are citizens elsewhere do not lose Philippine citizenship so long as they take an oath, and can re-acquire it if lost - All children of Philippine citizens are guaranteed citizenship (Republic of the Philippines, 2003)
Labor Code of the Philippines 1974 (Presidential Decree No. 442)	- Bans direct hiring of Filipino workers to overseas posts - prohibits the charging of any fees until employment has commenced - includes provisions to improve training and domestic employment opportunities (Republic of the Philippines, 1974)

The government, then, takes the roles of regulating migration, supporting migrants and their families, protecting the rights of migrants, and maintaining perceptions that Filipinos are the best available source of migrant labour. It should be noted that this is administered on a national basis, and there are no equivalent regional or local institutions capable of managing migration (Scalabrini Migration Center, 2010). Private companies, conversely, are responsible for recruitment and sourcing overseas employment opportunities (O'Neil, 2004). They connect potential migrants with potential employers and facilitate the acquisition of visas and other documents. They are also heavily invested in promoting and maintaining the Philippines' image as a labour-exporting nation. The privatisation of Philippine migration also has the effect of commercialising or commodifying Filipino migrants – they become a means of profit for the recruitment agencies and economic exploitation is relatively commonplace (see Tigno, 2014, for an in-depth discussion of issues regarding recruitment agencies). Indeed, Cai (2011) argues that the government has only invested in protecting migrants' rights as migrants are the Philippines' more profitable export, rather than for altruistic purposes.

The lack of large-scale changes aimed to promote and facilitate development goals has resulted in migration becoming a long-term 'survival strategy' (Cai, 2011, p. 1), and there is an overwhelming consensus that the increase in migration from the Philippines is unlikely to abate any time soon (Asis, 2006; Cai, 2011; Calzado, 2007; Coclanis, 2013; O'Neil, 2004; Scalabrini Migration Center, 2010; Secretary Ang, 2008; Semyonov and Gorodzeisky, 2005; Tigno, 2014; Zosa and Orbeta Jr., 2009). However, since the turn of the century, the Philippine government has not actively supported or presented migration as a development strategy. Instead, the government justifies the huge state expenditure towards and involvement with migration in humanitarian terms, arguing it would be '*violation of human rights to prevent people from leaving the country to seek greener pastures'* (Encinas-Franco, 2013, p. 104). The Philippines government promotes the notion that any government attempts to curtail or prohibit migration would be counterintuitive, as people would still want to migrate,

and would turn to illegal channels; and therefore present themselves as responsible managers, not promoters of migration (Secretary Ang, 2008).

The effects of Rodrigo Duterte, the Philippines' current and highly controversial president, on migration is yet to be seen. Part of Duterte's platform and overall visions include economic reform – known as Duterenomics – that includes a drive to reduce the need for migration and to bring migrants back to the Philippines (Pasion, 2017a). Since his election in 2016, he has prioritized OFW needs. In particular, he oversaw the repatriations of over 7,000 OFWs from Saudi Arabia in just one month (Pasion, 2017b), and has lambasted rights abuses in Kuwait and directed the Department of Labor and Employment (DOLE) to stop processing contracts there (The Philippine Star, 2018). Following this, and much discussion between the Philippines and Kuwait, Filipino migrants are now allowed access to their own mobile phones and passports (BBC News, 2018). Reintegration Programs through the NRCO in the Philippines (used to facilitate the reintegration of returning OFWs into society, and more centrally the economy, through encouraging entrepreneurship and investment) are receiving increasing funding (Pasion, 2017a). Duterte has also promised to invest in job creation (*ibid.*), as well as promise OFWs the need to work abroad will no longer exist (Corrales, 2017). In more practical terms, the POEA is currently almost impossible to contact, government agencies associated with migration are no longer able to collect and provide statistics, and certain Canadian provincial officials involved with Philippine MOUs have expressed dissatisfaction with the new administration's approach to handling migration (Ingle *et al*., forthcoming).

1.3.3 'The face of the Filipino migrant'

As is clear in Table 1 above, many of the RAs enacted in relation to migration have a strong focus on women. Although in total there are more male than female Filipinos who have been deployed in total since 1974, since the 1990s there has been more females deployed every year excepting 2007-2008 (Tigno, 2014). Female migrants are generally younger than their male counterparts, leading Tigno to observe that *'the face of the Filipino migrant is now that of a young women'* (2014, p. 20). This feminisation of Filipino migration is largely explained through the increased demand for domestic and entertainment work in the 1980s and 1990s throughout Asia, and within the global north since the early 1990s (Chant, 1992; Lawson, 1998; Secretary Ang, 2008).

As of December 2012[3], it was estimated 10,489,628 Filipinos currently reside overseas, and that Filipinos can be found in almost every nation or territory (CFO, 2013). 46.96 percent of all overseas workers are permanent migrants, 40.24 percent temporary, and the remaining 12.8 percent are irregular (CFO, 2013). Of the permanent workers, the majority are in nations traditionally represented as 'the west'. Around 62 percent of all permanent migrants live in the US, while a further 29 percent reside in the UK, Canada, Australia or Japan (CFO, 2013). Permanent workers are also more likely to be female (Asis, 2006). Temporary migrants are commonly found in Hong Kong, Malaysia, Singapore, Kuwait, Qatar, Saudi Arabia, the UAE and the US (CFO, 2013). In 2016, over one million OFWs were deployed to 'the Middle East[4]' and a further 488,615 to other parts of Asia. In comparison, only 80,729 OFWs were deployed to the entire rest of the world in 2016. This includes the POEAs designation of the world into Americas, Europe, Africa, Oceania, and Trust Territories (POEA, 2016).

While around a third of all Filipino migrants continue to be employed in production and manufacturing sectors, in the 21st Century the proportion employed in services has dramatically increased. Currently, around half of all Filipino migrants are employed in the services industry (Zosa and Orbeta Jr., 2009). Types of common employment include child caring, housekeeping and private entertainment. Professional employment, conversely, has decreased. In 1993, around a quarter of migrants were employed in professional occupations (namely nursing, teaching or IT related professions), as of 2006, only 12 percent were (*ibid.*). The actual increase in deployment figures means that in real terms roughly equal numbers of professionals leave each year (Zosa and Orbeta Jr., 2009) while the competition for these professional jobs has grown, as has the number of Filipinos undertaking higher education courses to acquire professional skills (Laquian, 2011).

1.3.3 Culture of migration and Bagong Bayani

The sheer scale and pervasiveness of migration has led many to note that the Philippines has a well embedded culture of migration (Asis, 2006, Thompson, 2017). A culture of migration (discussed further in Chapter 2.5) is defined by Wilson (2010, pp. 408–9) as the

[3] The CFO (2018) states the following on its website "Please be advised that the Commission on Filipinos Overseas is momentarily not releasing any updates on Stock Estimate of Filipinos Overseas pending the approval of the Philippine Statistics Authority (PSA) Board of the proposed framework on the counting of overseas Filipinos." The framework was developed in 2016, and it appears this may be another example of the Duterte administration's lax approach to migration.

[4] Includes Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Oman, Palestine, Qatar, Saudi Arabia, Syria, United Arab Emirates, Yemen, and unspecified.

> interrelatedness of culture, society and economy […in which] [m]igration can change the very foundation of community, as well as the relations of power and production within in it.

This culture encourages further migration, changing economic practices, impacting government policy, and transforming social hierarchies and status. Migrancy and the associated economic benefits can contribute to a higher social standing on return to the Philippines. The Philippine government is implicated in encouraging both migration and return through a variety of disciplinary, discursive, and material practices due to the economic benefits to national GDP and poverty alleviation efforts (Encinas-Franco, 2013; Rodriguez, 2002; Spitzer, 2016).

Migrants, overseas and on return, are encouraged to engage in entrepreneurship to further maximise their earning potential, becoming 'Entrepinoy's', a play on entrepreneur and 'Pinoy' a term for Filipinos, (Martin, *et al*., 2004, 1557; see also Weekley, 2004). In pre-departure orientation seminars (PDOS) given to workers before migrating, they are encouraged to consider investment and are taught entrepreneurial skills (Spitzer, 2016). Furthermore, return migrants are eligible for government-provided grants and business training to become entrepreneurs, and

> are now increasingly responsibilized for stimulating the economy with their entrepreneurial activities upon their return as "agents of development". (Spitzer and Piper, 2014, p. 1018).

Entrepreneurship and return migration are further encouraged through a state developed discourse, *Bagong Bayani*. *Bagong Bayani* was developed in 1988 by the Philippine government (Calzado, 2007; Encinas-Franco, 2013) following high profile cases of the abuse of overseas Filipinas, and associated criticism aimed towards migration policy (Rodriguez, 2002). *Bayani* roughly translates from Tagalog[5] as 'hero', but has connotations of *'doing good for the wider community'* (Ocampo, 2016). *Bagong* means new, new in the sense that the 'old heroes' fought the Spanish and American colonisers to secure independence for the Philippines whereas the new heroes are doing good for their nation by sending home foreign currency and reducing the Philippines' dependence on aid (although clearly not on foreign markets) (Encinas-Franco, 2013, 2013; Guevarra, 2010; Rodriguez, 2002). A true Bagong

[5] Filipino, one of the Philippines' two official languages (alongside English) is heavily based on Tagalog. It is the language spoken in and around Manila.

Bayani will not just remit, but will eventually return to the Philippines to maximize their potential to help the nation, whether through entrepreneurship, sharing skills, or property investment (Rodriguez, 2002). As I show in Chapter 6, however, for nurses in the Philippines socioeconomic mobility is no longer only achievable through international migration and associated domestic exploitation. Instead, nurses can improve their socioeconomic standing through engaging in occupational rather than physical mobility.

It is also worth noting that *Bagong Bayani* builds on the 'suffering martyr' discourse instigated by the Spanish Friars during the Spanish occupation, which notwithstanding certain alterations during the American colonial period, remains largely intact today (Eviota, 1992). As Fabella (1987), a feminist activist nun and academic, has argued the form of Catholicism promoted in the Philippines, and in other colonised regions, was employed as a means of control and includes certain discourses that may be unfamiliar to Catholics in the west. For example, in western cultural traditions, the Resurrection of Christ, and his following role as liberator and saviour of humanity is celebrated, in the Philippines, the Passion of Christ, and his death on Good Friday are central. Through this representation, Christ understands the suffering of Filipinos, but is not imagined to be their saviour – the *'colonized subjects were asked to embrace their suffering because it was the key to a better afterlife'* (Roces, 2012, p. 45). Redemption occurs only in death, whereas suffering must be continuous and occur without complaints (Eviota, 1992; Roces, 2009, 2012).

The suffering martyr image was linked with *Bagong Bayani* in the late 1980s in order to further encourage temporary labour migration of both women and men. With no revolutionary wars to fight, and a large demand for 'feminine' work overseas, this discourse positions migrants, whether women or men, as the new heroes and as self-sacrificing, suffering martyrs (Roces, 2009). They leave families and friends to move overseas, where they generally work long hours, remit huge proportions of their earnings, become underemployed and/or deskilled, and are exploited and oppressed. However, the remittances they send are central in lifting their own families out of poverty, and of ensuring the nation has economic stability (Rodriguez, 2002; Terry, 2014; Tyner, 2004). This calls for women and men, to sacrifice all, not just for the family, but for their nation, and implies that doing so can lead to salvation, the end of suffering, and an increased social status on return to the Philippines (Encinas-Franco, 2013).

1.4 Nursing and global health

Nursing is an important professional occupation for women, and is partly framed by state investments in education, training and employment at the local, national and increasingly the

international scale (Yeates 2009). It is a key occupation for aspiring women migrants in the Philippines, and increasingly for men as well (Panopio, 2010). Nurses comprise the largest sector of all healthcare workforce globally, and their incorporation in healthcare systems is a central factor in the quality and effectiveness of healthcare delivery (Connell and Walton-Roberts, 2016). It is widely agreed that *'caring is the domain of nursing as opposed to other health professionals'* such as medicine where skills and knowledge are deemed more central (Cowin and Johnson, 2015, p. 2918 see also; Ohlén and Segesten, 1998; Wilkes *et al*., 2014).

Furthermore, nursing is generally represented as a global profession in which the central act of caring and knowledge of the human body is easily transferable across national boundaries (Cowin and Johnson, 2015). Often this representation relies on the story of Florence Nightingale, commonly credited as the founder of modern nursing, who developed her ideas overseas during the Crimean War. Organisations such as the Red Cross, that was founded to care for war casualties and has chapters in 190 nations, further contributes to the global image that women (and men) have long had to engage in international mobilities to provide nursing care (Choy, 2003, 2010; Howell et al., 2011). However, nursing is not quite the 'global' profession it may appear, and there are distinctive geographies to nursing. The extent to which nursing is a professionalised occupation is determined by national, and to some extents regional (see for example Walton-Roberts, forthcoming), variations. In places such as the US, nursing has required a university degree since the early 20th century and has long been perceived as one of the few professional occupations available to woman (Espiritu, 2005). In the UK, conversely, nursing has only become a degree-required profession since 2013 (Jayaweera, 2015), and its level of professionalization is less than that of the US. Such differences map onto the postcolonial landscape – in India and Singapore diploma-based routes to nursing are common; while in the Philippines, a degree is historically the norm (Walton-Roberts, 2015).

1.4.1 Nursing shortages

Regardless of the professionalised or global status, remuneration for nurses is typically low, compared to other occupations with similar educational/ skill/ responsibility requirements (Kingma, 2006; Ohlén and Segesten, 1998; Smith and Mackintosh, 2007), working conditions are often difficult (including night and evening shifts) (Ball, 2004), and the work itself can be

very risky[6] (Chan *et al*., 2005). This makes it difficult for countries and regions to recruit and train enough nurses to meet increasing healthcare demands. The World Health Organisation (WHO) has identified nursing shortages in most of the world, and predicts these shortages are likely to grow as medical technology continues to advance, populations age (Matsuno, 2009), and new occupations open up for women (Ball, 2004). Despite forewarning of nursing shortages, many countries find it difficult to encourage enough native people to enter the profession.

The contemporary demand for international or overseas migrant nurses has emerged for several reasons, and while some facets are relatively global, others are politically and culturally dependent. In most places, with the exception the Gulf region (Aboshaiqah, 2016), nursing shortages are not continuous, and tend to be cyclical with the global geographical distribution of nursing deficits varying over time (Thompson and Walton-Roberts, 2018). In much of the global north, for example, particularly in the US, UK, Canada, Australia, Ireland, and New Zealand, the hiring of migrant nurses is regarded as a 'quick fix' solution to curtail the effects of nursing shortages, and increase labour market flexibility (Valiani, 2012). Ageing nursing workforces leads to experienced nurses retiring (Ball, 2004; Buchan, 2001; Choi and Lyons, 2012; Kingma, 2006; Matsuno, 2009), while the increase in women involved in paid work beyond the domestic sphere increases the demand for care and nursing care, as care provision of children and elderly is shifted away from the household (Kingma, 2006). Keeping in mind that it takes at least three years to train a registered nurse in most national contexts, recruiting migrant nurses allows countries to side-step the time investment to train nurses domestically (Yeates, 2010).

The global north, in competing for migrant nurses, has rolled out a series of strategies. These include active international nurse recruitment campaigns, bilateral state agreements (including mutual trade agreements), changes to immigration regulations (including opportunities to apply for permanent residence, citizenship, and family reunification), and new foreign credential recognition and licensing policies targeting the successful integration of nurses into the local nursing workforce (Kingma, 2006; Yeates, 2010). Within the global north, political

[6] The environment and nature of healthcare delivery means providers are disproportionately at risk from contracting viruses and infections during epidemics. Recent examples include the 2014 Ebola outbreak in West Africa where at least 120 healthcare workers died (WHO, 2014), and the 2003 outbreak of SARS (severe acute respiratory syndrome) from south China, where in Hong Kong and Singapore nurses were both infected and subjected to highly stressful working environments (Chan *et al*., 2005; Choi and Lyons, 2012). Nurses are also at high risk of developing conditions related to shift work, musculoskeletal injuries (from lifting and moving patients), contracting blood-borne infections, and being exposed to harmful chemicals (Trinkoff *et al*., 2008)

interventions can also impact the supply of nurses. In the UK, for example, government policy has been clearly implicated in both creating and addressing nursing shortages. The UK historically had a government-subsidised nursing education system. While this meant young women and men could train as nurses without accruing student loans, it also meant nursing courses were capped. Partly as a result of this, and partly as a result of the wider global issues discussed above, the UK experienced chronic nursing shortages during the 1990s, and the National Health Service (NHS) subsequently recruited thousands of overseas nurses, creating a Memorandum of Understanding with the Philippines (Jayaweera, 2015). More recently, measures of austerity implemented since 2010 have included ending government subsidies of nursing education from 2017 (Department of Health and Social Care, 2017). Removing one of the few advantages of studying nursing has caused numbers of applications to plummet (Matthews-King, 2018). Furthermore, the 'Brexit' vote has resulted in fewer applications from EU trained nurses, as well as more EU trained nurses leaving the UK. Indeed, in the first year following the vote, there was a reported *'96% drop in EU nurses registering to work in Britain'* (Siddique, 2017).

In the Gulf region, nursing shortages are also influenced by cultural practices that construe nurse-to-patient physical contact as inappropriate and/or (such as in the case of Saudi Arabia) dissuade female participation in education and work (Ball, 2004; Iredale, 2001). This limits the ability of native women to enter nursing, evidenced by the fact that in Saudi Arabia over 70 percent of all registered nurses are non-Saudi nationals (Almalki *et al*., 2011; Ball, 2004). In the global south, the outlook is no better. Moves towards providing universal healthcare, as outlined in the Millennium and subsequent Sustainable Development Goals, have added strains on already fragile healthcare systems, while corruption can exacerbate issues related to healthcare provision (Thompson and Walton-Roberts, 2018). Additionally, health epidemics such as the 2014 West African Ebola outbreak place strains on health systems in affected and neighbouring places (Kieny *et al*., 2014), while natural disasters can decimate healthcare facilities, and require higher levels of healthcare.

In some global south places, the exodus of skilled nurses to overseas positions further exacerbates deficits in nursing care are (Matsuno, 2009). Countries such as the Philippines, South Africa, and India actively produce an 'oversupply' of nurses as young women (and in some cases young men) embark on training as a 'passport' to overseas opportunities (Perrin *et al*., 2007). Arguably as without an 'oversupply' they would no longer be deemed 'ethical' source countries for nurse labour (see Kingma, 2006). In the case of South Africa which is both a prominent nurse exporter and importer, low wages dissuade many native women from

accepting domestic nursing positions, creating a need for migrant workers from neighbouring nations and nurse producing places such as the Philippines (McNeil-Walsh, 2010). The Philippines and many other nurse-exporting regions, however, experience little immigration of nurses.

There are also uneven patterns of nursing within nations, and rural areas generally face the biggest shortages. This is an expression of the inverse care law, this is the tendency for the highest concentration of healthcare provision to be located in the area least in need (Connell and Walton-Roberts, 2016; Fiscella and Shin, 2005; Hart, 1971; Watt, 2002). Even within urban settings, localities ascribed to ethnic and or classed identities have long received differing levels of healthcare (Cantor and Mayer, 1976). This is the case in the Philippines where over 200 hospitals have closed, and there has been a return of basic health indicators in rural areas to pre-1975 levels (Brush, 2008; Goode, 2009; Lorenzo et al., 2007).

Since the early 21st Century, such discrepancies in the global distribution of nursing care have prompted various bodies including WHO, NHS, Commonwealth, and the International Council of Nurses (ICN) to suggest sets of ethical guidelines for the recruitment of overseas nurses and address the global inverse care law (Connell and Walton-Roberts; 2016, Kingma, 2006). Such guidelines state that nurses can only be actively recruited from states with an oversupply of nurses. Kingma (2006), however, argues there is a difference between the 'demand' of nurses and the 'need' of healthcare providers which these guidelines tend to obscure. Demand is the number of nursing positions that can be filled at any given time and is dependent on the availability of capital to pay for labour. Need is the number of nursing positions that should be filled to deal with the healthcare needs of the population (Kingma, 2006). When we hear of a surplus of nurses, more often than not, this equates to a state having a large number of unemployed or underemployed nurses, and a shortage of state budget to employ more nurses. It does not necessarily reflect a surplus of nursing care or that healthcare needs are being met within the nation.

1.4.2 Philippine nursing

The Philippines, for example, has both a 'surplus' of nursing care, and a deficit in actual healthcare, combined with a severe maldistribution of healthcare (Thompson and Walton-Roberts, 2018). The inverse relationship between population need and healthcare service delivery is admittedly a universal problem (Fiscella and Shin, 2005), but the scale of this inverse relationship the Philippines is immense. The Philippines' urbanised areas of NCR and CALABARZON (see Figure 2) have around a fifth of the country's total hospitals and over a third of hospital beds (Romualdez Jr. *et al*., 2011). The maldistribution of healthcare

provision is clear in that the most impoverished region, the Autonomous Region in Muslim Mindanao, has just 0.19 beds per 1000 population (Romualdez Jr. *et al*., 2011), while the NCR has 2.47 (DOH, 2012). Since 1991 health service delivery in the Philippines has been devolved and is now managed by Local Government Units (LGUs), although the centralised Department of Health (DOH) continues as the governing agency (Romualdez Jr. *et al*., 2011). Widespread corruption throughout the Philippines means quality and provision of LGU provided healthcare differs drastically region to region. The urban population represents over 50 percent of the Philippines' total and while urban areas are well serviced by healthcare facilities at all levels, rural areas often depend on Barangay Health for primary care, which are primarily staffed by non-professionals, professional volunteers and midwives; and where wages are significantly lower than in urban areas (Romualdez Jr. *et al*., 2011).

Since the early 20th century, Filipino nurses have migrated to the US to help alleviate US nursing shortages (Choy, 2003). The Philippines was a preferred source of nurses for the US due to the colonial links between the two nations, and Choy (2003) argues that the Philippine nursing system was largely shaped to become a service provider of US English-speaking nurses. During US rule (1898-1946), education and political systems were overhauled to reflect those of the US, and the English language was heavily promoted (Ball, 2004). This colonial migration pattern continued throughout the 20th century, and still occurs today, and Manila has been home to a National Council Licensure Examination (NCLEX) test centre since 2007, allowing nurses to take the US nursing examination for both Registered and Practical Nurse status before migrating (Margallo, 2013).

During the 1970s, however, nursing migration expanded both numerically and geographically, reflecting wider patterns of Philippine migration (Masselink and Lee, 2013). By 1982, less than 10 years after the 'temporary' program of labour exportation occurred, the POEA estimated that over 20,000 nurses had left the Philippines and could be found in at least 33 different nations. While the US continued to be an important destination, other global north nations began to recruit Filipino nurses, as well nations within the Gulf region, particularly Saudi Arabia (Ball, 2004). In 1989, Singapore opened its doors to Filipino nurses (Choi and Lyons, 2012), and Japan followed suit in 2008 (Filipino nurses are one of just eight nationalities eligible for working visas in Japan) (Masselink and Daniel Lee, 2013).

Due to the lucrative nature of nursing in comparison with other common migration occupations – an entry level nurse in the US could expect 25 times the wage of an entry level nurse in the Philippines, and nurses are estimated to *'generally remit more than 50% of their salary'* (IHPDS, 2012, p. 155) – the Philippine government have done little to dissuade nurse

migration (Matsuno, 2009). Cabanda (2017, p. 18) examines how the Philippine Nursing Act of 2002 has served to promote *'the emigration of nurses through higher education […] to achieve economic development through remittances'*. Aspirations of migration have *'negatively influenced educational aspirations [as] some Filipino doctors have taken up nursing to get overseas jobs'* (Laquian, 2011, p. 1), while Tigno (2014, p. 28) observes that Philippine education is now undertaken *'for the benefit of (and dictated by) the global market'*. Ortiga (2014, p. 64) agrees arguing the Philippine nursing *'curriculum and teaching practices […] address the needs of both local and overseas employers'*.

Nursing has been identified as one of the 'heaviest majors' available in the Philippines (Ortiga, 2014, p. 67) and Philippine nursing students must study a four-year degree-based program (rather than the easier and less intensive diploma courses in places such as Singapore), and are generally expected to work throughout the year in various placements. The Philippines' nursing education is largely privatized, and the sector has grown exponentially since the 1980s. There are currently at least 450 schools offering a Bachelor of Science in the Philippines, a tenfold growth since the 1970s, although most growth occurred from 2000 (Lorenzo *et al*., 2007). Many of these new institutions were created to offer courses in nursing, capitalizing on the increasingly profitable nursing education sector (Masselink and Lee, 2010), and the majority are found in the NCR or in other urbanized areas. The rapid expansion of nursing colleges in the Philippines has also raised major concerns with issues of quality (Zosa and Orbeta Jr., 2009). For example, only 12 nursing education providers are classified as 'outstanding'(Goode, 2009), and a significant proportion have pass rates of below 50 percent (Brush, 2008). Indeed, in 2008 although over 150,000 students sat the Nursing Licensure examination, only half passed the exam to become professionally registered nurses (Romualdez Jr. *et al*., 2011). At least five participants I spoke with were part of this 2008 'batch', all of whom passed.

It is also key to note that since the global financial crisis, numbers of nurse enrolees have fallen as the opportunities for nurse emigration become less certain. Several new institutions have already closed, and others are facing the possibility of closure due to consistently low standards and lower levels of enrolment (Pazzibugan, 2012). Such variable quality of nurse training means that international recruiters are unlikely to accept qualifications and evidence of training at face value. Instead, minimum levels of experience, generally in tertiary level large hospitals, are required, and nurses are usually expected to take national nursing examinations of the country of destination. This makes nurse migration expensive, channels nurses into urban settings before migration, and results in many becoming deskilled after they

migrate (O'Brien, 2007; Ortiga, 2018). Although there is little scope within this thesis to examine the intricacies of the educational context experienced by nurses in the Philippines, not least because the participants studied at over 30 different institutions throughout the nation, over the last 20 years, I do explore other educational endeavours participants engage in to increase their chances of success whether as a nurse, a migrant, or both in Chapter 4.

1.4.3 Philippine nurse migration

The Philippines is credited with being the biggest nurse exporting nation in the world (Lorenzo *et al*., 2007; Masselink and Lee, 2013; Ortiga, 2018), and it is estimated that 25 percent of all foreign nurses worldwide are Filipino[7] (Matsuno, 2009). While actual figures are incomplete, at least 12,000 Filipino nurses emigrated each year from 2009-2015 (see Table 2), around 85 percent of whom are women. Nurses are taught to western medical standards and are fully instructed in English (Masselink and Daniel Lee, 2013), it is widely assumed nurses are 'produced' for foreign rather than domestic markets (Guevarra, 2010; Ortiga, 2014; Tyner, 2004).

According to Philippines Overseas Employment Agency (POEA) data, over 20,000 Filipinos were hired overseas as nurses and emigrated in 2015 (see Table 2). This is an increase on previous years, but similar to figures in the early 2000s. Filipino nurses have been sent to over 75 different nations worldwide, however, the most common destinations of 2010 are shown in Table 3. The concentration of new nurse hires in the Middle East (around 84 percent), represents nurses primarily hired on temporary contracts. Many use this region as a 'stepping stone' to opportunities in the global north, gaining valuable experience and capital to aid their subsequent mobility (Ball, 2004; Matsuno, 2009). Most nurses leave the Philippines on temporary employment contracts and generally fewer than 2,000 per year find permanent contracts (IHPDS, 2012). Walton-Roberts and Hennebry (2012) have found that the ensuing trajectories for these temporary OFW nurses vary. Some may seek new contracts in the country of destination, while others seek contracts in new destinations. Still more return to the Philippines, some with the desire to remain, and others to visit friends and family before embarking on another overseas posting.

[7] I cannot access the source Matsuno originally cited (a newspaper article in The Manila Times 2005), however the figure is widely used and has not been contested. In-country data of key nurse importing regions seems to back this up, in the US for example, around 50 percent of foreign born nurses are Filipino.

Table 2: Newly hired Filipino workers in 'therapeutic' occupations deployed 2009-15

Occupational Group/ Year	*Household service workers*	*Nursing professionals*	*Caregivers and Caretakers°*	*Other*	*Total*
2009 *	71,557	13,014	9,228	255,916	349,715
2010 *	96,583	12,082	9,293	224,008	341,966
2011 *	142,689	17,236	10,101	267,694	437,720
2012 *	155,831	15,655	9,128	277,961	458,575
2013 *	164,396	16,404	6,466	277,622	464,888
2014 +	181,224	18,799	10,021	277,132	487,176
2015 +	194,835	22,175	10,181	288,026	515,217

* 2009-13 data from POEA (2013, p. 4 TABLE 7 - Number of Deployed Landbased Overseas Filipino Workers by Top Ten Occupational Categories, New Hires: 2009 - 2013)

+ 2014-15 data from POEA (2015, p. 3 TABLE H. Deployed Landbased Overseas Filipino Workers by Top 10 Skills-New Hires).

° This category was renamed 'Home-based personal care workers' in 2014 and 2015 (POEA, 2015).

POEA figures record only Filipino nurses hired from the Philippines, not from secondary countries, nor does it provide data concerning the employment and/or educational status of deployed OFWs. It is therefore impossible to estimate the number of other OFWs who are qualified nurses, yet accept lower skilled overseas occupations such as 'household service workers' and 'caregivers and caretakers' included in Table 2. Additionally, it is difficult to know the number who migrate on student visas or to take (generally expensive) bridging courses. These are common pathways for nurses migrating to Canada (Walton-Roberts and Hennebry, 2012), and increasingly so for Australia, and New Zealand[8]. Furthermore, in recent years, while numbers moving to most regions have increased (over 20,000 migrated in 2015) both Australia and New Zealand are opening up significant new markets. Australia would now likely be in the top 15, as between 2011 and 2015, the Australian Government Department of Home Affairs (2018) recorded 1,636 Filipino Registered Nurses migrating through the Temporary Work (Skilled) visa programme, and a further 1,654 through the Points Tested Skilled Migration system. Over 1000 of these nurses arrived in 2014-15 (*ibid.*).

Nurse migration has repeatedly proven to be one of the most lucrative forms of migration for the Philippine state and for families, and it has been estimated that nurses *'generally remit more than 50 percent of their salary'* (IHPDS, 2012, p. 155). This is, in part due to the fact that women migrants have been found to remit a significantly higher percentage of their

[8] Recruitment agencies advertise this in Manila, and nurses I spoke with were planning on applying via this route.

wages than men, and as Table 3 shows, women dominate the nurse emigration market. Nurses tend to receive better pay than many of the other top ten migrating occupations, which tend not to be professional occupations and includes household service work, caretaking, bar work, and manual labour (POEA, 2015).

It is difficult to gather reliable, up-to-date data concerning the numbers of nurses in the Philippines, but Lorenzo *et al*. (2007) estimate that in 2003, of the total of 330,000 registered Philippine nurses, just 58 percent were employed as a nurse, and of these 58 percent, almost 85 percent were employed overseas. As there were only around 33,000[9] jobs available to nurses in both public and private sectors in the Philippines (IHPDS, 2012) this equates to around 140,000 registered nurses being under- or un-employed in 2003. Furthermore, in 2009, there were an estimated 545,000 nurses in the Philippines who had ever been registered (accounting for deaths and retirements) (IHPDS, 2012). Yet at this time, only an estimated 124,000 were registered (*ibid.*)[10]. We know around 15,000-20,000 leave the country each year as nurses, and a further undisclosed number leave on non-nursing contracts, but this leaves a huge potential number of un- and under-employed nurse graduates (regardless of registration status) living in the Philippines, competing for work whether at home or overseas. Media articles tend to use the figure of 200,000 unemployed, with an additional 290,000 under- or mis-employed nurses (Lapeña 2011; The Manila Times 2016). While the Department of Labor and Employment (DOLE) explicitly states that *'the number of employed persons were disaggregated by major occupation and industry group. Hence, no data specific to nurse occupation is available'* (DOLE, 2018).

The idea of nurses being mis-employed as opposed to under-employed is central. I demonstrate in Chapter 6 that many nurses are able to find opportunities beyond nursing,

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[9] This number has increased over the past fifteen years, and in 2017 there were at least 66,765 nurses employed (NDHRHIS, 2017). Nonetheless, this is too low for a nation with a population exceeding 100 million (IHPDS, 2012; ILO, 2006; Lorenzo *et al*., 2007).

[10] The drop in registered nurses from 2003 to 2009 likely reflects changes and stricter implementation of Continuing Professional Development (CPD) laws and more input from the Professional Regulation Commission (PRC) (Republic of the Philippines, 2002). According to the law, the Nurse Professional Regulation Commission (PRC) license expires for all nurses, regardless of employment status, after 3 years, while nurses who do not practice for at least 5 years must undergo four months of training before being able to return to practice (Republic of the Philippines, 2002)

where they can employ skills learnt through nursing, whilst earning significantly more and experiencing preferable working conditions.

Table 3: Newly hired nurses deployment from the Philippines by country and gender (2010[11])

Country	***Men***	***Women***	***Total***
Saudi Arabia	1,019	7,494	8,513
Singapore	64	658	722
UAE	145	328	473
Libya	142	275	417
Kuwait	68	341	409
UK	97	253	350
Qatar	93	201	294
Taiwan	17	169	186
Jordan	1	111	112
Oman	37	55	92
Bahrain	27	64	91
US	31	52	83
Brunei	18	45	63
Canada	17	41	58
Other	52	167	219
Total	1,828	10,254	12,082

Data compiled from: POEA (2010, pp. 51–52).

The idea that there are almost 500,000 unemployed or underemployed Filipino nurses contributes to the Philippines' position as a preferred choice for western nations who can ethically 'justify' poaching nurses as there is a 'surplus' of available nursing care (Kingma, 2006). However, considering there are only 33,000 available nursing positions (the UK employed 281,474 full time nurses and health visitors in 2015, despite a population around two thirds that of the Philippines), and a severe regional maldistribution of care and nursing care; the Philippines has a surplus of nurses, but not of nursing care (Brush, 2008; Goode, 2009; Lorenzo *et al*., 2007). Despite the economic benefits nursing migrants produce through their remittances, it can be argued that the exodus of nurses is actively impeding the Philippines' ability to improve social development. By focusing on the narratives of un- and under-employed nurses, I uncover the generally invisible lives of the nurses without desires or capabilities to 'make it overseas'. I show how these nurses are impacted by processes and demands of global care chains regardless of their desires or intentions to migrate.

[11] The Philippines have not updated occupational specific deployment information since 2010.

1.5 Thesis overview

I begin by explaining and justifying the theoretical and conceptual framework employed to research Filipino nurses in *Chapter 2: Therapeutics, mobilities, and migrations*. Here, I provide an overview to wider migration research, and argue there is a need to reconceptualise how we perceive of the relationship between care and migration. I posit that an orientation towards the concepts of therapeutics and mobilities is preferential. I then move to trace and critique the development of theories and concepts used to explain the global circulation of healthcare, particularly Global Care Chain analysis (see Yeates, 2004a, 2012a) and the International Division of Reproductive Labour (Parreñas, 2001). I offer an adapted approach to GCC analysis, which is better suited to explain and incorporate the multiple, messy, diverse, and unorthodox ways in which women and men enter 'global care chains'. I also offer a detailed critique of existing migration research, theories, and concepts, and demonstrate the applicability of the geographical imaginations approach. The geographical imaginations approach centres and gives credence to individual expressions of agency, recognises these expressions are impacted by larger pressures, and is able to account for, and be sensitive to those without desires to migrate (Thompson, 2017).

Chapter 3: Researching nurse students and graduates follows. In this Chapter, I detail and justify the methodological choices and decisions made within the study, showing how I went about researching the geographical imaginations of nurses in the Philippines. I focus on the challenges posed during recruitment, data collection, analysis, and the process of 'writing up', considering the influence of my position as an outsider, and as a white, young woman from the global north. I also demonstrate the need to be sensitive to the issues surrounding responsible and care-full research practices, to acknowledge, account for, and attempt to mitigate the power imbalances between myself and participants from the global south.

Chapters 4 to 7 discuss the research findings, and each is organised around one of the overall research objectives. The chapters are arranged in a loosely chronicle order of the nursing life-course which largely reflects the structure of interviews. *Chapter 4: Choosing nursing* explores the multiple and competing pressures that led to the women and men I spoke with opting to undertake nursing education. In this Chapter, I discuss the ways nursing itself is largely imagined within the Philippine context – as the domain of the Filipino rather than the domain of femininity. I also bring attention to how nursing is variously constructed as a livelihood strategy, highlighting the familial, national, and international pressures that push certain individuals into the occupation. Finally, I turn to practices participants engage choose

to engage in to improve their chance of finding employment and success as a nurse, specifically postgraduate education and language acquisition.

Moving on from this, *Chapter 5: Being a nurse* further explores participants' understandings of what it may mean to be an ideal or model nurse. This interrogates how participants understand and position themselves as having qualities naturally suited to nursing and/or caring more broadly, highlighting how international ideals of the model migrant nurse have permeated into Philippine nursing circles. In particular, I focus on the notion that Filipino nurses are inherently and naturally hyper-caring, hardworking and uncomplaining.

Chapter 6: Working to leave and leaving to work builds on the previous two chapters and focuses nurses' experience of employment in the Philippines. As I demonstrate, nurses are under immense pressure to accept, and even seek out, highly exploitative working practices. Perhaps unsurprisingly, at this stage, many nurses leave their occupations. I trace the varying ways nurses 'leave' their occupation, but remain within therapeutic and caring circles. In particular, I focus on entrepreneurship and call centre nursing.

Chapter 7: Geographical imaginations turns to the migratory and geographical desires held by nurses. In this Chapter, I explain how decisions to migrate and decisions of where to migrate are formed and informed by a multitude of local, national and global influences. Here, the focus is on the specific geographical imaginations of nurses which are gained through transcript data, but also from the mental mapping exercise.

Chapter 8: Conclusions ends by offering a summary of the overall thesis and reiterating the key arguments. Here, I show the usefulness in the adapted form of global care chain analysis for better understanding the mobilities of nurses in and from the Philippines, and draw attention to the benefits of the geographical imaginations approach. I also reflect on future directions for research, highlighting interesting developments in geographies of digitalised healthcare.

Chapter 2. Therapeutics, mobilities, and migration

2.1 Introduction

There are three central arguments that guide this thesis,: 1) that global understandings of the relationship between care and mobility are too limited, and exclude the mobilities and care of those not traditionally integrated in global care chains; 2) that within the global circulation of nurses in which predominantly global south women are commodified and circulated around the global economy, nurses and other individuals within the global care system retain agency, or the capacity to make decisions within wider structural pressures; and finally, 3) that these decisions are best analysed and understood from an approach that is sensitive to both the global structural underpinnings of nursing migration, and individual agency, but that also prioritises exploring the complex relationships between care, mobility, and migration.

This Chapter explores the theoretical, conceptual and philosophical underpinnings to the above arguments, to outline the theoretical approach undertaken within this research. I begin with an assessment of key approaches to migration studies, arguing for an approach sensitive to demands made in feminist and postcolonial approaches to migration. I then move to a review of two key strands of literature central for understanding and theorising the global and international movements of care workers – the international division of reproductive labour (Parreñas, 2000, 2001, 2012) and global care chains (Hochschild, 2000, 2002; Walton-Roberts, 2012; Yeates, 2004a, 2011, 2012a). I discuss the development of these theories and outline two key weaknesses. In particular, I highlight that important forms of movement, depicted as 'chains', are by no means linear movements across international boundaries, but involve multiple actors and may better be termed 'networks'. I also suggest that by extending understandings of care migration to 'therapeutic mobilities' we are better placed to understand the true complexity of nurse migration. I argue ultimately, that we should consider 'global care chains' in terms of 'global therapeutic networks'.

Prompted by the lack of room to account for the 'agency' of health workers in these approaches, and by the fact neither approach developed as a theory of migration (Dumitru, 2018), I turn to migration theories that focus on decision-making. I trace the emergence of a cultural approach within decision-making theories and concepts and highlight the importance of an approach that explores the geographical imaginations held by individuals. Drawing on the limited studies that adopt a geographical imaginations approach to research decision-making practices of migrants and potential migrants (Marcus, 2009, 2010, Teo, 2003a, 2003b; Timmerman et al., 2012), I highlight four major benefits of a geographical imaginations

approach. These are its sensitivity to the influence of individual agency, the influence of culture and place, understandings of home and elsewhere, and desires not to migrate. These reviews of relevant literature highlight three central issues and gaps that this thesis addresses: issues concerning the limited focus of care migration; the limited focus on issues related to culture and place; and, finally, how to account for both agentic and structural influences to migration.

2.2 Migration approaches

Migration is one of the most widely researched topics within biological sciences, social sciences, and humanities, as researchers seek to uncover why and how humans and animals move through spaces, the effects of movement on humans and animals, and the effects of movement on places themselves (whether receiving or sending places). Within the social sciences, approaches to understanding migration are largely dominated by economically-focused, masculine accounts of movement, that principally quantify human experiences of migration, presenting the typical economic migrant as a young, unskilled, economically active man moving from the global south to north (Carling and Collins, 2018).

Notwithstanding, there is a large critical body of research focusing on migration that seeks to understand and interrogate the complexities of the multiple, diverse, and ever-changing patterns and flows of migration. It is this large, yet marginalised body of critical work that informs my approach to research and understanding of migration processes. In particular, I attend to insights developed in feminist (Boyd and Grieco, 2003; Harzig, 2001; Houstoun *et al*., 1984; Jackson, 1984; Sharpe, 2001; Trager, 1984) and postcolonial (Battistella, 2014a, 2014b; Datta, 1995; Gaetano and Yeoh, 2010; Khoo *et al*., 1984; Yeoh, 2014) approaches to understanding migration. However, I also consider the emerging field of 'pre-migration' research to account for the fact my focus is on those who have not or who may not migrate (Amit and Riss, 2013; Funkhouser, 2009; Li and Frieze, 2013; Yijälä and Jasinskaja-Lahti, 2010), and discuss how migrants' agency is constructed and understood.

There are three key stages that researchers consider with regard to migration, although actual research tends to straddle several stages, of which 'pre-migration', where decision-making practices and desires of migration are examined, is the first. Research also attends to systems and structures of migration, where the drivers of migration are examined (Bakewell *et al*., 2012; Carling and Collins, 2018; Tyner, 1994), and thirdly to the impacts of migration on both sending and receiving communities and for individual migrants and their families (Amit and Riss, 2013; Ghosh, 2013; Hilsdon, 2007). The first two stages address how and why people migrate, and the final considers the effects. Feminist and postcolonial scholars, in

particular, have been key in drawing attention to the complexities of migrant experiences and the wider structures that facilitate migration, but little has been said concerning pre-migration experiences. Through focusing on the pre-migration phase, this research attempts to addresses this weakness.

2.2.1 'Pre-migration' research

There is a considerable scarcity of research that explores what is commonly termed as the 'pre-migration' stage, and this scarcity is further pronounced within geographical research. Existing studies of 'pre-migration' are generally situated in or heavily influenced by psychology. Perhaps because of this, there is a noticeable preference for quantitative research. It is also arguable that pre-migration research as a whole is much more attuned to understanding socio-psychological and cultural factors than any other sub-section of migration research, which primarily prioritises (socio) economic factors. Again, this is likely due to the influence of psychological theories and concepts.

Within the last decade, pre-migration research has emerged as a small sub-field of migration studies. In offering an overview to existing pre-migratory research, Li and Frieze (2013) argue there are two dominant trends – research undertaken after the event of migration which asks participants to reflect back and consider their pre-migration experience, or research undertaken before the event of migration which asks participants to articulate their current experiences and future expectations. While this distinction is useful, and it is clear the present research is situated in the latter approach, neither represents a homogeneous research agenda, and it is perhaps more useful to organise existing studies according to their conceptual focus. Through this lens, I identify two main approaches undertaken to researching the pre-migration phase – one which deals with the concept of 'integration' and the other which explores the concept of 'motivation'.

The 'integration' approach seeks to understand how pre-migration factors affect whether migrants are likely to integrate, assimilate, separate or become culturally marginalised after migration, and employs and develops the concept of 'acculturation'(Yijälä and Jasinskaja-Lahti, 2010). While generally such research is undertaken after the event of migration (Amit and Riss, 2013; Funkhouser, 2009; Rashid *et al.*, 2013), Jasinskaja-Lahti and Yijälä (2011) and Yijälä and Jasinskaja-Lahti (2010) have surveyed participants in their country of origin, Russia, to explore how they imagine futures in Finland. Such work has been applied to building policy recommendations to benefit potential migrants, largely calling for pre-departure orientation sessions as those with wildly optimistic pre-migration expectations are frequently reported to experience mental health and wellbeing issues during the first years of

migration (Amit and Riss, 2013; Bilodeau, 2008; Gong *et al*., 2011; Watkins *et al*., 2003). Policy recommendations are also provided for receiving societies through attempting to understand what encourages integration or assimilation and associated improved mental health and wellbeing (Gong *et al*., 2011), as opposed to cultural separation or marginalisation (Jasinskaja-Lahti and Yijälä, 2011, Yijälä and Jasinskaja-Lahti, 2010). The integration approach quantifies identities, values and expectations, and is a largely descriptive approach that seeks to predict, rather than explain migratory decisions and/or the extent of integration.

The 'motivations' approach, conversely, is largely qualitative in nature. It instead seeks to explore the actual motivating factors that produce aspirations of migration, and inhibiting factors which discourage migration aspirations (Rubio, 2012). Rather than seeking to predict migration, this approach offers a theoretical challenge to more traditional economically-based theories of migration (Li and Frieze, 2013). Researchers typically employ semi-structured interviews to elucidate the multiple and often contradictory reasons people aspire to migrate, and attempt to understand how they imagine life as a migrant (Bilodeau, 2008; Courtis and Pacecca, 2010; Li and Frieze, 2013; Rubio, 2012; Tartakovsky, 2009; Thompson, 2017). While issues surrounding integration often emerge during these interviews, they are not a central topic of focus. Li and Frieze (2013) argue that those with a higher propensity to migrate can be characterised as risk takers and 'neophiles' (novelty-seeking individuals), whilst those likely to stay tend to prioritise personal relationships, and/or have a strong attachment to home. The economic and social factors and structures that produce aspirations of and facilitate migration, are still considered integral aspects, but it is recognised that certain people are predisposed *'to be dissatisfied with their present location, regardless of the economic situation or other characteristics of the location'* (Li and Frieze, 2013, p. 5). This requires an exploration into the extent to which potential migrants feel attached to their homeland or locality, and the extent to which their personal identities are linked to specific places. This lends itself well to geographical concepts such as place attachment (Li and Frieze, 2013), national identity formation (Tartakovsky, 2009), and geographical imaginations (Thompson, 2017), the latter which is key for this thesis.

2.2.2 Migration in the feminist context

Women compromised 48.4 percent of all international migrants in 2017 (UN, 2017). Yet despite increasing numbers and visibility of female international migrants, Nawyn (2010, p. 749) argues feminist approaches to migration lies *'largely outside the mainstream of the broader field'* (see also Boyd and Grieco, 2003; Calavita, 2006; Donato *et al*., 2006; Gaetano and Yeoh, 2010; Harzig, 2001; King, 2012; Kofman, 2014; Lawson, 1998; Parreñas, 2009;

Piper, 2006; Semyonov and Gorodzeisky, 2005; Yeoh, 2014). Donato *et al*. (2006) argue this in part results from the overwhelming reliance of mainstream migration research on quantitative methods and data, and the prevailing positivist and theory-driven nature to research. Where gender is incorporated into mainstream analyses, researchers generally describe sex differences in migration, i.e., the different numbers of males and females who move, and have been criticised for adopting an 'add women and stir approach' (Nawyn, 2010). Feminist migration research, conversely primarily adopts qualitative approaches, and offers a critical lens to analysis.

Research considering gender and migration emerged in the late 1970s, and was initially interested in documenting quantitative differences in migration characteristics for women and men (Nawyn, 2010). During the late 1980s, there was a shift towards studying gender, rather than just women, and of understanding gender as a *'system of relations which was influenced by migration'* (Nawyn, 2010, p. 750). Researchers sought to explore how gender operates differently through a variety of scales (body, household, locality, nation, region, global) and institutions (education, workplace, religious sites) (Kofman, 2014; Silvey, 2006). The global feminisation of international migration, or perhaps more correctly the global feminisation of international migration scholarship as proportions of migrant women have remained relatively static (Dumitru, 2016a, 2016b), that occurred since the late 1980s also created new questions and challenges to traditional theorisations and conceptualisations of migration. This destabilised the assumption that women only migrated as dependents of men (Harzig, 2001). During the 1980s and 1990s, feminist researchers tended to focus on the experiences of women involved in migration (Houstoun *et al*., 1984; Jackson, 1984; Laurie *et al*., 1999; Lawson, 1998; Tacoli, 1999; Trager, 1984; Tyner, 1994), in response to the overabundance of studies concerning migrant men (Parreñas, 2009).

Since the 1990s, gender and migration research has begun to recognise that, although gender is influenced by migration, migration is in turn influenced by gender norms, expectations, and orders. Therefore, there are two overarching aspects of contemporary gender and migration research. These aspects consider:

> *How migration constitutes gender*. Topics of research include exploring the extent to which gender identities are reified, reconstituted or challenged through the process of migration; exploring how migration impacts gender orders in both sending and receiving nations; and how the act of migration can empower or constrain women's agency in relation to the levels of patriarchy (see for example Boyd and Grieco, 2003; Parreñas, 2009; Roces, 2009, 2012).

How gender constitutes migration. Topics of research include understanding how gender determines who migrates, why, and to where; uncovering how gender systems and inequalities produce and control the experiences of migrants (Harzig, 2001; Nawyn, 2010; Silvey, 2006); and global care chain research (Yeates, 2004a, 2011).

Initial understandings concerning the extent to which migration constitutes and changes gender relations posited that movement from a highly oppressive gender regime to a more liberal one, i.e.,, movement from the global south to north, results in the emancipation and empowerment of women (Boyd and Grieco, 2003). As discussed further below, the influence of scholars focusing on postcolonial migrations has highlighted the more nuanced and contradictory nature of the connection with gender and migration. It is now commonly agreed that the extent to which women migrants experience liberation is dependent upon a variety of intersecting factors, including but not limited to their social status, occupation level in the receiving country and family situation (Bastia, 2014; Kofman, 2014). For example, a woman who chooses to migrate to escape domestic abuse and exploitation may find, regardless of her personal experiences in the receiving society, that she experiences empowerment (Parreñas, 2009). A woman moving with the sole purpose of providing for her family, conversely, may find that despite a seemingly more liberal gender order, that her gendered, migrant, and ethnic status results in her occupying a more oppressed position in society, as she becomes marginalised according to her gender *and* ethnicity (*ibid.*).

In considering how gender constitutes migration, feminist scholars look to how systems of gender inequality and constructions of appropriate and inappropriate femininity have contributed to the increase in women migrants, and to the increase in women-led migration (Harzig, 2001). This has necessitated a shift away from purely economic explanations of movement to incorporate cultural and social factors, as well as an engagement with theories of globalisation and neo-liberalism (Kofman, 2014, Nawyn, 2010). Neoliberal globalisation has resulted in the hyper-mobility of capital and the need for increasingly flexible labour forces. Technological advancements are minimising the need for manual labour, and improving conditions for mobility, while the services industry has grown exponentially (Yeates, 2004a). Additionally, the weakening of the power of the nation-state combined with ideological shifts towards individualism has resulted in diminished welfare assistance globally, creating the demand for a privatised system of healthcare provision (Calavita, 2006; Parreñas, 2009). Global representations that construct women as flexible and well-presented workers have resulted in the large-scale absorption of women into labour markets, particularly within service industries where working times and contracts are more flexible than with

manufacturing (Laurie *et al*., 1999). Women have been absorbed into these jobs for two primary reasons – their association with motherhood leads to the assumption that they will be flexible workers who are happy with shift work, part time or temporary work, while their association with 'feminine' qualities such as being caring, friendly and approachable leads to perceptions that they are better suited than men to work in the services industry (Aapola *et al*., 2005; Laurie *et al*., 1999; Nayak and Kehily, 2008; Parker and Brennan, 1998; Pyke and Johnson, 2003).

Traditionally, the focus of feminist migration research has been mainly on women who migrate, and occasionally on those who are 'left-behind' (see for example Galam, 2015). While central in drawing attention to the experiences of those marginalised from wider migration literature, Hondagneu-Sotelo (1999) argues that focusing on women implies that men are non-gendered bodies and that this inhibits our ability to fully examine the wider systems and processes that lead to the marginalisation of women. The primary shortcoming of researching women rather than gender relates to the relational nature of gender. If gender is understood as a relational concept, then it is impossible to consider the effects of gendered systems without considering both women and men (*ibid.*). Furthermore, Boyd and Grieco (2003) suggest that researching only women leads to the risk of the marginalisation and invisibility of men in feminist migration research. Indeed, in the case of Philippine care-related migration, Manasalan (2006, see also Kilkey, 2010) has called for a greater recognition of the experiences of non-heterosexual and queer identities who are further marginalised and invisibilised within exploitative migration practices, and within associated 'feminist' research. Particularly in the context of nurse migration from the Philippines, where men are well-represented as nurses and care migrants (Lorenzo *et al*., 2007), it is essential to examine the experiences of both women and men. There is not, however, as advocated by Manalansan (2006), scope to explore issues of sexuality within the constraints of the thesis.

As a final point, within feminist approaches to migration, there is an overwhelming focus on the experiences of the unskilled feminised migrant occupations – domestic workers (Altman and Pannell, 2012; Fudge, 2011; Parreñas, 2000, 2001, 2012), nannies and childminders (Adamson and Brennan, 2016; Pratt, 1999), and sex and entertainment industry workers (Roces, 2012, 2009). Kofman (2014, p. 129) argues that *'there seems to be a paradigmatic separation between the skilled and unskilled'*. While this focus reflects the typical occupations migrant women, particularly from the global south, are drawn into, it also serves to reify constructions of women, particularly those who are racialised, as only being suited to unskilled, flexible, and precarious work, and to reify assumptions that only men are engaged

in skilled migration (Kofman, 2014). The experience of nurses provides an example of women's skilled migration, albeit a problematic one (see Chapter 1).

2.2.3 Migration in postcolonial contexts

In addition to the feminist critiques of mainstream migration research, scholars working in global south and postcolonial contexts have sought to address the parochialism of mainstream approaches to migration that build theories and assumptions on experiences of migration in and to the global north (Battistella, 2014a; Elias, 2010; Gaetano and Yeoh, 2010; Huang *et al*., 2012; Xiang, 2014; Yeoh, 2014). Migration is predominantly theorised according to data and observations concerning global south to north or global north to north migration; and the focus is often on the integration of permanent migrants into receiving societies, and the mechanisms and processes that produce, maintain, and restrict flows of human capital. As Battistella (2014) argues, this has likely occurred as migrants to the west are typically long-term or permanent migrants, and thus issues surrounding integration are relatively important for both the migrants and for their receiving societies. Similarly, understanding what produces flows of migration is deemed vital knowledge for those societies who traditionally receive migrants (Donato *et al*., 2006).

This postcolonial critique of migration follows the wider aim of postcolonialism that attempts to decolonise EuroAmerican thought and political practice by exposing the western bias inherent in existing theories and knowledge of the world (McEwan, 2003; Nash, 2002; Radcliffe, 2012; Raghuram and Madge, 2006; Robinson, 2003; Sidaway, 2000; Williams and Mawdsley, 2006). As a philosophy within human geography, postcolonial thought is used to research and theorise a diverse spectrum of topics and themes. Consequently, a wide range of theories and concepts can be viewed through a 'postcolonial lens' (Dogra, 2012). A postcolonial sensibility is essential in better understanding migration as it forces an exploration into how inequalities and migrations are produced, replicated and contested globally (Madge, 2006, Radcliffe, 2005).

Scholars focusing on non-western contexts[12],'*rather than jettisoning established theories for being Eurocentric […], develop multipolar, decentered ways of knowledge production'* (Xiang, 2014, p. 173) that are informed by the different subject positions experienced by migrants in non-western contexts. In particular, research in Asian contexts has been integral in

[12] See for example the 2010 special edition of *International Migration* entitled 'Women and Migration in Globalizing Asia: Gendered Experiences, Agency, and Activism' based on Asian approaches to migration research, as well as the International Organization of Migration's 2014 book *Global and Asian Perspectives on International Migration.*

offering postcolonial critiques to mainstream migration research. This likely reflects the fact that Asia is now the world's largest international migration destination, receiving 30 million international migrants between 2000-2017. Europe conversely received 22 million, and North America just 17 million during this period (UN, 2017).

There are no claims that Asia is necessarily unique or exceptional in regard to migration, rather that Asian migration could inform research elsewhere. For example, the Asian position demands that temporary contract migration is given serious attention due to the fact that most labour migrants within Asia are temporary (Xiang, 2014). Temporary migrants produce significantly different challenges to both the migrant and the receiving societies than permanent settlers, as their temporary status allows receiving societies to restrict access to rights and citizenship (Battistella, 2014). Furthermore, skilled and unskilled migrants are often given differential access to citizenship and rights (Battistella, 2014, Yeoh, 2014). Rather than merely documenting these conditions, scholars are concerned with theorising how sending and receiving countries, international organisations, and non-governmental organisations can work together to provide a transnational framework of rights (Battistella, 2014, Gaetano and Yeoh, 2010, Roces, 2009, Roces, 2012, Yeoh, 2014).

A further contribution by scholars examining postcolonial migrations is the focus on non-linear migratory patterns – circular (migration to several destinations before returning to homeland), repeat (migration to and from one or more place and the homeland), and step (migration to one place in order to gain the capital to reach another more preferred destination) migration (Battistella, 2014, Manalansan, 2006, Xiang, 2014). These are aspects of migration which are more visible within the Asian context, but nonetheless occur globally. Research on circular, step and return migrations has challenged traditional theories of migration such as the push-pull model, as well as implicit assumptions within EuroAmerican gender and migration research, by highlighting the multi-directional nature to migration and mobility and the heterogeneity of international migrants (Xiang, 2014, Yeoh, 2014).

The postcolonial lens also pays attention to the migration-development-nexus and the resulting formalisation of emigration as a development strategy, and the institutions and mechanisms that promote, facilitate and regulate migration (Battistella, 2014, Piper, 2006). For nations that predominantly send migrants – the Philippines, Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Nepal, Pakistan, Sri Lanka and Viet Nam – migration and the resulting remittances become an integral part of development strategies, leading to governments prioritising the facilitation and institutionalisation of migration through both discourses and policy (Tigno, 2014). Migration may be constructed as an act of

national duty or heroism such as in the Philippines (Encinas-Franco, 2013, Rodriguez, 2002, Terry, 2014, Yeoh, 2014). In the case of China, migration is encouraged to allow the state to expand imaginations of the 'homeland' to include its overseas migrants and diaspora, termed 'outward-looking nationalism', and migrants can be mobilised for geopolitical gain (Xiang, 2014). Receiving areas – Singapore, Hong Kong, Malaysia, and the Gulf region – conversely, rely on the cheap labour of migrants to improve their own development goals, primarily sourcing migrants for care and construction work (Thiollet, 2016). Indeed, the Philippines began its policy of labour export in the 1970s in response to increasing needs for construction workers in the newly oil-rich Gulf region (Cai, 2011).

Postcolonial approaches to migration have also led to critique of the relationship between migration and women's empowerment through drawing attention to the culturally specific nature of empowerment and agency (Manalansan, 2006; Rubio, 2012). For example, in the context of Asia, where more value is given to the family rather than to the individual, personal notions of empowerment and agency carry different meanings. The relative empowerment or agency of women should not be judged from an outside perspective, but women (and men) themselves, should be consulted (Rubio, 2012). This sheds light on how migration has the potential to simultaneously empower and disempower women. For example, while moving to a society with a more liberal gender order may empower women in her social life particularly in the sending region (Rubio, 2012), the effects of deskilling and exploitation in the workplace represents disempowerment in the destination (Gaetano and Yeoh, 2010).

Finally, a postcolonial lens offers critiques that expose how women in the west or global north contribute to the reification of the link between women's work, and particularly that of poor women and domesticity (Courtis and Pacecca, 2010; Hochschild, 2000, 2002, Parreñas, 2000, 2009; Pratt, 1999). The relative liberation of women in western societies has allowed their absorption into other sectors of the labour market in full-time professional employment. However, there has not been an associated cultural shift in understandings of who holds responsibility for domestic and childrearing duties. As Parreñas (2009) notes, these women are only able to escape the confines of domesticity by replacing their role with another woman, often one who is marginalised within society, and therefore likely to accept lower wages. This in turn creates a demand for women migrant workers who are marginalised by their class and ethnic status. As I discuss in more detail below, this creates distinctive division within international systems of migration related to reproductive labour (Parreñas, 2000, 2001).

2.2.4 Agency and migration

The agency or capacity of migrants to make a decision regarding their future has concerned migration research from its inception. It has been argued that either all migrants make agentic decisions to move (Agustín, 2003; Lee, 1996; Newendorp, 2010); or very few do, and are instead pushed into migration by structural pressures and inequalities (Battistella, 2014a; Ronquillo *et al*., 2011; Wallerstein, 1974). Alternatively 'voluntary' migrants are seen to be imbued with agency, while refugees and those 'forced' to move are not (see also Mainwaring, 2016). For women and subjects from the global south, these debates are particularly intense, and migration is often framed as empowering and emancipatory (Riaño and Baghdadi, 2007), or as exploitative and violent (Ronquillo *et al*., 2011). Migrants are presented as either victims or agents, and non-migrants the opposite (Barber, 2000).

There is now, however, an emerging consensus that it is simplistic to use such sweeping brushstrokes to account for the relative agency of migrants. While most migrants, particularly from the global south, are pushed into desiring migration due to wider structural pressures, within critical approaches to migration it is increasingly recognised that there is an element of choice inherent in decisions to migrate and of where to migrate (Bakewell, 2010; Bakewell et al., 2012; Gaetano and Yeoh, 2010; Mainwaring, 2016; Roces, 2009; Silvey, 2004; Van Hear, 2010; Williams, 2010). In this sense, wider structural pressures *'cannot alone explain migration; rather, they facilitate or constrain individual agency'* (Carling and Collins, 2018, p. 921; see also Van Hear *et al*., 2018), as *'mobility itself is enmeshed in the cultural struggles of migrants as well as the forces at work in controlling mobility'* (Silvey, 2004, p. 496). Furthermore, Carling (2001, 2002) critiques notions of voluntariness and involuntariness, when he argues that many seemingly voluntary migrants may be pushed into migration while many refugees and asylum seekers take extraordinary measures, resisting acute structural pressures to move. Finally, Roces (2012, 2009) draws attention to how women migrants are *simultaneously* victims and agents.

This kind of attention to the interaction of choice and constraint in influenced by Giddens' (1979, 1986) structuration approach concerning the agency/structure relationship, in which agents are active participants in the formation and reproduction of wider structural processes. Giddens highlights that both agents and structures are always at play and act together (Giddens, 1979). Structures do not just restrict agency, they can also imbue an individual with it (see also Bakewell, 2010; Bhaskar, 1989). Social actions may be *'structurally conditioned'*, but they are not *'structurally determined'* (Bakewell, 2010, p. 1696). Mainwaring (2016), for example, adopts and develops this thinking in research on migrants and refugees moving into

and through Malta and Cyprus. For Mainwaring (2016), agency is not related to the capacity to migrate, rather agency is the capacity to respond to structural inequalities. The response can be to actively replicate structural conditions through migrating legally. Or it can be to actively contest structural conditions whether through engaging in clandestine migration, or remaining and creating or adapting to other opportunities. In this sense, responses to structural inequality include having the capacity to choose to migrate or to stay. They also include having the capacity to create new outcomes, or to create new pathways to reach the same outcomes.

It is, therefore, not only key to adopt a critical approach to understanding migration, but it is necessary to consider both structural and agentic factors to better understand how women and men are drawn into global circulations of healthcare and migration from both 'above and below'. Indeed, Carling and Collins (2018, p. 921) argue that to best understand and conceptualise migration, we should *'neither reify individual decision-making nor totally displace the individual migrant'*. With these insights in mind, I have developed two different yet complementary approaches to understand how nurses in the Philippines are drawn into global circulations of healthcare and to answer the thesis objectives. The first, global therapeutic networks (GTN), I introduce in section 2.4 following a detailed discussion of global care chains (GCC) (2.3). GTN and the preceding GCC approaches are based in political-economy approaches and offer a top-down analysis of the structures that create the conditions for global circulations of healthcare. The second, geographical imaginations is introduced in section 2.5 and is a concept used to interrogate migration decision-making processes. The geographical imaginations approach draws on cultural geographies and centres the individual as the basis of analysis, whilst being able to incorporate wide-ranging factors that both encourage and dissuade migration. This provides a more rigorous approach to exploring migration decision making as advocated by Carling and Collins (2018).

2.3 Global care chains (GCCs)

In order to understand how nurses in the Philippines are drawn into global circulations of healthcare, it is not enough to rely solely on migration theory. For, as demonstrated above, wider structural conditions shape the movements of people and when considering the migration of an occupational group, in this cases nurses, there is a need to consider the global or international contexts through which movement is shaped (but not determined). Nursing is the world's largest professional caring occupation (Andrews, 2002), and there is therefore a need to consider wider global circulations of care labour to better understand how nurses may be drawn into migration and other forms of global healthcare provision.

Care labour is a form of service labour, one that is dominated by women, and one that is generally undervalued economically and socially (Conradson, 2003; Milligan et al., 2007; Misra, 2003; Philip et al., 2010; Raghuram, 2012; Yeates, 2011). It is also a sector where not just gendered, but in which class and ethnic lines create huge international divisions determining who cares and who receives care (Misra, 2003). In general, it is the globe's poorest, non-white women who undertake the caring responsibilities of those elsewhere (Parreñas, 2001). Yet, as women's migration has been largely absent from discussions of migration throughout the 20th century, their care migration has received even less attention from migration scholars. In part, this is because the majority of care work is reproductive labour – labour employed to sustain domestic rather than economic life, including child rearing, cooking, cleaning, and general domestic work. This work is rarely ascribed true economic value and tends to occur within private spheres, making the migrants largely invisible to wider scrutiny (Connell and Walton-Roberts, 2016). Two key and interlinking approaches have been developed to help explain and understand the global movement of healthcare workers, with a focus on women – the international division of reproductive labour, and global care chain approaches. Both approaches are informed by and part of the wider feminist and postcolonial approaches to migration discussed above. They also both downplay or outright deny the importance of agentic decision-making, instead postulating that international and global movements of people are dependent on and operate within larger structural forces, including, but not limited to capitalism, racialisation, postcolonialism, and patriarchal structures (Walton-Roberts, 2012; Yeates, 2004a, 2012a).

2.3.1 International division of reproductive labour

During the late 1990s, feminist scholars drew attention to the differential migratory experiences of women, focusing on these 'hidden' migrants – the domestic workers (Constable, 1997), the factory workers (Laurie *et al*., 1999), the maids and nannies (Pratt, 1999), and the sex and entertainment workers (Doezema, 1999; Kempadoo and Doezema, 1998). However, Rhacel Parreñas (2000, 2001) in her study on Filipino migration to Rome and Los Angeles for domestic work, was perhaps the first to offer a strong theoretical approach to better understand this feminisation of migration and to explore the ways globalisation, care and migration are connected (Yeates, 2004b). Parreñas termed her theoretical approach the 'international division of reproductive labour' echoing advancements in economic labour studies that had drawn attention to the international divisions present within the spatial distribution of means of production. Just as production was found to be

organised along lines of class and ethnicity, so too was the global distribution of reproductive work.

Parreñas (2000, 2001), by focusing on the plight of domestic workers from the global south in two global north destinations considered how reproductive care is transferred from south to north. Parreñas argues that the shift in the global north away from the traditional male-breadwinner family structure to that of dual earners, resulting from the widespread inclusion of women into national workforces, creates a 'deficit' of reproductive care. Despite the societal shifts in the perception of working women, there was no similar shift in the notion of reproductive or 'family men'. With less available time for reproductive tasks, alongside increased resources, these women often hire another woman to undertake these duties. Parreñas later notes (2009), that these privileged women are contributing to the reification of the link between women's work and domesticity. While they have escaped the confines of domesticity, this is only possible through replacing their role with another woman, one who is further marginalised within society, and therefore likely to accept lower wages.

This societal change subsequently creates a demand for migrant women. However, as the migrant women move, often leaving their families behind, they must find someone to replace their own reproductive 'duties'. More often than not, this is another female member of their household or community, and although this household receives remittances, the replacement carer does not receive formal remuneration for her reproductive work. Termed the 'international division of reproductive labour', this typifies the uneven nature to globalisation, and argues that global systems of patriarchy determine migratory flows. In many cases, these women are taken from the global south, and, especially in the case of the Filipinos Parreñas spoke to are often relatively well educated, representing good 'value for money' (see also Constable, 1997; Pratt, 1999).

This early work has proven invaluable for deepening understanding of how reproductive work is organised on an international scale yet has been subject to certain criticisms. Primarily, criticisms are aimed at the limited nature of Parreñas' analysis (and later Hochschild's 2000), which is overwhelmingly focused on the experiences of married heterosexual women, and largely omits the role of men in maintaining or challenging the international division of reproductive labour (Kilkey, 2010; Manalansan, 2006). For example, although 26 percent of Parreñas' participants in Rome are men, they are given no analytical attention. Additionally, Parreñas does little to address the different forms of labour transfer involved in the migration of single women, who, as Tigno notes, are the *'face of the Filipino migrant'* (2014, p. 20), and constituted just under half of her participants in Rome. Furthermore, Parreñas' focus on only

reproductive work carried out by domestic workers is limiting in the face of wider care or therapeutic work available for both women and men on an international scale. While the international division of reproductive labour is a useful theoretical approach to understand the international mobility of some women, and of the racialised and classed dynamics of this movement, in general it has a rather limited applicability, for example, excluding professional migrants (Williams, 2010), while prioritising the migration of women, and within this women who are mothers (Dumitru, 2014, 2016b). It is Eurocentric in that it prioritises the relatively insignificant numbers of women migrating to the global north, omitting those migrating within the global south from analysis (Dumitru, 2018). Researchers have instead been drawn to the concept of 'global care chains' first introduced by Arlie Hochschild (2000), although Hochschild essentially used the tenets of the international division of reproductive labour and fell into many of the trappings (Dumitru, 2014). Nonetheless, significant conceptual work has been undertaken to improve the concept.

At the heart of the 'global care chains' (GCCs) approach is the assertion that there exists a *'series of personal links between people and across the globe based on the paid or unpaid work of caring'* (Hochschild, 2000, p. 131). Divisions of gender, ethnicity, class, and so on, structure the economies of care globally and nationally (see also Yeates, 2004b, 2004a). Hochschild's initial conceptualisation of GCCs has suffered from many of the critiques as the international division of reproductive labour – in that it excludes the experiences of men, further contributes to the association of care with femininity, and centres the experiences of married heterosexual female domestic workers as typical of wider care migration. Nonetheless, GCC has a wider applicability than the international division of reproductive labour, and has been the favoured concept among researchers since, albeit with several modifications, clarifications, and a stronger theoretical approach developed mainly by Nicola Yeates (2004a, 2004b, 2009, 2010, 2011, 2012a).

2.3.2 Global care chain analysis

In Hochschild's (2000) iteration of GCCs, the theoretical underpinnings of the concept are not elaborated. Yeates (2004a) in her various reviews of the concept, however, has highlighted its associations with global commodity chain thinking, and therefore GCC analysis should be understood as such. Global commodity chain thinking is part of a world-systems approach, that maps global mechanisms of unequal exchange, exploring transnational linkages and relations of exploitation (Gereffi, 1999; Yeates, 2004a). Central to global commodity chain thinking is the idea that care labour is becoming increasingly commodified and internationalised, and that global transfers of care labour can be understood in a similar way

to that of material products. To highlight the commodification of healthcare workers, terms such as ‘production’ and ‘import/export’ are frequently deployed. Wojczewski *et al*. (2015, p. 3) define the GCC as a theoretical approach that

> analyses international power relations between the global north and south that emanated from a changing transnational organisation of healthcare with a special focus on migrant women from the south and their incorporation into the global healthcare market.

Whilst ostensibly not too different from the international division of reproductive labour, it is the turn towards care as opposed to reproductive labour that signifies the most vital distinction. For within GCCs, the focus is not just on reproductive care and the migration of mothers, but, for example, of spiritual care and the historical migration of women missionaries, and sex workers, as well as the migration of healthcare workers to undertake elderly and end-of-life care, and so on (Williams, 2010). There are countless care chains (Connell and Walton-Roberts, 2016; Huang *et al*., 2012). Dumitru (2014; 2016a; b) argues that the more limited focus of reproductive and motherly care present in early iterations of GCC and in the international division of reproductive labour is a form of methodological sexism that serves to reinforce notions that the absence of maternal co-presence results in a loss of care. Instead, she argues that remittances as well as forms of technologically-mediated care can result in care ‘gains’ warning against the epistemological violence of placing responsibility for intimate care giving to mothers and women.

GCC analysis is particularly useful as it is able to examine how global inequalities are established and maintained through analysing relations of inequality between care providers and users within the global care network (Walton-Roberts, 2012; Yeates, 2004a). Care chains

> reflect a basic inequality of access to material resources arising from unequal development globally but they also reinforce global inequalities by redistributing care resources […] from those in poorer countries for consumption by those in richer ones (Yeates, 2004a, p. 373).

Furthermore, care chains can be seen as a vital contemporary issue as both demands for ‘care’ are increasing, while neoliberal tendencies are leading to many states withdrawing welfare provisioning (Onuki, 2018).

Yeates (2004a) draws out elements from global commodity chain thinking that are applicable to global transfers of care labour, as opposed to global transfers of products or commodities,

but which require a rethinking in the context of care. Primarily, she argues that movements of care are different to movements of commodities in regard to geographical spread. While sites of global production are increasingly moved to the global south where cheap labour exists, global care has required the movement of workers to where the care deficits exist (Yeates, 2004a). However, as I demonstrate in Chapter 6, technological advances are reducing the impetus for some to physically transcend national boundaries to provide care on a transnational basis. The rise of healthcare outsourcing, aided by advances in the dataisation of medical information and in global communications technologies, means that skilled healthcare professionals can provide care on a transnational basis without engaging in migration (Thompson, in press). The global care chain is moving ever closer to global commodity chains.

At its heart, GCC analysis examines how various forms of care work – be that motherly care from nannies, nursing care, spiritual care, domestic duties, and so forth – are transferred transnationally to predominantly poor women. The classic example is that of the 'nanny trade' from the Philippines to the US (see Hochschild, 2002). The stereotype here is of the 'US woman' being unwilling to endure the 'double burden' of productive and reproductive work and recruiting someone from a Philippine household, marked as different by ethnicity and class as different, to do domestic duties. The Philippine nanny is then unable to maintain her own domestic duties (such as caring for children or parents), and so either recruits a Filipino woman from a lower socioeconomic status, often an internal migrant, or enlists a family member to carry out the care work. As we move down the chain, the *'value ascribed to the labour decreases [to the stage where it] often becomes unpaid at the end of the chain'* (Yeates, 2012a, p. 137). It is also notable that while a *global* care chain must involve the transfer of care across an international border, it generally also involves the transfer of care within a nation or locality, as in the example above.

2.3.3 Developments and limitations of global care chain analysis

Despite the benefits of using GCC analysis, Yeates (2004a, 2004b, 2012a) has offered various commentaries highlighting the limitations and suggesting ways it could be further developed, and others have contributed to further discussion and development of the concept (Borneman, 2017; Kilkey, 2010; Vaittinen, 2014; Walton-Roberts, 2012). In total, six areas of weakness have been highlighted, although many of these are being addressed as the concept gains support.

The first concern is that GCCs are too focused on the mobilities of domestic workers and nannies at the expense of other types of care providers. This serves to limit conceptualisations

of care to primarily reproductive and emotional care tasks, and reinforce the notion that care work is women's work (Parreñas, 2012; Walton-Roberts, 2012; Williams, 2010; Yeates, 2004a, 2012a). This also serves to reinforce the notion that women are not engaged in skilled migration (Connell and Walton-Roberts, 2016). Furthermore, this denies non-female bodies attention as either carers, the cared-for, or family members impacted by the migration of a care provider (Huang *et al*., 2012). Walton-Roberts (2012; see also Wojczewski *et al*., 2015) has developed the global nursing care chain (GNCC), using Hochschild's initial concept which focused on the international nanny trade, and applying it to nursing. It should be noted that the GNCC is just one type of GCC, and the two should not be considered conceptually different. In doing so, Walton-Roberts (2012) was able to bring attention to the fact that care work also involves highly skilled tasks which require specialised, professionalised knowledge, and notes how the emigration of nurses from Kerala, India has improved the professional and social status associated with nursing. As Walton-Roberts demonstrates concerning the plight of Indian and Filipino nurses to Canada, often international mobility causes nurses to leave the GNCC and instead enter a different form of care chain, often domestic work, as they must deskill to achieve immigrant status (Walton-Roberts, 2012; Walton-Roberts and Hennebry, 2012). In this sense, GCCs are multiple and intersecting. Furthermore, more recent applications of global care chains have drawn attention to new elements of care, moving away from an approach that only centres the neoliberal economy as a central (Dumitru, 2016b; 2018). For example, how the elderly are not just care receivers but provide care (Neysmith and Zhou, 2013), while Clark and Bettini (2017) consider the influence of and potential effects to climate change and care migration.

Secondly, Yeates (2012a, p. 148) argues that *'fetishizing migrant care workers as the prototypical embodiment of care transnationalization'* carries certain risks. Her concern is that a narrow focus excludes other forms of care-related migration from analysis, mainly migration of healthcare service users (rather than the providers), sex tourism, and marriage. While I support Yeates' assertion that the sole focus on migrant care workers is limiting, I do so from a different perspective. I instead believe GCCs must be more receptive to how the transnationalization of care structures the lives of non-migrants, and to move away from privileging the extraordinary experience of migrants over the considerably more common experiences of non-migrants. It is for this reason that I interviewed nurses who had not yet migrated, and actively recruited nurses with no desires to migrate.

Thirdly, while GCCs can account for the internal mobility of healthcare workers, Parreñas (2012) among others (Walton-Roberts, 2012; Yeates, 2004a, 2012a) notes that GCC analysis

is largely preoccupied with how the transnationalization of care entrenches international inequities, omitting local and national inequalities from analysis. The approach must be sensitive to *'the multiple sites and scales across which the global (care) economy operates and through which power is circulated, concretized and expressed'* (Yeates, 2012a, p. 149). In line with this, GCC approaches are deemed too invested in analysing global movements between north and south. This is particularly problematic as the major destinations for foreign domestic workers, nurses, and sex workers are within the global south (Wojczewski *et al.*, 2015). Asia, for example is the world's biggest exporter and importer of care labour (Battistella, 2014a). Through focusing analysis on the daily lived experiences of nurse students and graduates living in Manila, this research moves away from the traditional site of the destination, considering how the global nursing care chain impacts those who may never themselves embark on an international transference of care.

Fourthly, Yeates (2004a, 2012a) notes the inherent differences between the production of manufacturing and health services. She argues that while manufacturing deals in tangible products that can be mobilized to meet international demands, health services deal in intangible services in which service providers must be mobilized to meet international demands – the product, i.e., care cannot move to consumers unless a care provider does. Related to this, she calls for applications of GCCs to be sensitive to *'the centrality of labour'* (Yeates, 2004a, p. 381), as opposed to capital, in the production and deliverance of care services. However, as Connell and Walton-Roberts (2016) highlight, in their paper entitled '*What about the workers? The missing geographies of health care'*, this is a limitation affecting most studies of healthcare worker migration, not just GCCs. Analysis is generally restricted to an examination of how migration allows healthcare to be transferred, reducing workers to bodies moving through space. My focus within this thesis seeks to rectify this, particularly in Chapter 6 where I examine the working practices and experiences of Filipino nurses.

Finally, as an approach influenced by world-systems thinking, GCC analysis has been critiqued for its overall structural focus that hides, undervalues, and minimises the impact of agentic decisions made by women and men within and beyond care chains (Vaittinen, 2014). Within many iterations of GCC, structural forces are given prominence and women, and where included, men, are conceptualised as commodities – unable to shape their own trajectories and futures, lives and mobilities determined by consumer demand. In line with the previous point, Vaittinen (2014, p. 195) argues this approach is less invested in understanding

the experiences of the workers, and instead seeks to elucidate trajectories through global structures, as

> [i]magining the global care chains as pre-structured paths along which the care workers migrate easily leads to the perception that the migrant care workers are but labouring bodies, governed by rules of GPE [global political economy]; as opposed to lived beings, whose embodied movement through the chained network leaves its marks on the entire structure.

Therefore, bringing visibility to the migrants themselves, rather than to the processes they are involved in, requires an appreciation for the acts of agency made by migrants, and to the ways this itself alters the care chains. As I show throughout the thesis, decisions of nurses to leave their occupation, to deskill, or to migrate influence the resulting networks of care chains. While these decisions are made within larger structural pressures, it is a disservice to care workers globally to conceptualise of them as objects or commodities moving within pre-determined path. With this in mind, in section 2.5, I discuss migration decision-making and agency.

2.3.4 Chains and networks

A final issue identified with care chain thinking relates to the notion of 'chains'. Within global commodity thinking, from which global care chain owes much of its conceptual framing, certain researchers employ the 'global production network' (GPN) model in place of global commodity chain or global value chain analysis (Coe et al., 2008a; Coe and Yeung, 2015; Dicken, 2011; Ernst and Kim, 2002). In essence, the term captures a similar notion, and researchers are still concerned with the global distribution, patterns and movements of commodities. However, global production networks are equally as concerned with production as well as consumption, and the term 'network' better

> reflect[s] the fundamental *structural* and *relational* nature of how production, distribution and consumption of goods and services are—indeed always have been—organized. (Coe et al., 2008a, p. 272 original emphasis)

Whereas chains are assumed to be linear and uni-directional, networks aim *'to reveal the multi-actor and multi-scalar characteristics of transnational production systems'* (Coe et al., 2008b, p. 267). However, more than just a metaphor to demonstrate the more messy and complex nature of global production and consumption, it has been noted that the GPN approach is particularly valuable in buyer-driven systems where large retailers develop and draw on decentralised overseas production networks often in the global south (Castree et al., 2013a;

Gereffi, 1994). Care and nursing migration is an example of a buyer-driven system and the producers must compete with one another to secure contracts. In seller- or producer-driven systems, conversely, including telecommunications, the producer simply 'passes along' products to retailers (who may compete for exclusivity) or consumers directly (*Ibid.*). These systems are more aptly explained through chain metaphors as products are more simply 'passed along' supply chains.

Furthermore, scholars promoting GPN approaches have drawn on actor-network theory to further demonstrate the benefits of network thinking. Proponents of GPN argue the network metaphor offers a more heuristic approach whereby not just producers, products, and consumers are of interest, but the wider structural contexts in which the tripartite exist (Coe and Yeung, 2015; Henderson et al., 2002; Mahutga, 2017). This includes, but is by no means limited to *'the impact of additional forces, such as national, regional and global institutions, labour groups, and other stakeholders'* (Mahutga, 2017, p. 158). It considers inter-firm relations (rather than just movements between firms), but also involves non-firm actors (such as governance institutions) (Coe et al., 2008b; Dicken et al., 2001; Henderson et al., 2002; Mahutga, 2017). In this sense, actors exist in a 'sea' of network relations, and actors should be understand as co-constitutive with the wider network (Hess and Yeung, 2006). This pushes analyses beyond considering the relationships between and among firms, and considering relationships with other elements of society, economies, and cultures (Henderson et al., 2002). Additionally, the notion of 'embeddedness' is key to GPN approaches (Coe et al., 2008b) which speaks to the culturally-embedded nature of migration and nursing in the Philippines. Value and quality of nursing care may be superseded by the embeddedness of certain nurse migration pathways.

Hess and Yeung (2006, p. 1193) summarise the key components of GPN approaches:

> the continuing unevenness of the spatiality of production and consumption, the differentiating role of structural and institutional conditions at various scales, and the responses and strategies of firms, nonfirm organizations, and government bodies shaping the global economy across space and time.

Evidently, each of these factors has clear salience for global transfers of care which are characterised by spatial inequalities in provision and consumption of care (Yeates, 2004). Structural and institutional conditions, including international guidelines of ethical recruitment, national migration regimes, national training for nurses, NGOs, local and national employment experiences, as well as social networks all shape care transfers as I demonstrate throughout the thesis; while there is a need to consider actors beyond nurse

employers (firms) and incorporate sites of education and training as well as intermediaries such as recruitment agencies. While these sites and actors are present within GCC literature, and receive significant analytical attention (Fudge, 2011; Guevarra, 2010; Nguyen et al., 2017; Ortiga, 2017; Yeates, 2009), they are better conceptualised through the network lens that is more sensitive to horizontal relations rather than the chain metaphor's vertical focus (Henderson et al., 2002; Hess and Yeung, 2006).

A similar discussion has been had within global care chain thinking, and Huang *et al*. (2012, p. 131), for example, argue that

> [r]ather than envisage the GCC as a single productive chain, […] we see care chains as multiple and intersecting. They sometimes comprise only one chain for work, and at other points, link up with multi-stranded chains for care labour at the intersections between the productive and reproductive, the public and the private, the paid and the unpaid.

Vaittinen (2014, p. 195) further believes that GCCs are less reminiscent of a chain than of a '*network of intertwining chains*' (see also Fudge, 2011), Lutz (2018, p. 584) argues the chain metaphor reduces movements 'to a unilateral relationship' and Bamu (2018) draws attention to the plurality of actors and role of the state. Additionally, as noted, there are clear examples where network thinking is applied to care chains, if not explicitly discussed in such terms (Fudge, 2011; Guevarra, 2010; Nguyen et al., 2017; Ortiga, 2017; Yeates, 2009). However, while the 'chain' metaphor continues to be employed without much conceptual consideration GCC approaches are hampered. Through engaging more deeply with GPN thinking it is clear that 'networks' offers more theoretical rigour than 'chains'. Analysing the global circulation of healthcare workers and care providers through a lens sensitive to not only the multiplicity of types of chains and directions, but that is sensitive to the multiplicity of actors involved requires a network approach. Indeed, as Hess and Yeung (2006, p. 1196) argue, a network as opposed to a chain approach is key to ensuring the *'geography, … issue of territoriality, … [and how actors] are anchored in different places and multiple scales'* (original emphasis) are not lost from analysis. GPN *'represents a geographical take'* on global commodity chain thinking (*ibid.*).

2.4 From global care chains to global therapeutic networks

In light of the above critiques, while the GCC approach is used as the primary theoretical model for the thesis and informs the ways I understand the nurses' roles within larger global structures, I endeavour to offer a more critical account of care chains. For example, I bring the

narratives of men into discussions of GCC, I focus on a sending and nurse producing context, I explore the employment experiences of nurse graduates, and I understand the connections between places as multiple, messy, and in terms of 'networks', considering actors outside of traditional understandings of nursing migration. In light of the results of the research, I also call for a deeper and more critical engagement with notions of mobility and migration, drawing on the well-established therapeutic landscapes literature and emerging research on therapeutic mobilities. Before turning to therapeutic landscapes and mobilities literatures, it is useful to begin with a wider discussion of 'care' due to the centrality of the concept for the literatures, for GCC analysis, and for the conceptual framework adopted in this thesis.

2.4.1 Geographies of care

Care is widely understood as *'applying to the physical, psychological, emotional, and developmental needs of people(s)'* (Yeates, 2004a, p. 371), and can refer to actual care work as well as in more general terms of wellbeing (Conradson, 2003). As such, within geography, 'care' has become a topic of great interest in the last few decades, although the ways in which it is understood differ. Care thus tends to be discussed in two overarching ways – by feminist geographers as an ethical position generally referred to as an ethic of care or progressive politics of care, or by health(care) and social welfare geographers who examine the relation between people, place, and health (Milligan et al., 2007). Many debates within these two approaches intersect, particularly those regarding inequalities in accessing and receiving healthcare on both local and global scales (Conradson, 2003; Parr, 2003). Indeed, GCC approaches do not just consider transfers of health-related care, but discuss this in terms of global injustice, examining how global and national inequalities are reinforced through the commodification of carework (Goode, 2009; Yeates, 2009, 2010). Therefore, although I am primarily concerned with the wider relations between health(care), place, and people and aligned with health geography, my wider understandings of care are also informed by the ethic of care conceptualisation.

Whereas mainstream society and academia tend to romanticise care as something that is *'effortlessly and altruistically produced'* (Misra, 2003, p. 385), feminist critiques, which are characteristic of an ethic of care approach and common in health geographies, seek to disrupt such conceptualisations. In particular, there is a desire to draw attention to the universalising nature of care in which caring for and needing care are understood as part of the human experience (Misra, 2003; Nguyen et al., 2017; Philip et al., 2010; Popke, 2006; Raghuram et al., 2009; Tronto and Fisher, 1990). Furthermore, for many scholars, care extends beyond

humans to the environment (Tronto and Fisher, 1990, 1990) and other living beings evidenced, for example, by the rise in attention to 'vegan geographies' (Oliver, n.d.).

Despite the universalising nature of care, it is recognised that understandings of care and associated practices are highly gendered, and despite the centrality of care to the reproduction and maintenance of society, care is devalued (Lutz, 2018; Misra, 2003; Parr, 2003; Philip et al., 2010). Scholars argue that neoliberal capitalist expansion is producing a 'crisis of care' as care is increasingly commodified while the emotional and personal elements of care are further devalued (Folbre, 2002; Misra, 2003; Onuki, 2018; Parr, 2003). The increased use of migrant labour to provide care in neoliberal global north societies demonstrates this clearly. The ethic of care approach attempts to rectify this, and research has sought to highlight the historical inclusion of men in carework (Stone, 2000), to demonstrate the role of policy and state intervention in devaluing work, and suggesting improvements (Stone, 2000), and ultimately to

> reconceptualize care and dismantle the division of care, so that all women and men – whatever their background – feel and ethic of care and engage in caring for others. (Misra, 2003, p. 400).

Furthermore, feminist and postcolonial critiques highlight that our dominant understandings of what care may involve are based on ideas from the global north (Raghuram, 2012), and often certain 'caring' actions from other contexts are silenced. For example, Huang *et al*. (2012) question whether within Asian contexts, we might be better positioned to reconceptualise remittances within the realm of care, as remittances contribute towards a family's physical and developmental needs. As Vaittinen (2014, p. 194, see also Huang *et al*., 2012, Raghuram, 2012) argues

> [t]he connotations, practices and requirements of care itself change from one society to another, and care cannot thus be seen [just] as a mere commodity being 'transported'.

There is therefore a need to consider both the generalised and culturally and locationally specific elements of care and caring (Philip et al., 2010).

For health and health care geographers, although the universalising and particular nature of care features strongly in understandings of care, there is also a need to consider care in more material forms to understood the relational nature between healthcare provision, people, and place (Andrews and Evans, 2008; Milligan et al., 2007; Parr, 2003). Therefore, the

consumerisation of care is a key focus along with associated caring practices (including emotional and physical care), institutions (including hospitals and the home), and people (including caregivers and care receivers) are of interest (*Ibid.*). Additionally, health geographers are sensitive to the cultural and social contexts in which care is administered (Conradson, 2003; Kearns and Collins, 2009; Kearns and Moon, 2002) 2003). Although health geographers tend to focus on more formalised practices of care giving, as opposed to the more abstract and wide-reaching ethic of care, interest does expand beyond the market to consider unpaid caring practices in the home (Milligan, 2003) and community (Parr and Philo, 2003).

Within the last 20 years, health geographers, building on the aforementioned feminist critiques, have contributed to expanding these categories in four key ways. Initially, debates have moved on from exploring the different spatialities of care provision, to analysing the affective nature of care by understanding how care manifests and is experienced in different settings often under the umbrella of therapeutic landscapes discussed below (Andrews, 2004; Conradson, 2005; Gesler, 2005, 1992). Secondly, prompted by wider turns in feminist geography to consider the body as a key site of analysis, health geographers have considered questions of self-care (Conradson, 2005; Milligan et al., 2007; Parr, 2003). Thirdly, in recognition of the plurality of cultural understandings of care, health geographers have turned to 'alternative' forms of care such as folk-medicine and homeopathy (Andrews, 2018). Finally, health geographers are well placed to question the relationship between *technology*, health(care), place, and people (Parr, 2003), although excepting a few examples (Prasad and Prasad, 2012), there is still much ground to be made in this final aspect.

In examining the spatialities of care and care practices, health geographers are often concerned with intimate caring practices that '*require co-presence'* (Raghuram, 2012, p. 157; see also Popke 2006, Raghuram *et al* 2009). As Dumitru (2014) argues drawing on Tronto's (1993) four phases of care, the majority of carework does not require co-presence for quality care provision, particularly not, for example, when remittances are incorporated into understandings and conceptualisations of care. Caring *about* requires emotional attentiveness to identify needs; *taking* caring of requires responding to the identified needs; care-*giving 'involves skillful work to meet the needs and provide successful care* [*sic*]' (Dumitru, 2014, p. 208); while care *recieving* considers how the object of care responds to the previous. It is often the care-giving stage in which co-presence and proximity is required, however, scholarship on transnational parenting demonstrates that effective and quality can be delivered across distance as both remittances and through communications technologies.

It is this requirement for ‘co-presence’ that drives the global circulation of nurses and other caring workers, and facilitates caring in hospitals, clinics, and care homes (Andrews, 2004). However, while many aspects of care require co-presence and proximity, many do not; and scholars working with an ethic of care have drawn attention to how practices such as ethical consumption in the global north provide a form of care to subjects in the global south (Hughes, 2012; McEwan, 2003, 2008; Pollard et al., 2011; Raghuram et al., 2009). Additionally, advancements in certain technologies have led medical researchers and those occasionally those studying Science and Technology Studies to consider the effectiveness and impacts of new forms of care provision. For example, the rise of ‘Dr Google’ (Lee et al., 2014), 3D printing of bones and prosthetics (Whitaker, 2014), questions over online private General Practitioners (Torjesen, 2016), parenting via mobile technologies (Cabanes and Acedera, 2012), robotic ‘pets’ (Petersen et al., 2017; Sicurella and Fitzsimmons, 2016), and ‘call centre caring’ within global north settings (Belman et al., 2002) are but a few recent activities that affect the way we receive health care and seek therapies. There is a need for health geographers to critically address how these new forms of technologically mediated care are experienced (Grace et al., 2015; Hamper, 2016), as well as how they complicate and disrupt traditional spatialities, patterns, and movements associated with care (Milligan et al., 2007). This thesis addresses the latter issue.

This disruption to traditional globalised and localised spatialities of care, facilitated mainly by technological advancements, although largely driven by need for lower cost more efficient healthcare in the face of ageing populations and increased care demands, requires a rethinking of global care chains. Rather than assuming care is moved from one place to another via the migration of a worker, more must be done to connect different forms of movement and mobility with care. I propose that to do so, an approach that critically assesses global transfers of care labour from global to north to south but that is sensitive to a more wide-ranging ways that care is transferred beyond international migration is required. Therapeutic mobilities, a small but growing concept in health geography that emerged from therapeutic landscapes and the new mobilities paradigm offers a conceptual lens by which to do so.

2.4.2 Therapeutic landscapes and therapeutic mobilities

Therapeutic landscapes was first introduced by Gesler (1991) when considering *The Cultural Geography of Healthcare*. Gesler (1992) initially conceptualised therapeutic landscapes as a ‘geographic metaphor’ used to help understand how healing is influenced by place, drawing on cultural landscape geographies that sought to understand the effects of cultural meanings attached to place (see Cosgrove). For Gesler, certain places are imbued with meanings that

are associated with therapeutic/ healing qualities and can therefore facilitate healing and wellbeing. During initial applications of therapeutic landscapes, scholars turned to non-traditional environments and symbolic landscapes such as Lourdes as a place of pilgrimage (Gesler, 1996); focusing on places with an *'enduring reputation for achieving physical, mental, and spiritual healing'* (Gesler, 1993, p. 171; see also Smyth, 2005). However, the concept has since been expanded to include more traditional caring environments and places such as healthcare institutions (Gesler, 2005; Williams, 2009). Additionally, while the term 'therapeutic' was initially invoked to signal that alternative forms of healing and/or less formlaised forms of 'care' were of interest to researchers, it is now commonly agreed that therapeutic landscapes are concerned with more general 'spaces of care' (Gesler, 2005, p. 295), and proponents recognise the wide-reaching conceptualisations of care. Nonetheless, while ostensibly the same as 'care' and it reflects all caring practices, therapeutic also refers to the *'the temporal and spatial factors shaping'* caring practices (Andrews and Evans, 2008, p. 770), offering a distinctly geographic approach.

Therapeutic landscapes is currently used to conceptualise physical places that are 'healthy' or otherwise (Conradson, 2005; Wakefield and McMullan, 2005), sites of traditional healthcare (Andrews, 2002, 2004; Burges Watson et al., 2007), historical therapeutic landscapes generally through literary analysis (Baer and Gesler, 2004; Tonnellier and Curtis, 2005), as well as sites of non-traditional healing (Milligan et al., 2004; Wang et al., 2018). It is now commonly understood that the concept of therapeutic landscapes refers to the relationship between place and health, but with a specific focus on the physicality of place rather than inequalities between places as is standard in health geographies (Gastaldo et al., 2004). Furthermore, its roots in focusing on 'spiritual places' means that therapeutic landscapes is key in pushing analysis beyond mainstream understandings of caring practices as with the ethic of care concept, and also incorporates a wider range of caring locations. By demonstrating how, for example, the physical landscape of local neighbourhoods contributes to negative health outcomes such as complications arising from sun exposure in Auckland (Collins et al., 2006). Therapeutic landscapes also draws attention to the complex nature of 'responsibility' in relation to issues of care, in this case local schools, national and state policy, as well as global ozone polluters (see also Bell et al., 2018; Burges Watson et al., 2007; Williams, 2010).

Considering the local neighbourhood as (non)therapeutic landscape, Gatrell (2013) has drawn on the 'new mobilities paradigm' (see Hannam et al., 2006a; Sheller and Urry, 2006) within the social sciences. The 'mobilities turn' has led to a focus on the more mundane mobilities

we experience in our daily lives (Sheller, 2017). Rather than focusing solely on migration, the new mobilities paradigm exposes the importance of micro migrations as well as larger scale movements, and takes a keen interest in all forms of movement on various scales (Adey, 2006; Cresswell, 2010, 2014; Gatrell, 2013; Hannam et al., 2006b; Sheller, 2017; Sheller and Urry, 2006). This includes but is not limited to the movements of people, things, practices, and ideas, *'as well as the emotions and meanings ascribed to such movement'* (Gatrell, 2013, p. 99). The mobilities turn promotes a critical and diverse approach to understanding how and why things move (Cresswell, 2014). Such thinking becomes valuable in further theorising and understanding processes of migration, and mobilities research has prompted migration scholars to widen their scope and consider further movements and mobilities as analytically important. Furthermore, as Gatrell (2013) demonstrates, the mobilities turn offers key insights for health geographers.

For Gatrell (2013) then, in the same way that therapeutic landscapes prompts an exploration of '*the relations between health and location, place and landscape'*, therapeutic mobilities offers the ability to critically *'convey the notion that movement, as well as place, can benefit [or hinder] human health and improve wellbeing'* (Gatrell, 2013, p. 98). The concept of therapeutic mobilities prompts considerations of how '*movement itself can be conducive to wellbeing and health'* (Gatrell, 2013, p. 100). Gatrell attributes this movement to the everyday practice of walking, although notes that walking can increase health risks, such as through exposure to pollution and risk of violence in urban areas (2011). Despite Gatrell's (2013) paper noting that engagement with other forms of movement deserves attention, local walking is the most commonly explored form of 'therapeutic mobility' (Grant et al., 2017; Smith et al., 2017; Yang et al., 2018). Earlier work by Roberts and Scheper-Hughes (2011) did identify how international migration is undertaken not just for direct medical purposes, but as 'a search for citizenship' and a means to escape poverty, and although not aligned with therapeutic mobilities, their findings echo Gatrell's (2013) key arguments.

A forthcoming issue of *Mobilities* addresses this parochialism through turning to international movements and mobilities that are conducive to wellbeing and health (Kaspar et al., forthcoming). Walton-Roberts (forthcoming) explores asymmetrical mobilities between men and women nurse migrants from India to Canada drawing attention to the variable social mobility outcomes involved, while Chee et al. (2018) examine flows of medical patients between Indonesia and Malaysia, drawing attention to the multiple actors involved, and Kaspar (forthcoming) does for cancer patients travelling between Uzbekistan and India. Bochaton (2018, p. 1) considers the transfers of *'transnational health care practices and*

medicinal flows within the Hmong diaspora between Laos and the U.S'. Mobilities of careworkers, patients, caring knowledges, pharmaceuticals and herbal treatments are given attention, while movement that occurs both within and across national boundaries is analysed. Furthermore, while care chain literature is more concerned with global south to north patterns, a legacy of its neo-Marxist political economy approach, the emerging examples adopting therapeutic mobilities demonstrate its more 'global' than international reach (see Dumitru, 2018). The cultural meaning of mobilities is explored, as well as the ways meanings change and adapt within differing therapeutic spaces. Furthermore, movement is not limited to physical migrations, and Thompson (2018), Bochaton (2018) and Walton-Roberts (forthcoming) all consider socioeconomic mobilities to differing extents. Indeed, as socioeconomic mobility has a direct impact on the ability to source care and on requirements for care, this is a key inclusion. Therapeutic mobilities and landscapes offer key insights to global care chain research.

2.4.3 Global Therapeutic Networks (GTNs)

Therapeutic mobilities prompts us to consider the varying and multiple global movements made in the name of care or therapeutics. It is a way to bring together often disparate strands of geographies that analyse the movements of healthcare workers (primarily through a lens of migration), patients (through a lens of medical tourism), and pharmaceuticals (through a lens of global health and economics). I have turned to and developed therapeutic mobilities to better encapsulate the realities of the lives of the nurses I spoke with[13]. Additionally, the 'mobilities' approach offers a framework that accounts for the less 'glamorous' mobilities, migrations, and movements that are increasingly impacting healthcare provision at local, national, and international scales. Movement can, of course, be physical, but it can also be socioeconomic, occupational, or as part of career progression. Mobility can be for leisure not just work, and can include micro, localised movements that theories of international migration do not account for. In this thesis, I expand my focus from the international therapeutic mobilities of healthcare workers, to a variety of internal mobilities within the Philippines – occupational moves to other 'therapeutic' occupations, changes in socioeconomic status, and internal physical movement within the Philippines.

Applying this more critical understanding of the complexities of the relationships between mobility and care to global care chain literature is key to satisfying some of the current

[13] This is part of a wider development I worked on with colleagues I met at the 2016 AAG conference in San Francisco.

limitations – that GCC approaches are too focused on limited forms of care migration. As previously argued, GCC approaches are best conceptualised in terms of networks than chains as networks demand a wider consideration of actors (human and otherwise) (Coe *et al*., 2008), as well as an appreciation of the multiple forms and directions of transfer. Furthermore, as shown above, considering care migrations in terms of therapeutic mobilities is preferable to consider a wider range of caring movements and mobilities. I therefore suggest and adopt the term *global therapeutic networks* to draw attention to the focus on multiple forms and direction of mobilities and migrations of those involved in global caring industries.

From hereon I use the term GTN, but stress that this is not to signify a shift away from the core understandings of GCC literature, nor does it require a rethinking of the concept 'care' or seek to replace 'care' as the primary focus of analysis. Rather, in the same way that

> The study of therapeutic landscapes examines the relationship between place and well-being, and how different kinds of places beyond medical facilities either enhance one's health or harm it (Castree et al., 2013b),

therapeutic mobilities examines the relationship between mobility and wellbeing and care. GTN builds upon GCC approaches using insights from therapeutic landscapes and mobilities and brings a wider range of movements into focus. This includes walking (Gatrell, 2013), pilgrimage (Gesler, 1996), and occupational change (Thompson, 2018), as well as the movements of pharmaceuticals and other healing products (Bochaton, 2018), and healthcare workers and patients (Kaspar, forthcoming, Walton-Roberts, forthcoming). GTN also allows for the actual qualities of places such as hospital environments (Gesler et al., 2004) to be accounted for.

Despite the benefits of the refined GCC or GTN approach, it is necessary that the decision-making practices of aspiring migrants and non-migrants are not taken-for-granted. In order to better contextualise and understand wider flows and movements of care and care workers, it is necessary to understand how the workers themselves make decisions within the structural underpinnings of the global 'crisis of care' (Onuki, 2018). Furthermore, it is key to understand how care workers imagine therapeutic landscapes – institutions of employment and/or migration destinations – as well as how they plan for and make decisions concerning therapeutic mobilities – spatial, occupational, and socioeconomic movements designed to facilitate the ability to care. With this in mind, I now move to consider migration decision-making theories.

2.5 Migration decision-making

The orientation to global therapeutic networks addresses many of the weaknesses of GCC approaches. However, the final weakness – the overwhelming focus on 'structure' at the expense of migrants' agency' – requires more attention, additionally, the fact that GCC and international division of reproductive labour approaches do *'not stem from the empirical study of migration, but from a comprehensive critique of globalization'* (Dumitru, 2018, p. 2805) means there is a necessity to turn more seriously to migration scholarship. In light of this, I now move to a discussion of the dominant migration theories and concepts that have shaped our understandings of migratory decision-making, and that centre the individual as the unit of analysis. I contend that to fully comprehend migration decision-making it is necessary to take note of people's agency, but also of their desires and imaginations, accepting that people do not just move to the most economically rational place (Collins and Carling, 2018). In particular, there is a need to interrogate how images of culture, places, social, political, and economic possibilities; and imaginations of 'therapeutic' opportunities, all influence the propensity to migrate. I demonstrate how a geographical imaginations approach is best suited to this challenge of accounting for individual agency within the larger structural pressures that influence, but do not determine, the mobilities and movements of nurses globally.

Within the field of migration studies, combining various theoretical and conceptual approaches is nothing new. Battistella (2014a), for example, highlights the complementary rather than antithetical nature of migration theories. Geographers in particular are ideally suited to the pursuit of a more holistic approach to understanding processes of migration. Silvey (2006) argues a geographical lens is integral in illuminating and analysing the multitude of scales that processes of migration and gender operate through. Silvey stresses the importance of a multi-scalar analysis sensitive to the micro (individual decision-making processes), meso (social relations and networks), and macro (the overarching structures which facilitate migration) scales (see als Harzig, 2001).

Here, I chart the weaknesses of dominant migration decision-making theories and concepts (see also King, 2012, Massey *et al*., 1993). I demonstrate the need for approaches that theorise and conceptualise migration to be less economically-determined, sensitive to issues of culture and place, and open to the narratives of non-migrants. 'Cultures of migration' (Wilson, 2010), the dominant alternative, however, is shown to be too structurally focused, denying the agentic capacities of would-be migrants. I therefore turn to the relatively underused notion of geographical imaginations (Marcus 2009; Riaño and Baghdadi 2007; Teo 2003a, 2003b) as a tool to understand migration decision-making. I demonstrate the four key benefits of the

approach; that it is sensitive to the influence of agency, to ideas of culture and place, to understandings of both home and away, and can account for non-migration (see Thompson 2017). The approach is flexible and wide reaching in nature and does not overlook the importance of economic, social, and political influences.

2.5.1 Early decision-making approaches

The most renowned migration theory, the neo-classical model, sought to explain why people are compelled to migrate from a primarily economic perspective (Lee 1996). People are understood to be pushed by poverty and unemployment and pulled towards better wages and employment opportunities. However, as Bal and Willems remind us, *'not each poor country is an emigration country and certainly not all poor people migrate'* (2014, p. 251). Neo-classical theories are unable to account for those within emigration countries who choose to remain, nor can they account for differences in migration patterns between regions of similar economic standing (King, 2012).

As not all migrants move towards favourable economic opportunities, it was later acknowledged that some paths of migration are self-perpetuating, and migration decisions should be understood as being structured by a system or network (Arango, 2004). When migrants are established in a destination, their local knowledge and social capital facilitates the movement of others, reducing the potential costs of migration. As aspects of migration become institutionalised, movement becomes independent of those economic forces that initially caused it (Massey *et al*., 1993). While this reasoning undermines the prevalence of a purely economic approach, it is unable to explain why only certain people migrate, or why certain places experience higher levels of emigration.

New Economics of Labour Migration was perhaps the first theory concerned with understanding why not everyone moves. This posits that the cost/benefit analysis undertaken before migration is a household rather than individual decision (Massey 1990). It can thus explain why one member of a household migrates (often a young, single woman from the global south), but contributes little in understanding why many families send nobody, and cannot account for migration from the global north. Nonetheless, this approach disrupts more simplistic approaches to agency, by highlighting the familial-nature of decision-making in households.

Massey *et al*. (1993, p. 451) argued that, as factors influencing migration decision-making are so diverse and multiple, a cumulative causation approach is best, contending that while most migration streams begin due to economic concerns, the

> causation [of migration] is cumulative in that each act of migration alters the social context within which subsequent migration decisions are made, typically in ways that make additional movement more likely.

Cumulative causation traditionally considers the influence of income, land and human capital distribution, organisation of agrarian production, culture of migration, and social labelling (Massey *et al*., 1993). For the purposes of this research, the latter two factors are key, and I discuss the culture of migration in detail below. Social labelling refers to processes within migrant receiving countries that increase the demand for international migration. As migrants fill low-skilled positions in receiving countries, perceptions of such jobs are altered. Such jobs, often in manufacturing and domestic work, become identified as 'immigrant jobs' (Massey *et al*., 1993). Therefore, even if strict immigration policies are put in place, native workers are still unlikely to seek work in the 'migrant sector'. A salient example is the care home industry in the UK. As Batnitzky and McDowell (2011) show, British born and trained nurses are often unwilling to seek employment opportunities in care homes, and perceive hospitals, GP practices and community-based work as preferential.

2.5.2 Cultures of migration

Since the early 1990s migration scholars have begun to explore cultural rationales for migration, through the idea of 'cultures of migration' to better understand migration that cannot be accounted for by economic or social forces (Massey, 1990; Massey *et al*., 1993). The 'cultures of migration' concept received minimal attention until the turn of the century but is now well-defined and used to explain high rates of emigration from certain communities. Wilson (2010, pp. 408–9) succinctly defines a culture of migration as the

> interrelatedness of culture, society and economy […] Migration can change the very foundation of community, as well as the relations of power and production within in it.

He draws out the three central dynamics to a culture of migration - a culture of migration is not just the predisposition of a community to migrate, it represents material changes made to *economies, societies, and cultures* as a result of migration. A community does not need to exhibit all three to be considered to have a culture of migration. Places that do, however, can be seen to have a well-embedded culture of migration.

Cultures of migration have been identified on national scales in the Philippines (Asis, 2006), Morocco (Mescoli, 2014), Mexico (Kandel and Massey, 2002; Wilson, 2010), and Senegal (Degli Uberti, 2014; Willems, 2014), and on local or regional scales in Hyderabad, India (Ali,

2007) and Dhaka, Bangladesh (Bal, 2014). In all these places, migration initially began in response to poor economic conditions. Success stories of migrants, and the development of migrant communities, encouraged and facilitated further migration through social networks. Eventually, the idea of migration becomes *'normatively conditioned'* so much so *'that not going is not a choice'* (Ali 2007, 54).

By far the most researched element is the notion that migration influences a place's culture. When a place experiences the emigration, and occasional return migration, of its people, certain cultural aspects may alter. Remittances change consumption practices of those 'left behind' (Galam, 2015), and as migrants create new linkages with new places, there is often

> the emergence of new artifacts, habits, perspectives, ideas and values that become a part of the sending society's culture, marking the decisional context of that society (Horváth, 2008, p. 773).

For example, high levels of migration have often been associated with changing cultural norms such as gender relations (Gaetano and Yeoh, 2010; Lawson, 1998; Rubio, 2012; Silvey, 2006; Tacoli, 1999). The migration of men, for example, from Ilocos in the northwest of the Philippines (see Figure 2), led to their left-behind spouses having higher control over household expenditures and more mobility (Galam, 2015). This cultural change has occurred in the Philippines where consumption practices have changed significantly as migration has grown, where popular culture from a vast diversity of places has come to pervade Philippine life and where, despite its strongly Catholic orientation, it has been ranked number 10 in the world for gender equality and joint number one for gender parity in educational attainment (World Economic Forum, 2017), mainly due to the fact that so many women enter professional education and occupations for migratory purposes (Thompson and Walton-Robert, 2018).

Economic changes also relate to the improved consumption power resulting from remittances, but also include the development of migration industries, involving recruitment agencies, money changers, test centres, visa checking services, health services, and so on. (Wilson, 2010). In extreme cases, migration becomes so common that communities rely on migrants for their development and stability. In such a case, migration creates a new framework to evaluate economic practices, and economic practices deemed unsustainable, risky, or uncertain are valued less. This can result in entire communities moving away from traditional practices, and/or agricultural work, as there is little motivation for risky, low paying work; with the communities instead investing in creating more opportunities for migration (Horváth,

2008; Kandel and Massey, 2002). Examining the Mexican culture of migration, Kandel and Massey (2002) found that families and communities were less likely to invest in higher education as it is perceived that higher education is unnecessary to migrate to the US. In the Philippines, conversely, the culture of migration has resulted in an over-investment in higher education as a means to migrate (Ortiga, 2018, 2017, 2014). This leads to a dependency on migration for development. As over 10 percent of the Philippines GDP is from remittances (World Bank, 2017), this dependence is evident.

Finally, a place is deemed to have a culture of migration when migration begins to alter the social dynamics of a community as Ali states.

> Those ideas, practices and cultural artefacts that reinforce the celebration of migration and migrants […] includes beliefs, desire, symbols, myths, education, celebrations of migration in various media, and material goods [… When such a culture exists, migration becomes a] learned social behaviour; people learn to migrate, and they *learn a desire to migrate.* (2007, p. 39, my emphasis)

The success of migrants and their families within a community begins to alter social structures. As migrants and their families have higher purchasing power and different consumption practices, they are able to quickly climb the socio-economic ladder. Previous systems of social hierarchy based on class, heritage, ethnicity, etc. may be replaced or altered as migrants achieve higher social status, and migration itself becomes desired (Ali, 2007; Wilson, 2010). In India, for example, migrants and families of migrants are more desirable on the marriage market, with the migrant's country of origin affecting their relative desirability, and in certain communities, migrant status is becoming more important for marriage than caste (Ali, 2007). The ability to easily climb the social ladder also encourages return migration. This is evident in the Philippines, where the discourse of *Bagong Bayani* aims to encourage return migration and investment in the Philippines via entrepreneurship and property (Encinas-Franco, 2013) (see Chapter 6).

I would suggest a further addition to Wilson's cultures of migration definition, that of the *political*, which, in the case of the Philippines, and also India and Mexico (Thompson and Walton-Roberts, 2018), is influenced and changed as a result of migration. The Philippines' POEA, for example, is one of the largest state agencies, and there are numerous Republic Acts related to migration (see Table 1). The Philippines bases much of its foreign policy decisions in relation to migration, evidenced through the many bilateral agreements developed

with various countries and localities (Fudge, 2011). It also participates in global initiatives aimed at improving the rights and wellbeing of migrants (Ingle *et al*., forthcoming). Migration in the Philippines is fully institutionalised and mobilised for political means. Migration is key in election debates, and has been the locus of numerous non-governmental and civil society campaigns in the Philippines and overseas (Guevarra, 2010; Rodriguez, 2002). Migration has evidently influenced the Philippines' political landscape.

It is clear that the Philippines, and more specifically Metro Manila, exhibits social, economic, and cultural tendencies associated with cultures of migration, as well as the additional political axis. However, cultures of migration can and do exist on much smaller scales, whether regionally (Ali, 2007) or occupationally. Certain occupations have a much higher propensity for migration, and can also be said to have a culture of migration. In the case of nursing, which in the Philippines is intrinsically bound with imaginations of migration, there is a more pronounced, or, as Connell (2014) terms it, a 'dual culture' of migration.

John Connell (2014, 2008) in his extensive research on nurse migration from small and micro island states in the Pacific, particularly Niue, has identified pressures of 'dual cultures of migration' acting on nurses, where both the national and nursing cultures are oriented toward migration. Connell's conceptualisation of a culture of nursing migration follows the same arguments outlined in wider culture of migration literature, requiring social, economic, and cultural changes. Following from Connell's (2014) conceptualisation, it is clear nurses in the Philippines are affected by dual cultures of migration[14] pushing them into seeking migration as a life choice. For example, in the Philippines and in the small and micro states Connell researches, the nursing curriculum has been significantly influenced by the needs of international markets (Matsuno, 2009), whereas nursing itself is marketed as an international passport rather than a caring occupation as it is elsewhere – the culture of Philippine nursing has altered.

Furthermore, as discussed in Chapter 4, Philippine families are likely to invest in nursing above other degrees despite poor domestic opportunities; whilst, as I demonstrate throughout Chapter 6, hospitals involved in the 'culture of volunteerism' have altered working practices to capitalise on migration and the oversupply of nurses, becoming highly exploitative. The nursing sector has become highly lucrative as nurses are charged fees during education, training, employment, and migration (Ortiga, 2018, Thompson, forthcoming); yet nursing

[14] Those working or trained in occupations related to teaching, engineering, and wider healthcare could also be said to experience dual cultures of migration in the Philippines.

provides one of the lowest salaries available for professionals in the Philippines. Indeed, in an interview, one of the participants, Isabel, reveals how: *'in my unit, the housecleaners, the group who cleans the hospital, are paid more than us [nurses]'*. These economic changes have resulted in shifting perceptions of nursing in the Philippines, meaning many nurses feel opportunities in the Philippines are not sufficient to fulfil career desires, and instead turn to more developed healthcare environments, often in the global north (Chapter 7). Finally, the political sphere has been affected because despite repeated calls from national nursing bodies to rectify the issues concerning nursing employment and education in the Philippines, little has been done to improve the situation of Philippines nurses (Badilla, 2016). The failure of successive Philippine administrations to improve the labour conditions of nurses is likely attributable to the unwillingness to upset the lucrative nurse migration system (O'Neil, 2004).

The concept of cultures of migration is useful in providing a deeper and less economically based understanding of factors that can encourage migration, as well as a more nuanced understanding of migration that does not appear 'rational'. However, the approach is hindered by its structural focus which implicitly denies migrant agency, at least in the decision *to* migrate. Therefore, I turn finally to the notion of geographical imaginations and discuss how this provides a framework to better understand migration, and to incorporate the experiences of those with no desires to migrate. Geographical imaginations are another element in the overall cumulative causation of migration decision-making, yet, as I show, its focus on the actual decision-making processes of migrants and potential migrants is key in fully ascribing agency to women and men who migrate.

2.5.3 Geographical Imaginations

Geographical imaginations are the images and perceptions that we all have about places and spaces in the world. As Riaño and Baghdadi (2007, p. 7) eloquently state, geographical imaginations encompass

> the diversity of perspectives, positions, and subjectivities embodied in human understandings of place, space, landscape and the people who inhabit physical settings [… They are] mental images of places in the world and of the people who inhabit them.

Geographical imaginations derive from the everyday exposure to images and ideas about the world. Such images may be gained from *'mythologies, utopias, popular culture or selective perceptions and preconceptions of places and their people*' (Riaño and Baghdadi, 2007, p. 7), as well as from personal experiences with or in different places (Sabry, 2004). While often

geographical imaginations are severe over-simplifications or stereotypes of places, they are important in making place accessible and understandable (Chang and Lim, 2004). Geographical imaginations are representations of the ways we understand, perceive, and make sense of the world around us, including its physical and structural qualities.

Geographical imaginations should not be confused with imaginative geographies. Imaginative geographies, such as Orientalism, are discursive and material practices employed to legitimise the subjugation of one place by another, and are distinctly political tools related to identity formation (Gregory, 1995; Leroux, 2008; Said, 1978). Geographical imaginations, however, are much more personal, and while they may be influenced by wider imaginative geographies – both oriental and occidental imagery is abundant in participants' understandings of the world – they can also deviate and resist wider discursive narratives.

Geographical imaginations are not disconnected from ontological knowledges and have 'real world' consequences (Mai, 2004; Marcus, 2009; Radcliffe, 2012; Riaño and Baghdadi, 2007). Although they are understood as distortions of 'the real world', they are inherently valuable as how the world is viewed influences how it is experienced and reacted to. Places are imagined as desirable or unattractive; as safe, or dangerous; as similar to our place, or as different. These imaginations impact upon quotidian experiences such as the route we walk to the local shop, as well as less mundane activities, such as the choice of destination for tourism or migration. Geographical imaginations are implicated in producing social worlds, as well as reflecting them, and influence our individual decision-making practices in relation to mobility (Chang and Lim, 2004; Sibley *et al*., 2005).

The opportunities of a geographical imaginations approach to address migrant decision-making first became apparent to me during undergraduate fieldwork with Filipino healthcare migrants living in northeast England in 2013 (Thompson, 2015). While this project was primarily concerned with understanding participants' engagement with dominant occidentalist discourses, it emerged that imaginations of places that participants held before migrating had produced specific desires of mobility. It also demonstrated that there are a multitude of factors that contribute to shaping individuals' geographical imaginations which operate on varying geographic scales from the individual to global.

Personal experiences such as travel, or knowing someone living in another place greatly influence geographical imaginations (Gould and White, 1974). For example, tourist holiday destinations, such as New York, are nearly always associated with higher levels of knowledge and more favourable perceptions, as are places that are geographically near and are more

likely to have been visited (Chang and Lim, 2004; Fujita, 2004; Gilley, 2010; Gould and White, 1974). Education is another crucial factor as it exposes children to dominant national imaginations of different places in the world, and their associated cultural, economic, political, social, and natural characteristics. With the spread of global media disseminating world images to a global audience, education remains a national endeavour that produces distinctly national images of the world, of 'us' and 'them' (Gould and White, 1974, Madaleno, 2010). Finally, forms of media including television, advertisements, news, cinema, radio, internet-based media, and music also impact and create certain geographical imaginations (Quiminal and Blum le Coat, 2011). While often these media images are globally or nationally disseminated, they are locally received. People relate the images to what they already know, often from their education or personal experiences, and attempt to make sense of the images within their own knowledges (Haynes, 1980). The nature and influence of information given from differing geographic scales impacts the resulting imagination.

Employing geographical imaginations as a concept to analyse migration is by no means a novel approach (Fuller and Chapman, 1974; Gould and White, 1974; Haynes, 1980). During the 1970s, several large-scale studies were undertaken to explore migration preferences. Such studies tended to involve asking participants to imagine they had the possibility to move anywhere, and then rank a list of pre-determined place names, usually regions within their own nation, according to the extent to where they would prefer to move (Fuller and Chapman, 1974, Gould and White, 1974, Haynes, 1980). This approach has been critiqued for its atheoretical nature and disregard for the obstacles present in migration systems, and subsequently, *'the concept of geographical imagination has… not received much attention in migration studies'* (Piguet and Riaño, 2011 n. p.).

There has, however, been more recent attempts to explore the relationship between geographical imaginations and migration in light of the move away from economic explanations of migration decision-making (Piguet and Riaño, 2011; Timmerman *et al*., 2010). This stems from desires to relinquish *'the primacy of economic rationality that has long held an almost sacred place in the theories of migration'* and through doing so, *'recognising that even economic narratives of movement are socially constructed'* (Carling and Collins, 2018, p. 913). From the limited studies that explore the relationships between geographical imaginations and migration, I identify four major facets of geographical imaginations that are invaluable in advancing understanding of migration decision-making. These are the influence of individual agency; ideas of culture, focusing on cultural traditions,

popular culture, and place, including landmarks, climates, and geographical features (Teo 2003a); understandings of home and away (Marcus 2010); and the ability to account for non-migration (Timmerman *et al*. 2012). While previous studies tend to recognise just one or two of these facets, I bring the four together to fully utilise the potential of geographical imaginations. It must be noted that although the four facets are presented separately, in practice participants discuss these factors together. Each factor is always at play in forming the overall geographical imagination, and thus the resulting migratory decision.

A geographical imaginations approach centres on exploring and understanding how people engage with various knowledges, how they assess information, and how this determines their decision-making practices. It allows explanation of how two individuals with the same circumstances and opportunities may imagine places in wholly contradictory forms and opt for wildly different futures. It gives credence and importance to the ways people experience, understand, and interpret their worlds because it seeks to analyse how *'the stories of others and the opportunities and constraints that exist'* are imagined and responded to (Carling and Collins, 2018, p.918).

Secondly, a geographical imaginations approach helps us to understand why migrants do not move towards the best economic, social, or political opportunities, and highlights the centrality of cultural and geographical factors in informing decisions of migration. Cultural factors identified in this study include language, religion, cultural norms, music, film, fashion, shopping, hobbies, and access to leisure services (Mai, 2004; Thompson, 2017). Additionally, the specific geographical qualities attached to places, landscape, distance, climate, and the prevalence of natural disasters impact decision-making making. Teo (2003b) found respondents based decisions to move on imaginations of climate and geographical distance, selecting Vancouver as a preferable migration destination from China due to its more temperate weather than other parts of Canada, and its relative closeness to Asia.

Thirdly, a geographical imaginations approach demands a detailed examination of images of both 'home' and migratory destinations, of how life is now, and how it may be different elsewhere (Marcus 2010, Thompson, 2017). At their core, geographical imaginations are inherently relational (Thompson, 2017) and within the present study, the Philippines is naturally the main reference point for imaginations. However, people imagine their own homes in vastly diverse ways and this influences both decisions to migrate and desires to move to places dissimilar from their own.

Finally, researching the impact of geographical imaginations contributes to literature concerning immobilities or non-migration which is key when studies suggest that only around 15 percent of the world's population aspire to migrate (Bal and Willems, 2014), or around 20 percent of the Philippines (PulseAsia Inc., 2008). When considering migrant decision-making, it is not enough to understand why people move or desire to move. Consideration must also be given to the vast majority with no aspirations for migration, but who may be involved in wider household decision-making practices related to migration, and may enable the migration of others (Pratt, 1999). Everybody has geographical imaginations and, therefore, a geographical imaginations approach can account for those with no aspirations to migrate (De Clerck *et al*., 2012; Timmerman *et al*., 2010). For most, imaginations of other places may be positive, but only enough to result in tourism or aspirations of tourism. A decision to migrate is based on socio-cultural understandings of elsewhere being preferable and offering more opportunities than 'home'. Even within household decision-making practices, there is scope for young people to resist their households' decisions. There is a need to contextualise the decisions of migrants in the reality that these decisions are by no means ordinary.

2.6 Conclusions: Global therapeutic networks and geographical imaginations

I have shown that previous approaches to nurse migration adopt macro-perspectives, analysing the global structures and processes that prompt the movement of nurses (Connell and Walton-Roberts, 2016; Parreñas, 2012; Yeates, 2004a). This can frame nurses as being passive subjects whose mobilities are driven, pushed, formed, and even determined by the structures in which they are embedded. Macro-perspectives are limiting and ill-positioned to attend to the multi-layered and manifold variations and experiences of nurses. Therefore, in line with my opening arguments that global understandings of the relationship between care and mobility are too limited, I argue for a reorientation towards the concept of 'therapeutic mobilities' to better describe the relationship. I demonstrate that regardless of global circulations and commodification of nursing, that nurses and other individuals within the global care system retain the capacity to make decisions within wider structural pressures.

I therefore argue these decisions are best analysed and understood from an approach that is sensitive to both the global structural underpinnings of nursing migration, and to individual agency – that explores the migration of nurses from above and below. I have demonstrated that employing a geographical imaginations approach whilst adhering to understandings in global care chain or global therapeutic networks thinking, is required. This is because the geographical imaginations approach demands a consideration of how structural pressures are interpreted, understood, and responded to. The nurses I spoke with faced similar structural

pressures from national and global dimensions, although clearly, their local narratives differed. Nevertheless, as I show, the nurses had already made and were planning to make vastly different decisions in the face of such similar pressures. Furthermore, a therapeutic mobilities approach, as opposed to care migration, is beneficial in attending to the multiple trajectories of individuals beyond international migration or limited 'caring' occupations. It allows the incorporation of socioeconomic and occupational mobilities alongside physical mobility.

Only through approaching nurse migration through two lenses – examining the micro-scale, individual lives, experiences, and biographies of nurses, recognising their capacities to work with and resist structural pressures to create new trajectories for themselves, and recognising the cultural, economic, and political restrictions that structure their choices and potential trajectories – is it possible to fully understand how nurses in the Philippines are drawn into global circulations of healthcare. The following chapter demonstrates how I set about researching global therapeutic networks through these theoretical, conceptual, and philosophical underpinnings. The remainder of the thesis examines the ways the GTN and geographical imaginations approach can help us better understand and situate the experiences of nurse students and graduates living in Metro Manila. I establish how the experiences of these nurses furthers our understanding of wider issues concerning the intersection of global care, labour, migration, and mobility. I do so by focusing on four elements of a 'nurse's life': becoming a nurse, being a model nurse, working as a nurse and leaving nursing, and imagining futures overseas.

Chapter 3. Researching nurse students and graduates

3.1 Introduction

The overall aim of this thesis is to understand how nurses in the Philippines are drawn into global circulations of healthcare, known as global care chains, or global therapeutic networks. It does this through focusing on four key areas – entering nursing, constructions of nursing, nursing employment, and future desires. In researching this topic from my own global north position, I address how I consider issues of power relations, representation, and outsider/insider research, drawing on postcolonial methodological literatures. However, the research itself does not adopt a postcolonial methodology. In total, I spoke with 48 participants, in 46 interactions (in two cases, participants were interviewed in pairs as per their request), and 39 of these participants produced mental maps. Interviews were conducted between July and November 2015 throughout Metro Manila, primarily in cafés and restaurants. The wider fieldwork period lasted from June to December 2015. Semi-structured interviews and mental mapping serve as complementary methods able to elucidate mobilities and desires of mobilities for this research. Semi-structured interviews are key tools in both geographical imaginations and GCC research (Mai, 2004; Teo, 2003a; Walton-Roberts, 2012), while mental mapping has proven useful for exploring geographical imaginations (Gökten and Südaş, 2014; Jung, 2014; Madaleno, 2010; Rédei *et al*., 2011). The sample size and choice of methods allowed for detailed, in-depth, and textured accounts of nurse experiences (Baxter and Eyles, 1997).

In this Chapter I discuss the various methodological considerations and issues I encountered during the recruitment of participants and the collection and analysis of data. I aim to be fully transparent in reflecting on my methodological choices and decisions in order to outline the rigorous approach adopted (Baxter and Eyles, 1997). As I show, novel recruitment methods using social media raises ethical issues, but also allows interactions with participants to be inherently more personal, intimate, and detailed, by disrupting the researcher/ participant power relation. I therefore dedicate space to the issues of power, language, and positionality that influenced the recruitment phase, as well as the phases of data collection and analysis (see Kristensen and Ravn, 2015).

This project adheres to ethical guidelines as set out by Newcastle University (2018), by the Economic and Social Research Council (2018), and by the ethical review board at the University of the Philippines Manila (UPM) (2014). A full Risk Assessment was completed before travel to Manila. All participants have been allocated pseudonyms, and I have redacted

any further potentially identifying information (such as names of employers or hometowns) to ensure anonymity. Only three participants (Ariel, Ryugazaki, and Bridget) selected their own pseudonyms, and I selected the remaining pseudonyms from a list of common names in the Philippines, taking care to avoid the names of other participants. Fully informed written consent was gained in all situations (see 3.5). All confidential information, including field notes, recordings, transcripts, and personal information of participants has been safely secured on and offline throughout the duration of research, and accessed only by me. I begin this Chapter by introducing the participants before moving to issues of my own positionality. This then serves as a backdrop for my discussions and reflections on recruitment of participants, methods of data collection, and modes of data analysis and presentation.

3.2 Introducing the participants

In total, I spoke to 48 participants formally for this research. All participants engaged in a semi-structured interview (see Section 3.5), and 39 produced hand-drawn mental maps (see Section 3.6). I use the term 'participant' to refer to those who have provided data for this project because, as I demonstrate throughout this chapter, the term 'interviewee' does not accurately describe the role of those I spoke with, as I allowed people to question me, and to have relative power over the direction of conversation. Furthermore, rather than conceptualising the nurses I spoke with as informants, I wish to draw attention to the more co-constructed nature of this research. The narratives of participants have shaped the overall objectives of the research.

Table 4 displays participant information. I attempt to capture the migratory desires of participants, and to do so expand the often dualistic approach to migratory desires incorporating responses from the undecided, the unlikely, and those who would only move for certain purposes and/or to certain places. There is a skew towards younger participants that likely reflects the status of nursing in the Philippines – it has long been known that the most experienced nurses are the ones who generally find it easier to leave the country (Perrin *et al*., 2007). This may also reflect my use of social media as a form of recruitment (section 3.4). While the sample is in no way statistically representative of the totality of nurses in the Philippines, it is highly illustrative and allows a detailed consideration of the multiple trajectories of Filipino nurses (Valentine, 2005). Excluding the undergraduate students, all participants hold a Bachelor of Science in nursing.

Table 4: Participant Information

Name [15] **** donates completed mental map***	***Method of recruitment***	***Meeting date and place***	***Interview Length (minutes)***	***Age group***[16]	***Gender***	***Home town***[17]	***Migratory Desire***	***Current Occupation (Secondary Occupation)***	***Volunteered in hospital?***[18]	***Other relevant information***
Alyssa *	UPM	25/9/15 Café	93	18-23	Female	Provinces	Prefers to remain	Undergraduate Student	NA	
Angelica *		21/7/15 Café	70	30-35	Female	Provinces	Determined to migrate	Nurse - hospital	Yes	
Ariel *	UPM	10/10/15 Café	83	18-23	Female	Provinces	Determined to migrate	Undergraduate Student	NA	
Bea	Snowballing	29/7/15 Break room at work	51	24-29	Female	Manila	Prefers migration	Nurse - specialist clinic	No	Interviewed alongside Sarah
Bella *	UPM	27/9/15 Café	67	18-23	Female	Provinces	Prefers migration	Undergraduate Student	NA	Has Canadian passport (family living there)
Bianca *	UPM	9/10/15 Café	83	18-23	Female	Provinces	Prefers to remain	Undergraduate Student	NA	
Bridget * [19]	Snowballing	20/7/15 Café	73	36-41	Female	Provinces	Prefers migration	BPO worker	Yes	
Camille *	Snowballing	1/8/15 Café	58	30-35	Female	Manila	Prefers to remain	BPO worker	Yes	
Cathy *	UPM	4/10/15 Café	59	18-23	Female	Manila/ Riyadh	Determined to migrate	Undergraduate Student	NA	Interviewed alongside Rachelle Raised in Riyadh, Saudi Arabia

[15] All names are pseudonyms, three self-selected by participants (Ariel, Bridget, and Ryugazaki), and the rest randomly selected from a list of common Filipino names (excluding participant names).
[16] Age groups are given as it was not deemed necessary to know the exact ages of participants.
[17] Hometown could potentially be identifying for participants from particularly small communities, so only Manila or provinces are recorded.
[18] This refers to non-humanitarian-based volunteerism. This is discussed in Chapter 6.
[19] Bridget did not want to draw, and instead told me what to draw and approved the final piece.

Cherry	UPM	24/10/15 Café	45	18-23	Female	Provinces	Undecided	Undergraduate Student	NA	
Christian	Snowballing	21/8/15 Friend's home	40	24-29	Male	Manila	Prefers to remain	Firefighter	No	
Claire*	UPM	24/9/15 Café	67	18-23	Female	Manila	Prefers to remain	Undergraduate Student	NA	
Danica*	UPM	17/10/15 Café	72	18-23	Female	Manila	Undecided	Undergraduate Student	NA	Interviewed alongside Joy
Daniel*	Nurse hangout	30/7/15 Break room at charity	43	24-29	Male	Manila	Determined remainer	Paid employee at Humanitarian organisation	No	
Donna*	UPM	17/10/15 Café	58	18-23	Female	Provinces	Undecided	Undergraduate Student	NA	
Ella*	Snowballing	7/8/15 Café	67	24-29	Female	Provinces	Determined remainer	BPO worker	No	
Erin*	Snowballing	1/9/15 Café	51	30-35	Female	Provinces	Determined remainer	Business owner	No	Migratory experience in Saudi Arabia, extensive travel for business
Eva*	Snowballing	10/9/15 Café	119	30-35	Female	Provinces	Determined to migrate	Company nurse and quality assurance for food	Yes	Has degree in food sciences before nursing
Freya	UPM	20/10/15 Café	43	18-23	Female	Manila	Prefers to remain	Undergraduate Student	NA	
Gabriel*	Facebook	3/8/15 Café	79	24-29	Male	Manila	Determined to migrate	Nursing Postgraduate Student	No	Did mental map exercise with Nicholas and Stephanie
Ian	Facebook	8/7/15 Café	52	30-35	Male	Provinces	Determined remainer	Business owner	Yes	
Isabel*	Facebook	22/8/15 Café	107	24-29	Female	Provinces	Determined to migrate	Nurse - hospital	Yes	Moved to UK early 2018 for

								(Nursing Postgraduate)		nursing position in NHS.
Jane *	Snowballing	7/8/15 Café	46	36-41	Female	Provinces	Prefers migration	BPO worker	No	
Jason *	Snowballing	18/9/15 Café	56	30-35	Male	Provinces	Determined to migrate	Unemployed	Yes	
Jennifer *	Facebook	16/8/15 Photoshoot of her baby	58	36-41	Female	Provinces	Prefers migration	Nurse - community health centre	Yes	
Jessica *	Facebook	6/8/15 Café	98	18-23	Female	Provinces	Determined to migrate	Unemployed (Hospital Volunteering)	Yes	
Joshua *	Nurse hangout	30/7/15 Break room at charity	47	24-29	Male	Manila	Undecided	Administrative worker (Humanitarian volunteering)	No	
Joy *	Snowballing	17/10/15 Café	72	18-23	Female	Manila	Determined to migrate	Undergraduate Student	NA	Interviewed alongside Danica
Joyce *	Snowballing	1/8/15 Café	51	24-29	Female	Manila	Prefers migration	BPO worker	No	
Kate *	Nurse Hangout	30/7/15 Break room at charity	48	18-23	Female	Provinces	Determined to migrate	Unemployed (Humanitarian volunteering)	Yes	Imminent plans to move to Abu Dhabi.
Kevin	Facebook	13/7/15 Café	58	24-29	Male	Manila	Determined to migrate	Nurse – hospital	Yes	
Kyle	Facebook	12/7/15 Facebook Call function	41	24-29	Male	Provinces	Determined to migrate	Nurse	No	
Leon *	Snowballing	7/8/15 Café	51	24-29	Male	Provinces	Prefers to remain	BPO worker	Yes	
Lester	Facebook	14/7/15 Café	50	24-29	Male	Manila	Determined to migrate	BPO worker	No	

Louis	Facebook	30/7/15 Hotel lobby café	42	30-35	Male	Provinces	Determined remainer	Nurse - management	No	Involved in Philippine nursing at policy advisory level
Nicholas*	Facebook	3/8/15 Café	54	24-29	Male	Provinces	Undecided	Business administration	Yes	Did mental map exercise with Gabriel and Stephanie
Nicole*	Facebook	17/7/15 Café	80	24-29	Female	Provinces	Prefers to remain	Medical student (Humanitarian volunteering)	Yes	
Nikki*	Nurse hangout	30/7/15 Break room at charity	52	24-29	Female	Provinces	Determined to migrate	Nurse – hospital (Humanitarian volunteering)	Yes	
Rachelle*	UPM	4/10/15 Café	59	18-23	Female	Manila/ Riyadh	Determined to migrate	Undergraduate Student	NA	Interviewed alongside Cathy Raised in Riyadh, Saudi Arabia
Roberto*	Facebook	13/9/15 Café	73	24-29	Male	Manila	Determined to migrate	Construction worker (Humanitarian volunteering)	Yes	
Rodrigo*	Nurse hangout	30/7/15 Break room at charity	43	24-29	Male	Manila	Prefers to remain	Nurse – hospital (Humanitarian volunteering)	Yes	
Rose*	Facebook	28/7/15 Café	133	18-23	Female	Manila/ Riyadh	Determined to migrate	BPO worker	Yes	Raised in Riyadh, Saudi Arabia
Ryugazaki*	UPM	25/9/15 Café	61	18-23	Female	Provinces	Undecided	Undergraduate Student	NA	
Sarah*	Snowballing	29/7/15 Break room at work	51	36-41	Female	Manila	Determined remainer	Nurse - specialist clinic	No	Interviewed alongside Bea

Sofia *	Gatekeeper	8/9/15 Restaurant	123	30-35	Female	Manila	Determined to migrate	Nurse - company	Yes	Migrated to Australia to do nursing degree in 2017
Stephanie *	Facebook	3/8/15 Café	43	18-23	Female	Manila	Determined to migrate	Unemployed	Yes	Did mental map exercise with Nicholas and Gabriel
Tisha *	Facebook	31/8/15 Restaurant	109	24-29	Female	Provinces	Migrant	Nurse (in US clinic and care home)	No	Studied in Singapore, currently living in California, but on extended trip to Philippines where is engaged in humanitarian volunteering
Victoria *	Snowballing	7/8/15 Café	65	24-29	Female	Provinces	Determined to migrate	BPO worker	Yes	

3.3 Positionality

In order to address issues of positionality and power, I draw on postcolonial methodological scholarship, as well as feminist literatures concerning insider/outsider research. As a scholar who draws on and is influenced by postcolonial approaches, I try to adhere to the assertion that *'no geographer should travel South without careful deliberation of what it means to be a "privileged western researcher"'* (Griffiths, 2017, p. 2), recognising that my positionality as a white, young, female, western, highly mobile, well-educated researcher influences relations in the 'field'. This requires consideration of what the field is, and how mine and others' positionalities play out within the field. For white, global north researchers, fieldwork in the global south involves a reorientation in identity as one becomes a 'privileged northerner' (McEwan, 2008) and undergoes *'a discovery of whiteness as a marker of privilege'* (Baaz, 2005, p. 85). Whiteness becomes racialised as markers of gender, class and sexuality appear less significant, in a context where there is a need to challenge the privilege of whiteness (Abbott, 2006; Nayak and Jeffrey, 2011).

Denying privilege can reinforce colonial discourses and power relations, further silencing the 'subaltern' (Kapoor 2004). Spivak (1988) describes this difficult situation as an *aporia* or an irresolvable problem. As researchers, we instead must be vigilant about our own practices and understandings, must acknowledge that we cannot stand beyond discursive practices and are complicit in their reproduction, and must recognise the limits of knowledge (Kapoor, 2004, McEwan, 2008, Spivak, 1988). This is a difficult endeavour and demands a critical consideration of how I preconceive, speak to, for, and about participants; and of issues surrounding outsider research stemming from the vast differences, and at times similarities, between my own life and that of my participants. This section, therefore aims to honestly acknowledge the partial and limited nature of this research, and to draw attention to and *'reveal the spatiality and temporality of power relations in the research process'* (McEwan, 2008, p. 282), whilst recognising that *'[T]here is no formula for responsibility'* (Jazeel and McFarlane, 2010, p. 113), nor any universal advice that can be adopted.

I draw heavily on the notions of 'ethical' (Danius *et al*., 1993; Spivak, 1988) 'responsible' (Jazeel and McFarlane, 2007, 2010) and 'care-full' (Raghuram *et al*., 2009) research, whilst recognising their limitations and partiality. Responsibility is considered key in postcolonial research as it pushes us to become attuned to the ways historical events and processes inform present interactions. There is an imperative to be responsible not just to the people we research with and speak to, but to the places we represent in our writing and dissemination of research (Raghuram *et al*., 2009). This means avoiding using and re-presenting places and

people based on stereotypical attributes that accentuates their utility to western scholarship (Jazeel and McFarlane, 2010). This informs my impetus to disrupt the inherent association with Filipino-ness and migration.

Care-full research is the notion that care should characterise interactions and behaviours within research. This goes beyond notions of responsibility and ethics calling for more intimate relationships between the researcher, place, and participants (Popke, 2006). In this sense, *'[c]are embraces responsibility yet it usefully forces attention to the mediation and embeddedness of responsible relations in […] interpersonal contact zones'* (Newstead, 2009, p. 80) of the field (Popke, 2006; Raghuram *et al*., 2009). However, as Raghuram *et al*.(2009) highlight, there is a need to go beyond and disrupt temporally and spatially linear understandings that assume care-full and responsible practices are only undertaken by the privileged, often global northern, researcher. They bring attention to the fact that *'the directions and shape of responsibility and care are not wholly traceable, leaving room for a responsibility where who is being responsible to whom becomes less clear-cut, more labile.'* (Raghuram *et al*., 2009, p. 11). In this sense, we should turn attention to the caring and responsible practices we experience as researchers, as well as the caring practices we enact. I reflect on the interview as a space of care and responsibility in section 3.5.

With this responsible and caring postcolonial approach in mind, it may seem odd that the research has been conducted in English – the imperial language of the Philippines. It is generally agreed that when speaking *to* the 'Subaltern' effort should be taken to speak in languages used by the subject, rather than relying on colonial languages (Robinson, 2003; Spivak, 2007). However, this presents a complex challenge in the case of the Philippines, which, as noted in the introductory chapter, is highly diverse with regard to ethnolinguistic groupings. Manila, as the hub for domestic and international migration is a diverse city linguistically and ethnically. Although the region traditionally speaks Tagalog (which is based on Filipino, the Philippines' other national language along with English), Tagalog has a limited capacity in the city in which road signs and menus appear in English only. This is further pronounced within groups of professionals who have a higher capacity for mobility, a desire to reach urban opportunities, and have likely received instruction in English, as have for example, all nurses. I encountered Filipinos with limited Tagalog ability, including three participants who would not have opted into the research if it had been presented in Tagalog. Bella for example notes how the Philippines' national language is 'foreign', and despite the issues with this, her English is better than her Tagalog.

> Bella: Our national language is a foreign language! I don't know how to speak in Tagalog, well, I know English better than Filipino. It's kinda sad.

This brings further attention to the importance of fully engaging with the entire contexts of not just the places, but the people with whom we are speaking (Robinson, 2003).

Furthermore, I engage with literature concerning 'outsider' research developed in both feminist (Hayfield and Huxley, 2015; Horowitz, 1986; Katz, 1994; Rose, 2013, 1985) and postcolonial methodological (Ergun and Erdemir, 2010; Mullings, 1999; Rubin, 2012; Sultana, 2007) canons. Outsider research can refer to any occasion where the researcher is of a different gender, race, ethnicity, nationality, class, sexuality, ability, age, occupation, education level, interest group, etc. than the participants. It is therefore generally agreed that the overwhelming majority of research involves an element of 'outsider-ness' (Hayfield and Huxley, 2015; Pickerill, 2009; Rubin, 2012), although in cases where a *'privileged western researcher'* travels south (Griffiths, 2017, p. 2) this is further pronounced. This is not necessarily an issue, as international research demands an expanding of networks and facilitation of knowledge exchange across cultural lines and can be essential in contributing to more decentred, collaborative, and participatory forms of knowledge production (Hammett and Hoogendoorn, 2012). Furthermore, 'outsider' research has long been identified as key to avoid the problems of membership to a group (Horowitz, 1986). However, it is also important to reflexively explore and examine how our social positionings, or our various axes of positionality, impact, influence, and determine our research practices, our field encounters, and our experiences of sharing findings (Reid-Henry, 2003). Care should be taken to go beyond a mere documentation of one's positionality – as is common (Corbridge and Mawdsley, 2003; Reid-Henry, 2003; Robinson, 2003) – and to instead reflect on the various and competing ways axes of positionality intersect to influence interactions in the field (Katz, 1994; Mullings, 1999; Sultana, 2007).

Beyond this, it is important to examine how positionality transforms with location. For instance, in Manila, I knew I would be visibly identifiable as an 'outsider', a 'foreigner' or 'Other' by Filipinos and other migrants due to my whiteness and 'western' appearance. This occurred throughout my time in Manila. However, I did not expect it to be assumed that I, like the majority of white people living in, rather than touring, the Philippines, was there for business. I had believed my age, gender, and casual dress would 'out' me as a student, but instead my womanhood and relative youth conspired to construct me as a vulnerable 'foreigner', one in need of care and assistance, a potential victim of the lower classes and

unemployed living on the streets of Manila. Men and women of all nationalities would stop me and give me advice for safely manoeuvring the city, questioning why I was alone, and seeking to befriend me. My outsider status in this sense initiated countless caring interactions, was the basis for numerous valued and long-lasting friendships, and aided my data collection and wider research practices. In many cases, this care-full relationship extended into research interactions with participants (see section 3.5).

It is also important to identify the varying ways our positionality as researchers – in my case, as a white, western 'privileged' researcher (see also Griffiths, 2016) – can be an attraction or repellent to potential participants For example, several participants noted that one of the reasons prompting them to contact me was an opportunity to practice their English speaking and understanding, something that could assist future migratory endeavours.

> Eva: It's good to know that you still understand me! I was scared that I lost my English, my words! […] So it's really a great opportunity to be interviewed by you.

Furthermore, others contacted me because of my western and non-Philippine status. For example, Ryugazaki said: '*I look forward to meeting other cultures. That's why I also agreed to the interview [laughs] Joke!*' In the context of endemic corruption in the Philippines, my outsider status separated me from an affiliation with government and hospital sources, making it safe to openly talk with me without fear of repercussions. This clearly non-Philippine outsider, western, privileged status appeared to legitimise my position as a researcher, and to cause participants to imagine my research as more reliable, influential, and important than perhaps research carried out locally would be. There is an assumption that my western status gives me a louder and more credible voice, not just on the international stage, but on the national stage in the Philippines.

> Jessica: Your research is good because it's giving the little people with little voices a chance to speak and be heard. That's why I approached you. I want your research to be heard by the President and the government.

Jessica reproduces the notion that research from the global north is able to be 'heard' more than research produced within the global south, reinforcing the superiority of white, global northerners (see Abbott, 2006). Even within the context of the Philippines, she internalises the notion that westerners or those from the global north have more power and legitimacy to speak for and represent other places (Gregory, 2004; McEwan, 2008; Said, 1978). In this sense, neo-colonial power imbalances in the academy assisted my recruitment of participants

and ascribed further privilege. This is even more evident with Donna who ended our conversation with *'I hope I really helped you!'* This raises important ethical questions as to whom the research benefits, and to what extent Donna altered her responses to fit into the narrative she assumed I want to hear.

Two of the largest dangers in travelling to the global south for research as a privileged western researcher lie in the extractive nature of data collection (Pickerill, 2009), and issues in representation (Spivak, 1988). Data collection, for the western researcher, is a way to enhance CVs and careers (Jazeel, 2016; Jazeel and McFarlane, 2007; Robinson, 2003), while responsible and reciprocal research is rarely rewarded by the academy (Bauder, 2006; Jazeel, 2016; Sidaway, 2013). Indeed, postgraduate research is often highly extractive. It demands a written thesis that involves speaking about and for participants (see Spivak, 1988), and opening up the process of research, for example producing research questions through dialogue with subjects of research, is generally beyond the possibilities of postgraduate research (Hammett and Hoogendoorn, 2012; McEwan, 2008; Raghuram and Madge, 2006; Rubin, 2012). Furthermore, as Schuermans and Newton (Schuermans and Newton, 2012, p. 297 see also Hammet, 2012) found during their fieldwork as Belgian doctoral students working in South Africa that

> scholars from the North are often viewed with suspicion of allegedly using a country like South Africa [or the Philippines] as a site of 'knowledge extraction'.

'Extracting' knowledge brings the danger of reproducing the 'epistemic violence' Spivak (1988) warns of when representing the 'subaltern'. Representation involves both *speaking for*, and *speaking about* others. Jessica, and other participants, are concerned with how I can speak for them, but it also key to interrogate the ways I speak about participants. There is a danger in all social research that in speaking for and about others, the researcher effectively silences others. However, in the case of the privileged researcher travelling south, the risk is greater as it carries the risk of epistemic violence (Spivak, 1988). There is a need to instead draw attention to the partiality of a researchers' ability to fully *'recover the standpoint of the subaltern'* (Loomba, 1998, p. 234). As McEwan (2008, p. 70) argues, scholars should

> combine scepticism of the possibilities of recovering subaltern agency with the political commitment to make visible the position of the marginalized. It might be impossible, but the only ethical position is to try.

Part of this ‘political commitment’ is to ensure the agency of people in the global south is articulated (McEwan, 2008), while Spivak (1988, see also Kapoor, 2004) argues that vigilance and attention to the effects of extractive research is more accountable and ethical. Furthermore, as I discuss in Section 3.5.1, my commitment to sharing and caring has meant in many cases participants have gained from the research encounters. For some, the chance to vent to a sympathetic ear was key, for others, often those overworked, the opportunity to take a leisurely drink in a café was a treat. For yet more, I shared information and contacts, and continue, even three years after data collection, be to called on by participants for assistance and advice relating to migration. These gains are small and should not be overstated or romanticised, in part as this would further naturalise the superiority of global north researchers (Kapoor, 2004). However, these small-scale ethical and responsible actions are examples of how scholars can ‘postcolonialise’ their practices (Robinson, 2003).

Beyond issues of race and gender, which are visible axes of my identity, it was my international mobility that most directly affected interactions, and which I had to constantly negotiate. In a context where migration and international mobility are associated with a higher status, my heightened mobility often became a source of jealousy within interactions, and ascribed me a status I had never previously experienced having been brought up in working class northern towns and villages (see also Griffiths, 2017). Baldwin (2017) argues there is a need to confront rather than downplay our privilege, and how it is racialised, if we are to engage in responsible research. During early interactions, however, I found myself frequently drawing on my age, and student status as a way to mitigate power relations and downplay my privilege. In part, this was a result of my discomfort at being ascribed such privilege (see also Abbott, 2006), as beyond the context of (UK) academia my status is that of a privileged postgraduate studying at a Russell Group University, rather than a novice researcher. Schuermans and Newton (2003) warn that care must also be taken to avoid imposing our own preconceptions of participants’ social positionings, based on the representations of places we receive in our social and academic lives. For the Filipino women and men I spoke to, nursing was presented as a dominant marker of positionality, and, as I found through my research, dictates and shapes other elements of their social positions, including class, mobilities, and status. In this sense, as a non-nurse, I was identifiable as an outsider, but, one it was therefore ‘safe’ to talk to and share with (Horowitz, 1986). I did, however, draw on family relations (my mother is a nurse) to highlight my link and interest in nursing.

The fact that nursing is represented as a labour of love or a calling (Raatikainen, 1997; Walsh, 2011), however, laid the basis for connections with participants. Academia is also presented

as an endeavour we commit to for the pursuit of knowledge (rather than, or perhaps as well as the care of people), not for personal economic gain (Clarke *et al*., 2012; Hakala, 2009). Nursing and academia are also both inherently global, and transnational occupations in which international mobility is commonplace and international hierarchies well-entrenched. There are countless occasions throughout interactions where my own experiences of work were reflected in the narratives of participants including the experiences of exploitation faced by nurses (see Chapter 6), the need to volunteer time, invest your own money, delay entry into paid employment, and be open to mobility for work. Employment experiences became the basis for enabling mutual understandings and shared experiences to come to the fore. Additionally, I have over two years of experience in call centre work that again facilitated the sharing of humorous anecdotes with the 'call centre nurses' with whom I spoke. In this sense, then, occupation history becomes an equalising forces. The following sections provide more detailed discussions of the strategies I employed throughout my time in the field, as well as back in the UK, to responsibly, ethically, and care-fully conduct research with Filipino nurses.

3.4 Recruitment

For this research, I employed a combination of traditional and novel recruitment practices to reach potential participants – social media in the form of a Facebook Page; approaching gatekeepers and visiting 'nurse hangouts'; and through developing links with the College of Nursing (CN) in the University of the Philippines Manila (UPM). The diversity of recruitment methods reflects the difficulty of researching a diverse and dispersed group such as nurses. While those researching a particular site such as an institution or public space may rely on more traditional recruitment methods such as flyers and emails, employing such methods to reach non place-specific groups has long created problems (Kristensen and Ravn, 2015). Researchers must rely on directly approaching certain informants, often through a gatekeeper, and then depending on the research 'snowballing' may be employed to increase the sample size (Kristensen and Ravn, 2015).

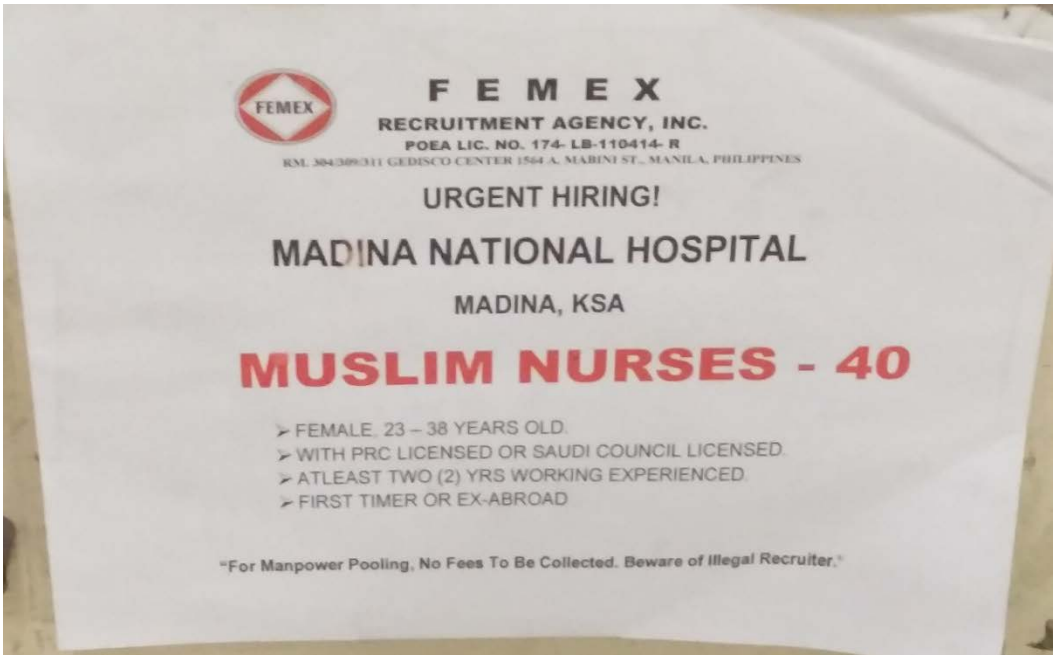
Before travelling to Manila, I had planned to only visit nurse hangouts, UPM, and other key nursing institutions such as hospitals and recruitment agencies, and snowball from respondents to reach a diverse group of nurses. However, it became apparent that long bureaucratic processes in various institutions would prolong the research beyond the constraints of time and funding pressures. It took almost four months from arriving in Manila and £300 to secure ethical approval at UPM, despite having made contacts before travelling. Therefore, as advocated by McCormack *et al*. (2012), time was invested in devising a new recruitment strategy. A gatekeeper, Sofia, informed me of nursing communities using

Facebook Groups. The Groups primarily share relevant policy updates and medical information for practising nurses, information concerning training and conferences, and job opportunities, both in the Philippines and abroad. Most groups have at least 10,000 members, with some such as NursingGuide.ph having almost one million. Facebook is an ideal platform to gain access to virtual nursing communities and hangouts in Manila and the Philippines. Due to the relatively novel and under-researched nature of Facebook as a form of recruitment, in this section, I hone in on the challenges related to using it as a form of recruitment in qualitative research. This is necessary, as in the following section it becomes apparent that the dynamics of research with the 'Facebook cohort' (those recruited and communicated with via Facebook) differ from others.

First, I reflect on the more traditional forms of recruitment methods, gatekeepers, snowballing, and institutional recruitment before turning to the issues associated with Facebook. I explore how the each form of recruitment involved different negotiations of identity and power relations and resulted in the recruitment of different and diverse groups of Christian or non-believing nurses. I contribute to the call for researchers to attend critically to the '*potential complexities that arise in the recruitment process yet often remain hidden from the final presentation of research'* (Kristensen and Ravn, 2015, p. 734). In doing so, it is necessary to begin with the issue of terminology to understand how I framed and presented my research to prospective participants, a factor generally absent from methodological accounts (*ibid.*).

Before turning to the specific recruitment practices, it must be noted that a key limitation of this thesis is that no Muslim nurses introduced themselves to me, nor did I encounter any either online or in Manila. I did spot various recruitment signs aimed towards Muslim nurses, targeted at places within the Gulf region (see Figure 6) demonstrating there is a clear demand for Muslim nurses. This offers a significant limitation to the thesis, meaning experiences, imaginations, and desires of participants are based within Catholic and other Christian environments. This limitation is also reflected in other studies of Philippine nursing (Choi and Lyons, 2012; Espiritu, 2005; Lorenzo *et al*., 2007; Masselink and Lee, 2013; Matsuno, 2009; Ortiga, 2014). There is a clear need for research that takes better care to represent the experiences of all Filipino nurses and/or research focused on the experiences of Muslim nurses in a predominantly Catholic nation. Furthermore, Rose who was brought up in Saudi Arabia, incorporates elements of Islam into her daily life, despite remaining a committed Christian. There is ample space for further research interrogating the nexus between migration, nursing and religion in the Philippine context.

Figure 6: A recruitment poster for 'Muslim Nurses' to Saudi Arabia Displayed at FEMEX recruitment agency in Malate, Manila (Authors own, 2016)



3.4.1 The trouble with 'interviewing'

As discussed above, my white, British, temporary migrant status ascribes me with certain meanings in the context of Manila. In general, it is assumed that I, like the majority of white people living in rather than touring the Philippines, am there for business, rather than research. I was frequently misread as American or Australian before British, reflecting the dominant investors in Manila. Additionally, when those I spoke with discovered that my purpose was to 'interview' nurse graduates about the prospect of migration, it was quickly assumed that I was, in some capacity, involved in the international recruitment of nurses. After showing Sofia, a gatekeeper and participant, and her cousin, another nurse, my initial recruitment poster, they quickly highlighted the connotations of the word 'interview': *'I thought you just wanted to talk to us about nursing and migration. I don't know if people will have time to prepare for an interview!'*

The term 'interview' was potentially detrimental to my data collection because potential participants misunderstood that they would be interviewed formally in relation to employment. I therefore turned to further discussion with the two cousins and settled on 'conversation' as my preferred term. As I demonstrate in section 3.5, this disquiet with 'interview' has been noted elsewhere, and reframing interviews as conversations aided data collection as well as recruitment. Recruitment materials were edited to reflect this (see Appendix A). Despite these efforts, over the six-month study period I received five inquiries from those seeking overseas work, assuming I could help as a recruiter or migration advisor. I

made the decision not to pursue these people for research purposes to avoid further confusion and/or influence their migratory activities, such as liaising with legitimate recruitment agents. Throughout the recruitment phase, I continued to refer to the meetings as 'conversations', 'a chance to talk', 'a coffee and chat'. While all were confident it was not employment related, many participants recognised the interactions as research interviews, most likely because many carried out forms of qualitative data collection for their nursing degrees. Reorienting interactions as conversations rather than interviews was central to developing a more responsible and care-full recruitment practice.

3.4.1 Gatekeepers, snowballing, and nurse hangouts

My lack of previous experience in the Philippines and Metro Manila meant I initially relied on gatekeepers and personal contacts to enable me to negotiate the city and my research. The two nurse contacts mentioned above, a sister and cousin of my Filipino friend in Newcastle, adopted the role of gatekeepers and informants, introducing me to various relevant people, and offering guidance concerning the nursing environment in the Philippines. One, Sofia, was interviewed, produced a mental map, and introduced me to one further participant, Eva. I later spoke with Eva's brother, Jason. Her cousin declined to be involved, but introduced me to three nurse graduates, Bridget, Sarah, and Angelica. Camille, Bea, and Joyce were then recruited via snowballing. All participants recruited through these two gatekeepers except Bea, Sarah's colleague, are in their mid-30s, reflecting the ages of the gatekeepers themselves and their social networks. Snowballing in this sense has mitigated some of the issues inherent with using social media, enabling me to access more experienced nurses.

The meetings with those contacted via Sofia and her cousin, however, were rather closed and formal. Despite my change to 'conversation', the fear of 'interview' seemed to linger. I believe this is why the other 'gatekeeper' refused to participate, despite frequently conversing with me about my research topics, and why two planned interviews with her colleagues never materialised. This poor initial representation the subsequent loss of control over the presentation of research aims and methods to the gatekeepers proved problematic and disrupted the flow of interactions (see also Campbell *et al.,* 2006). However, contacts generated after research interactions occurred were noticeably more relaxed. In this case, previous participants relayed their experiences of the interview interaction in positive and generally accurate terms. Campbell *et al*. (2006), when facing similar issues, argue that we should not romanticise the researcher-gatekeeper relationship as simple or uni-directional, as gatekeepers can restrict and influence methodological choices and processes.

Snowballing occurred organically following interviews with various participants, generally as we were gathering belongings and beginning to leave the café, as participants would ask further details about my project and offer to ask friends, colleagues, or family members. This also happened with several who contacted me via Facebook. Gabriel, for instance, brought two friends along to our meeting and I spoke to each of them separately, on different tables, while the mental mapping exercise was completed as a group. Another important gatekeeper messaged my Facebook Page to find more information. A Filipino nurse currently working in Saudi Arabia, she was unfortunately ineligible for inclusion, but she graciously 'shared' my Page tagging over 50 nurses she had met throughout her professional and social life. This generated four interviews and increased the visibility of my Page.

Finally, perhaps due to the sheer pervasiveness of nursing in Manila, Berta, a close friend working as a waitress, introduced me to a manager in a call centre primarily staffed by nurse graduates. The manager allowed four of her staff to take time out of their shifts to talk to me at a nearby café. These were the only occasions where I dressed formally, matching the office attire of participants. However, the bonus of up to two hours off shift in a café with free drinks led participants to quickly adopt a friendly attitude and formality was soon lost. Berta also accompanied me to nurse hangouts to aid with communication. Nine participants were recruited through the assistance of Berta despite her having no direct links to nursing. However, arguably, her lack of status with regard to nursing helped reassure participants of the non-employment related purpose of the conversations, and her friendly and outgoing nature engaged many of the nurses we met. Another friend, Mary introduced me to a further two ex-nurses, a firefighter, Christian, and business owner, Erin. Again, these interactions were imbued with comfort and friendliness from the start, likely as Mary was there for introductions.

3.4.2 Recruiting in an institution

Before travelling to Manila, I communicated with the College of Nursing (CN) at UPM with the purpose of negotiating contact with current undergraduate nursing students. On arrival I met and spoke with several staff members in the CN about my research and aims. The staff were interested in the research, recognising a gap in understanding concerning the many nurses who do not leave; and were keen to hear my findings concerning volunteerism (Chapter 6). Furthermore, I was requested to ask students about a new policy implemented in UP institutions for healthcare and medical-based students known as the Return Service Agreement (RSA). The data I gathered concerning students' views of the RSA has been compiled in a two page report and sent to CN at UPM.

To recruit students, I was given space in lectures for the second, third, and final year undergraduate nurses to explain my research and ask for participants. I provided posters including contact details. There were only two men in this cohort, and neither contacted me, meaning the responses of students are centred on the experiences of women. CN involvement significantly eased recruitment, however, the institutional nature of this form of recruitment caused certain difficulties. My relationship with the College, in particular with members of staff was uncertain, and several students questioned if participation would affect grades. I clearly stressed the anonymous nature of interactions, but some were likely dissuaded by the fear that the small size of their CN cohort would make their participation identifiable. This potentially explains the reluctance of the men to contact me, as they would be identifiable.

While this form of recruitment was quick and easy, all 13 students being recruited within a three week period, the top-down approach entrenched power divides, positioning me as a teacher and expert at the front of the class alongside the students' superiors. To mitigate this, I made it clear meetings could and where possible should be held off campus, suggesting a nearby mall. I was also eager to share my positionality as a postgraduate researcher in human geography to ensure I was perceived as a novice with regard to nursing, and to stress our shared student status. All interview interactions with students were again friendly and easy, although it is hard to tell how many students were 'put off' by my association with the College. Such issues, as I show below, are less relevant in recruitment via Facebook which offers a more democratic bottom-up approach to research. There are, however, other issues which arise.

3.4.3 Recruiting through Facebook

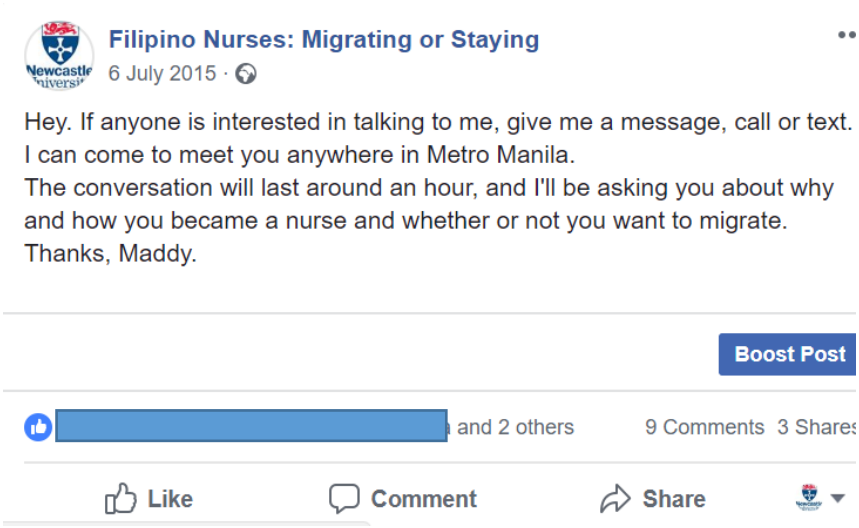
As daily interaction with various forms of social media becomes increasingly normalised in societies throughout the world, they present an interesting yet underdeveloped recruitment opportunity for qualitative research (Fileborn, 2016). Social media platforms have a wide reach, and are cost-effective and efficient forms of recruitment and allow *'real-time interaction with potential participants'* (Fileborn, 2016, p. 101, see also Andrews, 2012). Additionally, recruitment via social media offers a more 'bottom-up' approach to seeking participants, removing institutional barriers, expectations, and involvement. Nonetheless, access to internet and social media continues to be restrained by issues of class and location, while a host of factors, including but not limited to age, class, and nationality, influence the use and preference of social media (Andrews, 2012). It is therefore necessary to assess the best forms of social media to use. In the case of the Philippines, at the time of data collection, it was the 'social media capital of the world' (National Telehealth Center, 2015). Facebook

was, and still is (Chua, 2018), by far the most popular platform. 94 percent of the online population use Facebook and/or Facebook Messenger on a daily basis (*ibid.*) while Filipinos spend an average of 3.7 hours per day spent on social media (Statista, 2015) (it has now increased to almost 4 hours (Chua, 2018)). Additionally, at least two in three users regularly engage with business and community Groups and Pages (Rappler, 2016).

Facebook has the option to set up a 'Page' designed for those who wish *'to communicate broadly with people who like them… [as] Anyone can like a Page to connect with it and get News Feed updates'* (Facebook, 2016). My Page was linked to the research website, and included my email, phone number, name, and institution with its logo, and a photograph of myself to reassure potential participants I was a real person. I included information about the project in the 'description' section, and posted my information sheet (Appendix B) as a photo as Facebook does not allow document upload. Using Facebook features, I targeted my Page towards specific audiences, locations, and 'interests' and other liked Pages (Facebook, 2016). This allowed my Page to appear as a 'Suggested Page' in the News Feeds of nurse graduates and students working in Manila, meaning potential participants who were not connected to my gatekeepers became aware of the Page (Pedersen and Kurz, 2016).

The initial call for participants was relatively successful (see Figure 7). Within just a week, over 50 nurses 'liked' my Page, with five messaging for further information. Two were not eligible for the study – which perhaps reflects the cursory nature of social media, where people are less likely to fully read information provided (Beasley and Haney, 2013) – but both were willing to share the Page with other eligible contacts. Throughout the recruitment phase, most potential participants who contacted me did so by messaging my Page. Three texted me, and a further two contacted me via the email address provided. However, despite increasing 'likes' and repeated requests for participants, only five other participants directly approached me following the busy first week. This was frustrating. I could see the profiles of potential participants, and for many could determine their eligibility through information publicly displayed such as current location, education, and work experience; yet if they did not message the Page first, Facebook prevented me from making initial contact. Facebook rules, at the time of research, left me little choice but to add potential participants as 'Friends', sacrificing my personal privacy, and altering the researcher/participant dynamic. While a new profile could have been developed, the lack of friends and activity would affect its perceived legitimacy (see also Fileborn, 2016).

Figure 7: Screenshot showing the first 'call' for participation on the Facebook Page



Whereas more traditional recruitment methods allow potential participants to view information concerning the research project, as well as the institution, and perhaps a small amount of personal information of the researcher, becoming Facebook 'friends', or engaging on other forms of social media, gives both researcher and participant significantly more information about the other (Fileborn, 2016). Facebook profiles are virtual manifestations of our daily lives and identities, and, as shown by McKay (2010) in the Philippines, Facebook is a key a medium to share lives with family and friends across international borders and time zones. Becoming 'Facebook friends' with participants, therefore, requires conscious decisions regarding the policing of your own profile. While age, work, education, and places lived may be acceptable things to share, relationship status, political views, and photos with friends and family may be less acceptable. Fileborn (2016, p. 111) found when facing a similar conundrum that *the 'tensions and anxieties […] resulted in increased vigilance and reflexivity when deciding what to post and how to express myself online'* and resulted in her Facebook profile becoming more professionally focused. Yet as I was living abroad, maintaining a platform to share my life with family and friends was essential for my own wellbeing (McKay, 2010), and I was hesitant to display only my professional identity on my Facebook profile. Eventually, I moved all potential participants to a 'list' I could exclude from seeing any posts I wished. This allowed me to simultaneously maintain my social networking profile and communicate with friends and family, maintain a professional researcher identity by showing potential participants posts I deemed suitable, whilst demonstrating to participants I was a 'real' person who could be trusted.

Using social media platforms as the primary way to contact participants has the potential to transform researcher-participant power relations. This transformation became overtly clear, as

conversations with participants who primarily contacted me via email or text were noticeably different. While most interactions as noted in the previous sections were friendly and comfortable meetings, with Facebook participants friendliness began long before the interview. Contact via phone or email tended to be polite, formal, and centred only on finding a suitable place and date for the interview, or brief queries relating to the practicalities of research. Contact with participants via Facebook Messenger, whether through my personal profile or the research Page, conversely, resulted in more personable and informal conversations. While contact would initially begin formally, it appears that being on Facebook, a *social* media platform with its own norms of communication including abbreviated language, colloquialisms, emoji's, and stickers (Evans, 2017) quickly led to a friendly informality emerging with participants. The following extract from a Facebook conversation held with Isabel demonstrates this rapid transformation in communication.

> 23/06/15
>
> Isabel: Hello, I have read your post and I am interested in taking part in your research […] When will the best time for you?
>
> Maddy: Hello Isabel, many thanks for your message. Unfortunately I am out of the area this week […] Let me know when you think you'll be in the area, and we can organise it then. Best wishes, Maddy. […]
>
> 06/07/15
>
> Maddy: Hi Isabel. I'm back in Manila. Do you know when you'd be free to meet up?
>
> Isabel: Hello, welcome back. I'm still uncertain. I'll check my sched and the weather forecast for this month (pref on the 3rd or 4th week) especially now that it really is a monsoon month.
>
> Maddy: Thanks. No problems. The 3rd or 4th week is good for me. Yeah, the monsoon season seems to have really started now!
>
> Isabel: Haha, how do you feel about it?
>
> Maddy: Ok... at the moment! Hope it's not too bad where you are?

Isabel: You might change that statement soon enough if you go and about around the Metro in this kind of weather. Thanks. There's no storm signal (that I know of hehe) […] How about where you're at?

Maddy: I'm in Ermita, lots of rain, but no serious warnings also

Isabel: Oh... good luck with floods. I hope you're staying on a high-rise bldg.

Maddy: I am! 27th floor! Are you?

Isabel: Haha, nice 😀 I'm on the 3rd floor. Not as high as you I'm afraid 😀

Before our interview, Isabel also asked detailed questions about the research, how many people I wanted to interview, and the type of research I was carrying out. Several hours after our interview, she messaged me inviting me to attend an event with her and her friends. Indeed, throughout my stay, I became friends with several participants. Kelly and Watts (2015) suggest that emoji's have the potential to contribute to 'relationally meaningful behaviours' online. Furthermore, this aided my own wellbeing and care during my fieldwork, supporting the creation of personal relationships which extend beyond the research.

As I show in the following section, this informality and friendliness developed online before meeting also transformed the face-to-face conversation with the Facebook cohort. Facebook, then, despite being a 'fix' to recruitment issues, was perhaps the most useful form of recruitment for this research. It allowed me to reach a much wider audience, and to do so without institutional links. Nonetheless, continuing to use the more traditional methods of recruitment was essential for reaching those with no further desires to engage in nursing whether in the Philippines or abroad, and who are less likely to engage in online nursing communities, including more experienced nurses. This is not to say ex-nurses did not approach me via Facebook, indeed Ian, an ex-nurse in his mid-30s with no desires to migrate, was the first interviewee I met. He approached me through Facebook, further highlighting the benefits of the Page and diversity of its audience. The sample should in no way be considered representative of the wider population of Filipino nurse graduates and students, but it is highly illustrative (with the exception of Muslim nurses) (Valentine, 2005).

3.5 Collecting data: conversations and 'netnography'

To fulfil the study's aim and better understand how nurses in the Philippines are drawn into global circulations of healthcare, data was primarily collected via semi-structured interviews.

The interviews with participants all lasted between 40 minutes and two hours 13 minutes, and the mental mapping exercise, where carried out, generally occupied the last 20 minutes (see Table 4). In this section, I focus on the interview element of research interactions, demonstrating my conversational and caring approach. I also reflect further on the Facebook cohort and on opportunities this has provided for longitudinal research through 'netnography'. In section 3.6 I demonstrate how the use of mental mapping, a visual method, alongside semi-structured interviews complemented the data collection. Mental mapping has been identified as a tool sensitive to and able to account for power imbalances in both postcolonial (Marcus, 2010) and feminist (Jung, 2014) research, and, as they offer participants a non-verbal form of communication (*ibid.*).

3.5.1 Semi-structured interviews

Semi-structured interviews are a key component of geographical research (Crang, 2002, 2005; Rapley, 2001) due to their ability to be *'used in understanding interpretations, experiences and spatialities of social life'* (Dowling *et al*., 2016, p. 680). They are invaluable in exploring participants' decision-making processes and have been employed in most qualitative approaches to migration. The semi-structured interview is flexible and adaptable to a wide range of contexts, and is also a relatively inexpensive research method (Valentine, 2005). Nonetheless, there are several key weaknesses or points to address concerning semi-structured interviews.

Initially, the semi-structured interview is a power-laden event that is not part of daily life for most if not all potential participants. The topic is planned by the researcher who guides the flow of discussion. In line with this, the location of the interview, the appearance and identity of the researcher, and external environmental factors greatly influence interactions (Elwood and Martin, 2000). With this in mind, I planned to carry out interviews in public spaces that are both neutral and imbued with notions of leisure. All but eight conversations took place in such places, either a café or restaurant selected by the participant (see Table 4), which in 35 cases was Starbucks. Allowing the participant to select the location is key in mitigating the power imbalances (Valentine, 2005). Of the remaining interviews, however, it is evident that the interview location influences participants' likeliness of completing a mental map. The six interviews that were carried out in informal breakrooms, and final three – Christian at a mutual friend's home, Kyle via Facebook, and Jennifer at a photoshoot for her child while her husband babysat – proved more problematic than others due to issues of space, noise, privacy, and intimacy. Neither Kyle nor Christian were able to complete mental maps, while Jennifer's was rushed and completed without a table to rest on. Additionally, Sarah and Bea, whilst

comfortable in their place of employment during the conversation, found the mental mapping exercise inappropriate. Although staff and patients could not hear us, the room had a large window making us visible to the reception area and Bea declined to create a mental map. Those in the break room at the charity, conversely, were more open, associating the space with friendship, relaxation, and conversation. In their role as emergency responders, they are used to having bouts of spare time, and the mental mapping exercise was received particularly well as an enjoyable way to pass time.

Secondly, the semi-structured nature means a set question list is unsuitable and would restrict the flow of conversation (Valentine, 2005). Therefore, rather than an interview schedule, I had a notebook with various bullet points of topics and questions (Appendix C). This was continually added to during conversations, to incorporate new ideas and themes raised by participants. Notes from each interview were recorded in subsequent pages of the notebook. While the structure was open and I let participants lead the way during our conversations, I always began the interview by asking *'can you explain to me how you decided to become a nurse?'* – which in all but one case proved an unthreatening question, yet one that produced a detailed narrative. I would then move to experiences of studying, and where relevant working. Issues of migration permeated entire conversations to differing degrees, largely depending on the extent to which participants desired or were being pushed into migration. However, this is likely in part due to the fact my call for participants was focused on the concept of migration, even though I successfully recruited those without desires.

Thirdly, there is the issue of recording semi-structured interviews. Recording devices can be an imposition in interviews as they disrupt notions of normal conversational practices, however, if the alternative is note taking, recording can be less intrusive to the research encounter (Crang, 2005). I believe that audio recording is preferable to note taking, as it allowed me more of an opportunity to be fully involved in the conversation, and to maintain eye contact. Only one participant (Nikki) declined to be recorded. In this case, I relied on notes. The notes are nowhere near as detailed as the transcripts from other interactions. Furthermore, although Joshua opted to be recorded, the Dictaphone failed less than three minutes into our conversation. There are therefore few direct quotations from Nikki and Joshua, and I have had to rely on summarising their conversations. Nonetheless, both reviewed my notes and are happy I accurately recorded the interview.

Fourthly, particularly when interviews are audio recorded, there is an imperative to gain written informed consent from participants to ensure participants know and understand the implications of participation in research (Cloke *et al*., 2004; Valentine, 2005). Although this

research presents few dangers to the nurses I met, it is key to ensure the participants understand how their narratives will be used and of the scope of the research. To allow potential participants to make an informed decision concerning their participation, information sheets containing information about the project aims and laying out the anonymity process were given to all participants (Appendix B). No information concerning the research was concealed in the information sheets, and academic jargon was avoided to ensure understanding. Informed written consent was obtained from each participant (Appendix D) and a copy was retained by myself and each participant. The consent sheet outlines the anonymity process, as well as reminding participants of their right to withdraw at any time, to view and edit their transcripts, and to choose if the conversation is audio recorded. Participants could also opt to keep up-to-date with the research. While no participant has withdrawn any of their data, several errors within transcripts were noted and altered. All participants who responded (25) are happy that the transcript accurately reflects our conversations.

Fifthly, there is the issue of compensation or incentives to participate in research. While it can be good practice to thank participants for their time and expertise, there is the danger that incentives skew the recruitment process (Cloke *et al*., 2004). Therefore, while no reward was advertised, I offered each participant a drink at a café of their choice which explains the preference for Starbucks, viewed as a status symbol in the Philippines. I also advertised my ability to *'travel anywhere anytime within the Metro [Manila]'*, minimising the impact of travel costs and time on participants. In the end, I did indeed travel anywhere anytime in the Metro, interviewing participants in 15 of the 16 cities (see Figure 3), with meetings ranging from 6am to 10pm. Typhoons, rush hours, and the never-ending traffic of Manila conspired to extend some journeys to upwards of three hours, meaning meeting a participant often took an entire day. Participants were equally grateful and astounded by my commitment to travel to them, particularly as the majority were engaged in shift work and had minimal free time which explains why some occurred in work situations. Indeed, my struggles with traffic and public transport became both catalysts for conversation and a way to mitigate the power imbalances. I too had endured jeepneys, pedicabs, buses, dilapidated taxis, the occasional rude driver, and the dreaded MRT (over ground rail system). By deliberately rejecting race-based assumptions (Chacko, 2004) of the privileged white foreigner in Manila, I was not *just* a tourist, an ex-pat, or a foreigner (who primarily have their own cars and/or drivers), I was *also* a resident of Manila. Shared experiences of traffic and transport became a form of common

ground to negate differences between my participants and myself. Indeed, this greatly contributed to the conversational nature of interactions I aspired to create.

3.5.2 Conversations, sharing, and caring

The final issue with semi-structured interview relates to wider societal understandings of the term 'interview'. Turning away from the term 'interview' was initially a practical decision made to ease recruitment (see section 3.3), but it also aided the data collection phase of research. Mills (2001, p. 290) highlights that *'the interview is a particularly wide genre, which encompasses processes of examination, for jobs and qualifications, and confession, in therapeutic or religious contexts*.' I would also add the journalistic interview and police interrogation to her list. These processes are all highly stressful events for interviewees and their success generally rests upon the ability of the interviewer to maintain and present a position of power and authority. Interviews, both beyond and within academia, are employed for purposes of assessment, and interviewees commonly feel pressure to comply with expected roles and responses (Mills, 2001). Often, in media representations, interviewers are presented as tough, intimidating, and can even be untrustworthy, seen to edit narratives and twist words to meet their own agendas. Therefore, more than just framing semi-structured interviews as conversations to aid recruitment, I have actively employed conversational techniques such as compassion, rapport, and agreement (Mills, 2001; Rubin and Rubin, 2011) throughout interactions. The interactions cannot be considered organic and spontaneous conversations as they were undertaken for a specific defined purpose (Valentine, 2005), but it is still possible to view them as more conversational than standard interviews. I set out the three strategies I used in my attempts to converse with rather than interview participants, and reflect on how this generated conversation, rapport, and understanding.

Undoubtedly, the first stage is to avoid the term 'interview' altogether from recruitment to the face-to-face interaction, including on information sheets and consent forms. Clearly, the imposition of information sheets and consent forms is problematic to the natural flow of a conversation, yet an essential requirement of research. I therefore, where possible, gave participants the information as I went to order drinks, when they had little else to do. I also provided information sheets on Facebook and/or emailed to participants prior to the meeting. Secondly, I adopted a conversational style, displaying a friendly and approachable demeanour, dressing casually, and encouraging informality to instil a friendly and open nature in conversations (Sinha and Back, 2014). Before recording began, I would chat with participants about traffic, monsoons, or answer questions about my background. I also, as I discuss in detail below, used shared experiences as a way to establish common ground.

Afterwards, some participants requested selfies which I accepted (but noted that if they 'Tagged' me in Facebook, they could be identifiable as a participant, of which none seemed to mind). Rose, before requesting a selfie, reflected on our conversation and stated the following:

> Rose: Actually, it's the first time that I participated in a survey or research.
>
> Maddy: Well thank you! I hope it was ok?
>
> Rose: Actually, it was. I didn't feel awkward, it was fun. Like talking to a friend!

Rose clearly demonstrates the utility of the conversational style, as not only did our interaction feel *'like talking to a friend'*, but she actually had 'fun' and enjoyed our meeting. Similarly Bella noted how *'I really enjoyed that [conversation], thanks.*' while Bianca noted my friendliness.

> Bianca: Tell me about [the] UK!
>
> Maddy: What would you like to know?
>
> Bianca: Uh, the people there, are they friendly? Or are you just friendly 'cause you're in sociology[20]?! [Laughs]

I also gave participants freedom to follow their line of thought and to explore new topics and areas of discussion. While in some cases these tangents produced data of little value, in others they were essential and deeply revealing. Discussions of family relations, friendships, hobbies, and fears enhanced my ability to contextualise and analyse responses, and to further understand participants' motivations, as well as to humanise the voices of participants presented in this thesis. Such techniques also allow rapport to develop quickly, aiding the conversational process and further reducing the power imbalances (Sinha and Back, 2014).

Thirdly, and in line with the conversational approach, I adopted and presented a position where I was generally agreeable with participants' views, giving judgement-free space to share opinions, particularly in relation to negative stereotypes of westerners.

> Maddy: And what would you say is British and American culture?

[20] Human geography is not a widely taught subject in the Philippines, so where confusion ensued, I described my field as similar to sociology.

Eva: …Hmm

Maddy: I won't get offended!

Eva: [Laughs] I think your culture is, I don't know if I'm right in saying it, it's just an impression […]

Eva then went on to explain her views on the independence of young people in the west. She later asked me myriad questions concerning my views on aspects of life in the Philippines. I willingly and truthfully answered. This honest sharing led Eva to further open up and the long pause and 'hmm' did not occur again, while laughter and other expressions of emotion did.

DiCicco-Bloom and Crabtree (2006, p. 317) argue that sharing experiences with participants is a vital element in creating mutual trust and respect as the *'goal of finding out about people and establishing trust is best achieved by reducing the hierarchy between informants and researchers'*. Sharing creates a more equitable relationship in which neither person solely occupies the role of interviewee, and that prioritises recognising the personal sacrifice participants have made in attending meetings and sharing their experiences, and where possible, reciprocating in kind (Weaver, 2011). Furthermore, in the Philippines context, the social concept of *Utang ng loob* that roughly translates as a debt of gratitude, is key. In part, I attempted to reciprocate by paying for drinks and food, and by opening up a communication line. Several participants invited me to events following our interviews, to which I brought gifts, and a minority have sought advice concerning various aspects of migration and nursing. In most cases, I refer participants to someone with the correct knowledge to help. In this sense, as Campbell *et al*. (2006, p. 99) demonstrate, my acquired knowledge, contacts, and power within Philippine nursing transformed my own position into that of *'researcher-turned-gatekeeper and "keymaster"'*.

Most participants felt comfortable asking me intimate questions concerning age, family, education, and relationship status, and I obliged and shared details of my own life[21], at times reversing the interview interviewee dynamic. The example below with Nicole is typical.

Nicole: Why did you take up geography? Now I'm the one who's interviewing you!

[21] Unless I felt my response could influence the interaction, in which case I noted the question and answered it after the interview questions had been asked.

> Maddy: Yeah, do it! I really, um, I'm fascinated by different places and different cultures. But then I also got very interested in nurses, and I tried to find a way to bring them together.

To highlight the conversational nature of research interactions, throughout the thesis I have included my own voice and impositions to the conversational interactions. Emotion, laughter, and empathy imbued conversations, and I have therefore attempted to represent this within the presentation of data. This is also key to ensure the data is not presented as disconnected from the research context in which it was produced (Baxter and Eyles, 1997).

In general, the areas of curiosity held by participants concerned why as a British geographer I was studying nurses in the Philippines, how I felt about the Philippines, and how life is in the UK and other places I had travelled. Indeed, my international mobility was a topic of great interest, much in the same way theirs was to me. As a native Briton, many participants desired to 'test' some of the imaginations they had gleaned from elsewhere – *'are there really homeless people?'* (Angelica), *'what religion is practised?'* (Nicholas), *'are people there racist?'* (Rose). Others wished to add detail to their geographical imaginations, requesting information about the 'Harry Potter castle' (Ariel and Claire), the role of the Royal Family, and specifics of the NHS. Participants were deeply interested in my own geographical imaginations, and it is undoubtable my interactions with participants have influenced their imaginations of the UK and the world, and may be drawn on in their future decision-making practices. This speaks to the importance of geographical imaginations, and highlights a new benefit – their ability to promote an equitable and sharing research relationship.

Allowing myself to become a resource for participants has been central in minimising and negating the effects of power imbalance during interactions, through making the interactions more reciprocal than they would otherwise have been. While it can be argued that a commitment to sharing raises certain ethical issues concerning the impact a researcher has on a 'field' (Rapley, 2001), it is naïve to assume that a researcher can leave any 'field' intact without in some way influencing and disrupting the lives of the people they meet (Sharp, 2009). We should instead ensure through responsible, ethical, and care-full practices that these influences are positive and do not further reinforce hierarchies, particularly colonial ones (Popke, 2006; Raghuram *et al*., 2009). By recording, transcribing, and explicitly recognising my own position within interactions and conversations, and by offering advice and opinions to participants when requested I am able to maintain a level of self-reflexivity over my role within the field. This is preferable to an approach which assumes but cannot achieve researcher neutrality (Rapley, 2001).

On other hand, almost every participant I spoke with actively questioned and challenged my purpose and presence in the field. Louis for example, with experience in research through with the PRC quite bluntly asked me *'What's your purpose in doing this research?'* He was unsatisfied with my initial answer and continued, *'But why Filipino nurses?'* While I believe my conversational approach was key in creating space for participants to comfortably question me, this brings attention back to the key ethical issues characterising western researchers 'travelling south'. It speaks to wider debates on the extractive and neo-colonial nature of researchers from the global north 'mining' data for personal advancement (Pickerill, 2009; Robinson, 2003), and to debates concerning who has the right to speak *about* and *for* and represent Subaltern subjects (Spivak, 1988, see also Kapoor, 2004). As discussed in section 3.3, this is an irresolvable issue, an *aporia*, but nonetheless, one that cannot be denied or disavowed (Spivak, 1999, 2007).

Finally, I wish to draw attention to a key personal benefit of the conversational approach adopted – its therapeutic capacities for both myself and participants. Rose was not the only participant to express a positive emotion after the research experience. Jessica, for example, who had recently moved to Manila and had no social network was happy to have a leisurely social interaction, but also expressed relief at having the chance to be heard (as discussed in section 3.3). Furthermore, the conversational and friendly approach greatly affected my own wellbeing, as I was able to forge personal connections with participants that I have maintained. This afforded me opportunities to travel and experience other aspects of Filipino culture, as well as opportunities to improve my Tagalog.

Additionally, the care-full relationship discussed in section 3.3 extended into research interactions. Participants frequently expressed concern for my safety when travelling, warned me of pickpockets and scammers, and expressed care for my wellbeing, asking me to confirm when I had made it back to my apartment (Gabriel and Rose), and *'stay on the ladies ride'* (Eva) when travelling on the overground system. Comments such as *'you're so young!'* (Joy) are common, even from participants younger than myself. Furthermore, my whiteness led to concern for sunburn, heat exposure, and insect bites, I was given various advice, and occasionally creams and ointments (Rose, Jason, and Jessica). This likely reflects the nursing background of those I spoke with, but again demonstrates the caring ability of research for both researcher and participants. Despite the fact 35 of 48 participants are women, and over half within five years of my age, I was simultaneously different and the same on the axes of gender and age, my whiteness and 'otherness' complicating relationships and positioning me as in need of care. I also offered and expressed care towards participants, empathising with

difficult stories and events, and giving space for judgement-free communication. Although I retained 'privilege' in field situations and interview interactions, I was also vulnerable in the context of the wider field of the Philippines. These competing identities benefited the wider research process and assisted in creating long-lasting friendships and connections.

3.5.3 The Facebook cohort and 'netnography'

As discussed in 3.4, the informality and friendliness communicated by myself and participants contacted via Facebook was often noticeably smoother than with those contacted elsewhere. Having access to one another's profiles aided in identification in busy public areas, while the notion that we already knew personal information about one another meant participants were more forthcoming with responses, were visibly relaxed, and responses were more detailed. Participants generally shared jokes and anecdotes from the outset, often in relation to a Facebook post, and felt more comfortable in asking me questions. While these participants were more likely to go 'off topic' discussing unrelated aspects of their lives, often these tangents provided essential contextual information. Isabel, for example, in sharing an anecdote concerning her aunt's attempts to set her up with an American, expressed her views on marriage migration, providing perspectives on conceptualisations of 'good' and 'bad' forms of migration. These conceptualisations are noticeably influenced by the professional status of nurses who deem marriage migration as an 'easy way' to migrate. Nonetheless, several of the women I spoke with were also highly attuned to the often vulnerable and caring roles marriage migrants face. Tisha, the only current migrant, joked that her American care home residents would be better off finding a Filipino wife to care for them than paying for US healthcare. The non-Facebook cohort were less likely to express controversial views concerning Filipinos in the global sphere.

Beyond this, recruitment via Facebook, despite the ethical challenges posed, has significantly eased post-interview communication. It is general practice for researchers to ask follow up questions when needed (Baxter and Eyles, 1997) but responses via email or text cannot always be guaranteed. The nature of Facebook Messenger, however, means requests for further information can be more informal and short. All requests I made for further information or clarification from Facebook were granted, while only one participant recruited beyond Facebook responded to my email request.

Moreover, Facebook 'friending' a participants leads to a new and novel form of data collection through a form of 'netnography' or online/virtual ethnography (Nind *et al*., 2013). Facebook and other forms of social media, offer a window into someone's life, without having to physically, or indeed virtually, communicate with them. People share photos,

statuses, life events, videos, memes, personal thoughts, and media articles. While it has been identified that 'virtual profiles' are generally constructed snapshots of how we want others to view us (U'Ren, 2014), this does not reduce the use of what we post. In fact, interviews do not represent a truthful reflection of life, and are instead *'a reality jointly constructed by the interviewee and interviewer'* (Rapley, 2001, p. 304). The data collected cannot be understood as a truthful image of real experience, but rather should be viewed as a co-constructed and interactional account, narrative, or version of experience (*ibid.*). Most interviewees are already constructing their lives in relation to perceived researcher expectations. Therefore, by reviewing online posting habits, I am able to view a different type of constructed identity, and to compare this with the one presented in the interview setting.

For example, I have watched Sofia expand her friendship group since moving to Perth six months after our interview, have followed the progress of Ian's business adventures, and congratulated Bridget on her new child. As 'real life friends' I have featured in Isabel's photos of her first few months in the UK. There are a total of seven participants I continue to interact with on Facebook, but I have agreed for clear ethical reasons not to share screen shots or quotations from their profile, and to instead, in the traditional ethnographic approach, take 'field' notes (Van Maanen, 1992). This 'netnography' offers an opportunity for longitudinal data collection enabling me to analyse supplementary data that extends beyond the snapshot of fieldwork in 2015. It has provided the opportunity to incorporate the trajectories of some nurses into analysis. This was a pleasant, and yet unpredicted perk of using Facebook as a recruitment aid. While researchers have conducted online ethnographies and netnographies on chat rooms and forums (Atkinson, 2016; Barratt and Maddox, 2016; Beneito-Montagut, 2011; Gatson and Zweerink, 2004), social media accounts such as Facebook deserve significant attention as a new form of site for conducting ethnographies.

3.6 Mental mapping and geographical imaginations

While the semi-structured interview or conversation is suitable for exploring the areas of why people enter nursing, how they perceive it, and their experiences of employment, it can be quite difficult to verbalise future plans and geographical imaginations (Alpes, 2014; Vigh, 2009). Mental maps, also known as cognitive maps, first developed in the 1960s, are a valuable if under-utilised tool to do this. Mental maps were initially employed in behavioural geography during the quantitative revolution, most commonly in migration research and urban planning (Boschmann and Cubbon, 2014; Gould and White, 1974).

The use of mental maps in migration research resulted from a dissatisfaction with neoclassical economics (much as their re-emergence does today). Researchers argued that it is too naïve to

assume that migrating humans are rational beings who select the best destination based on all available knowledge (Boschmann and Cubbon, 2014). Instead, it was suggested that everyone carries around imperfect mental images of place – geographical imaginations – that are integral in influencing human behaviours. For these behavioural or humanistic geographers, the mental images of place emerge as people obtain, code, decode, and store information about places (Gould and White, 1974). When needed, an individual can recall their geographical imaginations and use their 'spatial information' to make considered, but not necessarily rational, decisions (Fuller and Chapman, 1974, Gökten and Südaş, 2014, Gould and White, 1974, Madaleno, 2010, Rédei *et al*., 2011). Mental maps have applicability for non-migrants as well as migrants. One of the earliest studies employing mental maps sought to explore the geographical imaginations of groups of students regardless of aspirations for migration (Gould and White, 1974). Mental maps as a method in migration research continue to provide a visual representation, or *'graphic depiction of expressed preferences for alternative residential locations'* (Fuller and Chapman, 1974, p. 492), yet their appearance has changed drastically since their first use.

In the early phase, participants were usually given an outline map of a nation and asked to highlight places they would and would not move to, and/or were asked to rank places according to desirability. This was generally combined with an exercise used to determine geographical knowledge. Gould and White (1974) for example, asked respondents in the USA to name each State, while children in Norway were asked to label any towns and cities they knew. In most cases, researchers amalgamate the mental maps of participants into a single map to statistically display the geographical imaginations of a group (Fuller and Chapman, 1974, Gould and White, 1974). This allows for similarities in geographical imaginations to emerge and, for example, participants in Gould and White's studies, despite highlighting nuanced differences between those places near to them, had *'a propensity for mentally homogenizing areas far away from their own territory'* (1974, p. 102). For places further away, Gould and White (1974) found that particularly renowned places, such as tourist destinations or important political, cultural or economic hubs with a relation to one's home are best known. However, quantifying human desires and behaviour masks differences and personal representations of place – geographical imaginations.

This quantitative, simplistic assessment of geographical knowledge finds little place within contemporary studies. Mental mapping as a conceptual idea is rather the same, but practices of mental mapping have developed significantly. The mental maps of recent years are far more complex and diversified than those proposed in the 1970s, and are generally employed

as a participatory visual method alongside more traditional research methods of interview and focus group (Jung, 2014). With regard to other visual methods, mental maps, despite their deeply personal nature, are much less intrusive and do not endanger the anonymity of the participant. Indeed, Dowling *et al*. (2016) note that many examples of visual methods are unpublishable due to the identifying nature of many methods, in particular photo elicitation methods.

The mental maps of today are essential in exploring geographical imaginations as they

> [i]ntegrate images and information but also beliefs, preferences, attitudes and values, as well as learned and imagined features. World perceptions express the social and cultural identities of the respondents. They are identifiable visions of space, of distances, and of relationships between peoples (Madaleno, 2010, p. 123, see also Jung, 2014).

They are not just images of places, but are representations of social relations and differences and of the cultural elements of places, which the geographical imaginations approach relies on.

In contemporary examples of mental mapping, participants are rarely given a blank map to fill out[22], nor provided with a list of places to rank. Instead, participants are generally given a blank sheet of paper and asked to draw a map of places with the characteristics they know (Gökten and Südaş, 2014). Participants may be asked to draw a world map which invariably highlights their understandings and imaginings of many places, as well as the relationships between places (Madaleno, 2010). In Jung (2014)'s study, her participants were asked to sketch their neighbourhood in their country of origin and in their migratory destination. Removing a base map removes the expectation for any assumed level of prior geographical knowledge, allowing mapping to be an inherently accessible cross-cultural and cross-linguistic methodological tool (*ibid.*).

Gökten and Südaş (2014, p. 91) demonstrate the advantages of *'freely drawn mental maps'* compared with sketch maps in their study which asked Turkish migrants in Australia to produce two maps of Australia. They found that

[22] Although this is common practice in 'sketch mapping', another offshoot from the mental mapping spearheaded by Gould and White, see Boschmann and Cubbon, (2014) for example, that is more common in urban planning than migration research

> *freely drawn mental maps* are more imaginary, symbolic and subjective than *the filled-in outline maps* [sketch maps]. Therefore, it can be suggested that imaginary maps may lead us to understand *the place-related experiences of people and how they perceive a region* better than the formal representations and boundaries which are reflected more in the outline maps. (Original emphasis).

This demonstrates the applicability of mental maps for this research which seeks to understand how nurse students and graduates imagine their future trajectories, whether 'at home' or abroad through exploring their perceptions of place. Furthermore, giving participants the opportunity to freely draw their mental maps, particularly within this present study, shows commitment to a postcolonial feminist approach. By not imposing western forms of cartography, and offering people an opportunity to represent their imaginations in their own terms, mental maps are a method which empowers participants (Jung, 2014). Furthermore, the act of drawing and other more participatory methods gives participants the opportunity to re-present their worlds and narratives in a medium that does not rely on the colonial language of English (Crang, 2003; McEwan, 2008).

Previous researchers have found participants depict landscape, climate, environment, relative location/distance and language and cultural norms in their mental maps (Fuller and Chapman, 1974; Gökten and Südaş, 2014; Haynes, 1980; Jung, 2014; Madaleno, 2010; Rédei *et al*., 2011). In most cases, social, economic, and political imaginations such as images of education, healthcare, democracy, and economic power are also referred to; however, the cultural and geographical imaginations of place tend to be prioritised in mental maps. In this research, depictions of the Philippines are most common, followed by cultural and geographical depictions, and references to healthcare and nursing, reflecting the educational background of participants (see Table 5). The centrality of home in mental maps is key (Madaleno, 2010). Home is depicted either as a house, or as the Philippines, or both, and is considered on the national scale, even for those without desires to migrate.

Table 5: Key themes depicted in participants' mental maps

Theme depicted	***Number of maps depicted in***
Health and Therapeutics	19
Money and economics	10
Home (the Philippines or localities)	30

Family	16
Cultural and Geographical qualities	20
Religion	10
Self	22
Travel and movement	20

Mental maps are a particularly useful means of eliciting geographical imaginations for the purposes of migration research as they expose *'geographical imaginations and perceptions of places more effectively than other kinds of visual image'* (Jung, 2014, p. 988) due to their freely drawn and unstructured nature. There is no right or wrong way to create a mental map, and as I show throughout, participants interpreted the task in vastly different ways, producing a multitude of images and representations. In Jung's (2014) study, her participants' images were relatively static and focused on localised scales displaying the assumed immobility of her participants. Yet as I show in Chapter 7, the majority of participants in the present study infused their maps with symbols and imagery connoting movement, mobility, travel, and the global, regardless of migratory desires. The mental maps, then, become visual representations not just of home and elsewhere, but of planned movements and mobilities between places and between statuses.

3.6.1 Practicalities of mental mapping

Despite the accessibility of mental mapping, I encountered two major barriers when employing it as a method – practicalities of mapping in awkward spaces (discussed in section 3.5), and the dislike of some to any form of creativity. These barriers meant there were ten participants who did not draw (although Bridget dictated hers and I attempted to draw it, hence the inclusion of 39 in analysis). Additionally, four participants were uncertain of their drawing skills and asked if they could write information on paper instead. This generally was done as a list (see Chapter 7). To mitigate the fear held by many of spontaneous creativity, I employed three tactics. I introduced the exercise towards the end of the conversation when a good deal of rapport had been built, I brought previously made maps drawn by myself and friends to a low standard to demonstrate artistic skill is not required, and I introduced the task in non-threatening terms, stressing the open nature in which nothing is right or wrong. The task was typically introduced as follows

> Maddy: Ok, so that's most of my questions, the next part if you don't want to do it you don't have to. But basically, 'cause I'm a geography student,

> I'm trying to get people to draw how they see the world. So I've got some examples. There's no way you can do this wrong, everyone does it in a different way and it's all great! So I've been asking people to draw the world […]

This became the only real scripted part of the conversations, and it is notable that the first few participants I spoke with did not wish to draw a map. It took several attempts for me to find the right way to approach it, but in large, avoiding the term 'map' and focusing on how people 'see the world', is preferable. Furthermore, in relation to my position as a geographer, I stressed that geographical accuracy was not in any way desired, and for participants not to be concerned about their placing of countries. However, despite my efforts, some participants remained concerned they were not skilled enough for the task. Luckily, as with Bianca in the following quotation, it was often possible for me to use my outsider status as a non-nursing expert to reassure participants.

> Bianca: I'm really sorry, I suck in geography!
> Maddy: It's fine, I'd suck at being a nurse!
> [*Both laugh*]

In all, only two participants referred to maps on their phones, and the rest were happy to draw their understandings of the world without any external information, or without the trappings of geographical knowledge. Notably, most participants found the activity enjoyable and therapeutic – a far cry from nursing or call centre work. Nicole noted how during her busy exam revision period, it was 'cute' as *'somehow I feel like a kid, going back [in time]'*.

As advocated by Jung following her experiences of mental mapping with Asian migrant women living in South Korea, the mapping exercise was always observed by me, and participants were asked to explain their drawing both as they went and to summarise it at the end. Jung had initially been unable to interview her participants as they created their maps, and on a subsequent return to the field, found she had grossly misinterpreted the majority of information presented in the maps. I questioned participants on their use of colours, symbols, and words, as well as the overall message within each map, and where relevant delved into issues represented that had been absent during the main conversation. This allows for the triangulation of results and provides *'the research subjects with better chances to express themselves more accurately'* (Jung, 2014, p. 987). During this period, conversations tended to stray as participants got distracted with their drawings – memories of school and family emerged as coloured pencils came out, while others used the time as an opportunity to

question me on my research, my background, and my own experiences in the Philippines. Often where I had promised to answer a question later, it would emerge during the mental mapping.

It is also fruitful to consider the importance of mislocation of places, as well as on over or under exaggeration of places as this represents participants' challenges to dominant imaginations and representations. Madaleno (2010), for example found around half of his participants drew the southern hemisphere at the top of the map, challenging dominant western cartographic imaginations. While my participants all drew the north at the top (where relevant), some chose not to depict the world as a whole, and would instead order places based on desirability. In all, 25 incorporated a world map to their drawings, but for only 12 is the map the central focus of their images.

Additionally, it is notable that certain regions are nearly always depicted on maps, while some remain invisible throughout, even if they may have been discussed during the conversation. In particular, western countries and regions, and the 'Middle East', and East Asia are over-represented, whilst the large regions of Africa and Latin America are generally absent. This largely reflects the dominant migratory countries that feature in the geographical imaginations of participants. However, as Table 6 below highlights, there is a clear over-representation of places in the global north. Having covered the implementation and analysis of the mental maps, I now move to consider the wider analytical considerations, focusing on transcription, coding, and introducing participants to my research.

Table 6: Key places depicted in participants' mental maps

Place	***Number of maps depicted in***
US	14
Canada	8
UK	6
Europe	11
Australia	9
Middle East	8
Japan	5
Asia	10
Other	9

3.7 Analysing data: transcribing, coding and writing-up

In discussing the analysis of data, it must be clear that analysis does not occur in a *'separate self-contained phase'*, rather it *'continues throughout the research'* and the phase of writing-up (Basit, 2003, p. 114). A clear example of this is that conversations were transcribed as soon as possible following interviews. This was essential in allowing me to alter and adapt subsequent conversations based on the emerging themes. It also helped to identify data saturation, while carrying out transcriptions myself has increased my familiarity with the data (Oliver *et al*., 2005). Additionally, this commitment to quick transcription gave participants the opportunity to respond to transcripts while the meeting was relatively fresh in their minds. This is an important element of feminist research that attempts to mitigate the power relations of researcher/researched and to give participants autonomy and agency concerning the data they have graciously provided (Mills, 2001). In most cases, participants were happy with transcripts, although a few errors were noted and quickly rectified. No participant requested that any information be redacted or significantly altered.

3.7.1 Transcription

Transcription is an inherently problematic and contentious endeavour, as it necessitates converting spoken language which itself is constructed and not-transparent into written text, where it is difficult to re-present the realities of conversation (Lapadat and Lindsay, 1999). As researcher, I had sole control over what to transcribe and how to present it as or 'translate' it into text (Davidson, 2009). The conversational and narrative nature of interviews demands transcriptions of the entire audio data i.e., from beginning to end of the recording, however even then, there are decisions over how much paralinguistic and non-verbal information is recorded such as pauses, emotions, and body language, and non-lexical speech (Lapadat and Lindsay, 1999). With regard to presenting speech data, considerations also need to be taken as to whether literal/ orthographic or phonetic transcriptions are desired (*ibid.)*.

There needs to be a balance between accurately representing the audio data which arguably is an impossibility (Davidson, 2009), and 'selectively reducing' this data so as to be analysable and interpretable (Lapadat and Lindsay, 1999). This also involves considering and recording the influence of interview setting. Table 4 is key in this sense as it provides information on the locations and conditions of interviews, however there are also clear omissions here, as for example, I deem detailed descriptions of the atmosphere at a particular café unnecessary to further contextualise interview settings. It is, however, key to note where interviews were carried out in places of work.

With regard to transcribing the audio, Davidson (2009) and Bucholtz (2001) highlight that transcription practices fall on a continuum between 'naturalised' and 'denaturalised' transcription. Naturalised is where data is presented as standard written text, and denaturalised where the resulting text reflects conversational and linguistic features. My initial transcriptions are entirely verbatim (including repeated words, errors and colloquialism), and include key pauses, and non-verbal or non-lexical features, largely 'um's and expressions of laughter and anger. However, they do not include changes in intonation, the length of pauses, unless exceptionally long, accents, truncation, or acceleration of speech, aspects favoured in content analysis (Davidson, 2009). An except from my first interview with Ian demonstrates this.

> M- So, when did you first decide to do nursing?
>
> I- uh, uh … is the question about my decision or the decision of my relatives? [*Laughs, said with humour]* … Uh, because honestly I was uh after the 4th year of school I was 16 so uh I don't, uh I wanna take up computer science because I love computers. But uh … first year when I was thinking about my subjects … I am not convinced yet to be a nurse.

All data is transcribed in this form. When including quotations in the thesis, I have adapted transcriptions to aid accessibility. For example, the above quotation reads as

> Maddy: So when did you first decide to do nursing?
>
> Ian: Uh, is the question about my decision or the decision of my relatives?! [Laughs]. Because honestly, after the fourth year of school I was 16 so, I wanna take up computer science because I love computers. But, first year when I was thinking about my subjects, I am not convinced yet to be a nurse.

It should be clear the attempts I have made to retain Ian's pauses and hesitations through the use of perhaps otherwise oddly placed commas, I have retained his use of '*wanna'*, signalled his joking nature, and captured the essence of his original statement. This is also easier to read and understand, and the more naturalised presentation of quotations serves to further humanise the responses of participants I spoke with. Assigning participants pseudonyms, rather than numbers and codes is also part of this endeavour. This is key as part of a feminist and postcolonial

commitment to engage with participants as active subjects rather than passive objects in research (see McEwan, 2008).

3.7.2 Coding with NVivo

Following transcription, documents were loaded to NVivo 10 (later updated to NVivo 11). NVivo was primarily used as a storage facility, where I could store transcripts, and 'cut-and-paste' information into key nodes or themes (Crang, 2013). It was by no way used as a replacement of close reading of data, and NVivo was deemed preferable due to the sheer mass of data (over 150,000 words) that it can easily store and search. As Basit (2003, p. 152) argues, electronic forms of coding *'do not eliminate the need to think and deliberate, generate codes, and reject and replace them with others'*.

Having conducted and transcribed all interviews myself, key themes were quickly apparent. However, to avoid being 'led' by themes I was naturally drawn to, my open coding stage (Strauss, 1987) consisted of me placing large blocks of interview data into one or more of the four thesis aims – becoming a nurse, constructions of nursing, working as a nurse, and migration/geographical imaginations – and a theme containing personal information (used to compile Table 4). At this stage, the only text 'rejected' i.e., data not included in any codes, was that clearly unrelated to the research and tended to relate to the environment we were in (such as ordering more drinks, moving tables). This process allowed me to subsequently immerse myself in one theme/aim at a time, helping me become more acquainted with the data, and making analysis a more manageable process.

For each theme, I would begin with broad areas, such as reasons to become a nurse, education experiences, and so on, and again separate the data into relevant sections. Within each section, or 'node' on NVivo, it was then possible to view patterns and anomalies in the data, and to further sort the data into sub-themes or 'children', a form of 'axial coding' (Crang, 2013; Strauss, 1987)(Crang 2013, Strauss, 1987). This involves going through data several times in order to ensure patterns that emerge later are accounted for in previous transcripts. This was an iterative process, and was driven by the data, although influenced by my previous literature searches and experiences in the field, including my interview questions (see Barbour, 2001). At all times, I would assign large quotations rather than phrases and key words to the nodes and children nodes. This is key as it prevents participants' original meanings becoming lost or distorted. I would also include my own interjections and questions to better contextualise why certain words are used, and to ensure my influence remains evident. The nature of the PhD means that 'multiple coding', where multiple researchers cross check coding strategies, is

unavailable, although I have further developed and refined my coding strategy based on discussions with supervisors and other experts (Barbour, 2001).

Where possible, I have coded and presented data in emic terms, that is in the terms participants themselves used to describe their experiences. However, where common terms are not used among the group, I have imposed my own terminology based on wider theoretical knowledge (Crang, 2013). A key example of this is use of the term 'western' to describe North America and Western Europe. Only six participants used the term, but most did discuss places within the regions in similar, civilizational ways.

3.7.3 Writing-up

Finally, with regard to 'writing-up' and presenting the data and analysis, there is the need to make interpretations about what the analysis may mean, and how it connects to wider ideas. There is also a need to present this in a form appropriate for the intended audience (White *et al*., 2013). According to Drisko (2005, p. 589), a key impetus for the qualitative researcher is not just to report findings, but to *'tell the story of the project, richly convey the views of others, and detail implications'* of the research. In this sense, writing-up does not just happen at the end, and is again an iterative process. The process of writing-up, for the thesis, journals, book chapters, oral presentations, and even teaching (see Newstead, 2009), impacted and refined my initial analysis, and informed further coding categories and additional sorting of data (see also White *et al*., 2013). The process involved returning to literature and widening literature searches to consider explanatory theories and concepts applicable for the data found. For example, I had largely dismissed global care chain literature before fieldwork due to the overarching structural approach, but quickly returned to it, albeit through my modified global therapeutic network approach, to account for the narratives of the nurses I met who had left their profession.

In deciding how to 'tell the story', I largely followed the natural progression of interviews, where a chronological narrative was generally followed. The use of central voices throughout the thesis further serves to ensure narratives are coherent, although I have endeavoured to include the voices of all participants, in part as an expression of gratitude for the time and insights they have provided, but also to demonstrate that the central voices are not always exceptional, and often represent common feelings and experiences. Quotations have been used to present empirical evidence, and, while it has been necessary to shorten quotations, I have endeavoured to ensure the 'voices' of participants are allowed to speak unhindered. A key element of this is the inclusion of participants' mental maps in Chapter 7. I have also where necessary included my own voice to demonstrate the ways I influenced interactions.

This is part of a ‘confessional approach’ (Van Maanen, 1992; White *et al*., 2013) to writing-up qualitative research, and is also essential in ensuring quotations transparently present the narratives of participants (Baxter and Eyles, 1997). Conversations included laughter, smiles, tears, and worries. It is a disservice to the nurses I spoke with to hide the conversational nature of our meetings and to re-write their often eloquent and emotive words.

3.8 Conclusions

This Chapter has introduced my participants, detailed my recruitment practices, my justification and use of conversational techniques, the rationale behind the use of mental mapping as a complementary method, and the means of transcription, analysis, and writing-up of data. Furthermore, I have explored the varying ways my positionality impacted my status in the field recognising the accounts produced are influenced by the preconceptions and actions of the myself, a global north researcher who ‘travelled south’ (Griffiths, 2017). In particular, I have drawn attention to the importance of recruitment method in influencing rapport and follow up communication, arguing that conversational techniques are key in improving the research process. This is further amplified through the use of social media and the associated opportunities to conduct ‘netnography’ (Nind *et al*., 2013). I have stressed the need to reflect on methods of recruitment and of the power relations involved, demonstrating Facebook has the potential to be a more democratic form of recruitment, despite the additional ethical issues raised. I have also drawn attention to the therapeutic potential of qualitative research for both researcher and participant through the caring practices of drawing, talking, and socialising. Indeed, through the ‘care’ that participants showed me, I became a part of the wider global transfers of care and therapeutics. This presents an interesting overlap between the object of study and method.

Despite the myriad techniques and strategies I employed to mitigate, equalise, or even reverse power imbalances, it must be remembered that the data collected represents the narrative accounts of a group of random nurses living in Metro Manila, none of whom are Muslim. The selection of quotations used, the structure of this thesis, and arguments presented are entirely of my own doing, and I accept all responsibility for any errors. I have endeavoured throughout my research to listen to and focus on the issues as outlined by the nurses I spoke to. Despite these attempts to focus on, elucidate, and expand the themes and topics deemed central to participants, it cannot be denied that the agenda for this research was largely developed from a global north position and led by myself (see also Raghuram and Madge, 2006).

Furthermore, the inclusion and focus on call centre nursing, on new and wider understandings of care work, and of the possibilities for digitalised care emerged during the fieldwork. While

the elements concerning geographical imaginations are interesting and able to contribute significantly to wider debates on the decision-making processes and practices of potential migrants, they are not able to ‘speak to’ many of the experiences and exploitations faced by participants. This is not to say the results and discussion are not relevant to Philippine experiences rather that they are not central to the lives of the nurses I spoke with. Instead, issues of exploitation and mobilities beyond nursing (as well as beyond the Philippines) are key. As such, while I am able to address many issues and areas deemed vital by participants in these respects, there is a further need for research which centres these issues as its agenda. I now turn discuss the stories and narratives of my participants in relation to wider theoretical, conceptual, and empirical examples. I begin by seeking to understand how and why Filipino women and men are drawn into nursing.

Chapter 4. Choosing nursing: imaginations and decision-making practices in becoming a nurse in the Philippines

> Sofia: [Y]ou know its clichéd, but I think I found my calling, like in nursing. I enjoy every time I help other people, […] especially the ones who don't have anything [… and] whenever I help some people in the hospital and they say "thank you nurse", [and] you know there are good things that you can do. That's what I'm telling my students when I was in a psychiatric ward. I told them, "if you're just, or your parents just told you be a nurse for you to have greener pastures, for you to work abroad and have greener pastures, […] and you really don't like nursing or serving other people, or cleaning their poop, you know, all the dirty areas of nursing? I think don't push through [with] nursing", I told them. Because nursing is not only a profession, it is a vocation, it's a calling. If you don't want to be like when others see nurses as maids, don't try nursing. It'll really push you to your limits.

4.1 Introduction

In understanding how nurses in the Philippines are drawn into global circulations of healthcare, known as the global care chain or global therapeutic network, it is useful to explore and analyse why young women and men in the Philippines are initially drawn into pursuing nursing. This is the first objective of research, set out in Chapter 1. This is key in highlighting that decision-making processes related to migration do not just happen at one point of time, and are instead 'temporally distributed' (Carling and Collins, 2018). In this Chapter, I trace the mobilities and therapeutic considerations involved in entering the profession of nursing, within the contextual specificities of the Philippines. It is key to remember that many nurses I spoke with had already migrated to Manila (see Table 4) for either study or work and therefore initial decisions to become a nurse were made in the wider Philippine context. This is a clear example of mobility being undertaken for therapeutic purposes. I begin by focusing on the various ways nursing is imagined in the Philippines context – as gender neutral, as simultaneously a profession and a calling, and as a global occupation.

Having outlined the ways nursing is imagined and understood, I then move to explore the motivations participants have for entering nursing. Here I demonstrate that nursing is unanimously understood as a livelihood strategy, but that definitions of what it means to

improve livelihood differ. For many nursing is a global 'passport' to 'greener pastures' overseas (see the quotation from Sofia above), but for others, it is a means to provide healthcare to families and communities. I also draw attention to factors that limit the agency of nurses – familial and structural pressures. Finally, I turn to the educational strategies used by participants to increase their chance of success within nursing in the face of few domestic job opportunities (see section 1.4), namely language training and postgraduate studies. Regardless of the reason nursing is pursued, nurses increasingly feel pressure to engage in further studies to succeed, whilst the ubiquity of English language within the occupation is questioned.

Turning attention to the wider structural processes that represent nursing as a viable and financially rewarding career and migratory opportunity and which draw nurses into GTNs, whilst also paying attention to the individual and familial decision-making practices and strategies undertaken by nurses, is key in deepening understanding of wider global healthcare patterns. Furthermore, by focusing on the nurses' experiences and perceptions of education, it is possible to gain insight into the wider systems that 'produce' Filipino nurses for the world, as well as into the ways Filipino nurses navigate, plan and prepare for migration or otherwise. Finally, understanding the extent to which nursing is perceived as a profession and/or occupation, alongside its construction as a 'passport', is vital in providing context for the experiences of nurses I document in the following three Chapters.

4.2 Imagining nursing

It is vital to understand how nurses imagine the occupation of nursing, as nurses' self-images, as well as public opinion have been found to be *'associated with the decision to enter nursing, remain in it and/or suggesting it to others as a career choice'* (Rezaei-Adaryani *et al*., 2012, p. 81). As discussed, nursing is not the same everywhere, and, as Sofia's quotation highlights, decisions to enter nursing are variable and multiple. Beyond this, individuals imagine nursing in different ways, based on their own experiences and encounters. We have images of nurses as mothering figures, nurses as carers, as medical professionals, as doctors' assistants, as the lynchpin of healthcare and hospitals, we have the 'sexy nurse', the 'Florence Nightingale' depictions, and more recently the 'murse' – the male nurse whose masculinity is often questioned. In line with the imaginations approach, it is vital to understand how nursing is imagined and conceptualised by participants to better situate their and their families' decisions to enter nursing education. Here, I discuss three aspects of nursing that participants drew attention to – the gendered, professionalised, and global status of nursing.

4.2.1 Nursing as a women's career

Nursing has historically been an occupation associated with women, reproductive work, and femininity, and these imaginations permeate into the contemporary era (White, 2002). Only around 10 percent of nurses in the US are men (US Census Bureau, 2013), and 11.4 percent in the UK (Williams, 2017). In the Philippines, there is limited data suggesting that around 25 percent of employed nurses in 2017 are the men (NDHRHIS, 2017). In my sample of 48, 30 per cent are men, and Table 2 show that 15 percent of nurse migrants in 2010 were men. This all suggests the Philippines has a higher proportion of men in nursing than most other countries. Relatively high numbers of men in nursing in the Philippines reflects imaginations that nursing leads to overseas and lucrative opportunities, encouraging men to enter an otherwise feminised occupation. Indeed, thousands of medical doctors in the Philippines have re-trained as nurses, known as 'nurse medics', to reach overseas opportunities (Lorenzo *et al*., 2007). Many of these were men. Kate told me that '*before, most of the nurses were female, but ever since the [international] demand in nursing started, more men took up nursing'*. Men are perceived to have entered the occupation primarily for the overseas opportunities it provides, and for the chance to become, or maintain, a position as breadwinner.

The introduction of larger numbers of men into nursing leads many participants, both women and men, to reflect on and negotiate aspects of their profession in terms of traditional gender expectations and roles. Walton-Roberts (forthcoming) argues in the context of nursing in India that the introduction of men into nursing has profound effects on constructions of nursing within certain regions. For example, in Kerala, the increase in Indian men enrolling on nursing courses to reach overseas opportunities has resulted in the increasing professionalization of nursing in the Indian context, including better working conditions for all nurses. Nonetheless, patriarchal societal norms construct women as vulnerable and as potential victims. The Indian state restricts their mobility to certain destinations in the Gulf region, effectively giving men all opportunities for migration and thus economic gains (*ibid.*). In this sense, women despite remaining a majority in nursing, become marginalised in one of the few professions they have historically dominated.

A similar trend exists in the global north. In the UK, for example, men were only allowed to join the professional nurse register in 1951 (Thomas, 2016), and despite low representation today, are disproportionately found in managerial positions (Smith and Mackintosh, 2006). In Canada, similarly, the 10 percent of men nurses earn an average $5,000 CAD (£2,900) more annually than women (Tanner, 2015). It is beyond the scope of this thesis to provide comparable data as to the impacts of higher numbers of men entering nursing in the

Philippines, not least because many migrate. However, I do attend to the various ways in which participants imagined nursing as a feminised and/or masculinised occupation.

A minority of participants believe men are inherently less able to provide quality nursing care than women. These participants based their assertions on understandings of nursing as being intricately linked to motherhood (see White, 2002). For example, Camille, a call centre worker in her mid-30, stated

> I think women are better [at nursing] as I think we are natural caregivers as we are mothers. I mean I am not a mother yet, but it's women who are.

For participants such as Camille, the reproductive elements of care work are prioritised above the more professional and technical ones. She also believes men are better suited to occupations such as engineering. My research suggests that such views are rare, and are generally only held by women above 30 years of age, who are no longer working with nursing. This may indicate a wider shift in contemporary nursing in the Philippines to be more accepting of men nurses.

While some of the men I spoke with also discussed motherhood as being a potential advantage of women nurses, they instead question why only mothers can be caring, drawing attention to the fact men have caring duties too.

> Kevin: They [women] tend to be a mother, they are used to being more inclined to being a mother which they can use when looking after patients. However, still being a father or being a man, it also means you can be caring.

The general consensus from both women and men is that both genders have the same ability to provide quality care and compassion – *'that we can do what male nurses can do, and male nurses can do what female nurses can do too. We're just the same'* (Jennifer). As I document in section 5.3, 'caring' is deemed natural to Filipino-ness rather than being inherently linked with gender roles. However, this is not to say participants do not believe in gendered differences. Indeed, Ian, a business owner in his mid-30s believes there are distinctive male and female sides to personality, but that everyone has an ability to care and be compassionate regardless of gender.

> Maddy: And do you think women make better nurses or that it doesn't matter?

> Ian: Doesn't really matter. Because guys could also give compassion or I mean could still care for others. And one more thing is that we, because everyone has this male and female side. So we [men nurses] are just in touch with our female sides.

Many other participants note certain male or female traits, and discuss how this means women and men are equally adept at nursing, but each have certain advantages or issues. There is a separation between the empathetic and emotional nature of women nurses, as opposed to the more rational and technologically able approach of men. This is summed up well by Bianca, one of the students.

> I think males naturally are not into the emotional aspect of nursing care. 'Cause in nursing they have taught us to include the psychosocial, emotional, providing holistic care. In female nurses, I think that is number one thing, a natural skill. But in male nurses, they will proceed straight away to nursing health history, physical assessment, they don't ask much about the emotional [side].

The emotionality of women can be useful, making nurses more *'emotionally connected with their patients'* (Cherry), but is also identified as problematic as *'female nurses are [more] easily taken away by their emotions'* (Cherry), and seen as more susceptible to stress and *'crankiness'* (Ryugazaki). Furthermore, men are identified as having one primary advantage – physical body size and shape. This is not to say women are perceived as weak and inferior, rather in circumstances without equipment to lift and move patients, a situation in many Philippine institutions, that a woman cannot always do so safely due to smaller body size and height.

> Maddy: And in your experience is there any difference between male and female nurses?
>
> Alyssa: Well, males can carry around a lot of stuff, and they're taller, so I'll call my male classmates, *'can you put the IV up, I can't reach it?'*! Now I understand why they used to have a height requirement for nurses! *[Laughs]*

These imaginations have impact upon wider nursing structures in the Philippines, influencing the opportunities available for nurses. Louis, who is engaged in national level discussions on

nursing as part of his role, identifies that men tend to be assigned to high stress wards, while women are channelled into more intimate caring roles within the Philippines.

> Louis: Male and female nurses providing care to the patients? Basically there's no difference at all, just probably assignments. Depending on which characteristics a person has to be feeding in such kinds of work. Like men tend to be assigned in emergency area. And women are normally assigned to OB/GYN, right? But in terms of care, really there is no difference between male and female nurses.

High intensity experience is key for many overseas nursing positions, and there is a strong likelihood that gendered assumptions can negatively impact on women's ability to gain relevant experience to migrate. Gender, in this sense, both constrains and allows international mobility. Furthermore, Nikki recognises that different nursing cultures may require different skills and/or genders, noting that Saudi Arabia has a greater demand for male nurses. Indeed, the Gulf region is a key recruiter of 'male nurses' (Ball, 2004).

Furthermore, Roberto, a construction worker attempting to find a job in nursing, believes that while there is no difference in the ability of women and men to provide care, women's safety overseas is an inherent issue.

> If you are a male nurse, you can go anywhere, anywhere you like, and the safety is in your own hands. But if you are a female nurse in another country, […] your safety is not guaranteed. So just the safety. That's the only difference.

Here, Roberto hints that men nurses have more mobility than their female counterparts, despite the fact nursing is a primarily feminised occupation.

While the idea of gender differences prompted much discussion and reflection from participants, in the overwhelming majority of cases, both women and men perceived no or little difference in the ability to provide quality nursing care, and the primary difference is due to the physical size of men and potential migrant trajectories and experiences. However, unlike in the case of India, nurses did not relate the increase flow of men into nursing with the professionalisation of nursing as I discuss below. However, it must be noted that India has followed the UK system of diploma-based semi-professional nursing, whilst the Philippines' US-based nursing system has always been degree-based and thus inherently more professionalised (Thompson and Walton-Roberts, 2018).

4.2.2 Nursing as a vocation or a profession

As noted, the extent to which nursing is understood as a professional occupation varies geographically and temporally (Walton-Roberts, 2012). In the case of the Philippines, the professional status of nursing is difficult to assess. While nursing has always required a degree and is recorded as a professional occupation (a legacy of US imperialism), the association of nurses with migrating and unskilled care work, the secondary position of nurses in reference to doctors, and global understandings of nursing as a feminised occupation (Ball, 2004; Choi and Lyons, 2012; Goode, 2009; Ortiga, 2014) combine to place uncertainty on the status of nursing within the Philippines. While all participants I spoke with vehemently defend the professional status of nursing, pointing to lengthy degrees, the need for complex knowledge and clinical skills as evidence of its professional nature, participants are also acutely aware that this image does not permeate throughout the nation where nurses are represented as glorified carers or maids. In particular, the term *allalay*, roughly translated as 'a doctor's maid' is an image many participants are keen to shake. This is clear in the opening quotation by Sofia who warns the youth about choosing an occupation where '*others see nurses as maids'*. The poor working conditions of nurses in the Philippines (see Chapter 6) further contribute to this image.

Beyond the Philippines, participants generally hope that nursing is a respected profession, using the fact that nurses receive better pay and working conditions than in the Philippines. There is also a sense that Filipino migrants are the favoured and most respected of migrant nurses. Tisha, who is working in the US says the following about her clients:

> The patients there in the assistive centre, they prefer nurses who are Filipinos. As I said there are a lot of nationalities there, Vietnamese, Chinese, Indians, Filipinos, but what I really find, what I'm really happy to know is they prefer Filipinos.

This is also the case in India, where Walton-Roberts (2010, p. 214) found that many nurses continue to imagine it as '*a respected profession'* overseas despite believing it is not in India. As I demonstrate in Chapter 7.2, the desire to be respected as a nurse prompts some to desire and seek out migration.

While participants are certain nursing is or at least should be a professional occupation, it is simultaneously constructed as a vocation and calling. The caring dimensions and intimate tasks involved, such as Sofia's reference to *'cleaning poop'* in the opening quotation, mean nurses construct the occupation as *'not only a job for me, but it's a vocation, a calling for*

me.[23]*'* (Eva). In this sense, nursing is more than a job, it is a purpose and a mission that requires full dedication. This idea also permeates global north understandings of nurses in which they are simultaneously represented as professional skilled healthcare providers and as *'angels of mercy'*, self-sacrificing, and altruistic (Rezaei-Adaryani *et al.*, 2012, p. 86). Nursing is separated from other professions and is construed as a way of life (caring) as well as a job. As I demonstrate in the following three Chapters, this imagination fuels both the acceptance of and willingness to endure severe forms of exploitation in working conditions, and contributes to participants deskilling, whether in the Philippines or overseas. This is demonstrated clearly by Roberto. While he believes nurses in the Philippines are underpaid and overworked, he also told me that

> [b]eing a nurse is not about the money, it's about commitment. If you are a nurse because of money, you will not find yourself happy, but if you are a nurse because of commitment, because of heart, because of passion, you will never find yourself working.

4.2.3 Nursing as a global occupation

Finally, as alluded to throughout this section, participants hold imaginations of nursing as being a relatively global occupation. Nursing and healthcare more widely, are understood as 'global', 'international', or 'universal' vocations that are more or less the same everywhere.

> Maddy: And do you think nursing is different in other countries?
>
> Nicole: No. I think nursing is universal. It must be universal because you are handling the same things – life.

The idea that humans, illnesses, and the need for healthcare are universal is common, Eva believes that wherever nurses go, *'You're still dealing with the same kind of diseases'*. Additionally, participants focus on globally recognisable symbols of the historical development of nursing to further reiterate this point.

> Rodrigo: I think nursing is international, they have the same standards, since the mother of nursing is the same person [*laughs*] - Florence Nightingale. […] I think everyone, every nurse around the world knows who Florence Nightingale is.

[23] There is likely an interesting discussion to be had on the extent to which religious imagery and terminology influences nursing in the Philippines.

Florence Nightingale is frequently referred to as an example of global approaches to nursing. As the founder of 'professional nursing' (McDonald, 2015), she is perhaps the most famous example of a nurse providing care overseas (she is best known for leading a team of nurses during the Crimean War). The notion that nursing is historically and traditionally associated with internationalism and migration is well-established. Yeates (2012b, p. 77) in examining the history of Irish Catholic women in care circulations found that

> [s]uccessive histories of female religious care migrations reveal Catholic religious orders of women to be the epitome of a flexible, hyper-mobile labour force

Furthermore, Ronquillo *et al*. (2011, p. 266, see also Choy, 2003) note that US campaigns to recruit Filipino nurses in the 1940s *'are the root of the initial connection between migration and nursing'* as the images propagated *'prompted Filipino nurses not only to emigrate to the USA, but also to pursue nursing in order to achieve this goal'*.

This is not to say participants imagine experiences of nursing to be the same everywhere, and are acutely aware of the need of the *'contextualisation of care, where in you don't just depend on western perspectives. We usually get into the context of our culture'* (Louis), and of *'different cultures, they have different traditions and policies for institutions'* (Joyce) that must be adapted to. There is the notion that in the global north and Gulf that *'technological innovations'* (Kevin) alter some nursing practices. This can be problematic as many Filipino nurses have little experience with new technologies, but as Eva notes, having *'facilities and instruments, equipment that we could use in lifting [… is an advantage] for Filipino nurses like me who are petite!'* Instead, participants frame the general core of nursing, caring, as being the domain of nursing globally, and as I demonstrate in section 5.3 embody certain characteristics to present themselves as naturally hyper-caring, and therefore suited for caring and nursing work anywhere.

4.3 Nursing as a livelihood strategy

As *'caring is the domain of nursing'* (Cowin and Johnson, 2015, p. 2918), it is generally assumed that people enter nursing due to desires to provide care and to be of service to their society and/or family (Connell, 2014; Hollup, 2012). Indeed, in many global north contexts this is the case (*ibid.*). Nurses from the global south, however, also cite the opportunity for upward mobility, better career and income options (Connell, 2014; Hollup, 2012; Walton-Roberts, 2010), and the opportunity to work abroad as important factors informing their decisions (Espiritu, 2005; Kingma, 2006). In Philippine (Espiritu, 2005), Indian (Walton-

Roberts, 2010), and small Pacific island (Connell, 2014) contexts, the desire to nurse is often sparked and encouraged by family members – either members living in relative poverty who dream for a new life; or 'successful' migrants who have already moved and experienced the possibility of a different life elsewhere.

My findings largely reflect the wider literature, and the participants I spoke to had two primary motivations for becoming a nurse – to use their degree as a 'passport' to overseas opportunities, or to provide healthcare assistance to families or communities. In both cases, familial and structural pressures highly constrain the agency of young women and men, pushing them into nursing, and ultimately, as I demonstrate throughout the subsequent chapters, into global therapeutic networks. Furthermore, in both cases, nursing becomes a way to ensure families and communities survive. I examine both the motivations and pressures involved in the decision to enter nursing, drawing attention to complexities within through the use of empirical data. While the findings speak to wider literature concerning migration as a household economic strategy (Lawson, 1998; Massey *et al*., 1993), this is not just for purposes of migration, and nursing can be undertaken as a livelihood strategy for caring and therapeutic purposes.

4.3.1 Nursing as an overseas passport

Understandings of nursing as an inherently globalised and universal occupation cause many to view nursing education as a ticket overseas, as an 'international passport' (Hollup, 2012). For example, in Walton-Roberts' (2010) survey of over 1,100 nurse students in Kerala, she found that 75 percent had intentions to travel and work overseas. However, rather than just capturing the intentions of students and graduates, I began each interview by questioning the initial reasons for entering nursing. This is important to better understand how women and men are drawn into wider global circulations of care.

The notion that nursing is an international passport is evident for around two thirds of the participants I spoke with. Lester, a single parent in his late 20s from a low socioeconomic standing, exemplifies this.

> Maddy: So first of all, how did you become a nurse?
>
> Lester: Um, first of all, I really wanted to be a nurse, because you know, I wanted to go abroad and work in the US or Australia.

For Lester and many others, the desire *'to go abroad and work'* supersedes his desire to be a nurse. Nursing may be his passport to overseas opportunities, but the overseas opportunities

do not need to involve nursing (see section 7.2). He is happy to deskill, to become a carer or nursing assistant, so long as he can provide a better life for his son. In this sense, nursing is not just a passport to overseas, but is a strategy to achieve success, to *'earn money for my family'* (Kevin), regardless of whether one remains as a nurse. Imaginations of nursing as an overseas passport, however, are not just based on economic considerations. Alyssa, for example, chose nursing due to its global nature, assuming it will give her the ability to travel around the world for new experiences and personal development. I discuss these varying goals of migration in section 7.2.

The idea that nursing is a passport to overseas opportunities is common and influences participants' and their families' decisions to enter nursing, as I discuss below. For many, such as Nikki, this image is further reified by successful family members nursing overseas. Nikki's aunt has worked in the UK for over ten years as a nurse, and has since moved her children and husband to live with her. Nikki entered nursing education as a means to meet her cousins and participate in the new lives they lead. Joy, similarly told me she applied for nursing *'because of my aunts who are nurses, and I heard that they get a good salary'*.

As Sofia notes in the opening quotation, the association with nursing and overseas success can become problematic for Philippine healthcare. Sofia is an experienced nurse in her mid-30s with around 10 years of nursing experience in a variety of roles, with a year spent in a care home in Singapore. She has also taken an active role in teaching student nurses on wards. Following from her quotation at the beginning of the Chapter,

> Maddy: So do you think some people do nursing for the wrong reasons?
>
> Sofia: Yes. Especially, well I don't blame them. Because life here in the Philippines, well you know, it's hard, and […] I think most of the Filipinos have relatives abroad, OFWs. Because they want to uplift their lives, and uplift their families. And nursing is one of the highest paid professions abroad. Not here in the Philippines!

As Sofia highlights, for many, nursing is not just an overseas passport, it is a way to 'uplift their lives'. Nursing is a livelihood strategy. In this sense, we can understand the pursuit of nursing as the pursuit of not just therapeutic capacities, but the ability to improve personal and familial/community wellbeing.

4.3.2 Nursing as a therapeutic livelihood strategy

The second key motivation participants note for entering nursing receives little if any recognition in the wider literature regarding migrant nurses. That is the desire to nurse in order to provide healthcare services to families and communities. In this sense, nursing is not a livelihood strategy employed to improve one's financial or occupational standing, nor a means to travel. Instead nursing is a means to provide quality, low-cost healthcare and medical attention for family and community members. In the context of poor healthcare delivery, particularly beyond the large metropolitan areas in the Philippines, and expensive private healthcare, this is perhaps a useful strategy. In provincial areas, for example, approximately 70 percent of deaths are now unattended by a medical professional (Goode, 2009). I term this desire a 'therapeutic livelihood strategy'. Victoria, for example, who left nursing and now works in a call centre, became a nurse for *'familial benefit'*, she goes on:

> None of my family members were involved in medical fields, so I decided to take up nursing. When I was only 15, my Mom was um, admitted to a hospital and we were not even aware over what is her sickness, or anything about [how to] help. So I decided to take up nursing so someday I would be aware of anything medical related that could involve my family.

She is also using her degree as a means to increase her chances of migrating, preferably to Australia where her boyfriend currently lives. For Victoria, the skills and knowledge acquired through her degree are sufficient for her to care for her family and she is not concerned about returning to nursing. Furthermore, in the context of a high percentage of degree enrolment in the Philippines – the tertiary education enrolment rate in 2014 was 35.7 percent (Macha *et al*., 2018) – a result of the labour export policy and demand for degrees associated with overseas opportunities such as nursing (see Chapter 1). Victoria would not have secured call centre work without a degree, and even most cashier assistants specify only degree holders can apply. For Victoria then, nursing offers an opportunity to access 'graduate' jobs, as well as gain care skills.

Eva, similarly, following family sickness in her childhood, desires to build skills in healthcare in order to care for her family.

> Maddy: So why did you dream to be a nurse?
>
> Eva: Uh my father has a disease when I was a child so I used to take care of him, so I got to develop my interest and think that someday I would pursue nursing course so that I could render my services to my family.

For Eva, who originates from a provincial area with low levels of healthcare provision, she was the carer for her family before leaving school. It is logical, then, for her to pursue a degree that benefits her family not just in monetary terms, but in more practical terms. She is now able to provide healthcare assistance to her family back in her province (often this is advice given via phone or text). Furthermore, Bianca, whilst initially drawn to caring for family members in her adolescence, desired nursing as a way to benefit her entire community.

> Maddy: Why did you want to become a nurse?
>
> Bianca: […] I love taking care of people, first of all my grandmother, and then when I was during the adolescence stage, I was seeing our *barangay* [neighbourhood] and their whole health facility. One instance was when the *barangay* health workers, […] they use it [pharmaceuticals] for their personal gain, just their family […] And I was like there are many people who needs those [pharmaceuticals], so, if I can contribute something, something good.
>
> Maddy: And did your family support your decision to be a nurse?
>
> Bianca: Yeah, they actually wanted me to be a nurse for their own personal health [Laughs] […] So I can take care of them.

Bianca perceives nursing as providing her with the opportunity to contribute to society. The imagination that becoming a nurse offers opportunities not just for economic improvement or for overseas migration, but can directly improve the wellbeing of families and extended communities was central in many narratives, although notably, only for women respondents. This may reflect patriarchal trends within the Philippines which positions women as being more naturally suited to caring in the domestic sphere than men (Roces, 2012). It also speaks to research by Walton-Roberts (forthcoming) who found that Indian men are more likely to pursue nursing for its financial opportunities than women. For these nurses, nursing is a vocation, a calling, *'it's a kind of passion'* (Freya).

There is a need to differentiate the wider desire to care for one's community with desires of nurses, primarily from the global north, to enter nursing so as to provide care and service. Instead, the narratives of Bianca and Eva reflect a *need* to care for one's own family and community in the face of few other options. This reflects the global south status of the Philippines, highlighting the state's inability to provide universal healthcare, and the high

poverty incidence of rural areas. The issues Bianca refers to concerning corruption in her own barangay are not uncommon, particularly beyond Metro Manila (see also Perrin *et al*., 2007).

Finally, others desired nursing for the opportunities associated with medicine and the higher earning potential and/or ability to provide medical assistance to families and communities (nursing is a pre-medical course in the Philippines). Tisha, for example became a nurse *'because most of my family are in the medical field and see it as a preparatory course for medicine'*, while Claire is studying nursing as she did not get the grades for bio-chemistry, another pre-medical course, and her preferred option. She has since *'really learned to somehow how to love my course'*. Nicola is a current medical student, and Ariel also plans to pursue a medical degree following her graduation.

4.3.3 Familial pressures

The plan to nurse to either access overseas opportunities or gain therapeutic skills to care for families and communities for some, such as Eva, is a personal desire that initiates in childhood. However, for most participants, the idea to become a nurse is suggested by family members, and around two third reported being actively pushed into nursing by family members. Bridget, for example, became a nurse because her parents imagined it as a passport to better opportunities overseas.

> My parents forced me! [Laughs] […] there has been a huge demand for nurses abroad, and there's not a lot of high paid jobs here in the Philippines. So they asked me "why not just take nursing?" I actually have two older siblings who are also nurses.

Erin, a business owner in her mid-30s who briefly worked as a nurse in Saudi Arabia during her mid-20s, had no desires to nurse but was pushed into it through family pressures. Erin was to become her family's breadwinner through nursing (notably, and as I discuss in Chapter 6.3, she is now the breadwinner despite no longer being a nurse or pursuing overseas opportunities), and as someone with high academic ability, her family believed nursing was the best option.

> Maddy: Why did you become a nurse?
>
> Erin: Because it's the most popular course in our school and I'm a scholar, I have a sponsor, they want me to take up nursing there in US. That's why
>
> Maddy: So why did your sponsor want you to do nursing?

> Erin: I don't know. Because my parents were not really well off, we're poor here in the Philippines, and my parents cannot send me to college, so one of my aunts' friends, she's in US, and she said 'ok I will sponsor your niece, and she must take up nursing', hoping I will go to US one day and work.

These discussions with participants add further evidence to literature that suggests that in places where the potential to migrate as a nurse is high, many are attracted to nursing as it is often 'considered an international passport' (Hollup, 2012, p. 1296; see also Walton-Roberts, 2014). For these participants or for their families, nursing is constructed as being a logical degree to study because it is perceived as an occupation that will always have international demand.

> Maddy: So why did they [parents] want you to do nursing?
>
> Kate: Because it's in demand.

Familial pressures prevented participants from pursuing their own passions and dreams. Conversations highlight diverse 'dream occupations'. I spoke with an aspiring psychologist, a scientist, an engineer, six doctors, a medical technician, an architect, two business graduates, a policeman, a maths teacher, two journalists, a food technologist, a musician, a speech phenologist, a physical therapist, and a computer scientist. It is notable that many relate to healthcare or to wider services and therapeutic services. This perhaps reflects an underlying caring attitude amongst many of the participants with whom I spoke. For those with desires of other healthcare related roles, nursing is an acceptable second option. Ian, the aspiring computer scientist, now a business owner in his mid-30s, relays the familiar line that the decision to undertake nursing was not his.

> Maddy: So when did you first decide to do nursing?
>
> Ian: Uh, is the question about my decision or the decision of my relatives?! [Laughs].

Ian had never desired migration nor did he want to become a nurse. His grandmother, a nurse in the US was the primary driver of Ian's journey into nursing.

> Ian: [M]y grandmother, the truth, she has the money. She is in the US in Texas and she is a head nurse there. So the condition is, uh, my father and mother doesn't have a good job here in the Philippines. I mean they don't earn well. So the one who would provide the fee for the school would be

> my grandmother. So the condition of my grandmother is "either be a nurse or you won't enrol and you won't go to college!" [Laughs]

Grateful though he is for having his college fees paid for, and for having attended a prestigious university, the imagination of a life beyond the Philippines did not feed into Ian's own motivation for nursing. His motivation for nursing was that a degree in nursing was better than no degree at all, and, as noted, a degree is essential in the Philippines for many jobs. Ian's grandmother could easily have funded a psychology degree, it may have been less expensive[24] than nursing. Yet by restricting his choices to *'"be a nurse or you won't enrol"'*, she is giving Ian little choice but to enter global circulations of care.

These examples show that there is a need to widen discussions of family influences beyond the nuclear family to consider aunts and grandparents at home and overseas. It is also key to note the matriarchal trend. Aunt's, mothers, and, grandmothers are central, not just in decisions to migrate (see Chapter 7), but in decisions to enter nursing. The women in participants lives who make it overseas (usually as nurses), become breadwinners and decision-makers of their wider families. However, familial pressures are not the only factor constraining decisions. While those such as Ian, from Manila were pushed into nursing due to explicit family demands, the quotation by Erin above, where she notes nursing is the *'most popular course in our school'*, hints that for Erin, and others from provincial, rural areas, nursing can be one of the few degrees available for young people.

4.3.4 Structural pressures

Jessica, a recently graduated nurse, grew up in an impoverished region of the Philippines with little socioeconomic capital. Her home was near few higher education institutions and she was pressured into nursing not just for the opportunities it could provide her and her family in the form of remittances, but because around the time she graduated high school in 2010, there was a 'boom' in young women and men enrolling on nursing courses, the peak of Philippine nurse training (Ortiga, 2018). For Jessica, the pressure was beyond familial. Her school and local nursing education providers were implicated deeply in promoting the notion that nursing is an 'international passport' (Hollup, 2012; Panopio, 2010) and a way to access foreign currency.

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[24] In most private Philippine colleges, nursing tends to either be the most or second most expensive course to study. This is in direct response to the sheer demand for nursing education in the country. However, this has the added benefit of subsidising less popular, but equally vital courses, particularly in the STEM subjects (Scalabrini Migration Centre, 2010).

> Jessica: [A]lmost half of our class took up nursing, because all of the nursing schools are going there to our school, inviting us, presenting this, presenting that. “When you are going to be a nurse, you are going to be earning a lot of dollars”, everything. […] Aside from [nursing] there’s no other courses there in my town, we only have education, maritime, criminology, and like hotel management. […] My aunt [a nurse in Dubai] asked what I really wanted to be. I told them that I really want to be a mass communications student, but they told me that it’s very far from us, the location of the school where they are offering that course. So I have to swap to nursing since, they actually did ask me if that’s my second option. I told them “that’s my second option”.

Jessica was pushed into studying nursing, again through an overseas family member working as a successful nurse. But in Jessica’s case, any opportunity she had to resist familial desires is further constrained by the educational environment in her home town. She has little choice in the confines of her family’s’ lack of resources but to attend the local college to serve the interests of the wider world, beyond not just her locality, but her nation. It is also important to note how Jessica frames this decision as her ‘second option’. She stresses how her family were concerned with ensuring she is happy as well as taking economic considerations into account. Regardless of the extent to which Jessica had an option – arguably, her option was realistically similar to Ian’s, study nursing or not study at all – she nonetheless frames this as a family-based consensual decision. Her agency may be highly limited and constrained, but she is still able to make some decisions.

Nurses such as Jessica and Ian are not just drawn, but are pushed into global therapeutic networks. This draws attention to the importance of the household as a decision-making body, and to the varying strategies Philippine youth adopt to rearticulate their desires in light of family desires. However, both examples highlight the need to conceptualise these household decision-making practices as transnational, as both Ian’s grandmother and Jessica’s aunt impose their wishes from overseas (the US and Dubai respectively). This is important to understand better the origins of global therapeutic networks or care chains, as even the decisions to enter such networks are transnational in nature. What is perhaps most noteworthy about Ian, and indeed many of the other nurses I spoke with, was that external forces were actively restricting opportunities to lead the life they desired. The pressures exerted by Ian’s grandmother and Jessica’s aunt must be viewed in the wider systems of global therapeutic networks in which they, as overseas nurses, and their decisions exists.

4.4 Increasing the success of nursing

Although many embark on nursing education as a means for socioeconomic success, all nurses I spoke with, including the undergraduate students, are acutely aware of the tough competition for nursing employment both in the Philippines and elsewhere. A 'boom' of Filipino nurse emigration from 2000 until around 2008 (Ortiga, 2018) caused many thousands of young women and men to enrol on nursing courses. The global financial crash led to the US and other global north destinations effectively closing their doors to Filipino nurses, leaving thousands of young nurses without opportunities (*ibid.*). For example, in 2009, 172,344 students sat the Philippine Nursing Licensure Exam (Philippine Daily Inquirer, 2013). This accounts to over 6.5 percent of all higher education enrollees in 2008/9[25] (CHED, 2015).

Ortiga (2017, 2018), has recently examined how nurses in the Philippines *'learn to fill the labour niche'* (2018, p. 172) through leaving nursing or continually acquiring more credentials and/or experience to realise desires of migration. A primary way this is done is via gaining experience often through volunteering and training programmes (see section 6.2), and through engaging in postgraduate education (see also Ortiga 2018) and additional language training. Many of the nurses I spoke with enrolled during or shortly after the 'boom' period, and found on graduation there was no overseas work. In part, this has paved the way for the exploitative system of volunteerism, but it also means nurses must in additional education and training in order to succeed.

4.4.1 Language and nursing

A primary way nurses with desires to migrate attempt to increase their chances of success is through language training and certification. The education of Filipino nurses is delivered in the English language (Masselink and Lee, 2013). Participants display much pride in having completed a course in English, while fluency in English is perceived as a great benefit to would-be and aspiring migrants.

> Maddy: And do you think it's good that Filipino nurses are taught in English?
>
> Rodrigo Yeah. Filipino nurses […] know how to learn, they are willing to learn different languages and since that English is the second language here

[25] Again, there is a lack of more recent data.

> in the Philippines, every Filipino nurse that I know is good in conversing in English.

For Rodrigo, a nurse dreaming of life in the US, the universality of both nursing and the English language make Filipino nurses attractive to overseas employers.

> Rodrigo: [W]hen you become a nurse, English is still the same language everywhere you go. So it's the main language so I think Filipino nurses are good because they don't need to study English lessons when they go outside [the Philippines].

Despite this, participants commonly found themselves investing significant sums in improving and evidencing their English skills as most migratory destinations require relevant language certificates, and English is a dominant language. The standard test is the IELTS (International English Language Testing System), one of the world's leading English language tests. The Philippines has 32 test locations of which eight are in the Metro region (IELTS.org, 2017). During my time in Manila, the cost of the IELTS exam was 9,000 PHP (£129), roughly half a month's salary as a nurse. The certificate expires after two years, requiring many to sit multiple exams, while the high requirements for UK entry in particular, mean many must take resits to improve scores. The overwhelming majority of participants report excelling at speaking, reading and listening tasks, finding the comprehensive writing task significantly more difficult. Arguably, this is the least relevant for nursing, in which the ability to write prose is unnecessary. Nonetheless, this becomes a significant barrier, prompting many to pay for additional tutoring in writing skills and resits.

> Kevin: I have a paper from your country, United Kingdom. […] the problem is, your IELTS exam is just keeping it so difficult to hang on.
>
> Maddy: Yeah some of my friends are taking-
>
> Kevin: Yeah, and even though that we have passed all of the examinations and all of the credentials and the requirements, [and] the college is highly satisfied with our requirements. However, to do the IELTS exam, the writing part, […] I have already took it for a second time. I have never passed it.
>
> Maddy: Is it expensive to take?
>
> Kevin: Yes, the basic IELTS is costing 9,000 [pesos].

As English-speaking global north countries turn to increasingly more exclusive immigration policies, opportunities in the US and UK in particular are significantly fewer than at the turn of the millennium. English continues to be viewed as a relatively *'universal language'* (Joyce) which is useful not just in the English-speaking world but in parts of Asia such as Hong Kong and Singapore, and in the Middle East with regard to nursing at least (see also Iredale, 2001). Yet there is an increasing recognition, particularly amongst the younger participants that fluency in English is no longer enough to be a globally competitive nurse.

Several participants have undertaken additional language courses alongside their studies, whether voluntarily or as part of wider institutional arrangements. Masselink and Lee (2013) identified a range of institutions providing Arabic courses, although none of my participants had learnt Arabic. Instead, Nihongo (Japanese) is common due to the bilateral agreement in nursing migration between the Philippines and Japan, and Japan's strict immigration policy that demands language competence (Matsuno, 2009), and Camille, Victoria, Sofia, Bella have taken Nihongo lessons. Ariel and Isabel have learnt some Chinese. Furthermore, Jennifer expresses a desire *'to learn other languages, I want to be flexible. To be flexible as a nurse, you don't just need English, we also need to learn other language'*. Participants then, whilst generally accepting of and positive towards the use of English, recognise the need to become 'multilingual' nurses.

> Maddy: And do you think it's also important that you speak English?
>
> Louis: Yes definitely. But it depends on the countries we are going to. Because right now, as there is ASEAN integration, opportunities for nursing here in our region has opened. There are a lot of opportunities in other nations like Singapore, Thailand, Taiwan as well, in Japan. But English is not their base language. Well providing care in the English speaking countries would basically be the advantages of talking in English, but there is a lot of demand in non-English places, so we need to be really multilingual nurses.

This desire or perhaps 'need' to become multilingual is, however, influenced by the economic capacities of nurses. Language training is a costly endeavour both in the costs associated with study, and the time. Kevin for example rules out the option of migration to Japan as learning Nihongo is financially unviable.

> Kevin: I've already saw the advert last year regarding Japan migration. However, there is requirements to go through language training, which lasts

> for six months! And I can't go for work for that, 'cause it's like a daily basis.
>
> Maddy: So full time?
>
> Kevin: Yeah, […] I cannot really see myself just having school for six months without any compensation, without any salary at all.

It therefore becomes the pursuit of those from higher socioeconomic backgrounds, often those with successful migrant family members. This is a common theme throughout the thesis, and I continually found that nurses' opportunities and futures are constrained by their socioeconomic status.

It must be noted that the use of English language in nursing, while a legacy of US imperialism, and a bonus for those with desires to migrate, also restricts the ability of nurses to provide care in the Philippines. Ian, for example notes that learning to nurse in English is 'a very good help' for those who work abroad, but that

> [A]t the same time, we need to know the Tagalog words, or the local, because there are local dialects as well. So we need to know the local translation, we need to explain a sickness in the dialect that the patient could understand. […] Sometimes I would ask "what is the Tagalog for this?" [Laughs]. So I would ask another nurse. And then I can explain it properly to the patient.

He noted various occasions in his nursing career where he was unable to explain illnesses and/or procedures to patients adequately, primarily those from impoverished regions and communities with little access to English, risking their health and informed consent. Bianca notes that '*There are some technical words that it is impossible to actually translate into Tagalog and you just have to describe it, explain to them [the patient] that it is safe and nothing will happen'*. Joyce notes that for those who *'are not educated very well, it's really not easy for them to understand if you are not speaking in [their] vernacular'*, drawing attention to the classed implications of the use of English. Nurses are hampered when providing care in the Philippines, and by the nature of their training moulds them into nurses more suitable for the global rather than domestic sphere.

4.4.2 Postgraduate education

In the same way that knowledge of only English is perceived as no longer being 'enough' to secure overseas employment, some nurses are increasingly turning to postgraduate and further

education as a means to better differentiate themselves from an increasingly competitive market. As opportunities for both domestic and overseas opportunities are precarious, uncertain, and too few, nurses must stand out from the crowd.

Gabriel, for example, opted to embark on a Masters course for precisely this reason.

> Gabriel: That's why I am now taking my Masters degree to have an advantage. I think that's my advantage compared to them [other nurses], they have no Masters degree. So I have more special credentials than them.
>
> Maddy: So do you think the Masters will help you get a better job?
>
> Gabriel: Of course, definitely. And as much as possible, if there is an opportunity after the Masters, I will take my PhD, my doctorate. If there is an opportunity. If my parents can still provide for me.

Although Gabriel is living at home, he is contributing no income to the household and undertaking an expensive two year Master's degree. Isabel similarly embarked on a Masters to differentiate herself from the crowd. She was around half way through her course when we first met, and reflected on the changing nature of nursing:

> Isabel: We [her and her classmates] were joking, that nurses now, because the job is so difficult to get in, they're not fighting for the Masters, maybe in the future they're fighting for the PhD! [Laughs] We will be applying for PhDs so we can get in [to hospitals]!

The oversupply of nurses within the Philippines (Perrin *et al*., 2007) creates further pressures for nurses to embark on further education to gain *'an advantage'*. But notably, this is required only for domestic employment. International recruiters (as I demonstrate in Chapter 6) are generally more focused on experience as a marker of competence rather than education credentials. Indeed, Isabel has since moved to the UK as a nurse, despite not having completed her Masters degree. Nonetheless, increasingly, further education is required to secure the preferable domestic roles that offer the experience most sought after by international recruiters.

Not all participants perceive additional education as a form of upskilling. For Lester, the thought of additional education represents a delay into a more profitable labour market, and as a single father, this is not something he is able to do. While the thought of further study is not in itself unappealing, Lester's priority (as discussed above) is to save money.

> Maddy: So would you want to go back to university and do a Masters, or-?
>
> Lester: No. I really want to just work, and to migrate. I don't want to study anymore. Maybe if the company will offer you to go get your Masters while working. I would love to do that.

Lester, unable to dedicate the time and financial resources towards further study, instead must work until he finds an opportunity to migrate. Cherry, similarly stated that *'instead of having a Masters, I really would like to help my family financially sooner rather than later'*.

Perceptions of additional and postgraduate education differ among the group, but there is an overall understanding that those nurses with additional education, whether in languages, or in a field related to nursing, are more likely to succeed. The recent trend toward undertaking postgraduate education to further stand out from the crowd has also been identified in many small island Pacific states (Connell, 2014). However there are clear class divisions between nurses such as Isabel, able to afford the costs associated with nursing, and supported by her employers, and those such as Lester and Cherry effectively prohibited from entering higher education due to their socioeconomic situation, and therefore less likely to gain domestic or overseas nursing roles. The future socioeconomic, occupational, and migratory mobilities of participants' are reliant upon their ability to become eligible for opportunities. Those from more precarious socioeconomic backgrounds are restricted in their ability to engage with these additional expectations of nursing.

4.5 Conclusions

Through a deeper understanding of the multiple and diverse ways both women and men in the Philippines enter nursing education (objective one) and are drawn into wider global therapeutic networks, it is possible to expand our understandings of the importance of mobilities and therapeutics. Nursing itself is revealed as a livelihood strategy undertaken to improve socioeconomic status through providing opportunities for international mobility; or a way to improve one's therapeutic capacities to care for the family, community, and/or nation. Even those without desires to nurse or migrate are pushed into studying nursing through a combination of structural and family pressures. Additionally, I have shown how that the skills required to enter both global and domestic therapeutic networks go beyond those traditionally associated with nursing. Linguistic skills and postgraduate study are increasingly relied upon as a way to enter the occupation of nursing whether in the Philippines or abroad. Yet these are costly endeavours. Language training and postgraduate study require time, effort, and financial resources which those from less privileged socioeconomic situations are unable to

afford. The findings presented in this chapter also highlight how those with financial capacity are able to better prepare for international opportunities, undertaking additional training. Often, these are the women and men whose family networks have already found success as nurses overseas. The successful nurses attempt to reproduce global therapeutic networks through drawing more young Filipinos into nursing.

A global therapeutic network approach allows a more critical understanding of the ways class identities impact mobility beyond that of global care chain literature. Although GCC literature examines transnational class divisions to explain the movements of those from the global south to north, it is largely insensitive to class divisions within national boundaries. For example, there is little mention of the predominantly white working class nature of non-migrant care home workers in global north contexts, themselves often unable to afford childcare costs and who may outsource their own caring duties to other women family members, often a grandparent (Kropf and Kolomer, 2004; Rubin, 2013), although this is a key element of feminist research into caring within global north contexts (Abel, 2000). Instead, in GCC analysis, the global north women is constructed as always white and always middle class. While slightly more nuance is applied in global south contexts – the middle class migrate internationally while the working class replace their caring roles domestically and/or migrate in devalued roles or illegally (Parreñas, 2001) – differentiation within class groups is ignored. The examples presented in this chapter, however, highlight that class divisions within the group of Filipino nurses requires more attention. Having examined the multiple ways women and men are drawn into nursing, and the additional skills associated with nursing, I now turn to participants' experiences and understandings of what it means to be a model nurse in the context of the Philippines.

Chapter 5. Being an ideal migrant nurse: embracing the racialisation of Filipino nurses

> Menchu represented the Filipino nurses – highly skilled, efficient, compassionate and caring. They are highly prized around the world for these outstanding qualities. They speak English, are trained in American-caliber medicine, they are hardworking, and they come from a culture where families take care of their own sick and aging relatives. (Attorney Valera, quoted in Relos, 2014 no page)

5.1 Introduction

Having explored the reasons why women and men in the Philippines are drawn to nursing, I now examine how nurse students and graduates understand the occupation of nursing and their roles within nursing whether at home or overseas. This is the second of the objectives of the thesis outlined in Chapter One. This is central in furthering our understandings of the ways nurses in the Philippines are drawn into global circulations of healthcare. To do so, I analyse how national and global discursive and material practices relating to the ideal Filipino migrant nurse are received and responded to by Filipino nurses. This is part of my commitment to focus on the 'workers' and to ascribe agency to those often described in terms of commodities. Traditional iterations of global care chain (GCC) approaches, whilst recognising the importance of processes of racialisation, feminisation, and discrimination in sustaining flows of healthcare workers, are less receptive to the ways healthcare workers themselves engage with such processes. GCC analysis, through not interrogating how subjects from the global south resist, negotiate, or embody such assumptions, implicitly suggests that no resistance occurs and that workers unilaterally adopt or exhibit such attributes. However, as Tyner has argued, migrants are not (always) passive recipients of such discourses and *'both comply [with] and resist these inscriptions'* (2004, p. 19).

The dominant discourses to which I refer relate to the key expected attributes migrant Filipino nurses should exhibit, and are summarised in the opening quotation by Attorney Valera[26]. Many of these reflect wider discourses and stereotypes of migrant nurses more broadly. In this

[26] Reverend Arnedo S. Valera is a US-based Filipino lawyer. He is the Esquire Executive Director and Migrant Heritage Commission chairperson, the US Pinoys for Real Change in the Philippines chairperson, and a pro-bono legal counsel of the Philippine Nurses Association of America and the Philippine Nurses Association Foundation of America. The speech was delivered at the First Global Summit of Filipino Nurses held in Manila, 2014 mainly to a group of Filipino migrant nurses (Relos, 2013).

Chapter I begin by examining the racial stereotypes ascribed to nurse migrants by the recruiters of migrant nurses. In this section I also attend to some of the strategies the Philippines employs to both 'manufacture' and 'market' its nurses as ideal for migrancy (Guevarra, 2010). In section 5.3, I demonstrate how women and men comply with and resist these discourses. In particular, I focus on issues of care, hardworking and subservient attitudes, and cultural adaptability. I also introduce the notion of resourcefulness, a characteristic prized by many participants I spoke with, but which is strangely absent from Attorney Valera's representation of Filipino nurses. Here I explore the nurses' own perceptions and images of the ideal nurse. I show that in many cases these images mirror one another, as nurses internalise and accept racialised, gendered, and ethnicised stereotypes to position themselves as model migrant nurses. They strategically essentialise themselves (Spivak, 1999) as objects ready for transport. However, it is also key to note that at times participants engage superficially with such expectations, and/or resist wider discourses that position Filipinos as being *naturally* suited to migrant care work.

5.2 Ideal nursing qualities: Racializing, Manufacturing and Marketing nursing

Nursing is not a universal occupation and differences exist along national, regional and even local lines. However, Arthur *et al*. (1999) have identified that in different national contexts, while certain skills and attributes associated with nursing may be prioritised differently, in general there is global agreement as to what makes a good nurse. All nurses, then, are expected to be caring and compassionate, knowledgeable and highly skilled. In almost all cases, *'caring is the domain of nursing as opposed to other health professionals'* (Cowin and Johnson, 2015, p. 2918), and therefore caring is usually given primacy above other skills (Ohlén and Segesten, 1998; Wilkes *et al*., 2014). Beyond this, there is less agreement. In the US, which has a professionalised nursing workforce, competence is key, whereas Swedish nurses have been shown to exhibit qualities more linked to commitment (Arthur *et al*., 1999).

The general qualities and preferred attributes of nurses have been summed up by Roach (2002) in the 'six C's of Caring'[27]. Nurses should, according to the six C's; show *Commitment* above and beyond what is expected; listen to their *Conscience* to act morally and ethically at all times; be *Competent* by maintaining skills and knowledge; show *Compassion*, empathy and care; be *Confident*; and display *Comportment* by maintaining a professional identity which communicates a caring attitude to patients (Roach, 2002). It is also widely

[27] This has since been expanded by different groups to incorporate other 'C's, such as the NHS's addition of 'creativity' (Mazhindu *et al*., 2016).

accepted that nurses must be able to *Communicate* effectively and with a wide range of actors (Cowin and Johnson, 2015; Wilkes *et al*., 2014). These six 'C's are also evident in the diagram Wilkes *et al*., (2014) developed which is replicated as Figure 8, and shows the Qualities of the Professional Nurse. Migrant nurses, particularly when sourced from the global south, however, have additional and different expectations. They are subjected to various forms of racialisation in recruitment and in overseas employment. This can be understood as a wider structural pressure influencing nursing in global care chains or therapeutic networks. I now turn to insights within literature regarding the integration of nurses into receiving societies and healthcare systems, and literature analysing how groups of migrants are 'produced' and 'marketed' for certain attributes.

Figure 8: Qualities of the Professional Nurse. Taken from Wilkes et al 2014, p.560

5.2.1 Racialisation of migrant nurses

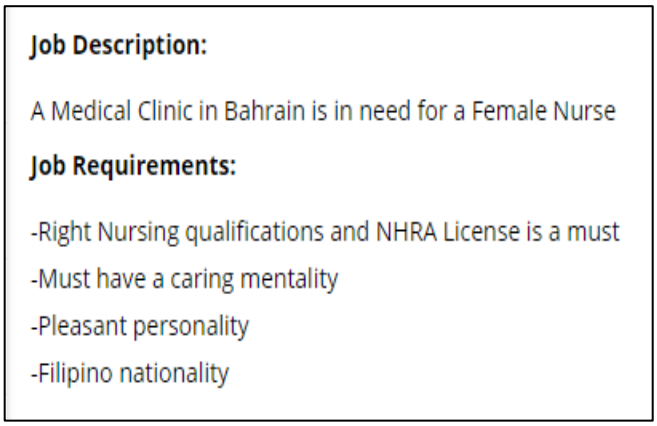
Existing literature regarding migrant nurses generally focuses on their experiences of adaptation and integration into the host society. Issues centre on different standards and practices of nursing (Al-Hamdan *et al*., 2015; Choi and Lyons, 2012); discrimination and racism in caring institutions (Al-Hamdan *et al*., 2015; Ball, 2004; Choi and Lyons, 2012; Nichols and Campbell, 2010); and processes of deskilling (Nichols and Campbell, 2010; O'Brien, 2007). Much has also been written concerning the wider pressures that led to the contemporary global demand for nurses, largely under the umbrella of global care chain thinking (Parreñas, 2000; Walton-Roberts, 2012; Yeates, 2004a; 2012). Most accounts tend to focus on processes of racialisation of migrant nurses after they have migrated, highlighting how in many cases nurses recruited internationally are recruited to work in the roles native nurses may shun – care homes and end-of-life care – the dirty or mundane aspects of nursing. These roles generally use different skills, requiring more bedside care and the carrying out of intimate tasks such as cleaning, hygiene and food preparation above clinical tasks (Ball, 2004; Batnitzky and McDowell, 2011; Choi and Lyons, 2012; Espiritu, 2005; Smith and Mackintosh, 2007).

A more limited number of accounts focus instead on the racial, ethnicised, and/or gendered assumptions made about migrant nurses during recruitment, *before* migration, highlighting that when recruiting international nurses, a different set of criteria with a clear racial, ethnic, and/or gendered basis than that which is employed with domestic nurses (Goode, 2009). There is a generally well-founded assumption that the introduction of migrant nurses into a healthcare system may make native nurses and patients feel threatened (Batnitzky and McDowell, 2011; Brush, 2008) and, therefore, there is often a desire to hire a foreign nurse who will 'know their place' in the nursing hierarchy (O'Brien, 2007). This often means a migrant who is less marked as an 'Other' – racially, as in the case of Eastern European nurses being recruited to Western Europe; linguistically, being a native speaker of the language; or culturally, having a similar cultural and/or religious background. The Philippines, then, with fluency in English, Catholic upbringings, and high levels of exposure to 'western' or American forms of popular culture, becomes a preferable choice to source nurse migrants for many global north countries.

There is a distinctive geography to migrant nurse recruitment. For example, in Saudi Arabia there are different pay scales relating to ethnicity. White western nurses are paid the most, followed by Filipinos and Egyptians, with Sri Lankans and Pakistanis at the bottom of the hierarchy (Ball, 2004). Furthermore, in Saudi Arabia and the wider Gulf region,

advertisements for migrant nurses are overtly racialised and for example will call for 'Filipino nurses only' (see Figure 9). Anti-discrimination laws prevent such practices in other parts of the global north. Instead, there has been a proliferation of bilateral agreements or Memorandums of Understandings with the Philippines and nations or occasionally sub-national regions aiming to facilitate the migration of Filipino nurses (Ingle *et al*., forthcoming).

Figure 9: A Screenshot of a nursing job in Bahrain seeking a nurse of 'Filipino nationality' (InGulfJob.com, 2016a)



Often these contemporary racial hierarchies in national nursing systems are extensions of historically racialised policies and practices that characterise the labour system in which they are embedded (O'Brien, 2007). They generally rely on established orientalist representations of 'Others' as being inherently inferior (Said, 1978), and draw on uncritical development debates that position those in the global south as having a lack of agency and opportunity (McEwan, 2008). For example, in the UK, it is not just migrants, but British born and trained nurses who are not white who also *'occupy a particular and subordinate position [… as] '[m]igration, national origins and ethnicity continue to be the basis for labour stratification in the NHS'* (Batnitzky and McDowell, 2011, p. 197; see also O'Brien, 2007). These discriminatory practices remain incredibly pervasive and affect nursing practices in both nurse sending regions (discussed below), and those which receive and recruit migrant nurses.

In many contexts throughout the global north and South Asia, migrant nurses are disproportionately located in care homes which are generally associated with lower wages, and fewer opportunities for promotion (Ball, 2004; Choi and Lyons, 2012). In the UK, nurses were historically disproportionately channelled into undertaking, or granted the equivalent of, diplomas rather than degrees which inhibits opportunities for career development later on (Batnitzky and McDowell, 2011). Similarly, in Singapore, migrant nurses generally face many barriers to being able to register as a licensed rather than enrolled nurse, again resulting

in lower pay, and fewer opportunities for promotion. Only around 16 percent of migrant nurses in Singapore are employed as nurses, the rest are nursing aides and healthcare assistants (Choi and Lyons, 2012). It is particularly common for highly skilled, trained and educated Filipino nurse migrants to never achieve registered nurse status in Singapore, despite having the necessary skills, experience and education. Filipino and other racially marked nurses in a variety of overseas contexts have also reported exploitation in the work place. They are often assigned evening and night-time shifts and are expected to do any and all overtime (Ball, 2004, Espiritu, 2005). Racial discrimination is common from employers, colleagues and patients, and there have also been reports of sexual abuse and harassment (Ball, 2004, Choi and Lyons, 2012, O'Brien, 2007).

The racialisation of migrant nurses occurs due to four key reasons. Initially, there are inadequate international or global systems for recognising nursing credentials (Kingma, 2006). This is particularly acute for nurses from the global south, and serves to further deskill and devalue the work of global south nurses (Thompson and Walton-Roberts, 2018). It is therefore difficult to assess the suitability of a global south nurse from credentials and qualifications alone. Secondly, the introduction of migrant nurses into a healthcare system may make native nurses feel threatened, and therefore there is a desire to hire a nurse who will 'know their place' in the nursing hierarchy, and be compliant to and subservient with native nurses (O'Brien, 2007).

Thirdly, and related to this, migrant nurses are generally recruited to work in the roles native nurses shun, as this is where the biggest deficiencies in nursing care exist (Ball, 2004; Batnitzky and McDowell, 2011; Choi and Lyons, 2012; Espiritu, 2005; Smith and Mackintosh, 2007). Typically, this involves care homes, community nursing, and end-of-life care – the dirty or mundane aspects of nursing, which require skills of bedside care and the carrying out of intimate tasks such as cleaning, hygiene, and food preparation above clinical tasks (Ball, 2004). For example, in New Zealand, in 2016-17 Filipino nurses represented just over 8 percent of the total registered nurses (49,933) (Nursing Council of New Zealand, 2017). However, in the nursing sub-field of 'Continuing Care (elderly)', Filipino nurses represent 22.9 percent of all registered nurses. Furthermore, while New Zealanders represent over 73 percent of the total registered nurses, they make up just 53 percent of community care nurses (*ibid.*). Other migrant nurses, largely from Asia, contribute to the rest. Indeed, over a third of New Zealand's elderly care nurses are Asian.

Finally, it is more expensive to hire an international nurse as air fare and visa costs are usually reimbursed, and there is a desire to get the best for what you pay for (Kingma, 2006). This

includes not just nurses who are highly skilled and educated, nurses who evidence the 'six C's' or who exhibit the qualities noted by Wilkes *et al*. (2014) shown in Figure 8, but nurses who match the ideal qualities of migrant nurses. In many cases, the historical concentration of migrant nurses in lower skilled and care-based roles serves to reinforce the notion that migrant nurses marked by racial difference are best suited for caring roles, further fuelling the mobility of migrant nurses into such roles. However, the notion that global south subjects, and more specifically women, are more caring that those from the global north, or at least from the western world, is routed in more established Orientalist discourses.

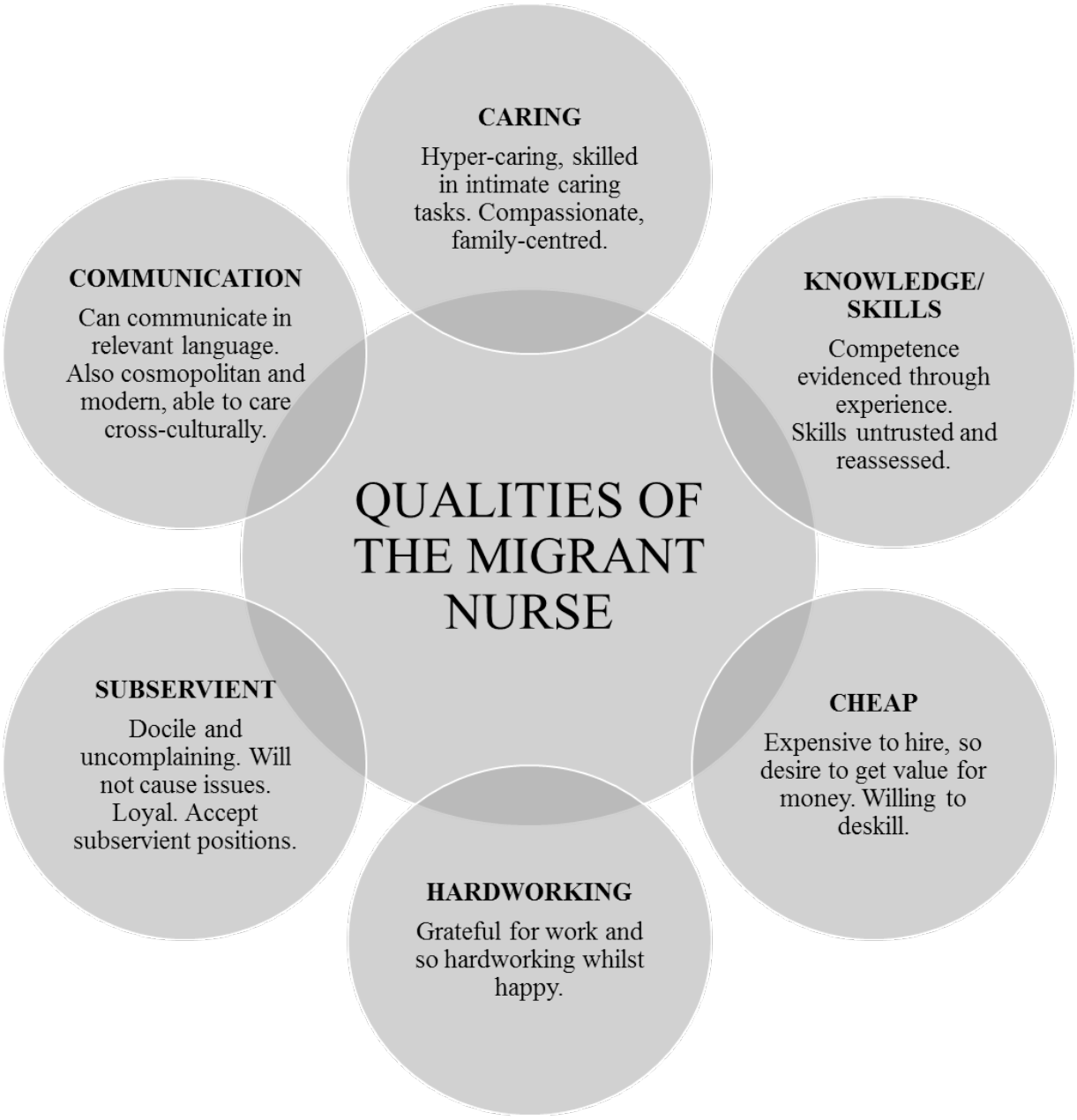
5.2.2 Ideal migrant nurse qualities

Because of the differing expectations of migrant nurses, recruiters tend to seek nurses that can exhibit qualities different to those of a 'native' nurse. Migrant nurses are recruited to fill the more menial roles of nursing. In many cases, there is the desire for hyper-caring nurses, suitable for caring intensive roles. In Figure 10, I update Wilkes *et al*.'s diagram to account for the ideal qualities of a migrant nurse (see also Table 7). The assumption that these 'ideal' migrant nurses are largely located in the global south draws on developmentalist imaginations that positions the global south and those within it on the worlds' periphery, there to serve the core (Lawson, 1998; McEwan, 2008), and on orientalist discourses that represent those from the global south as weak, feminised, but also inherently community driven, in opposition to the individualised and neo-liberalised west (Barber, 2000; Bonnett, 2004; Said, 1978).

In hiring a foreign nurse, employers do not just desire attributes related to nursing shown in Figure 8 but to wider attitudes of work. The migrant nurse is a worker who must be inserted into a pre-existing workplace structure and fulfil a pre-defined position. This position is dependent on the largest nursing deficits such as in care homes, community work, and end-of-life care (Batnitzky and McDowell, 2011), and the least preferred and most unsociable shifts including evening, night, and weekend work (Ball, 2004). The notion of subjects from the 'East' or global south being hyper-caring and community-centred lends to beliefs of its subjects as being inherently caring and family-centred. While this idea largely relates to women, Asian men in particular are also framed as feminised within Orientalist imagery, and therefore again, more inherently caring. These discourses mask the fact that little state-provided welfare exists in the global south, and there is no choice but for families and communities to undertake their own caring roles (Pratt, 1999). Indeed, in the case of the Philippines where family-centred care is the norm for the elderly, due to a lack of sufficient healthcare and welfare services, the role of nursing does not involve elderly care and other caring-heavy roles (Choy, 2003). These are undertaken within family units. Nonetheless,

despite a mismatch in nursing roles, nurses from the Philippines are unilaterally assumed to be more caring than nurses from elsewhere.

Figure 10: Qualities of the Migrant Nurse[28]



Furthermore, migrant nurses are perceived as particularly suited to unsociable working shifts because when they initially migrate they tend to request unsociable hours and overtime. Research has identified migrants do this to both save more money, for remittances or to bring family over, and to mitigate loneliness and homesickness (Espiritu, 2005). Indeed, Isabel who has recently moved the UK opts for weekend shifts where possible due to the extra pay. Night

[28] 'Qualities' compiled from: Batnitzky and McDowell, 2011; Guevarra, 2004; Pratt, 1999; Rodriguez, 2010; Terry, 2014; Tigno, 2014; Tyner, 2004.

shifts mean migrants can communicate with their families at key times despite time difference, while long weekend shifts stave off boredom (see also Ball, 2004). After several months, these desires tend to wane but expectations held by employers do not (Thompson, 2015). This reinforces the notion to employers that migrant nurses are inherently more 'hardworking' than their native trained counterparts (Encinas-Franco, 2007; Terry, 2014).

Migrant nurses, however, should not just be hardworking, they should do so happily and without complaint. In part this image comes from assumptions that global south subjects who 'make it' out of the global south must be grateful for the opportunity to do so (Pratt, 1999). Migrants should not question exploitative practices, such as being left the 'dirty' work, nor should they question deskilling and underemployment, or push for promotions or pay rises (Choi and Lyons, 2012). Instead, they should take on the lower skilled work, leaving the best opportunities for native nurses, and creating minimal friction in the workplace (Batnitzky and McDowell, 2011; O'Brien, 2007; Smith and Mackintosh, 2007). This demands subservience, compliance, docility, and obedience, characteristics again assumed to be natural for global south subjects, particularly women (Lawson, 1998; Ong, 2010).

Again, heavily racialised and orientalised understandings of Asia and the global south mean Asian women, and to some extent men, are racially inscribed with subservience and servitude (Tyner, 1994). There are clear colonial undertones to such imagery, and these images and understandings characterise not just migration patterns, but global patterns of production (Ong, 2010). From the 1980s on, it has been recognised that young single women from the global south, largely in Latin America (Lawson, 1998; Wright, 1997) and South Asia (Ong, 1987), are perceived as more compliant and suitable factory workers and this has in part prompted the relocation of various forms of production. More recently, these stereotypes and assumptions alter not just the geographies of global commodity chains, but the geographies of global care chains. In the GCC, it is the workers that move rather than the commodity (see Chapter 2). The subservient attitude is also key in ensuring migrant nurses remain cheap. Migrant nurses are 'cheap' as the receiving state does not invest in training them, but they can be expensive to initially hire due to airfare and visa costs. A migrant nurse who is willing to accept a deskilled position brings added value for money. Often, migrant nurses are hired in healthcare assistant roles but are still expected to carry out the skills taught through nursing, often breaching protocol, for a lesser wage (Ball, 2004; O'Brien, 2007).

Finally, migrant nurses need just to adapt to new working environments, but to different linguistic and cultural practices (Matsuno, 2009). Linguistic abilities often need to be evidenced through language training (such as the IELTS discussed in Chapter 4), but other

forms of communication are more difficult to assess. There is the need to communicate appropriately with patients, colleagues, and other healthcare providers, as well as a need to be a model migrant, capable to adapting to and integrating into life in a new society. Particularly when moving to the global north, it is preferable for a migrant nurse to be a globalised and cosmopolitan nurse able to converse and connect with western patients and provide culturally appropriate nursing (Kalayjian *et al*., 2010), and able to integrate easily into wider society. In part this is expressed in preferences for nurse migrants from countries of more equal economic standing – Australian and UK nurses can move relatively easily between one another's healthcare settings (Batnitzky and McDowell, 2011). Migrant nurses from the global south have the additional expectation of being adaptable to 'modern and advanced' societies.

5.2.3 Manufacturing and marketing the ideal Filipino nurse

Filipino nurses have been successfully marketed for the desired qualities of the ideal migrant nurse. More than just possessing the 'appropriate' qualities of nurses, Filipino nurses are positioned and marketed as the embodiment of these qualities. In many cases, Filipinos are imagined as the ideal migrant nurse, and the Philippines as being the worlds' 'natural' source for nursing labour (Encinas-Franco, 2013). This is evident in this Chapter's opening quotation. However, in the face of increasing competition from new nurse exporting regions, primarily India and China (Matsuno, 2009), there is a need for the Philippines to invest in distinguishing its nurses in an increasingly crowded market. As noted, the Philippine government has been active in creating bilateral agreements to ensure the Philippines remains the 'go-to place' for nursing labour (see section 1.3), but it is also active in 'manufacturing and marketing' its workers as ideal for overseas employment opportunities. Nurses, in particular, are a key group that are 'manufactured and marketed' for export (Guevarra, 2006).

As discussed in Chapter 1, the POEA is the key government actor in the management and facilitation of migration in the Philippines, alongside private recruitment agencies. Both also work together adopting a range of material and discursive strategies to both 'manufacture' (Guevarra, 2006) and 'discipline' (Terry, 2014) workers suitable for migration, and to advertise workers to overseas recruiters. This maintains a steady flow of migrants, and ensures remittances continue. Producing a steady pool of workers ready for migration requires extensive investment in higher education geared towards the demands of the global north, and minimal investment in domestic job creation. The Philippines has been accused of doing since at least the late 1970s (Imperial, 2004).

A key discursive practice employed by the Philippine government is *Bagong Bayani* (see section 1.3) that through promising hero status on return dissuades OFWs from leaving contracts early in the face of abuse and exploitation to avoid being perceived a 'failure' (Tyner, 1994). A key material practice is then sanctioning or 'blacklisting' those who leave contracts early, preventing them from seeking more opportunities in the future (Rodriguez, 2010). This further dissuades migrants from leaving dangerous situations, making it difficult for them to raise complaints. The various processes involved in ensuring the Philippines remains the preferred choice as a source of migrant labour more broadly, and nurses specifically, have been well documented in two detailed books, Guevarra's (2010) *Marketing Dreams, Manufacturing Heroes*, and James Tyner's (2004) *Made in the Philippines: Gendered discourses and the making of migrants*, and various articles (Barber, 2000; Encinas-Franco, 2013; Guevarra, 2006; Terry, 2014; Tyner, 1994). The idea that nurses and other workers[29] are ideal migrants requires a careful balance between representations of them as being racially marked by disadvantage and disciplining to ensure quiescence, making them appear suitable to occupy positions in the lower echelons of receiving societies.

A key way this is done is through heavily promoting the idea that the Philippines is an inherently labour-abundant nation, and that Filipinos are naturally suited to migrancy (Tyner, 2004). This serves to naturalise the notion that Filipinos should be migrants. However, more than this, the Philippine government and private recruitment agencies are implicated in actively marketing its workers as ideal for overseas employment. The quotation below, is an excerpt of a statement taken from WorkAbroad.ph, (2016), one of the Philippines' leading overseas job sites, that provides services for both Filipino workers and foreign recruiters. This statement is directed at foreign recruiters. It is representative of other recruitment websites, and of government representations of its overseas workers, including Attorney Valera's speech regarding nurse migrants quoted in the Chapter's opening quotation.

> **Why Hire Filipino Workers**
>
> Filipinos are everywhere around the world. […] Filipino nurses and caregivers, […] are in demand in Europe, Canada and Asia. […]
>
> Skilled, educated, talented, hardworking, have [*sic*] good command of the English language, sincere, independent, uncomplaining, warm, friendly,

[29] Other key occupations that are subjected to the forms of disciplining include engineering, domestic work, and seafaring (Terry, 2014).

> naturally caring, family-oriented, modern-day heroes -- these and a lot more are the reasons why Filipino workers are highly in demand.

The list of qualities largely reflects the desired qualities of migrant nurses – caring, knowledgeable and skilled, hardworking, subservient (*'uncomplaining'*), good at communication. Terry (2014) argues that most marketing of Filipino workers focuses personal attributes rather than on qualifications. The examples from Attorney Valera and WorkAbroad.ph corroborate this, although Attorney Valera in the case of nursing makes clear reference to the US-based curriculum as a benefit. Both quotations also make reference to the natural and inherent nature of the Filipino's ability to care - they are *'naturally caring'*, and '*come from a culture where families take care of their own sick and aging relatives'*. Naturalising the ability to care both justifies and reproduces the migration of Filipino women and men in primarily caring roles. It also markets these potential care workers as highly suitable for low paid, unskilled care work.

It is not just enough to disseminate images of the Filipino as the ideal migrant worker or nurse. There is also a need to discipline current and prospective migrants to uphold the characteristics advertised to the world (Terry, 2014). The Philippine government is overtly involved in this through the CFO and POEA (Rodriguez, 2010). The CFO produces the *'Handbook for Filipinos Overseas'*, including relevant laws affecting OFWs, while the POEA produces *'The OFW Code of Discipline'* that also regulates migrant behaviour. The Code asks migrants to *'be professional; maintain self-respect, good image and track record'*; not participate in *'underground migration'*; avoid jobs which are *'(unreasonably) difficult'*; to *'communicate with your family'* and *'be faithful to your spouse'* (OFW Abroad, 2015a). OFWs should *'be an ambassador of goodwill, projecting the good in the Filipino'* (OFW Abroad, 2015b). Rodriguez (2010, p. 348) further argues that the Handbook disciplines migrants by making

> clear the state's vision for overseas workers – a vision that insists on workers' flexibility yet emphasizes workers' continued role as nationals and citizens.

In this sense, the OFWs themselves are advertising strategies, used to further encourage overseas employers to turn to the Philippines.

The disciplining of prospective migrants and nurse migrants is most apparent during the series of seminars and training courses that migrants must undertake before leaving. These 'pre-departure orientation seminars' (PDOS) give migrants information about the place they will

move to and the work expected of them, but are also a means to regulate and discipline the behaviour of migrants (Guevarra, 2010). For example, domestic workers may be told how to dress, walk, and talk (Tyner, 1994, 2004); while nurses are often instructed to not question exploitative working hours, and to only complain if they receive blatant racial discrimination (Guevarra, 2006, 2010). Those going to the Middle East are told where they can and cannot go and to never travel alone (*ibid.*). As Guevarra (2006) persuasively argues, this form of 'advice' is framed as empowerment by the recruitment agencies who convince migrants that the best way to protect themselves is by self-regulating their behaviour to match employer expectations and avoid confrontation. Unsurprisingly, several NGOs such as Migrante International, a leading OFW organisation that is highly critical of the Philippine government, are highly critical of this stance, maintaining that protection should be provided through formal political action rather than through the form of 'victim shaming' the PDOS use (Roces, 2009). This is a clear example in which the Philippine state and private recruitment agencies create the preconditions for a pliable global workforce. Rodriguez (2010; 2002) refers to the Philippines in this sense as being a 'labour brokerage state'.

In Table 7, I demonstrate the discursive basis and relevance to nursing of key Filipino migrant stereotypes that are reflected in wider literature on migrant nurses, and in wider marketing and disciplining strategies of Filipino workers. The studies referenced primarily adopt discursive approaches in unravelling the processes involved in the production, marketing, and disciplining of Filipino migrants. Those that engage with Filipinos to understand the extent to which these images are embodied, speak solely to migrants (Pratt, 1999; Terry, 2014) or those engaged in PDOS (partly Guevarra, 2006). Filipino nurses, however, are subjected to forms of disciplining long before they experience PDOS. There is a need to consider how those without desires to migrate are also impacted and affected by global nursing migration. Therefore, to examine how nurses understand the occupation of nursing and their role(s) within nursing whether at home or overseas which was the second objective of this research set out in Chapter 1, I turn attention away from the discursive practices employed by public and private actors, and attend to the experiences of nurses, only two of whom had attended a PDOS at the time of interview. This is vital to understand what these stereotypes and *'representation[s] do in the world'* (Barnett, 2006, p. 155), and to further appreciate how these representations and stereotypes are sustained, remade, and occasionally, challenged (Nayak and Jeffrey, 2011).

Table 7: The discursive basis and relevance to nursing of key Filipino migrant stereotypes

Stereotype/ attribute	*Discursive Basis*	*Relevance to nursing*
Caring	Orientalised and racialised images of global south subjects being feminised, caring, and family-oriented (Said, 1978).	Represents all Filipinos, but particularly women, as being natural carers and domestic beings. They are perceived to be some of the most caring people in the world (Pratt 1999). Therefore suited for care-work including nursing, domestic work, childcare, etc. (Altman and Pannell, 2012). In receiving countries, such as Singapore and Hong Kong, 'Filipina' is synonymous with 'maid' or 'domestic worker' (Roces, 2012).
Knowledgeable and skilled	Colonial legacy of US and Spanish influences on education (Choy, 2003). Skilled in caring because of reasons above.	Foreign nurse employers can safely use Philippine labour rather than invest in domestic labour forces, or more expensive labour from the global north (Pratt, 1999, Terry, 2014, Tyner, 2004).
Subservient	Orientalised and racialised images of global south subjects being compliant, docile, submissive, and weak (Said, 1978).	Represents Filipinos as being submissive, obedient and uncomplaining, unlikely to question exploitative working conditions (Tigno, 2014), and will not seek promotion (Terry, 2014).
Hardworking	Orientalised and developmentalist images situating global south workers as desperate and hardworking (Lawson, 1998).	Employers can justify exploitation as workers seem 'happy and grateful' (Barber, 2013) as no matter the conditions of migration, the situation is preferable to a life in the Philippines (Pratt, 1999, Terry, 2014).
Communication and adaptability	Colonial legacy of Philippines as being hospitable to foreign invaders – '*cultural chameleons'*. Colonial legacies of Americanisation. National discourses relating to ethnolinguistic diversity of Philippines (Terry, 2014).	Filipinos represented as able to adapt to new working and cultural conditions with little assistance. This is important in the context of anti-immigration sentiment in 'the West' (Terry, 2014). *Despite* the global south status, Filipinos are represented as 'Westernised', modern, and English-speaking (Pratt, 1999, Terry, 2014).

5.3 Nurses' perceptions of the ideal migrant nurse

To explore nurses' perceptions of the attributes of the 'ideal migrant nurse', I eschewed mention of specific attributes until my participants had mentioned them. I would generally ask a variation of the questions '*why do you think other countries want Filipino nurses?*' and

'what do you think are important qualities for being a nurse?' and then ask more probing questions depending on the responses. In this section, I hone in on the three primary attributes claimed, and/or rejected by participants. These are the attributes of caring, of being hardworking and subservient (almost always discussed together), and of being adaptable and able to communicate cross-culturally. Discussions of skill and knowledge also permeate conversations, but are rarely discussed without reference to another attribute. Skill and knowledge tend to complement other attributes, but are rarely claimed as something distinctively Filipino. Indeed, several discussed issues with pass rates and second-rate nursing education institutions as inherent issues in the Philippines, and as barriers to wider migration opportunities. I also turn to the notion of 'resourcefulness' or '*diskarte*', an attribute prized by many of the nurses I spoke with, but that is absent from Philippine representations of its nurses, and from overseas demands.

5.3.1 Care and family oriented nature

The Philippines has long promoted its citizens as being naturally predisposed to care and care-based employment, having *'a cultural devotion to care-giving, which manifests itself professionally'* (Goode, 2009, p. 123). This is by far the most commonly discussed attribute or stereotype of Filipinos with the nurses I spoke to. It is also the most valued. As Ariel, one of the undergraduates, argues, care and *'compassion'* are more central than knowledge and skills.

> Maddy: And what do you think are the most important qualities of being a nurse?
>
> Ariel: Compassion. Aside from all the intellect, the competencies, they must always be there. But if you are a person who has all the intellect, all the knowledge in terms of the disease, the intervention, but you don't have the compassion or the passion to help your patients, especially in a stressful environment, you're as good as nothing. You really need to have the compassion.

In the face of variable attitudes to Philippine nursing credentials and uneven teaching standards, care and compassion are prioritised above skills and education.

As argued in section 4.2, few nurses believe their ability to care is a result of womanhood. Instead, almost all nurses, with the exception of Camille, Kate, and Joy, associate their ability to care to a high level with their Filipino and Asian heritage. The nurses are actively involved in disseminating, embodying, and further legitimising racialised and ethnicised stereotypes.

The quotation from Bella, an undergraduate student who recently visited South Korea with her classmates at UPM for a conference, highlights this clearly as she reinforces the east/west binary.

> Bella: We have strong family ties. […] We easterners, I don't know about the west actually, I shouldn't be saying this without knowing. But I noticed in Korea [as well], that family is really important, people don't usually get out and explore as an individual, it's always about their family.

The Orientalist discourses Bella draws on frames Asia and the east as being inherently more family and community oriented than the increasingly individualised nature of western societies, naturalising the 'predisposition to care'. Nurses co-construct and understand their identities in relation to oriental understandings (Said, 1978). However, even within the east or Asia, Filipinos are imagined and represented as exceptional with regard to their caring ability. The evidence given relies on the tendency for Filipinos to live in large extended families and organise primary care with family members. Tisha, a migrant living in the US visiting the Philippines to provide free nursing care, believes *'foreigners prefer Filipinos from other cultures, because they always prioritise their families'*, while Camille offers further evidence.

> Camille: That caring attitude comes naturally for Filipinos. I mean most of the foreigners tells us that we're hospitable and we have this higher family bond, which is why most of the families still live together even though […] the sons, daughters should be very independent and get their own house […]. Well here it's not like that. Most of the families stick together, so that caring attitude just passes along the culture of the Filipinos.

The *'caring attitude comes naturally'* is part of *'the culture of the Filipinos'*, and, *'foreigners'* can attest to this, it is an attribute recognised by others. The participants present Filipinos as '*are naturally hospitable, caring and loving [… so that] our work [nursing] is in our hearts'* (Gabriel).

As the Philippines' main competition for nurse exportation has shifted from southern African and Caribbean countries to other parts of Asia, primarily India, China, and Indonesia (Matsuno, 2009), there is a need for Filipino nurses to be positioned as more caring than wider Asian populations. One of the primary ways this is done is through highlighting the sheer number of Filipinos employed in care-related occupations and using this as evidence to suggest Filipinos are naturally drawn to caring occupations. This ignores the fact that, as demonstrated in section 4.3 and evidenced elsewhere (Ortiga, 2018, 2017, 2014), many

Filipinos enter the nursing profession as a means to migrate rather than through a desire to care.

> Maddy: And do you think Filipino nurses make better nurses than perhaps other countries because-?
>
> Louis: Well I would be biased on that [laughs]. Yes of course, would be my answer, because Filipino nurses are really in demand throughout the world. We are supplying them, and like in Saudi Arabia, we supply 70 percent of their nursing health force. So, I would really answer it, directly, yes!

The focus on caring as a key attribute of Filipino-ness is also vital for participants to come to terms with the almost inevitable future of deskilling that befalls Filipino migrant nurses. They position themselves as not just inherently caring and compassionate, but as family-oriented, a *'culture where families take care of their own sick and aging relatives'* (Attorney Valera). This is often discussed, as Bella does above, in opposition to family and welfare systems in the western world where stronger social welfare systems exist, and care of elderly is typically provided by non-family members. Nurses therefore construct and imagine care home nursing work as unproblematic, and similar to the unpaid reproductive labour that would otherwise be undertaken for family members in the Philippines.

Despite the overwhelming consensus that Filipino nurses are naturally caring – this was by far the most commonly referred to attribute, discussed by each of the 48 participants independently of prompts – several participants, primarily the younger students, resist and subvert the highly racialised and ethnicised stereotyping. Bianca, who was 22 at the time of interview, about to embark on her final semester of nursing college reflects on the extent to which caring is an inherent quality of Filipino-ness.

> Bianca: In some textbooks they say Filipinos are hospitable, they are more caring. But I also think it's about the curriculum, 'cause you know our teachers really teach us to be compassionate towards our patients. So it also depends. It depends really on the school. It's not about the race[30] or something.

[30] Participants tend to use the term 'race(s)' to denote nationalities as opposed to racial difference.

For Bianca, it is education and quality teaching which instils a caring attitude. Furthermore, one of her classmates Ariel shares similar views.

> Maddy: And do you think Filipino nurses are different to other nurses?
>
> Ariel: Uh, people would say that the Filipino nurses, are, no offence to others, some people would say [better], but then these people are also Filipino nurses, so it's kinda biased. But they say that we're more compassionate with our patients compared to others, compared to those who are, what do you call this, we're not meant to say race right?
>
> Maddy: Nationalities?
>
> Ariel: Yeah, compared to other nationalities, I think we're all the same. Or it's not necessarily that Filipino nurses are different to people from other nationalities, I just think that even Filipino nurses are also different from one another. So I think it's different from one person to another.

It is interesting that the participants who criticise the naturalness of care are all undergraduate students. They have little experience of applying for nursing positions whether domestically or internationally, and may be less invested in reproducing this highly racialised discourse. It remains to see whether in future years nurses may be more inclined to turn towards the narrative of the Filipino as being naturally suited to care when faced with the realities of increasingly competitive employment markets.

5.3.2 Communication and adaptability

Nurses I spoke with also present themselves as highly adaptable in terms of both working and cultural environments. These attributes are represented as natural Filipino qualities due to legacies of multiple colonial encounters, and vast ethnolinguistic diversity (Terry, 2014). Indeed, Terry (2014), coins the term 'cultural chameleon' to describe the way Filipino seafarers represent themselves. Furthermore, uncharacteristically high internet and mobile phone use (around 63 percent) for a country of its economic standing (Camus, 2018), the widespread use of the English language, and adoption of Christian values further serves to create the Orientalised imagination of a society closely aligned to western and modern values.

Jason, a nurse in his mid-30s searching for work in Singapore to join his girlfriend, thinks that Filipino nurses are desired overseas not just for

> [t]he quality of care we are giving to every patient that we happen to take care of […but because] I think we are adaptable persons. We are culture of mixed cultures, so that is why we are easy to adapt with anybody. We can communicate easily, we can be hospitable to whoever we happen to communicate with.

This notion of adaptability is a common theme discussed by 18 participants without prompting. Often, participants use the Philippines' position as a culturally[31], historically[32], and geographically[33] diverse nation to evidence this attribute. Jason specifically refers to the Philippines as being a Jason specifically refers to the Philippines as being a *'culture of mixed cultures'*, while Kevin notes that *'Here in the Philippines, we are used to encountering different cultures, different religions'*. Furthermore, Cherry considers how Philippine social structures are influenced by both Asian and Spanish cultural traditions, while cultural consumption in the Philippines is influenced by the US.

> Cherry: […] we were colonised by the Spaniards, and some of their culture rubbed off. But it's not all good, 'cause if someone is higher than you, we tend to try to pull them down. But then we got the siestas! […] The Philippines is easily influenced by other cultures. We get the fashion sense and pop culture from them [US]. But the mixing of cultures means it's easier for us to relate to other people anywhere in the world.

Cherry believes this *'mixing of cultures'* will assist Filipinos overseas, presumably in migratory endeavours. Being a 'cultural chameleon' (Terry, 2014) is intrinsic to Filipino-ness. Other than Ian, who feels *'the culture is different in other countries. I feel that I won't finish*

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[31] There are varied estimates as to the number of ethnolinguistic groupings in the Philippines, but it is generally agreed there are at least 110 and up to 180 (UNDP, 2013). There are two official languages, Filipino and English, 12 languages have over 1 million native speakers.

[32] The Philippines has experienced migration from neighbouring islands and South Asian mainland predominantly China and India in the pre-colonial (Pacho, 1986). There was a Muslim invasion of southern islands since at least the 13th century (some estimate 10th century), and currently the Muslim population is estimated at between 5 and 12 percent of the population (Taylor, 2017). The Spanish formally colonised the islands form 1565 (although certain areas evaded control, including the Muslim-dominated regions), introducing Catholicism, but not the Spanish language (Anderson, 2004b, p. 104). The British briefly invaded Manila during 1762-64 (Quirino, 1968). In 1898 the Philippines was sold to the US during the US-Spanish War in the Treaty of Paris. American imperialism spread of the English language and systems of education and political rule (Abinales, 2001). The Japanese invaded Manila during WW2 (1942-5). While independence was gained in 1946, and despite varying levels of anti-US sentiment since, the Philippines is largely understood as a US 'neocolony of sorts'. (Hamilton-Paterson, 1998)

[33] There are over 7,000 islands (7,641 as 2017, although the number frequently changes (Lasco, 2017)) of which around 2,000 are inhabited. This contributes to ethnolinguistic diversity.

the contract, I will just go home', participants embody the notion of Filipinos as being inherently adaptable.

More than this, the nurses I spoke with frame themselves as being inherently modern and cosmopolitan global citizens, noting how this further aids adaptability overseas. Both western and eastern popular culture permeates all aspects of life in the Philippine, but there is a sense held among participants that the Philippines is paradoxically is not quite modern, although its citizens are. Camille, for example, told me that

> I think the music and the movies here are way outdated and those type of things that I like are those that are American, like the TV series, the music, even just the cuisines. [… I like] watching different types of movies and series from cooking to travel and music. I just kinda like it because everything is so, I think, advanced than what's here.

Camille employs specifically orientalist discourses, referring to the Philippines as outdated in comparison to the modernity of the US. Kelly and Lusis (2006, p. 841) argue in the Philippine context that *'the desirable is often defined as coming from beyond (and implicitly 'above') the Philippine setting.'* This is clear in the discussions I had with nurses as participants represented themselves as more than just English-speaking and able to communicate, but as highly adaptable to living in global north contexts.

The cosmopolitan identity claimed by participants is facilitated by the increasingly globalised infrastructure of Manila and urban Philippines. Strong associations with global culture means many participants feel they have a good understanding of 'modern' life despite living in the global south. In Manila, Starbucks, MacDonald's, 7/11, Forever 21 and other major western brands are found interspersed between Southeast Asian brands such as Daiso Japan, Uniqlo, and Tokyo. There is a vibrant Korean scene in Manila with hundreds of Korean BBQ restaurants/cafes and karaoke bars. More up-market JTV bars (Japanese Karaoke bars) are found, alongside Middle Eastern styled clubs, cafés, and restaurants serving shisha and Arabic cuisine. American, British, Irish, Swedish, and Australian sports and ale bars are abundant, the worlds' largest working Chinatown is in the heart of Manila, while a recent business development houses a mini-Venice-inspired-canal system through a shopping mall. Manila is global city where east and west are equally represented, at least in retail and leisure industries. This is largely a legacy of US colonialism, of the closeness of Southeast Asia, of the global spread of OFWs, and of inflows of predominantly white, western international organisation

and financial sector workers. It is reflective of the wider culture of migration that exists in the Philippines.

Most participants engage in global cultural activities. Over two thirds of participants selected Starbucks as a meeting place, and a further two selected the newly opened Costa Coffee, eager to try it out with a Brit. Figure 11 shows the advert for the Philippines' first Costa Coffee that incorporates overtly British symbols. Engaging in global popular culture becomes a way to learn and improve language skills, develop a better understanding of life elsewhere, understand and hone various accents, and feel affinity with others overseas. It is a strategy to improve one's globalised cultural capital, and to better present oneself as a global citizen, able to move and adapt anywhere. As I discuss in Chapter 7, images from popular culture also affect how participants view and imagine their future lives and mobilities.

Figure 11: An advert for Costa Coffee's opening in Manila[34]: 'A new British invasion[35]' (Costa Coffee PH, 2018)

There is, however, one area where participants are uncertain of their adaptability. The lack of technological advancements in Philippine medicine, due to its global south status, causes several participants to show concern that concern that knowledge of complex medical technologies is impossible to achieve in the Philippines.

[34] Permission to reproduce for the thesis granted by Costa Coffee PH on 28/2/2018.
[35] I am unsure if this is in reference to the British occupation of Manila 1762-1764

> Gabriel: Filipino nurses are competent […] But I think there is a lack in technology here, because here we have no robotic operating things. Some countries, especially in US, they have the robots to operate and, if we migrate to other countries, how are we going to operate that if we never experience here in the Philippines?

For Gabriel, the lack of technological advancement in the Philippines restricts his overseas opportunities. In the face of this, he has undertaken postgraduate education. Again, the notion that Filipinos are modern but the Philippines is not persists.

5.3.3 Hardworking and uncomplaining servants

Whereas the abilities to care and adapt to new cultural environments are relatively positive attributes, and it perhaps unsurprising that participants would seek to uphold and disseminate these images, the notion of being hardworking whilst uncomplaining is evidently a less attractive quality to exhibit. Nonetheless, the participants I spoke with, in almost all cases, had fully internalised and accepted this imagination of the hardworking, uncomplaining servant. Hardwork, happiness, and servitude are presented as inherent qualities of Filipinos more widely, qualities that make Filipino suited for both nursing and migration (see also Choi and Lyons, 2012). Jessica, for example argues that *'We [Filipinos] can do overtime for as long as you want to, but in other countries, you will not do overtime'*. Sofia who worked in Singapore, further creates binaries between Filipino nurses and 'Others' (both native nurses in destination countries and other migrant nurses).

> Sofia: The difference between others and Filipino nurses is, when they [Filipinos] do their jobs, they do it well, and it's like they're not time conscious. What I mean is the shift is until five o clock, if their work is not yet finished, you know the paperwork, they extend and work more time, and they do it properly. […But] other citizens from other countries, when the shift ends, whether their work is done or not, they are going. Because "its five o clock", they will say in Singapore.

Ella believes Filipino nurses are hardworking because the dire working conditions experienced in the Philippines instil an ethic of hardwork.

> Ella: [B]ased on the experiences in the Philippines that we nurses have, there is more work compared to the other countries. For example, here in the Philippines, […] the registered nurses in the hospital, they have one nurse to 40 patients, so compared to the other countries they are, I guess

> what, one nurse to one patient? […] That's why I guess the other countries want us, because [of] that experience, for being hardworking.

Notably, in most cases, the natural proclivity for hardwork, although an evident result of a lack of funding in the Philippine healthcare system, is connected with a natural proclivity for migrancy and the hardships associated with it. As with the *Bagong Bayani* discourse, exploitation and over-work are to be expected for migrants. Furthermore, as Kate states, as the workload in the Philippines cannot be worse than elsewhere, migrants have no need to complain.

> Kate: Filipino nurses are hardworking. And they do not complain much. Because the workload here, in the public hospitals here, the workload is lighter [than] in other countries. So, why would you complain? […] You can never complain because it's part of your job.

Kate clearly identifies that because of the heavy workload in the Philippines (discussed further in section 6.2), there is no reason she can envisage why a migrant would complain. This naturalises an uncomplaining and subservient attitude. Bianca goes further and naturalises the cheapness of Filipino nurse labour, stating: *'Filipinos are hardworking, and they easily get satisfied even with low salary'*.

It is key to view the internalisation of the hardworking, uncomplaining nurse as a strategy used to succeed as a migrant nurse. Complaining about exploitative practices runs the risk of losing employment, particularly in places with minimum standards of working rights such as the Gulf region. To return to the Philippines 'disgraced' means not to return as a hero, yet to endure is to succeed. By developing and activating the *Bagong Bayani* discourse, the Philippine state is complicit in creating the generic caring worker able to fit into a diversity of international market segments. Furthermore, participants who internalise and embody such characteristics present clear examples of strategic essentialism (Danius *et al*., 1993; Spivak, 1990). Strategic essentialism is where those without power, often women or ethnicised and marginalised groups, strategically and temporarily accept and act as an essentialist subject would in order to make gains elsewhere, usually through solidarity and group action (Kothari, 2008; Skrbis *et al*., 2007; Veronis, 2007), but also, as in this case, for personal gain. Strategically living up to and embodying the attributes of the ideal migrant nurse is a way to ensure the future migration of other nurses, and to avoid the risk of failure as a migrant.

Erin, for example, who briefly worked in Saudi Arabia, for example, explains how although she met her employers' expectations of subservience when working in Saudi Arabia, that she herself is by no means docile.

> Erin: [In Saudi Arabia] because I am a female, I just have to say yes, something like that. I can't, we can't give our opinions, we just have to follow orders, in the workplace I mean.
>
> Maddy: And did you like that?
>
> Erin: No! Because I am a highly opinionated person, I like to give opinions all the time, so when I am in Saudi I really had to shut up!

Furthermore, although many participants noted that an uncomplaining attitude was essential for a migrant, Sofia highlighted a tension between the desire for an uncomplaining and docile migrant and the necessity for a nurse to be self-confident and assertive in order to carry out their roles effectively. Indeed, as noted above, Confidence is one of the 'six C's of nursing' (Roach, 2002).

> Sofia: A nurse should be an assertive person. Assertive in the way that if you know something is wrong, you should voice it up, but in a nice manner, in a nice way.

On the surface, this may appear that Sofia is prioritising her identity as a nurse above that of a migrant, and is willing to stand up to other healthcare professionals, advocate for patients, and be assertive. However, her caveat at the end reminds us of her deferential attitude. She must be assertive, but only *'in a nice manner, in a nice way*'. The needs of the patient cannot be ignored, but neither can she ignore the subservience expected of her. This demonstrates a constant tension between compassion and confidence, between being a model migrant and a model nurse. In this scenario, the two dimensions are not fully compatible; Sofia's example of speaking up *'in a nice manner'* represents a compromise between the competing professional and migrant identities.

It is also noteworthy that although few participants imagine they would ever complain about workloads and shift patterns, several would raise complaints about more blatant racist and discriminatory practices. Bianca relayed a story of her aunt in the US who had done so.

> Bianca: Considering that the community [where her aunt works] is actually white people, she hasn't experienced [racism]. In her workplace [in New

> Jersey] she's actually complained about it [discrimination], but it's not about nursing. Yeah, she was actually complaining about her new manager, [… who] wanted to give her notice for some weird reason. And what she said was "if you are going to give me notice, I am going to resign". They need her, so the manager cannot give her the notice, 'cause most tasks were done by my aunt.

Bianca clearly states that her aunt's complaints were *'not about nursing'*. She was not complaining about her working conditions, rather about racism, which the PDOS note is an acceptable complaint. Additionally, Bianca is invested in explaining the fact that her aunt does a considerable amount of the tasks in her workplace. Her aunt is described as being irreplaceable to her hospital, *'they need her… [and] cannot give her the notice'*. Her aunt is the model Filipino migrant nurse: she is hardworking (and her foreign employers recognise this), will not complain about her workload, but can be assertive in the face of blatant discrimination.

5.3.4 Being resourceful and 'madiskarte'

In the quotation at the beginning of this Chapter, Attorney Valera speaks of the 'inherent' qualities of Filipino nurses, making reference to 'Menchu'. Menchu de Luna Sanchez is a Filipino born and trained nurse who migrated to the US to work in a New York hospital. During Hurricane Sandy in October 2012 the hospital she worked at was severely damaged. Following a two-hour deliberation with a variety of healthcare professionals, which revealed no options for evacuating 20 severely ill children according to protocol, Menchu led the team of nurses, doctors, students, and managers, and ensured the safety of the children. Not only did she take initiative, but she stood up to other professionals. President Obama personally thanked Menchu and her invited her to attend the 2013 State of Union address '*for exemplifying American ideals of heroism'* (Kaplan, 2013). The US press retold the story in sensationalised detail, but although Menchu's story has also been widely reported in Philippine press, references to her resourcefulness are largely missing. Instead, Philippine media coverage focuses on Menchu's heightened compassion, as during the hurricane her children in the Philippines were facing flooding, on the fact she was raised and trained in the Philippines, and on Obama's praise for her (see for example Geronimo, 2013; Relos, 2014; Rueda, 2013). In the Philippine context, she is positioned as hyper-caring, caring for patients as if they are family members, a *Bagong Bayani*. In the US media, conversely, Menchu was praised for her problem-solving and assertiveness in the face of a disaster, an American hero (see for example Deutsch *et al*., 2012; Kaplan, 2013; Tracy and Hutchinson, 2013).

The notion of resourcefulness, despite being a quality prized by many of the nurses I spoke with, is largely hidden by the Philippine state and private recruiters who wish to maintain the image of a largely subservient employee pool. Similar, although by no means as extraordinary, instances of resourcefulness feature in the narratives of many participants. Nurses in the Philippines must be able to negotiate faulty or out-dated equipment, a lack of equipment, medication, and other supplies, and severe understaffing. Resourcefulness is explained as a logical result of living and working in a global south country with few resources. As Sofia states, Filipino nurses are *'very resourceful. We're in a third world country, […] if they [nurses] can't find the stuff [medicine] they'll just do whatever they can do to give care to their patients'*.

Resourcefulness relates to wider discourses on resilience that often permeate discussions of communities and individuals in the global south (see Hall and Lamont, 2013; Pelling, 2012). Although, as critical literature on resilience highlights, resilience can become a means of the state and wider international community shirking responsibility as the narrative of resourcefulness fits with neo-liberal discourses in which self-reliance, independence, and resilience are promoted, reducing the role of the state in welfare (Hudson, 2010; Parnell and Robinson, 2012). However, in the Philippine context, resourcefulness is also associated with (but should not be equated to) the concept of *diskarte* and/or *madiskarte*.

Madiskarte is the adjectival form of *diskarte* which comes from the Spanish '*descarte'*, to discard. *Madiskarte* is usually translated as resourceful, intuitive, or improvisational but has no direct English translation. It means more than just being resourceful, and is a strategy to succeed (Cajilig, 2017). It has connotations of being a problem-solver in difficult situations where there are a lack of resources. It is a key term throughout the Philippines, used to describe the resilience and creativity of Filipinos in the face of natural disasters and material poverty (Cajilig, 2017). It is therefore, again, something that is presented as a natural and inherent trait of Filipinos. Erin sums this up clearly.

> Erin: Filipino nurses are really caring, naturally. It's their nature. And very resourceful, maybe because of the nature of what we have here in the Philippines. We don't have a lot of resources, so we need to improvise all the time. So most of the time Filipino nurses are really very intuitive, resourceful, caring. And in Tagalog, it's called *madiskarte*. I don't know how to translate it into English. It's something like they can always um, find a faster and easier solution in every situation, something like that. So we

> call it *madiskarte*. Actually not just nurses, in every profession. […] They can create something new and better out of something that they have. Because naturally we need to be resourceful [laughs].

Filipino nurses need to exhibit the trait of being *madiskarte* in their working life because of the lack of resources and funding in Philippine healthcare services. The resourceful or *madiskarte* attitude is perceived as being key not just for assisting Filipino nurses when working in the Philippines, but in better preparing Filipino nurses for the challenges associated with international migration, as it also associated with being adaptable as Ryugazaki demonstrates

> [w]e only have the very basic technology and supplies, limited supplies, and we need to think of a way how to give better drugs, medications to our patients even if we only have this small bottle […] The main point is being resourceful. The training in our undergraduate years was in a very resource-limited hospital. It made us think more deeper and more creatively [laughs]. […] I think I can manage my way in a private hospital because they have the complete technology. So it's like I can be placed anywhere and still cope.

In a recent chat with Isabel concerning her experiences of nursing, she reflected that in the face of nursing shortages in the NHS, the work is just as hard in the UK as in the Philippines. Notably, Isabel attributes some of the shortage to the stringent recruitment and licensure requirements of the Nursing and Midwifery Council. However, she also noted that it is a different kind of 'hard'. Isabel as a nurse in the Philippines got *'by simply by being madiskarte […] you basically get creative. We do it all the time.'* But in the UK, she is not able to be madiskarte, *'I think it's difficult to be like that here [the UK].'* In the UK, protocol and regulations must be followed at all times, and as a recently arrived migrant nurse, Isabel has no scope to flexible with rules. Additionally, out-dated IT systems, understaffing, and a reliance on medical technology complicate her role. The key examples that comes to mind for Isabel are taking blood pressure and leaving patient notes. As a skilled nurse, she can take blood pressure readings *'in less than 10 seconds, accurate […] with the stethoscope'*. The digital blood pressure machine she is obliged to use in the NHS *'waste[s] too much time'*, but no stethoscopes are provided, and she has no choice. Moreover, the computerisation of patient notes means *'even a simple drink'* of water must be recorded in the computer system, but that

to do so, *'you have to look for a free laptop that is working [… and] it takes time to load as well'*. Isabel's ability to be madiskarte is limited.

The silence of Philippine media outlets, from across the political spectrum, concerning the specific acts of Menchu's resourceful heroism is telling. *Madiskarte* or resourcefulness is desirable perhaps only in the face of disaster. It is not appropriate for Isabel to be madiskarte in the UK, and it is likely that Menchu does not practice this in her daily life. Furthermore, Erin despite stating resourcefulness makes Filipino nurses attractive to other countries, also reflected that she was not given the opportunity to be resourceful in Saudi Arabia in her workplace, and instead had to exhibit traits associated with subservience. For Menchu and many participants, being resourceful often equates to circumventing or altogether ignoring protocol and guidelines, and therefore to (actively) present such a quality would be too risky. Madiskarte is a necessity in the Philippines only.

5.4 Conclusion

This Chapter has examined how nurse students and graduates understand the occupation of nursing and their role within nursing whether at home or overseas (objective two). This is key in going beyond documenting and critiquing representations of global south subjects to better understand how individuals engage with representations. It is clear that there are a very specific set of qualities an aspiring migrant nurse from the Philippines must adopt, based on a range of gendered, racialised, and ethnicised stereotypes, discourses, and imaginations. The widespread acceptance of these forms of stereotyping are examples of strategic essentialisms (Spivak, 1999). For those nurses with desires to migrate, it makes economic sense to adopt, hone, and demonstrate their ability to be an ideal migrant nurse. This is demonstrated by the fact that certain participants, particularly those who are younger with little experience of the employment market, hold more critical and nuanced understandings of their innate ability to care. Erin, conversely, who is older and has spent brief time overseas, shows how it can be enough to act as, rather than fully embody, the model migrant nurse identity. In this sense, there is a performative element to embodying the ideal migrant nurse, it is by no ways inherent or natural despite the ways participants frame it (see also Tyner, 1994).

At times, these gendered and racialised stereotypes mirror those found in literature concerning factory workers in the global south (see Lawson, 1998), highlighting the associations of these highly mobile nurses with wider narratives of global south work. This further demonstrates the utility in adopting a global therapeutic network approach sensitive to the wider global structures and cultural contexts in which goods, ideas, and increasingly people, become mobile (Coe et al., 2008). Just as factory workers in the global south have been found to work

with, resist, and adapt to the expectations held by employers, so too do nurses in the Philippines before migrating. However, what is also key is that the attributes of the ideal migrant nurse are represented and embodied by those without desires to migrate. The dominant image of the ideal Filipino nurse as defined by participants is that of a naturally hyper-caring, 'cultural chameleon', hardworking and subservient nurse with the ability to be highly resourceful or madiskarte. However, being *madiskarte* is not desirable overseas because of its association with a flexible approach to rules and regulations. *Madiskarte,* while closely associated with adaptability, is also usually incompatible with a subservient attitude.

Clearly, discursive and material elements involved in the marketing and disciplining of Filipino nurses have been successful in manufacturing (Guevarra, 2006) and disciplining (Terry, 2014) a nursing workforce ideal for overseas employment. Even nurses who will not engage in international nursing are impacted by wider global therapeutic networks, and arguably are drawn into these networks (albeit in a less evident form) from the ways they enact and embody the role of a nurse as being suitable for migrancy. In this sense, it is essential for the wider group of Filipino nurses to buy into, reflect, or strategically essentialise themselves as ideal migrant nurses. If Filipino nurses are not recruited overseas, there will be even higher competition for domestic employment, and fewer remittances. In the following Chapter, I explore in more depth further ways Filipino nurses are disciplined into becoming hyper-caring, hardworking, subservient workers through the example of the culture of volunteerism.

Chapter 6. Working to leave and leaving to work: employment experiences and therapeutic trajectories of Filipino nurses

> Maddy: Did you become a nurse so you had an opportunity to migrate, or did you want to stay here?
> Camille: At first, my mom told me that of course opportunities abroad are way better than what we have here, so at first that was my expectations, that was what I wanted. I wanted to go abroad after studying nursing and then earn way better than what I can earn here. […]
> Maddy: And do you still want to migrate now?
> Camille: Right now, well, right now all I really want is just to pursue my career. I want to build my career here in the Philippines, and find a government hospital. And I don't know. I think I still want to migrate if ever I start a family or whatever. But I don't know, I'm not that sure anymore. *Maybe before, but now everything has changed.* [My emphasis]

6.1 Introduction

Having explored why women and men in the Philippines enter nursing, and examined how the occupation of nursing is constructed and understood, I now move to explore the employment experiences, opportunities, and trajectories of Filipino nurse graduates to further understand how it is so many Filipino nurses are drawn into global therapeutic networks. This is objective three as laid out in Chapter 1. To do so, I focus on the experiences of nurses who 'volunteer' in order to gain experience and work to migrate, and on the nurses who leave their occupation in order to survive in the Philippines. This focus is key as many approaches to understanding the global movements of healthcare workers are reluctant to analyse how the international migration of nurses affects health systems in sending countries beyond offering crude estimations of nurse supply, and do not pay attention to how healthcare workers work with, resist, or adapt to these global structural pressures, a key element in network thinking.

In this Chapter, I examine how, despite many young Filipinos entering nursing education as a means to acquire a 'passport' to overseas opportunities, that aspirations of overseas employment for some disappear as domestic opportunities and barriers present themselves. In particular, in section 6.2, I draw attention to the 'culture of volunteerism', a system which has arisen over the last 30 years and involves urban hospitals asking aspiring migrant nurses to volunteer to gain the experience required by global recruiters (Ronquillo *et al*., 2011). Regardless of their migratory aspirations, nurses are expected to pay hospitals to work,

cheapening the nursing workforce, and pushing more nurses to seek less exploitative opportunities abroad. Nurses must pay-to-work in order to gain the experience needed for overseas employment. While many nurses continue to imagine their futures overseas in 'greener pastures', others turn to alternative occupations and opportunities within the Philippines as a means to fulfil their desires (section 6.3). For example, Camille explains in the opening quotation that when unable to continue volunteering at a prestigious government hospital, she left the profession for the Business Process Outsourcing (BPO) industry. The BPO industry is composed of call centre and administrative workers who work on outsourced business-processing tasks from predominantly western, English speaking nations. After five years of stable employment, her migratory desires have waned and Camille is *'not that sure anymore, [because] everything has changed'*. In this section, I outline why for some nurses *'everything changes'* as they attempt to move from education into employment whether at home or overseas, and consider the difficulties leaving nursing can cause for those who desire to remain a registered nurse. Yet I also demonstrate how, despite changes in the lives of individuals, with regard to the global system of care provision everything stays the same.

6.2 Working to leave: the culture of volunteerism

The Philippines, as the world's largest supplier of migrant nurses, unsurprisingly faces various problems concerning its domestic nursing workforce and healthcare provision (Lorenzo *et al*., 2007). It has long been identified that Filipino nurses suffer substandard working conditions, including but not limited to exceptionally low pay, high staff turnover, limited access to working benefits, such as sick leave or medical insurance, and being overworked, having multiple, long shifts and/or too low a nurse/patient ratio. Ball (2004, p. 125) argues this *'depressed state of nursing in the Philippines works to magnify the situation, thus creating an ongoing set of "pushes" to further encourage the labour migration of Filipino nurses'*. As Thompson and Walton-Roberts (2018, pp. 65-66) have suggested, in nations such as the Philippines (but also India), where nurse emigration represents a significant contribution to national GDP through remittances;

> it appears the lucrative nature of migration generally, and of nurse migration specifically, reduces the incentive for government bodies to secure better labour rights, as improved rights would likely result in a reduction of emigration, particularly for higher earning professionals.

Indeed, Isabel identifies that nurse emigration negatively impacts the Philippines' already weak capacity to provide quality healthcare. Four of her senior colleagues left the month

before her interview, and Isabel, despite less than two years' experience, was offered the role of Head Nurse. She turned this down, as she felt unprepared. She continues

> Maddy: So does it make it more difficult when experienced nurses leave your department?
>
> Isabel: It actually does. 'Cause especially in our unit, we, the experienced nurses know what to do with the patients. […] For instance if there's an emergency, the new nurses won't know what to do. […] And if all the senior nurses will leave, what will happen to the new nurses?

Isabel, who migrated to the UK two and a half years after our interview, is acutely aware that her own migration further contributes to the decline of healthcare provision in the Philippines, yet feels she has little choice. Despite being one of the few nurses I met with a stable, permanent, paid job, Isabel was under severe stress and experienced burnout shortly after I left Manila. Indeed at the time of interview, she expressed concern, believing nursing in the Philippines is longer *'worth the exhaustion, the burn out, that we are enduring'*. Nursing in the Philippines impacted significantly on her mental and physical health and wellbeing, adding a further dimension to therapeutics – the personal wellbeing of the nurses.

It appears that the Philippines, as one of the world's key nurse sending regions has some of the worst labour rights and employment conditions for nurses. This is in part due to what I term the 'culture of volunteerism' which permeates the hospital sector, partly due to a failure of state governance. Repeated calls for a minimum nursing wage at 25,000 pesos (£357) per month were vetoed by the Aquino administration (Vera, 2011), and as of yet, have not dealt with by Duterte. In June 2016, as Presidential Communications Operations Office Secretary Herminio Coloma Jr. stated, *'"They [nurses] can have their desired bigger compensation if they perform their jobs well," he said. Labor recruiters said they were expecting more Filipino nurses to seek employment abroad.'* (Calica, 2016 no page). There is no appetite to improve the lot of nurses in the Philippines.

6.2.1 The development of the 'culture of volunteerism'

The 'culture of volunteerism' is a system which has existed in the Philippine nursing sector since at least the mid-1990s (Ronquillo *et al*., 2011), although has received minimal attention within literature on Filipino nurse migration, likely as most accounts focus on the experiences of migrant nurses in destination regions. Ronquillo *et al* (2011), in examining the oral histories of Filipino migrants in Canada, explicitly called for wider engagement with volunteerism. The focus of this present research allows me to address these concerns. The

system of volunteerism should be considered a ‘culture of volunteerism’ for several reasons. Initially, while the system of volunteering has technically now been outlawed, and those engaging in such activities are no longer officially volunteers, nurses and other key actors continue to refer to the work as volunteering. Secondly, it shapes the behaviours of nurses, and has been deeply embedded within the nursing sector to the extent to which it has become a normalised and everyday practice. Finally, overseas recruiters recognise volunteer experience is as legitimate work experience. The culture of volunteerism is also distinct from humanitarian volunteerism in which individuals volunteer their skills to help the less fortunate. Notably, of my 48 participants, at least 12 had volunteered their spare time for charitable organisations in some capacity (see Table 4). It is instead reminiscent of internships in the global north where young people ‘intern’, generally without pay, to gain valued experience for future employment. Just as the system of internships in the UK excludes those from lower socio-economic classes from finding opportunities in highly skilled industries (Shade and Jacobson, 2015), so too does the ‘culture of volunteerism’ in the Philippines' nursing sector.

Within the culture of volunteerism, hospital employers, in the knowledge that nurses with aspirations to migrate require at least one year’s experience in a large hospital, as defined by international recruiters and employers (Ortiga, 2018; Thompson and Walton-Roberts, 2018), have unprecedented power to ask nurses to ‘volunteer’ their time to work, and in many cases charge nurses for the ‘experience’. The huge ‘surplus’ of almost 500,000 unemployed and underemployed nurses ensures there will never be a shortage of nurses seeking such experience. While many hospitals are in urban areas, such as Manila, even rural hospitals, provided they have the minimum number of beds, capitalise on the demand for hospital experience (Pring and Roco, 2012). Nurses in the Philippines are facing various forms of exploitation that push many into further desiring international migration.

In 2011, due to ongoing pressure from nursing advocates and educators, the Aquino administration formally outlawed volunteerism in Memorandum 2011-0328 (quoted in Vera, 2011). The Memorandum states that

> all DOH [Department of Healthcare] hospitals are hereby directed to discontinue all existing programs involving nurses who deliver free services in exchange for work experience/volunteer nurses, volunteer trainings, and all other similar programs. All hospitals-based [*sic*] trainings for nurses should follow a definite career progression to be defined and accredited by

> the DOH and Professional Regulatory Commission-Board of Nursing. (Vera, 2011 no page).

The Memorandum has a severely limited scope, applying only to DOH hospitals, of which there are about 70 out of around 1800 (WHO and DOH, 2012). Secondly, it does not provide any punitive measures for hospitals, DOH or otherwise for failing to comply. Finally, it does not actually outlaw the system in which nurses pay to train, so long as training provided can be seen to *'follow a definite career progression'*.

If anything, this caveat has resulted in the further exacerbation of the culture of volunteerism. Hospitals, the DOH included, are becoming more and more concerned with nurses being able to evidence their training through certificates (which are rarely valid overseas). A nursing qualification is no longer enough to gain most domestic hospital employment, and nurses are increasingly expected to evidence their capabilities. These training courses can be short, ranging from a few days to a month, or more of a longer-term placement. They are specialized courses, focusing on clinical skills, such as Intra Venous (IV) training, or on specialist skills, such as renal dialysis. Nurses must pay for these courses, and costs can vary from a short IV course at around 1,500PHP (£21) to over 10,000PHP (£143) for several months of dialysis training. In most cases, a nurse will receive training in a hospital setting, and will essentially carry out the duties of a staff nurse. Requiring training certificates to have a chance to find paid employment in the Philippines has transformed volunteerism from an informal yet common occurrence, to an institutionalised and formalised practice. While experiences of volunteers and trainees in hospitals are practically identical, my conversations seem to suggest that the trainees, the younger cohort, face enhanced difficulties.

6.2.2 Legitimising the culture of volunteerism

The culture of volunteerism has not just spread due to a failure of governance, but due to complicity by overseas recruiters. Figure 12, for example, displays a job advert for a 'Home Care Registered' nurse required in the UAE. Notably, the advert calls for a female and specifies three 'acceptable' nationalities – Filipino, Indian, and Iranian. Clearly, there is a highly gendered and racialised element to nurse recruitment (as discussed in section 5.2). Yet my interest lies in the mismatch between the job role and the experience required. The expectations of a home care nurse, registered or otherwise, are typically limited to hygiene, cooking, cleaning, administering medications, changing dressings, moving patients, and emotional care. This is more reminiscent of domestic work than nursing (Altman and Pannell, 2012). While an essential role within healthcare provision, and increasingly so for places with ageing populations, home care or community-based nursing is universally understood as

requiring less complex skills than the forms of nursing listed in the advert (Batnitzky and McDowell, 2011). Nonetheless, the potential home care nurse must be able to evidence not only her nursing qualifications or experience of home caring, but *'A minimum of 2 years working experience in Hospital setting / medical, surgical ward, CCU, ICU, P & NICU'*[36]. All such wards require a high knowledge of medical technologies and require nurses to deliver acute care in often stressful situations. These are the more privileged and desired roles of nursing that nations facing severe nursing shortages are generally able to fill with domestic nurses.

At least one or two years' experience is a common requirement (see also Ortiga, 2018); and in many cases this experience should be in a large hospital setting on certain high intensity wards, and/or with a minimum number of beds (usually 200). However, it must be noted, a greater number of job postings aimed at Filipino nurses specify only relevant experience, such as a recent advert for a female *'Home Care Shift Junior Nurse'* in Kuwait in which *'One to two years basic nursing experience in home care'* is acceptable experience (WorkAbroad.ph, 2018). Arguably, in the face of insufficient global credential equivalency systems, minimum experience is a legitimate way to test eligibility, yet demanding such high intensity and highly desired experience creates a larger 'loss' in care when a highly experienced Filipino nurse travels overseas for a less demanding role.

Furthermore, international recruiters legitimise the culture of volunteerism through their recruiting practices. Figure 13, for example, displays a recent job posting advertised by Cambridge University Hospitals (UK), targeted only at those of a Filipino nationality (reflecting the ethical guidelines followed by the NHS). While this time only one years' experience is required, the posting later states that

> [s]ome volunteer experience is acceptable, provided that the work was undertaken full-time and with the responsibilities of a staff nurse position or higher.

This actively excludes most humanitarian-based volunteering due to its *ad hoc* nature and lack of official responsibilities. Volunteering in hospitals, however, is acceptable experience, regardless of the clear issues of labour exploitation. While this job may not require experience

[36] CCU is a coronary care unit or cardiac intensive care unit, ICU is intensive care unit, intensive treatment unit, or critical care unit. NICU is neonatal intensive care unit, while PICU is paediatric care unit. These are all high intensity wards.

as arbitrary as the first, actively advertising volunteer experience as suitable demonstrates complicity with the practice.

Figure 12: Job advert displayed on InGulfJob.com (2016b)

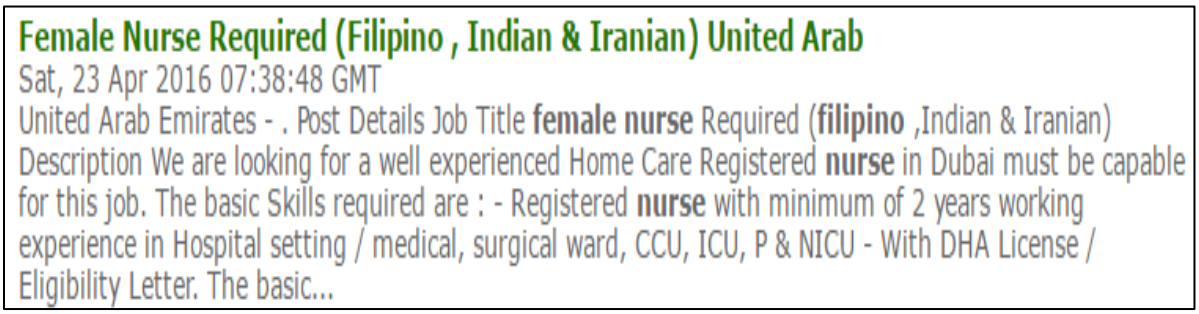


Figure 13: Advertisement for UK nursing jobs posted on WorkAbroad.ph (2017)

6.2.3 Experiencing volunteering

As noted, the surplus of registered and qualified nurses means there will never be a shortage of nurses seeking the hospital experience required for international migration or domestic employment. These 'volunteer' nurses are expected to work full-time, carrying out the same tasks as paid nurses on the same wards, yet remain officially unemployed, receiving no working benefits or employment rights. In total 21 of the 48 participants had volunteered at some point. The experiences of Ian, who volunteered around 10 years ago, that follow are typical. It is noteworthy that Ian has never desired international migration.

> Ian: [I worked as a nurse] for three years. One year as a volunteer at [public hospital] in the ER. It's a very good experience. It's a challenge, very

> challenging really. So that's voluntary, so I don't get paid. I pay them, so that they will allow me to volunteer! [Laughs].
>
> Maddy: How much did you pay them?
>
> Ian: Well I'm lucky, just 500 pesos. And then I got the shirt [uniform], and every meeting I got a free meal […] every three months! So really I got my money back! [Laughs] But there are a lot who would pay 10,000, 15,000, even 20,000[37] [pesos] just to volunteer. It's not paid.

The therapeutic capacities of nurses such as Ian are being expanded as they gain more hands-on experience, but the nurses are not remunerated. Ian, who never desired to migrate, was nonetheless trapped within the culture of volunteerism. To find a paid position as a nurse in the Philippines, the highly competitive nature of nursing means volunteer experience is also required. He and others remain central cogs in the global circulation of nursing care, ensuring the Philippines can produce enough nurses willing or needing to migrate. Notably, during Ian's volunteerism phase, he worked nightshifts in a BPO centre to support himself financially, and he has since left nursing.

What is striking in this conversation is the framing of volunteerism experiences in terms of 'luck'. Participants are aware of the exploitative nature of volunteerism, and are generally critical of the practice, yet simultaneously frame their unpaid experience in relatively positive ways. The sense that one is 'lucky' if given a chance to volunteer was common with many responses. Angelica for example, after having volunteered full time for seven months, believes *'It's a good thing though that as volunteers for experience we don't have to pay anything. Other hospitals, for a four-month experience, you have to pay 10,000 pesos.'* Dimaya *et al*. (2012, p. 4) in a brief reference to volunteerism, note how nurses they spoke with found volunteerism was an *'advantage to their applications for work abroad'*.

Additionally, Leon states that *'I know it's not hard to volunteer 'cause it's really helpful'*, further evidence of the internalised narrative of the hyper-caring Filipino. In part, the perpetuation of the term 'volunteering' itself assists this by blurring the lines between humanitarian and exploitative volunteering (hence my use of 'volunteerism'). This is also connected with teaching of nursing in the Philippines which stresses 'serving the nation' as a key aim of nursing (whether through engaging in nursing in the Philippines, or by migrating

[37] Nurses I spoke with earned between 8,000 and 18,000 pesos/month (£114-£257) for hospital employment.

and remitting). Discussed further in Chapter 7, this links to the notion that nursing is a vocation and a calling (see Chapter 4), and justifies low, or no wages

Furthermore, Camille, currently a BPO worker in her mid-30s, frames her experiences in positive terms because of the valuable therapeutic skills and capacities she was able to develop.

> Camille: It was a kind of volunteer and training as well for me. But I've learned a lot […], because the type of hospital is [a] speciality hospital, and you won't be able to encounter the types of cases they have on the regular general hospitals. So for me it was very, very great opportunity to work there and then practice what they do in that hospital, and meeting the patients and learning about the treatment plans that they have. I will forever treasure that experience that I got.

Camille compares her own experiences to others, gaining better and more valuable experience because of the hospital where she volunteered, while Ian and Angelica compare their experience to perceived higher costs in other hospitals. It is notable that only participants above the age of 30 framed their experiences in positive terms, while the younger participants, expressed clear anger and frustration.

For the younger participants, those more likely to be engaged in job-seeking and facing the expectations of volunteerism, the practice is framed as a blatant form of labour exploitation, highlighting the absurdity in asking nurses, whose education is already expensive, to 'volunteer' their services. Isabel, a nurse in her mid-20s grew up in a province neighbouring Manila in a relatively wealthy family. When finding no paid work on graduation, her father sent to her to his provincial hometown where training (volunteering) and the cost of living was cheaper. Isabel grew disillusioned with rural life: After around 12 months, Isabel realised

> I was sitting outside just staring, and I feel like hours has already passed, then I look at the time and its only five minutes. "What am I doing here?" Then there's no internet.

She opted to return home to 'volunteer' in a dialysis ward on the outskirts of Manila and study for her Masters' degree in a prestigious private college in Manila. Isabel's ability to do so was determined by her parents' wealth. Due to her colleagues being 'poached' to the Middle East, Isabel soon found a permanent position within her ward. Nonetheless, reaching this point cost her parents significantly, and involved around 12 months of 'volunteerism' in

various institutions, and enrolling on a costly Master's degree. Few of the young nurses I spoke with are able to afford this. Lester, for example, quite angrily told me

> sometimes I realise that it sucks being a nurse here. I haven't even gotten the chance to work as a nurse because I can't volunteer for it and get no pay, or just to train for six months, [where] you pay the hospital to be accepted as a trainee, to get experience. Well fuck that! I spend 100,000 [pesos] just to study, just to pass this, then after I pass the board exam, I have to still pay?

While previous analyses of care chains have highlighted that *'the economic value of care work diminishes as it gets passed along'* (Parreñas, 2012, p. 269), we need to consider exactly who bears this cost. For the nurses themselves, gaining qualifications and experience is a highly costly endeavour, in relative terms much more so than in the majority of the world. Whereas for the educators and hospitals, and to some extents the state, this care work is hugely lucrative. Nursing and healthcare employers in both the Philippines and the wider global market are able to save significant sums of money. Furthermore, the culture of volunteerism serves not just to magnify the desire or need to migrate, but to normalise exploitation as a fact of nursing life, further reproducing the ideal hardworking, subservient and hyper-caring Filipina migrant worker discussed in section 5.3. The exploitative nature of migrant work is overshadowed by that which occurs in the Philippine nursing system. Even those unable to find overseas employment as nurses imagine overseas domestic and care work as preferable to nursing in the Philippines. For many, the system makes it is not just unpleasant to work as a nurse in the Philippines, but untenable.

6.2.4 'I cannot afford volunteering' (Jessica)

Jessica, at the time of interview was a recently graduated and registered nurse who had just moved to Manila to seek experience necessary for overseas employment. She had moved from a rural area which was one of the worst affected provinces hit by the 2013 Super Typhoon Yolanda (internationally known as Typhoon Haiyan). Jessica's family, already poor, had their homes and livelihoods destroyed. She received charitable funding from an NGO alongside remittances from her aunt to attend nursing school in her nearest city. She soon moved to Manila, unable to find a position in her small city in which nepotism is rife. As the eldest child, it is her responsibility to support her family's needs. Migration is her overall aim. Yet, she quickly found in Manila that she was unable to be hired without any experience: *'I am new, that's why I am applying [but] according to the hospital "you do not have any*

experience" so the hospital requires experience'. She continued to recount how she was attempting to gain such experience.

> Jessica: We are paying the hospital! [… I] had a training last June, you have to pay 4,000 [pesos]. You will be trained for two days […] And for the basic occupational training, if you will be trained as a dialysis nurse, you will be paying 10,000 [pesos]. And you will not be given any allowance for it. So for the expenses, for the transport allowance, you are going to be shouldering it. How about in my case? I'm going to be walking from here to there, and I don't have food to supply for my family. How can I practice my nursing profession if that's the scenario? How can you live here in Manila as a nurse? And how can you volunteer in a certain institution if that is your case? Good for people who have a house here, who are well off.
>
> Maddy: You need to be rich to start with?
>
> Jessica: Yeah. You can volunteer, because some others are gonna support you. But there are a lot people, of nurses like me, who can't really afford to do it. So I cannot afford volunteering. […] You don't have the SSS[38], government privilege. You don't have this health card, if you get sick, you have to spend the money of yours, not the company's money.

Jessica suggests that the culture of volunteerism results in a clear division between nurses who can and cannot afford to pay for experience. This was a common theme for those without close family members who are migrants overseas. Indeed, the *'others that are gonna support you'* to which Jessica refers, are often family members who are migrants. She exemplifies how the system of paid training restricts the opportunities of nurses from lower socioeconomic status to pursue both domestic and overseas employment, further entrenching historical class divisions within Philippine nursing (Choy, 2003). Jessica later said that she was considering accepting a position as a company nurse, or changing career to work in a pharmacy setting in order to secure income for her family. Neither option would help her achieve her dreams of migrating as a nurse. Furthermore, Jessica highlights the therapeutic implications of volunteering rather than working, in that she has no access to healthcare for herself. Similarly, Lester could not afford volunteering as he had to provide for his child, *'I*

[38] SSS is the Social Security System in the Philippines, a form of state-run insurance for non-governmental employees.

haven't had an opportunity to work as a nurse because, being practical, I, I have a son'. In this sense, the culture of volunteerism is not just highly exploitative, but also highly divisive. It prevents those from a lower socioeconomic background, and/or with no migrants in their close family, from gaining the experience required for international nurse migration. It does not, however, diminish desires of migration for all.

6.2.5 Volunteering to migrate

For many, the fear or the reality of the culture of volunteerism further cements the desire to migrate and the Philippine state is identified as the villain of the scenario with the ability and responsibility to enact change and improve the domestic conditions of nurses. The international community, rather than a contributor, is imagined to offer a haven – a place where nursing is well-paid and respected, with lighter hours and preferable shift patterns, better hospitals and facilities, and greater mobility in leisure time. As Jessica argues

> [n]urses here are volunteering to be globally competitive since the government is paying less. […] so the nurses working here and volunteering in the hospitals switch to other countries because they are hiring and obviously they are giving importance to them.

Furthermore, Roberto believes such exploitative practices are evidence that there is no respect for Filipino nurses in the Philippines. This further cements his desire to leave.

> Roberto: Here in the Philippines, nurse's salary is nine to ten thousand pesos, and that is not enough for a single person. Most of the companies they require us to have different trainings, like IV training, basic life support training, TLS training. And they will only offer us nine to ten thousand [pesos] a month.
>
> Maddy: And you have to pay for the training?
>
> Roberto: Yes, that is a full disrespect for us. And I am very, very sad because of it […] They [nurses] want to migrate somewhere else to take care of their own families.

While the desire to migrate may remain, often nurses unable to afford volunteering turn to unskilled care-giving as alternative options. Victoria, for example, has undertaken a care assistant diploma after her nursing degree in the hopes of moving to Japan, as her four years' experience as a company nurse in a Japanese company was deemed insufficient for a nursing position in Japan. Daniel's girlfriend, a trained nurse, works as a live-in caregiver in Canada,

and Daniel is considering joining her in a similar non-professional capacity. And Jason is considering moving to Singapore in a non-professional caring status, despite over five years' experience, including volunteerism, in community nursing.

Others decided migration could wait but nursing could not. These people accepted nursing positions which rarely count as 'experience' for overseas employers. Eva, Sofia and Victoria have worked as 'company nurses' – nurses working on site for large companies - and Sofia had previously been employed as a personal nurse. Sarah and Bea found well-paid positions in a private fertility clinic. After Sarah's ex-husband found a position in the UK and supports her daughter, she is happy to remain in the Philippines. Bea is using the position to save so that she can begin the process of applying overseas, but accepts she will likely work as a nursing or care assistant.

Perhaps unsurprisingly, the culture of volunteerism has prevented many nurses from being able to pursue their careers as nurses within the Philippines or overseas. It works to maintain an unstable, precarious, and exploitative nursing employment environment in the Philippines. For some nurses, these exploitative and precarious working conditions push them to seriously explore the option of migrating. However, those who are well off can use volunteerism experience to secure work in the Philippines and subsequently overseas. Isabel for example has recently received employment in a hospital in the UK, while Sofia is undertaking nursing education in New Zealand (at a significant cost). Those without the ability to subsidise volunteerism or re-training are more likely to seek nursing employment that does not provide suitable experience for overseas roles in the Philippines, seek migration opportunities beyond nursing, or, as I demonstrate in the following section, leave nursing but remain in the Philippines.

6.3 Leaving nursing to work: call centre nursing and entrepreneurship

I spoke with over 20 nurses who had left or were planning to leave nursing in order to find paid and productive employment in the Philippines. For most the desire to leave nursing is a direct result of the untenable environment of nursing in the Philippines. Ortiga (2018) in her study also found around half of the graduates she met had left nursing for these reasons. A key alternative occupation is medicine, as nursing is a pre-medical course in the Philippines. Five participants, all undergraduates, desired to leave nursing for medicine, and one participant, Nicole, was mid-way through her medical studies when we met. Nicole told me that *'in a class of 50 students, there are, uh 20-30 nurses for the pre-med'* and that *'nurses are already aiming for being a doctor, because of the, you know, the crisis [in nursing employment]. It's bad for being a nurse here.'*. This involves multiple forms of mobilities –

physical movements from institution to institution, occupational mobility, socioeconomic mobility as not only do doctors receive better salaries and benefits than nurses in the Philippines, but they are more likely to find paid employment, and therapeutic mobility as the nurses are expanding their capacity to provide care. I also spoke to nurses working as a business administrator, a construction worker, and a firefighter. Christian's firefighter role is centred on providing public services, and remains, albeit on the outskirts, of a therapeutic occupation. Joshua in admin and Roberto in construction, while not providing any form of care professionally (although Roberto was the first point of call for any construction related injuries), both dedicate several hours per week to volunteering for charitable organisations. For the remainder of this Chapter, however, I focus on two other groups of 'ex-nurses' – call centre nurses and entrepreneurs.

The focus on 'call centre nurses' is threefold. Initially, call centre nursing speaks clearly to wider patterns and circulations of healthcare on the global scale. It disrupts traditional understandings of care as an activity involving proximity and intimacy, demonstrating the importance of a 'therapeutics' approach. Secondly, it provides nurse graduates attractive new opportunities for socioeconomic mobility. Finally, a large driver of the BPO industry is the Healthcare Information Management (HIM) sector. The HIM sector's expansion has been attributed to the implementation of the Affordable Care Act (known as 'Obamacare') in 2010 and associated increase in medical insurance take-up in the US (ABS-CBN News, 2015). The choice of the Philippines as the major healthcare outsourcing destination for the US is a clear continuation of the 'Empire of Care' (Choy, 2003) that connects the two nations. Indeed, Philippine nurse migration historically was only to the US, new destinations have been sought as US borders have become more difficult to cross (*ibid.*). Additionally, the use of the English language and a four-year degree system is a legacy of early migration patterns and of colonial influence as. Just with migration, the HIM sector results in a new reliance of Filipino nurses on the US. Furthermore, as the election of Donald Trump has led to continued uncertainty as to the future of Obamacare (Lee and Luhby, 2017), it remains to be seen if the HIM sector can survive and adapt. My focus on entrepreneurship, conversely, is key as it is a preferred outcome of migration by the Philippine state (see section 1.3), who employ discursive strategies to encourage return migration and investment in the nation through business and property (Martin, *et al*., 2004).

6.3.1 The development of the BPO industry and HIM sector

Since the millennium new opportunities have emerged in the Philippines rather than overseas, that absorb many un- and under-employed nurses, and those from other occupations. These

new opportunities have emerged from the Information Technology Business Process Outsourcing (BPO) industry that has recently expanded in urban Philippines. The BPO industry is composed of call centre and administrative workers, carrying out tasks for predominantly western, English speaking businesses. The BPO industry is a strong force in the nation, and estimations indicate it contributes over 9 percent of the GDP and employs around 1.4 million (Shead, 2017). Since 2014, the Philippines has had at least a 12.3 percent global market share in the BPO business and is becoming a popular BPO destination (Oxford Business Group, 2016). BPOs invest in the Philippines for a variety of reasons, most of which are the same reasons why Filipinos are preferred migrant workers internationally (Lazo, 2017; Mitra, 2013a, 2013b; Shead, 2017). For example, an Australian business, Offshore Business Processing, highlights the Philippines' *'cultural compatibility'* and *'impressive digital connection'*, alongside its low cost, highly skilled and highly *'available'* workforce, and high standards of English language (OBP, 2015) as reasons for Australian and British companies to outsource to the Philippines. Herguner (2013) identifies the BPO industry as being a *'defiant trend'*, while Porio (2009, p. 110) argues that it demonstrates a shift where the nation's *'insertion to the global economy'* is no longer only anchored on labour migration.

Within the BPO industry is the more specialised HIM sector that concerns the outsourcing of healthcare information. Philippine urban areas have become magnets for the outsourcing of international healthcare-related companies due to the huge supply of under- and un-employed nurses (Jalandoni, 2013; Mitra, 2013b).While outsourcing of certain tasks has been commonplace for international IT companies due to the inherently mobile and data-driven nature of IT, healthcare is a relatively novel form of outsourcing. This is different to the outsourcing of patients, medical professionals, or pharmaceuticals. Instead, this represents the mobility of medical data – neither a human nor non-human body, but an intangible, digitalised, disembodied, thing.

Traditionally, mobilities of healthcare data were restricted to medical transcriptions, digitising paper medical records, and data entry of insurance related matter; and India has long been the leader due to its large supply of medical doctors and largely English speaking population (Kshetri and Dholakia, 2010; Prasad and Prasad, 2012). However, as the digital world has grown and developed, new possibilities have emerged. The opportunities for outsourcing medical data are vast but their realisation are limited only by security concerns and the extent to which data can be digitalised (Brumen *et al*., 2013). X-rays and other digitalised scans are increasingly outsourced over international boundaries as data (Ribeiro *et al*., 2013), while adverts for online GPs dominate commuting lines in London. This speaks to wider debates

concerning the not so recent dataisation of bodies, where bodies are being reduced to data as a means for regulation, efficiency, and marketing (Cockayne and Richardson, 2017). In the example of medical data, it is the patients' bodies which are dataised to reduce the costs of care, and to improve the standards for patients in the global north.

BPO companies in the Philippines, to compete with more established destinations such as India, invest heavily in advertising, and offer additional services compared to Indian companies. One company, Infinit that operates on behalf of US, UK, and Australian clients offers a full list of services far beyond data entry and digitisation tasks. They include medical claims processing, technical support, patient services, and clinical research (Infinite Healthcare, 2013). Workers are not just entering data, but are providing care through online and telephone support, and are assessing insurance claims and making decisions to deny or allow care overseas. Patient data becomes mobile and transnational, and nurses in the Philippines continue to deploy some of their nursing skills in its analysis.

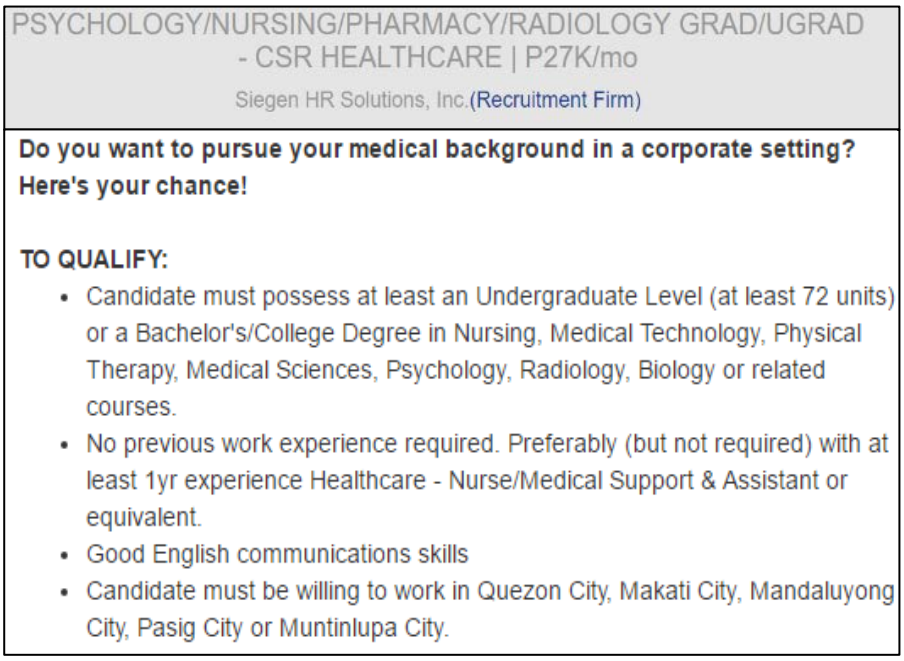
6.3.2 Call centre nursing

For BPO companies in the HIM, nurses and other medical professional graduates are the ideal workers. These nurses can undertake backroom administrative tasks, such as making decisions on claims, as well as deal with patients and other medical professionals overseas on the phone – they are a 'call centre nurses'. Figures 14 and 15 display common HIM advertisements. The first, Figure 14, does not even require registered nurse status, just that someone is a nursing or healthcare-related graduate. These roles instead call for an ability to communicate well, to use IT to a high standard and to provide care remotely through use of a telephone-based service connecting international patients and healthcare actors. They must also provide complex administrative tasks involving communication with multiple medical professionals. There is the need to have *'an extensive knowledge of medical terminology'*, and the ability to read and interpret medical documents. There is also a high level of responsibility involved in this role, as claims processors *'approve or deny payment to doctors'* in the host country.

The second example, Figure 15 instead requires a degree and current registration in nursing. However, experience is not a requirement, neither is high-intensity hospital work. In this role, the nurse is not just making decisions concerning care, but is expected to deliver care, albeit remotely, by providing *'outreach to high risk patient on appointments, education, [and] medication'*. They must also complete complex administrative tasks involving communication with multiple medical professionals. The starting salary for these positions (25,000 pesos and upwards) is higher than the salaries of any nurse I spoke with, and in many cases, more than

double (see also Ortiga, 2018). The salary reflects the level of responsibility and degree-level requirement needed for the positions, and is attractive enough to persuade nurses to abandon their 'calling', creating competition for roles.

Figure 14: Screenshot of BPO HIM job advertisement. Advertised on JobStreet.com.ph (2017a)



PSYCHOLOGY/NURSING/PHARMACY/RADIOLOGY GRAD/UGRAD - CSR HEALTHCARE | P27K/mo

Siegen HR Solutions, Inc. (Recruitment Firm)

Do you want to pursue your medical background in a corporate setting? Here's your chance!

TO QUALIFY:

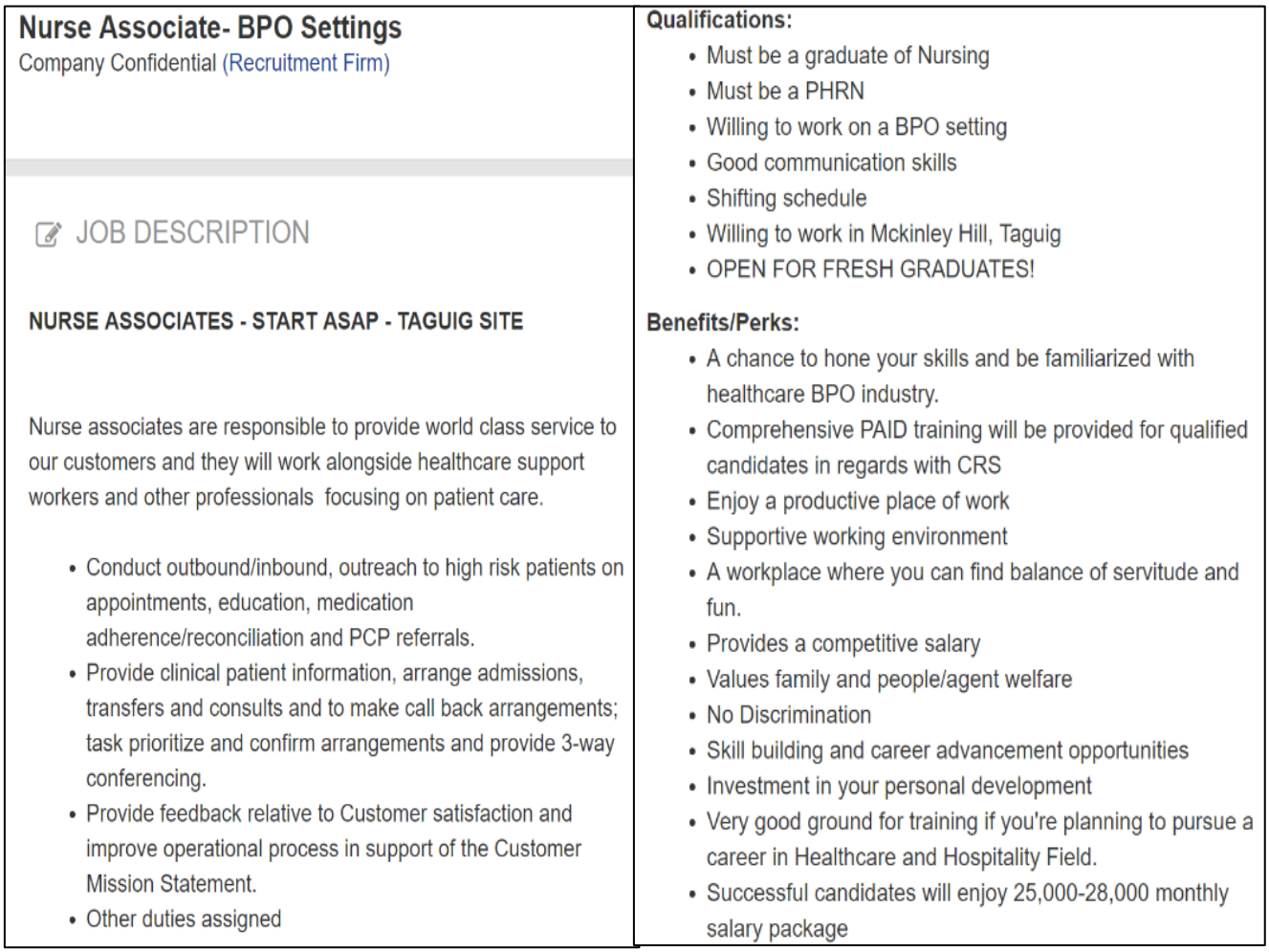
- Candidate must possess at least an Undergraduate Level (at least 72 units) or a Bachelor's/College Degree in Nursing, Medical Technology, Physical Therapy, Medical Sciences, Psychology, Radiology, Biology or related courses.
- No previous work experience required. Preferably (but not required) with at least 1yr experience Healthcare - Nurse/Medical Support & Assistant or equivalent.
- Good English communications skills
- Candidate must be willing to work in Quezon City, Makati City, Mandaluyong City, Pasig City or Muntinlupa City.

There are also more highly skilled roles available for Filipino nurses within the HIM sector. For example, another job posted on JobStreet, Figure 16, searches for *'Clinical coverage Review Nurses'* who must have an *'Active USRN license'*. That is, nurses who have sat and passed the NCLEX-RN – the registered nurse examination for the US. This is unlikely to be aimed at nurses who have worked in the US, and I would estimate that very few such nurses would consider this work. This instead is for the thousands of Filipino nurses who have sat the NCLEX-RN, generally in Manila which has had its own test centre since 2007 (Margallo, 2013), and who are awaiting confirmation of their employment offers and/or visas. Eva is an excellent example of the type of nurse who could apply for this role. She received a job offer in 2008 to work in Tennessee, US.

> Eva: I am considering to migrate in the US because I have already sent a petition [… with] my employer in the US […] dated August 2008. So after the employer filed that petition, my visa processing was delayed. But, my agency told me last year that it's already active.

The surplus of nurses, who as I demonstrate in Chapters 4 and 5 are trained and disciplined to be suited for international nursing, are also ideal workers for the provision of distance healthcare.

Figure 15: Screenshots of BPO HIM job advertisement. Advertised on JobStreet.com.ph (2017b)



Nurse Associate- BPO Settings
Company Confidential (Recruitment Firm)

JOB DESCRIPTION

NURSE ASSOCIATES - START ASAP - TAGUIG SITE

Nurse associates are responsible to provide world class service to our customers and they will work alongside healthcare support workers and other professionals focusing on patient care.

- Conduct outbound/inbound, outreach to high risk patients on appointments, education, medication adherence/reconciliation and PCP referrals.
- Provide clinical patient information, arrange admissions, transfers and consults and to make call back arrangements; task prioritize and confirm arrangements and provide 3-way conferencing.
- Provide feedback relative to Customer satisfaction and improve operational process in support of the Customer Mission Statement.
- Other duties assigned

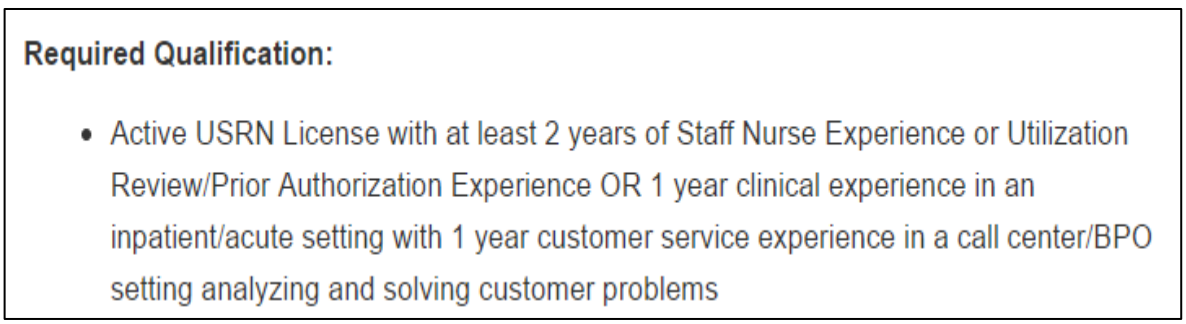
Qualifications:

- Must be a graduate of Nursing
- Must be a PHRN
- Willing to work on a BPO setting
- Good communication skills
- Shifting schedule
- Willing to work in Mckinley Hill, Taguig
- OPEN FOR FRESH GRADUATES!

Benefits/Perks:

- A chance to hone your skills and be familiarized with healthcare BPO industry.
- Comprehensive PAID training will be provided for qualified candidates in regards with CRS
- Enjoy a productive place of work
- Supportive working environment
- A workplace where you can find balance of servitude and fun.
- Provides a competitive salary
- Values family and people/agent welfare
- No Discrimination
- Skill building and career advancement opportunities
- Investment in your personal development
- Very good ground for training if you're planning to pursue a career in Healthcare and Hospitality Field.
- Successful candidates will enjoy 25,000-28,000 monthly salary package

Figure 16: Screenshot of BPO HIM Advertisement. Advertised on JobStreet.com.ph (2017c)



Required Qualification:

- Active USRN License with at least 2 years of Staff Nurse Experience or Utilization Review/Prior Authorization Experience OR 1 year clinical experience in an inpatient/acute setting with 1 year customer service experience in a call center/BPO setting analyzing and solving customer problems

Before moving to the experiences of call centre nurses, it is necessary to take a considered and long-term view as to the sustainability of the future of the BPO industry in the Philippines. While the BPO industry presents fewer risks to individuals than international migration does,

as an industry it is inherently less adaptable than migration where the Philippine state, private recruiters, and aspiring migrants have proven to be highly flexible and able to quickly seek new markets. For the BPO industry, it is the transnational companies that are flexible and geographically mobile. The HIM sector in Manila is particularly vulnerable as a primary driver of demand is the introduction of the Affordable Care Act in the US (2010) which is politically contentious and therefore vulnerable (Sullivan, 2018). On the other hand, the digitisation and outsourcing of medical processes appears to be on the rise as technological developments facilitate the digitisation of more and more processes related to healthcare. For many elements of healthcare, it is increasingly less important where therapeutic capacities lie, as advances in the 'digital' open up new opportunities that can transcend the limits of time, distance, and space, and intimacy and proximity are increasingly being decoupled from notions of care and therapeutics. Call centre nurses have not yet been associated with global care chains, but it should be evident than these nurses are key actors in contemporary global circulations of healthcare. The rise of call centre nursing and providing care at a distance demands an approach sensitive to traditionally non-caring activities.

6.3.3 Experiences of call centre nurses

In light of the increased salary and preferable employment benefits, it is perhaps unsurprising that many nurses turn to call centre nursing. Of the 35 participants I spoke who were no longer students and so had faced the competitive domestic employment situation, ten were currently employed in the BPO industry, whilst a further four had been at some point. Of those ten, eight are call centre operatives, one an administrator, and the final one is a manager. All but nine worked within the HIM sector, Rose working in a travel agency. In all cases, it was the issues relating to financial and employment insecurity which prompted participants to seek these opportunities. Lester who advised he *'work[s] in a call centre which is bigger compensation compared to being a nurse here in the Philippines. […] And in a call centre, there are more, more opportunities to excel and to be promoted'* and laments the fact that *'job opportunities are not that, you know, not that great for us [nurses].'*

As Lester shows, it is precisely the culture of volunteerism and resulting suppression of low wages which given him little choice but to pursue a career beyond nursing. Furthermore, Ella explains that beyond a better salary the BPO industry also offers other opportunities such as preferable working hours and opportunities for leisure.

> Ella: 'Cause you know that here in the BPO industry, [my] salary is much higher than the nurses. Actually my friend [a nurse in a prestigious hospital

> … earns] 18,000 [pesos] in a month. And her job is twelve hours in a day and six days in a week, so for that salary I guess, it will be stressful. Unlike me. Compared to her salary I am more relaxed, I can pay the bills, go to mall, and go wherever I want.

What is notable is that this change has led to an improvement in Ella's social mobility – she can afford not just her bills, but luxuries at the mall. More than this, she has not just the money, but the time and availability to travel to a mall, she is 'more relaxed', speaking to having better mental wellbeing than the overworked and underpaid nurses. Those currently working as nurses often commented how they had not visited a mall for a while, and that the Starbucks provided at the interview was a treat. The BPO workers – whose offices are generally located around malls – had their favourite seat and order in Starbucks. Leon has saved enough to travel to Hong Kong for his upcoming birthday, his first overseas trip, and others were planning similar activities.

Another key aspect about this is that, as Ella noted, despite having worked in the BPO industry for four years, she was able to save significant money and would soon able to afford a house for her parents. This has always been her *'number one dream'* that she initially believed would only be achieved through migration. Within the Philippines, such a feat is a marker of status, as it is generally only the elite or families of migrants who can afford property (Rodriguez, 2002). There is therefore a need to analyse Ella's decision to stay in the Philippines within the larger culture of migration in which her decision rests. Without a well-paying stable option able to quickly absorb nurses, Ella may well have had to volunteer in order to reach overseas destinations, and provide for herself and family. However, she is now afforded the ability to buy property and improve hers and her families' socioeconomic standing through BPO work rather than migration, as is typical. The dual cultures of migration in the Philippines have altered social structures to such an extent that property acquisition and entrepreneurship are now acceptable ways to demonstrate wealth and status. If property can be acquired, the stage of migration can be omitted. As the Philippine ING Bank Manila estimates BPO revenues will overshadow the revenue generated through remittances within a year or two (Lazo, 2017), it remains to see whether migrants will retain their monopoly on property.

While BPO work generally involves sitting in an office using only a computer and telephone, a far cry from traditional understandings of nursing in which physical intimacy is perceived as integral to the delivery of care, the workers I spoke with frame their role, as the job advert does, as a continuation of nursing. They focus on the medical training and knowledge gained,

and refer to the ‘patients’ they assist, even though they are geographically distant and reduced to data. Indeed, many referred to themselves as ‘nurses’ arguing that they continue to provide care and deploy their skills. Lester, despite never having had the opportunity to work as a nurse stated: *‘I work in a call centre, but I am a nurse still’*. While Leon, who could not afford to volunteer, justifies his move to the BPO industry as it offers him stable employment, whilst allowing him to continue employing his therapeutic skill set.

> Leon: I cannot pursue work without a salary. Just to volunteer. […] So now I shifted career so I’m working in a BPO as a medical processor. I’m not that much apart from what I’ve studied, what I’ve learnt, because we are still processing hospital bills. We are attending [patients], we still manage diagnoses, deal with doctors, like what we are doing in a hospital setting.

Leon accentuates the extent to which he can continue considering himself as a nurse, by equating his office life to a ‘hospital setting’. Yet it is now knowledge and communication that are now essential for him to work and provide care, and caring attributes are significantly less central. This further justifies the shift from considering certain economic activities as *therapeutic* rather than *caring*. BPO work in a sense becomes therapeutic for the nurse graduates who are excluded from the nursing profession. They are able to employ their therapeutic capacities, whilst earning a decent salary, and enjoy less stressful and healthier working conditions. They also receive healthcare benefits. This move is therapeutic not just for patients overseas, but for the nurse graduates, who like Ella note their stress-free lives.

This demands a deeper understanding of what therapeutic mobilities may include. This medical data, which on its own has no therapeutic capacity, becomes interpretable when mobilised internationally to the Philippine nurses in the BPO industry. Where other forms of therapeutic mobilities require the physical movement of humans or things with the assistance of physical infrastructure to mobilise care; this form of medical outsourcing requires the digitalisation of a human patient, the immediate international mobility of this data via digital infrastructure, the interpretation by a human health professional, the immediate international communication of the response, and then the carrying out of this response. The digitised medical data is a record of vital biomedical data concerning individual humans. It is a disembodied documentation of human health and wellbeing. It is not ‘non-human’, for it is only made possible through the testing of human bodies. Nothing tangible is now travelling, human or non-human – because the human has been made intangible. Nonetheless, the disembodied mobile data is vital for the delivery of care on a transnational basis. A global

therapeutic network approach, sensitive to activities such as call centre nursing and that examines the '*relational nature'* (Coe *et al*., 2008) of caring activities, rather than assuming a more linear uni-directional nature as GCC does, is therefore central in incorporating new forms of international healthcare into analysis.

6.3.4 Entrepreneurship- 'now they envy me' (Erin)

Among my participants, there are two nurse graduates, Ian and Erin, who left their vocation for entrepreneurship but endeavoured to remain within a therapeutic industry. Erin and Ian share similar stories, they are both in their mid-30s and had overseas sponsors in the US who pushed them to study nursing where it was assumed they would relocate, despite neither having a desire to nurse. Both spent time in their 20s working as a nurse in the Philippines – Ian split his time between volunteering and working in the BPO industry before securing permanent nursing employment, while Erin, the valedictorian of her year, was co-opted to teach students and later found employment in Saudi Arabia. Unfavourable living conditions prompted her to leave before her contract expired. Erin in Saudi Arabia and Ian in the Philippines both found that working as a nurse was too difficult. In the Philippines it was impossible to earn a decent living wage, and exploitation was common; while regardless of the improved earning potential Erin had overseas, her severely limited daily mobility made life in the Middle East too *'boring'* for her,

> [b]ecause [being] female we can't go out anytime we want. We have scheduled days off, and […] we can't choose the places we go. They [employers] choose it for us.

Perhaps unsurprisingly, both Ian and Erin left the occupation they never particularly wanted to join. Ian now owns and runs a business which sells medical supplements within the Philippines, while Erin owns and runs a business selling health and dietary supplements via Filipino migrant communities. She is based in the Philippines but travels for around three months each year to a variety of places in Asia and North America. Both are directly engaged in the business of selling and mobilising medical and healthcare supplements.

Erin and Ian have relied on their nursing credentials and experience to develop their respective businesses. Their status as registered nurses provides them with a level of legitimacy relating to health products that a business major, for instance, would be unable to gain. It also enables them to continue deploying and honing certain skills and knowledges learnt within their degree. Ian, for example is selling *'supplements, so I'm still using what I*

know about health.' Erin similarly reflected on how her nursing status has helped her business.

> Erin: Because my business is about supplements, about health, and it's easier for me to explain the benefits of the product to my clients.
>
> Maddy: And do you tell them you are a nurse?
>
> Erin: Yes, and it's a big advantage
>
> Maddy: So they trust what you say more?
>
> Erin: Yes, they believe me! [Laughs] Especially when I tell them, "Oh you have hypertension, you must try this! Because this is what happens to your body".
>
> Maddy: So the degree wasn't wasted?
>
> Erin: Yes, yes! Thank God that I am a nurse!

Erin and Ian use their therapeutic credentials as a way to further develop their abilities to mobilise, through selling, pharmaceuticals. Despite leaving nursing, they continue to provide therapy, continue to perceive of themselves as nurses, and use their status as a nurse to improve their socioeconomic status and international mobility. Just like the BPO workers, they benefit from their nursing education beyond traditional occupational boundaries. They are providing therapy in a new form, in a form that does not look like nursing, but, as with the BPO workers, a form in which being a nurse improves success. In this sense, returning to the key arguments in Chapter 4, nursing itself can be a means to success, just not always within nursing.

Furthermore, for Erin it is not just the improvement in her financial situation, but the fact she is now afforded greater mobility in her day-to-day life. Erin, like Ella in the call centre, has time for the mall and disposable money for new clothes and beauty treatments. Erin is offered higher international mobility and travels not as a potential migrant who faces countless barriers, but as an established businesswoman. For example, Erin easily obtained a 10-year multiple-entry visa for the US, a feat unobtainable for other participants such as Eva who has been waiting over 10 years for a visa decision. By not being identifiable as a potential migrant, Erin's opportunities for international mobility have expanded. Erin is able to *'see the world through my business!'*

Finally, and again, similarly to the experiences of call centre nurses, entrepreneurship also allows individuals to achieve the overall goals of migration i.e., to return and invest in the nation whether through property, skills development, or entrepreneurship; and to increase their socioeconomic status (Rodriguez, 2002) without prolonged international migration. Both Erin and Ian have opened their own businesses and are earning enough to support themselves and their families through the therapeutic circulations and sales of medical 'things', just as Ella above prepares to purchase a house. Although Erin worked for three months overseas, she did not save any money and instead used her wages to recoup the costs associated with migrating. Migration has not helped her achieve entrepreneurial success. Erin's friends working as nurses in the US *'envy me! Because here if you have business, you have your own time, you can travel anytime.'* Ian, additionally, believes he has achieved the goals of migration without undergoing the *'pain'* and hardship associated with it.

> Ian: I believe Filipinos are going abroad, but after they go abroad, they will just go back in the Philippines. And then they would just put up a business.
>
> Maddy: And you've done that without going abroad?
>
> Ian: Yeah! If I can do that one right now, what should I do there [overseas]? […] because it's painful to leave your family in the Philippines and be far. So why sustain that pain if you could just stay here? And I mean, it's the same end. You will still put up a business here. Why not now? Why go through the pain?

Ian has not just found the success of a businessperson, he has found the success of a migrant, but without *'the pain'* of leaving his family behind. Entrepreneurship, like call centre nursing, offers the ability to 'skip' the migration phase and achieve the same outcomes.

6.3.5 Returning to nursing

Not all nurses, however, are satisfied with their call centre or alternative employment, and it is important to reflect on how time away from the profession affects the ability of participants to re-enter nursing. While there has long been a requirement for continuing professional development (CPD) to re-enter nursing, in March 2016, the 'CPD Law' was amended and has been more strictly enforced from late 2017. This amendment requires nurses, and other professionals, to renew licenses every three years (PRC Board, 2017a; PRC.Gov, 2017). Nurses must gain 45 credits over a three-year period. There are a range of ways to do so, mainly through seminar and conference attendance and participation, or through 'in-service training' in which a maximum of 20 credits can be gained per 12-month period (PRC Board,

2017b). Usually such activities cost money, and may involve significant time commitments for those no longer working as a nurse. Nurses in paid employment, however, can easily evidence their development as three years of full-time work provides 60 credits.

Most nurses I spoke with initially found alternative employment as a means to subsidise volunteerism and four continue to actively work towards fulfilling the requirements for international employment, including attending training in hospitals. Rose, for example, the only call centre worker not in the HIM sector, opted for a travel agency as the shift patterns give her time to volunteer/train during the days. She also initially desired to study tourism before her mother, a medical technician pushed her into nursing. Indeed, her mother is annoyed that Rose's *'"tourism came out again! You're back in the field!"'*

For Rose, the BPO industry offers a chance to improve her English, learn more accents, and find out more about the world where she plans to travel. However, her desire to nurse does not wane, and she views her own job as an opportunity to further improve her caring skills.

> Rose: So far because of my experience, I tend to bring out the nurse in me, because I'm just thinking maybe they're like patients but on the phone, and I try to empathise and everything.

Nonetheless, her opportunities for training are highly restricted, and despite being able to afford the financial costs associated with it, there are few courses she can realistically attend.

> Rose: I have to work and save up […] for training. After you get the salary, find the training that's good for a weekends, 'cause usually weekends is our off days […] But lately I haven't seen a training that's only two days, usually four and I have to request like, "can I have two to three days, and another day [separately]?"

For Rose, and others, locating suitable training sessions is difficult without the insider knowledge afforded to practising nurses. Following our interview, she messaged me asking for assistance in locating an IV training course.

Such a high workload is unlikely to be sustainable in the long-term. Ian's eventual decision to leave nursing resulted from burnout from working two jobs.

> Ian: At that, at that time, I'm a nurse in the morning and in the afternoon, and then at the night, I'm a call centre agent.
>
> Maddy: Oh, when did you sleep?

> Ian: [Laughs] Well, I always told my friends it's uh "*tulog* bus". *Tulog* means sleep, bus. So, my sleep depends on how long the bus travels. So I always wish that there will be heavy traffic so I can sleep then! [Laughs]
>
> Maddy: [Laughs] So how long did you work two jobs for?
>
> Ian: Almost six months and I had to choose. So I couldn't do nursing. Because of the money.

Ian is not alone in (eventually) forsaking nursing. For many, nursing is no longer worth the pain and hardship, particularly when other more stable opportunities exist. It remains to see how long the younger participants such as Rose are able to deal with the seemingly untenable situation. Furthermore, during the interview, Lester realised his nursing license is no longer valid.

> Lester: I haven't practised [nursing] in, you know what? My license got expired! Because I haven't practised in being a nurse, and my license expired last year. Really! Oh shit. I just realised! Sometimes I realise that it sucks being a nurse here [the Philippines].

On the face of it, call centre nursing is a mutually beneficial situation where companies and countries can outsource certain medical tasks for a fraction of the cost, and almost the same, if not quicker, time. Unemployed and underemployed nurses in the Philippines are given opportunities to earn well and use their degree, and many use the employment to subsidize their 'volunteering' efforts to maintain a foot in nursing. Furthermore, the Philippines itself has a thriving new industry able to absorb many with failed dreams of migration for whom successive governments have been unable to provide employment opportunities. On the other hand, the rise of HIM in the BPO industry means nurses are likely to lose their registered status, reducing the number of available nurses in the Philippines, and impacting individuals' future migration opportunities. It also does little to address underlying problems in global north healthcare settings concerning a lack of funding, although clearly outsourcing alleviates some of the financial strain. Finally, it offers no remedy to the dependency of the Philippines on overseas markets and policies to secure its growth.

6.4 Conclusion

In the previous chapters, I demonstrated how the internationalisation of nursing in the Philippines and the linkages with nursing and migration impacts the propensity of young Filipinos to enter nursing and affects the ways they imagine and conceptualise nursing,

largely in overseas terms. Here, I build on this by demonstrating that the actual structural realities of nursing and other employment in the Philippines lay the foundations for new opportunities beyond nursing, primarily in call centre work. This chapter explored the employment experiences, opportunities, and trajectories of nurse graduates (objective three) in order to add further depth to understandings of why and how nurses in the Philippines are drawn into global circulations of care, going beyond elements that characterise chain thinking. I have demonstrated how the demands for experienced nurses and the resultant culture of volunteerism widens class divisions within the Philippines' nursing sphere, replicates and further entrenches global health inequalities, and affects the mobilities of nurses beyond that of international migration. This chapter has explored the effects of global therapeutic networks on the lives of individuals, and has demonstrated the need to expand notions of care and migration in the light of nurses providing care to transnational populations without migration. It also brings attention to the capacity of the health service industry itself to be mobile.

Analysing the 'culture of volunteerism' is vital in understanding the global influences that compel or dissuade nurses from movement. It represents a further node in global therapeutic networks as the working practices in the Philippines are only made possible due to the wider global circulation of nursing and care labour. A GTN approach is key to understanding how demands of international nurse recruiters contribute to the worsening of nursing employment conditions in the Philippines. However, whereas previously this has been identified as central in further cementing desires to migrate (Ronquillo *et al*., 2011), in this Chapter I highlight how many nurses are instead pushed out of the occupation, but remain in the Philippines as the realities of decent domestic employment cause desires of international migration to dissipate.

The occupations of call centre nursing and entrepreneurship disrupt traditional understandings of the connection between migration and success in the Philippine context. The dual cultures of migration in the Philippines and Philippine nursing, have allowed the Philippines itself, rather than just its workers, to be imagined as an ideal location for outsourcing. Economic habits have changed to the extent to which hospitals can actively exploit nurses, and many nurses then turn to other opportunities beyond the occupation. Social status has changed to the extent to which not only migrants can climb the socioeconomic ladder, but those who engage with the desired end goals of migration – property accumulation or entrepreneurship – can enjoy an improved status without migrating. There is less impetus for young skilled Filipino nurses to migrate, although the success of this still depends on the capacity of the Philippine

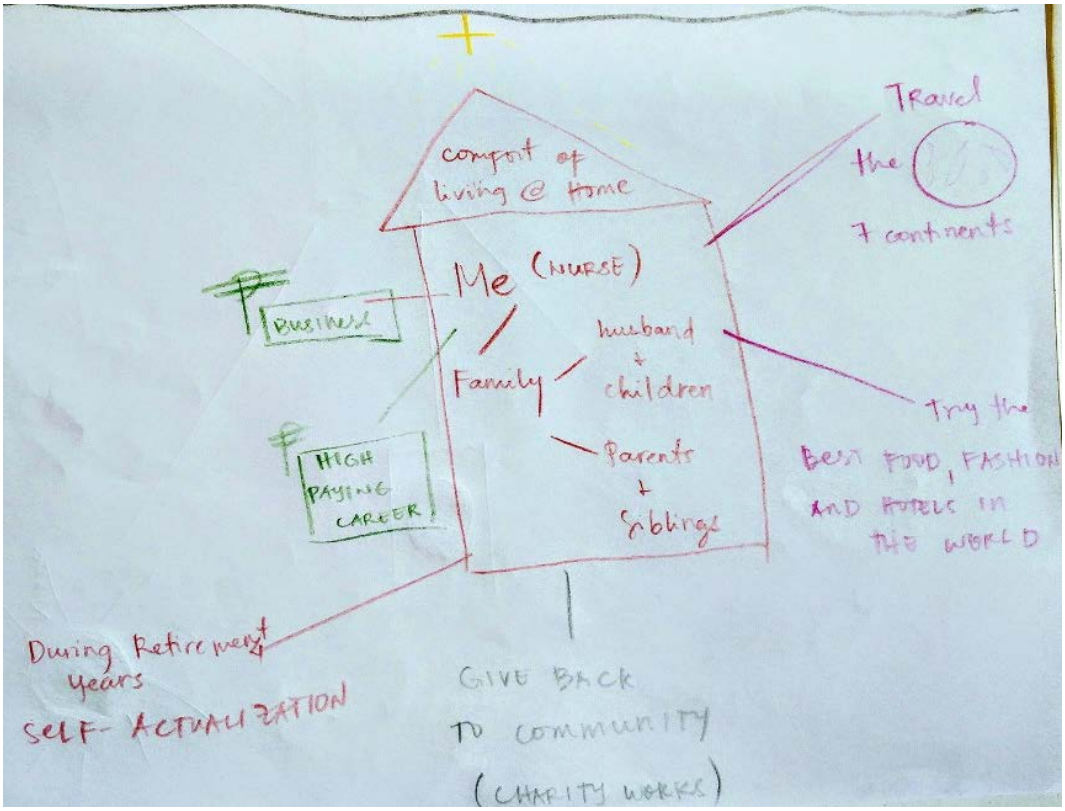
state to produce workers suited for international needs (Mitra, 2013b). Call centre nurses also need to be caring, subservient, hardworking, and adept at communicating with overseas.

In this sense, the culture of migration has become culturally embedded to the point to where it facilitates the growth of domestic opportunities, and therefore reduces the desirability of migration, albeit for a highly skilled and educated group. Nonetheless, from a more critical postcolonial perspective, it is clear that call centre nursing represents a rearticulating of the 'Empire of Care' between the US and Philippines (Choy, 2003), rather than anything particularly new. Finally, it is key to note that despite the opportunities associated with call centre nursing, desires of migration do not disappear for all. For example, Lester – the most vocal participant towards the exploitative nature of the culture of volunteerism – continues to envisage his future overseas. Indeed, he arrived at our interview late after having visited a recruitment agency specialising in overseas nursing and care employment. In the following chapter, I turn to the aspirations and desires participants have concerning migration and their future plans.

Chapter 7. Imagining the world and deciding to migrate: The desired futures of Filipino nurses

Sofia: I think this is a perfect life [gestures to part of her mental map shown in Figure 17]. This is me together with my family, I want to be a nurse, but just to my family. […] I want to have a business of my own, or a high paying job – either is fine – which would make me travel to seven continents, experience the world, the food, the fashion, and hotels. […] Then during my retirement years I will give back to the community. [... And have] the comfort of me being at home here in the Philippines, with my family […]

Figure 17: Sofia's mental map (part a)

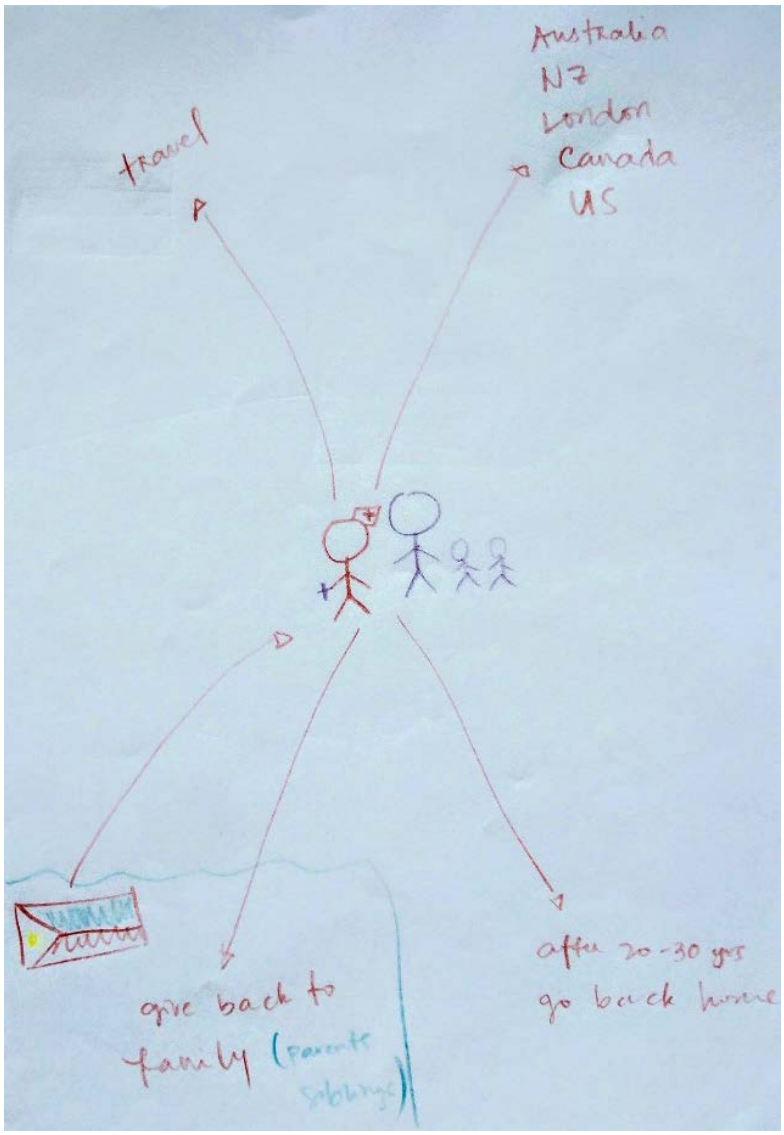


Maddy: So this is what you'd like to have?

Sofia: Yes. If given a chance I would love to have this kind of life. But then again if life is still tough, still hard, I would migrate with my own family as a nurse […] So I will leave the Philippines, give back to my family. Maybe go to these places [points to Map b], Australia, New Zealand, London, Canada, US. These are the countries, but then also travel wherever I can.

And then after 20 or 30 years, go back home, and still have this [gestures to part of her mental map shown in Figure 18].

Figure 18: Sofia's mental map (part b)



7.1 Introduction

In this Chapter, I examine how nurse students and graduates imagine their future trajectories, whether 'at home' or abroad, to further contribute to understandings of how nurses in the Philippines are drawn into global circulations of healthcare. This is objective four as laid out in Chapter 1. I turn to the decision-making practices of participants in deciding whether to migrate, and where to migrate to – key components of the geographical imaginations approach. Where the previous chapters attend to many of the structural pressures that push young Filipino men and women into becoming nurses (Chapter 4), discipline them into being ideal migrant nurses (Chapter 5), and compel them to leave the occupation of nursing (Chapter 6); here I consider how these competing and significant pressures lead participants to

imagine their future trajectories in vastly differing forms. As Sofia's opening quotation demonstrates, the decision-making process is not clear-cut and there are various considerations and factors influencing decisions – *'family'*, culture (*'the food, the fashion and hotels'*), therapeutics (nursing), and economic considerations. I show that with regard to deciding whether or not to migrate, socioeconomic considerations are often superseded by sociocultural elements and by the desire to travel. There is no obvious key element that drives decisions of where to migrate to, and socioeconomic, sociocultural, and therapeutic reasons equally influence the desires of participants.

I rely heavily on the geographical imaginations approach to understand the various decision-making practices and considerations undertaken by participants (Marcus, 2009; Riaño and Baghdadi, 2007; Teo, 2003a). To recapitulate, the geographical imaginations approach has four primary benefits – its ability to account for individual agency within wider structural pressures, the necessity to connect ideas of both home and away, its focus on ideas of culture and geography alongside more traditional economic, social, and political factors, and its sensitivity to those without desires to migrate (see section 2.5). I also turn to participants' mental maps to complement analysis. By asking participants to draw how they view the world, it is telling that there are few static representations. Mobility is integral, even for those with no desires to leave. Participants' maps display both a dynamism and an appreciation of the interconnectedness of the world. Few if any barriers appear on the imagined worlds and national and political boundaries are less important than imagined and cultural ones.

I begin this Chapter by illustrating the geographical imaginations held of the Philippines, of 'home', to situate the subsequent sections. Section 7.3 analyses participants' decisions and desires to migrate or stay. I explore what compels or dissuades migration, focusing on four recurring themes in participants' narratives – familial pressures, socioeconomic considerations, sociocultural considerations, and the role of therapeutics. All of these factors are clear in the opening quotation and mental map from Sofia. In section 7.4, I consider where participants desire to move to and why. I first explore what makes a place attractive for purposes of migration or tourism focusing on the importance of geographical and cultural imaginations. I then move to consider the influence of socioeconomic, sociocultural, and therapeutic imaginations before reflecting on how these imaginations combine to position key migratory destinations – the Middle East and Asia – as temporary 'stepping stone' destinations.

7.2 Imagining the Philippines: Diversity, uniqueness, and third world status

In the geographical imaginations approach, it is not enough to analyse imaginations of elsewhere, it is also central to understand how 'home' is imagined to contextualise other imaginations (Marcus, 2010). Imaginations are inherently relational, and to understand the meanings behind depictions in mental maps and utterances in interviews it is essential to first understand how participants imagine home. Depictions of home are the most common occurrence throughout the mental mapping exercise, and 30 of the 39 maps include depictions of home, mainly as the Philippines (see Table 5). Although some noted specific provinces or towns, national identity is strong within the group, and in most cases supersedes local and regional affiliations. Furthermore, there is no correlation between migratory desire and attachment to nation or locality: both aspiring migrants and determined remainers are found in the minority who prioritise their locality. This perhaps reflects the fact that many participants have engaged in internal migrations to access education, training, employment, and recruitment agencies in Manila. As Table 4 shows, 27 of the 48 participants have already moved from the 'provinces' to Manila, and a further three moved from Riyadh, Saudi Arabia where they lived with migrant parents.

With regard to imagining the Philippine nation, imaginations are relatively positive by all but one participant (Roberto whose direct experience with violence has marred his perceptions, and who noted that even his family and friends do not share his views). In relation to the cultural and social aspects of the Philippines, it is the diversity and plurality of cultures that is the main source of pride.

> Alyssa: I think culture-wise we are very unique. We've been colonised by Spain, US, and Japan, that's big for a small country. […] Culture-wise, we've been through a lot, it's different, and the people here are different. […] there are a lot of foreigners who have come to introduce themselves as locals. […] we have the Muslims who also have their different culture, so really it's diverse, it's not like any other country.

The Philippines is imagined as a bastion of friendliness and community. It is also, as seen in Erin's quotation below, imagined as a place for relaxation and presented as an 'imagined community' (Anderson, 2006) in which everyone knows everyone, and conversations easily begin with strangers.

> Maddy: So what do you love most about the Philippines?

> Erin: Um, the culture! The people. Because here, anytime, you can go out and talk to anybody, unlike when you go abroad you can't find people just sitting, talking. [She gestures to people around us in the Mall chatting.] Most Filipinos just love to talk! I've been to Singapore and I stayed there for two months, and everybody is busy. Here, everybody is just relaxing.

This positions the Philippines as unique and different from wider Asia. While the Philippines may share many similarities with *'Asian countries [who] are really similar'* (see also Chapter 5), the diversity and friendliness of Filipinos are presented as unique elements, inherent to those from the Philippines. Furthermore, the multiple histories of colonialism Alyssa refers to above mean the Philippines is largely Americanised, and is the only majority Catholic nation in the region, further adding to its supposed uniqueness within Asia.

For some such as Ian, this westernisation increases the cultural distance between the Philippines and the rest of Asia, and eases adaptation to western cultures for migrants.

> Ian: It's easier [to live] in the US. We were influenced by US culture, so have an ability to adapt with that […] So it's easier compared with the Middle East and China, as well as in Japan.
>
> Maddy: So even though Japan is so much closer, culturally it's-
>
> Ian: It's far. It's further [than the USA].

While Bella conversely considers herself and the Philippines *'all east'*.

> Maddy: And what do you think Canada would be like to live in?
>
> Bella: Moose-loving! [Laughs] I'm just joking. Justin Bieber! I think I would be shocked, culturally shocked when I go back to Canada, because it's a western country, and I'm all east! Were you shocked when you came here?

Clearly, participants imagine the Philippines' position in the larger world in vastly varied ways. In general, while only a minority of participants employ the terms 'east and west', participants tend to adopt oriental/occidental binary thinking in their understandings of the Philippines and the wider world. And as in with the quotation by Bella above, these understandings are often mapped on to me as a researcher, a western outsider in the Philippines. The promotion of Filipinos' supposed inherent ability to be 'cultural chameleons' (Terry, 2014), evidenced by a tumultuous history and diverse ethnolinguistic groupings,

appears to complicate understandings of how it fits in with the rest of the world. This is not a new idea. Hogan (2006, p. 115) argues that the Philippines *'is in but not of Asia'* as a result of its colonial histories. This is important, as the differing understandings of the Philippines' position in relation to the world impact participant's decisions to migrate, and the ways participants envisage and plan for migration.

Many of the positive values ascribed to the diverse nature of the Philippines are reflected in the ways participants embody and promote themselves as the ideal migrant nurse who is adaptable and caring (see Chapter 5). The 'hardworking' element of the Filipino is also captured in wider imaginations of the Philippines, which is deemed by most participants to be a *'third world country'* (Kevin, Sofia, Alyssa, Lester, Nicole, Bridget), despite the fact it is classified as a 'low-middle-income economy' (World Bank, 2018). I argue its construction by participants as a 'third world' nation serves a certain important function. That the Philippines does not offer jobs suitable for its highly trained population, who are trained well above 'third world' standards, becomes a further justification of migratory desires. Nicole exemplifies this well.

> Maddy: So how do you feel about people moving from the Philippines in general? […]
>
> Nicole: I think it's good. There's nothing wrong with moving, I think of it that way. And well, we must admit that we are living in the third world country [*sic*]. So if they have something, a bigger opportunity, outside, why not grab it? I would not be a hypocrite saying "it's better to stay in Philippines, if you're having struggle in finding money", if you have a better opportunity abroad.

Again, this is an example of strategic essentialism (Spivak, 1999; Veronis, 2007), in which it is useful to re-present the Philippines as inferior to justify individual desires of migration. The *'third world'* status allows Nicole to be positive about the migration of Filipino workers, however, this is not always the case. The impoverished status prompts others to desire to remain. In the following section, I outline how these and other geographical imaginations impact participants' desires to migrate or remain.

7.3 Deciding to stay or leave

The geographical imaginations approach necessitates both an understanding of why it is that people decide to migrate, and where it is they wish to migrate to. This section focuses on the first element – the decision *to* migrate. However, as argued throughout the thesis, and detailed

in Chapter 2, there has been a tendency in migration decision-making research to interrogate only the desires, pushes, pulls, and structural factors which precipitate international movement, not those which dissuade it. The exception to this has been the work within border studies that focuses largely on the political mechanisms which dissuade and restrict movement (see for example Mountz, 2015). It is therefore vital to ensure that equal attention is given to all decisions and desires regarding migration – from the 'determined remainers', those who may reluctantly move if deemed necessary, the undecided, those who would stay only under certain circumstances, and the 'determined leavers' (see Table 4).

The nurses I interviewed are largely subjected to the same structural pressures, and share similar geographical imaginations and lived experiences with one another. This is reflected in the fact that nurses generally made reference to similar themes unprompted. However, participants interpreted and made sense of these discourses in varying ways. This results in varying decisions relating to migration, and exemplifies the benefits of a geographical imaginations approach that recognises and accounts for individual agency within larger structural pressures. In this section, I explore the three primary themes that emerge from the data – the role of familial pressure and encouragement; desire for social mobilities; and considerations attached to the notions of therapeutics and care (see also Table 5). The familial pressure experienced by participants demonstrates both how geographical imaginations are formed, and also how they become sites of contest and conflict within family structures. In the case of social mobilities and therapeutics, varying understandings of place contribute to widely differing migratory desires.

7.3.1 Familial pressures

The influence of familial pressure on the migratory decision-making practices of participants in part correlates with insights gained from researchers focusing on the household as the unit of analysis (see Lawson, 1998) and from empirical research on Filipino migrant and left-behind communities (see Rubio, 2012; Semyonov and Gorodzeisky, 2005). This research suggests that elder daughters are generally expected to become their families' breadwinners and 'suffering martyrs', and are disproportionately pushed into pursuing overseas opportunities (Massey, 1990). In my study, such women are more likely to report being pushed into nursing education by families and friends than they are by other participants. For example Claire, an undergraduate student, has recently changed her mind concerning migration and decided that *'I'd rather stay here'* in the Philippines. However, as of the interview, she had been unable to share her desires with her parents *'because they want me to go abroad'*. Without another economically viable option she is too scared to broach the topic.

My interviews highlight how while elder sons also face similar familial pressures to become and nurse and migrate, that negotiations with family members are easier. Leon, for example has stable employment in the Healthcare Information Management (HIM) sector, helps his family financially, and can afford to live independently. The familial pressure he experienced to migrate lessens as his family recognise their son is happy but successful, they are satisfied with his achievements.

> Leon: Personally I want to stay here. I'm [a] family person, […] so I think it would be very difficult for me if I leave [the Philippines …]
>
> Maddy: And do your family support that decision?
>
> Leon: Yes! They are very supportive. At first when I decided to shift paths, to not pursue hospital setting, they weren't really supportive
>
> Maddy: And they're not pushing you to move anymore?
>
> Leon: Yes because they see me that I'm happy with what I do, I'm happy with what I achieved, so I think that's enough for them to not push me.

Nicole, conversely, who is studying to become a doctor and desires to remain in the Philippines if possible, has an aunt relentlessly trying to get her out of the Philippines (despite the fact that as a doctor, she would earn a salary above a nurse or BPO worker).

> Maddy: And you were saying you were offered a job in the UK?
>
> Nicole: Yes […] my aunt is from Canada, and her friend is one of the recruiters, or interviewers, so she endorsed me to them to apply. But then I told her that I'm taking up my medicine, so I need to deny the job offer.
>
> Maddy: So did your aunt really want you to move? Or was she ok with you saying no?
>
> Nicole: Yes! She really wanted me to move. She's actually inviting me to live in Canada, in other countries. She really wants me to move out of the Philippines.

The familial pressures for the eldest women siblings is significantly more restrictive than that experienced by the men I spoke with. Nonetheless, as with Nicole, there remains options to *'deny the job offer'* and to resist these desires. It does, however, cause conflict.

Furthermore, several younger siblings I spoke with noted how now their elder sibling had migrated, parents become unwilling to see more of their children leave.

> Maddy: And do your family support your decision to migrate?
>
> Gabriel: No. I'm not telling them my plans. I just want to surprise them. Because if I told them, they will not approve. They are also contrary to what I said and my decisions, because I am the youngest. They always tell me no. They want what their decision is, I have to adapt to what their decisions are.

The youngest children often reported conflict when discussing their plans to migrate with parents. Younger children in Philippine family structures, again, specifically daughters, are expected to stay near their families and provide care in old age (Tyner, 1994), although Gabriel, with his nursing credentials, is the favoured in his family. It is important to remember that Gabriel's family are supporting his Masters studies, yet have no desires for him to migrate. The Masters is to assist Gabriel in finding favourable employment as a nurse in the Philippines. Again, Gabriel is resisting these pressures through hiding his plans before eventually *'surprising'* his parents.

Furthermore, Freya, a determined remainer and the only single child I spoke with[39] explained how she has no need to migrate while recognising her classmates from larger families may.

> Freya: Maybe if I am a person with a family or other people who I support, I would also consider that [migration]. So wages are also important. So maybe it's a factor that I don't have brothers and sisters, just me!
>
> Maddy: No pressure?
>
> Freya: Yeah, unlike my other classmates, they are the eldest [siblings], so they are also thinking of, they need to do this, and they need to do that.

Finally, some of my participants have spouses and children. In total, I spoke to four participants with children of their own – Jennifer and Eva as part of married couples, and Lester and Bridget as single parents – and a further six married or in long-term committed relationships. These participants are still deferential to their parents, but are also involved in leading their own households and afforded more opportunities for independent decision-

[39] quite a rarity for the Philippines with an average of 2.96 births per women in 2015 (The World Bank, 2015)

making. Jennifer for example, while determined to migrate, respects her parents' wishes not to pursue destinations in Australasia.

> Jennifer: I had two opportunities, in New Zealand and in Australia, but my family, they don't want me to go there, because we don't have anyone, they don't know anyone in that country. So yeah, I didn't go. But I want to.

For these participants, the considerations and desires of their own parents retain importance but are secondary to the perceived needs of their own children. Lester, for example, believes the best way to provide for his son is through remittances. Bridget, conversely, is concerned with finding a different climate suitable for her daughters' medical needs (see also section 7.3.4). Sarah explained how she initially planned to migrate to improve her daughter's opportunities, but that when her ex-husband (and daughter's father) found an opportunity in the UK, that Sarah was free to pursue her desires of living and nursing in the Philippines whilst ensuring her daughter had ample opportunities. Sofia keeps her parents happy by not seriously pursuing opportunities in the Middle East (although has attended online interviews), while Jennifer accepts her parents desires to avoid Australia and New Zealand (for now, at least), but remains determined to migrate to give her son a better life. Jason desires migration to Singapore to live with his partner, and is willing to deskill to do so.

There is a need to recognise familial pressure as an important factor that influences, but does not dictate, migratory decision-making practices. Ronquillo *et al*. (2011, p. 270) argue that

> the 'choices' available to these nurses resided within the realm of their parents' wishes, and that the pressure of meeting parental approval far outweighed their ability to make individual decisions.

However, in this case of my participants, it is evident that there is scope to resist and work around *some* familial pressures and wishes. Gabriel is keeping his plans quiet until finalised, while Nicole humours her aunt, Skyping and emailing contacts which her aunt passes to her, yet continuing to pursue medicine. Nurses appear to have more scope to resist familial pressures in relation to migration than in relation to the stage of becoming a nurse (see section 4.3). This perhaps reflects the more mature status of qualified nurses as opposed to high school teenagers – people who work, have studied, and have likely lived away from home for at least a short period. While the pressures themselves may not change, participants display more faith in their own decisions and desires and are more open to resisting those pressures. However, resistance must be articulated in non-confrontational forms – participants must adapt and adjust plans and desires to receive family support.

7.3.2 In search of 'greener pastures'

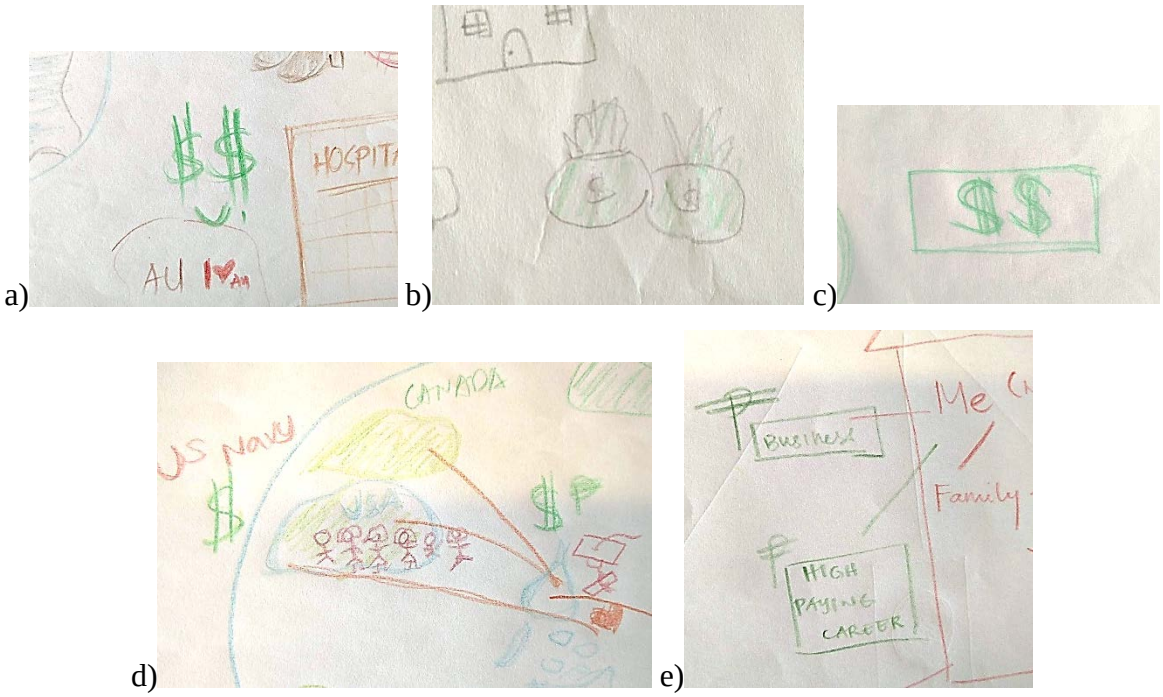
Beyond family pressures, unsurprisingly, socioeconomic factors hold a primacy in decisions to migrate. However, this should not be understood as further justification for relying on economic explanations of migration. For, when considering the reasons of those who do not wish to leave, cultural and social reasons tend to be central, with socioeconomic concerns of lesser importance. Socioeconomic considerations affect migratory decision-making in three primary ways. Initially, and most commonly, many participants desire to migrate to improve their and their family's socioeconomic standing by reaching *'greener pastures. Because you know, the salary abroad is way bigger'* (Bea). For these participants, migration is imagined as the only way to improve socioeconomic mobility due to the *'third world'* status of the Philippines. The economic gains from migration are 'imagined to be vital in securing the necessities and desired luxuries required to live a fruitful and happy life. For those determined to leave, it is imagined that only migration can do this.

> Maddy: And did you want to migrate?
>
> Sofia: Now, yes. I want to migrate. Because I just want to earn, have a have a better future with my future family. Because here in the Philippines, you can't. […] I can't earn here, not a good salary. So that's the reason why. For greener pastures.

The guiding light of *'greener pastures'* has been identified elsewhere in the narratives of Filipino migrants who have embarked on overseas migration (Ronquillo *et al*., 2011). This is a recurring discursive strategy in Philippine cultural life and media, and is often used as a synonym for migration. Whereas elsewhere in the world 'greener pastures' can mean any preferable opportunity, in the Philippines it is intrinsically connected with imaginations of international mobility. For example, a recent news article leads with the headline: *'In Canada, Filipinos find greener pasture as mushroom pickers'* and focuses on a Filipino high school teacher who migrated to Ontario (ABS-CBN News, 2018 no page). 'Green(er) pastures' is also a recurring term throughout the Bible such as in Psalm 23:2 *'He makes me to lie down in green pastures. He leads me beside the still waters'*. Gorospe (2007) has linked Catholicism as practised in the Philippines to the cultural importance of migration in the Philippines, arguing that various largescale migrations of people described in the Bible occurred for *'greener pastures'*, particularly the migration of Moses and the Israelites out of Egypt in Exodus 4.

The ‘green’ of greener pastures is by no means related to imaginations of beautiful landscapes or of the geographic qualities of places. Indeed, there is a consensus that migration away from the greenery of the Philippines results in a loss of natural beauty – the Middle East imagined as a desert, the global north and Asia as urban. It is instead the ‘green’ of money, preferably US dollars. Sofia in her mental maps (Figure 17 and Figure 18) is not the only participant to select green for symbols relating to money and in total 10 mental maps have depictions of money (see Table 5). Figure 19 shows further examples of symbols relating to money in the colour green. What is also notable is the focus on US dollars. Other than a few Philippine peso symbols, and a pound and euro symbol drawn by Gabriel, all visual representations of money are US dollars. This reflects the importance of foreign currency in the Philippines and the primacy of the US dollar within this.

Figure 19: Mental maps showing money symbols in green.
a) Victoria, b) Kate, c) Erin, d) Danica, and e) Sofia



This imagination is dominant regardless of migratory desire. Eva, for example, despite being more concerned with remaining close to family and friends than with achieving economic success, believes her earning potential in the Philippines cannot match the ‘greener pastures’ abroad.

> Maddy: So was it when you took nursing, that’s when you wanted to migrate?

> Eva: Yes. Very, very tempting or something, convincing! People are saying you will have the greener pastures in the US than you will in the Philippines. But I love my country. I never regret that I live here in the Philippines. […] It's better to live in your country where you have lots of people, your friends are there, your family is there.

For Eva, as I further discuss in the following section, economic concerns are not enough to compensate for sociocultural familiarity.

Finally, Erin offers a certain critique to the imagination of 'greener pastures' overseas. Erin used to perceive the Philippines as a hopeless place, with elsewhere providing more opportunities. She has since found that as an entrepreneur the Philippines has just as many opportunities for socioeconomic mobility as elsewhere (remember from section 6.3 that Erin's friends in the US now 'envy' her). While in absolute terms she earns less than her overseas friends, in the Philippines she earns enough money for her and her family to not just survive, but to thrive.

> Erin: I have friends who are doing good business-wise here [in the Philippines], they have properties, they have businesses, but since they want to go to US, they sell it then they go to US. And when I talk to them, they regret it because they realise they have better life here. Because here they are the boss, they have businesses.

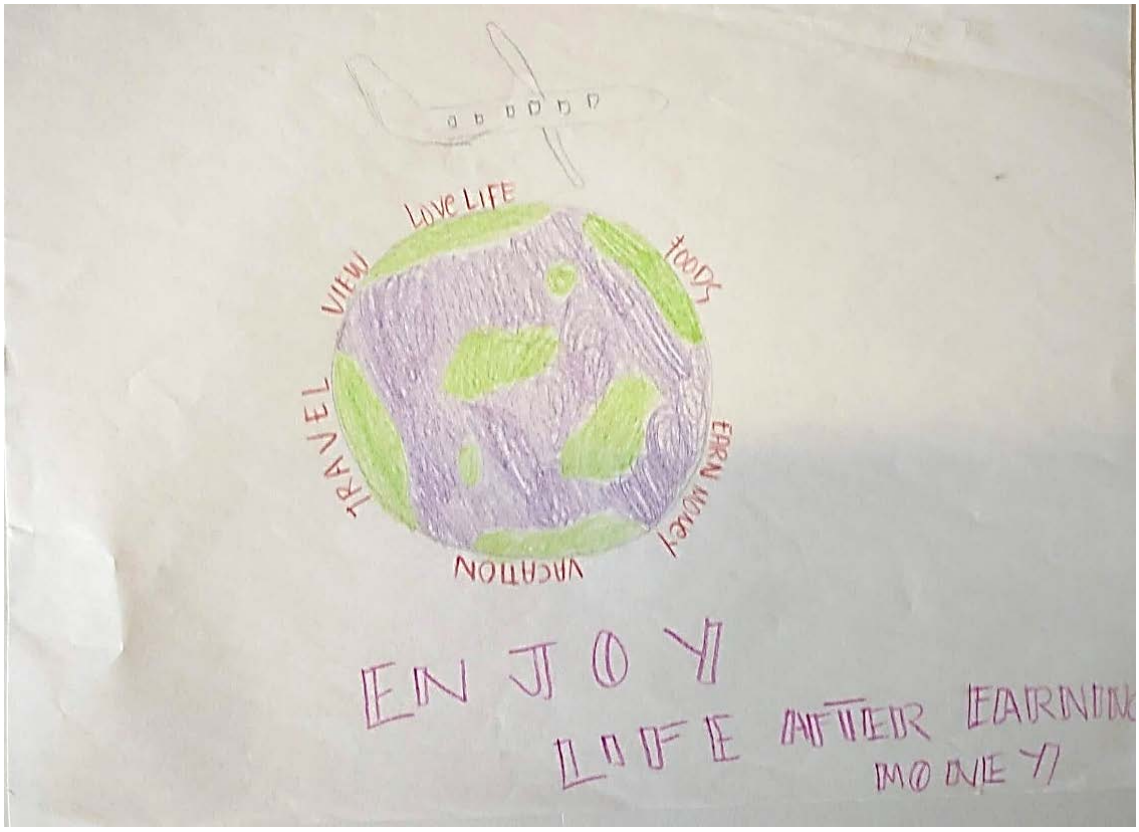
For Erin, discovering greener pastures within the Philippines – albeit greener pastures outside of nursing – has reduced the impetus for migration. She prioritises social and cultural mobility above economic mobility, so long as she is financially stable. Erin is by no means alone in this; indeed, many participants' decisions regarding migration are driven by sociocultural considerations.

7.3.3 Sociocultural mobility

For those whose decisions are driven by sociocultural considerations, there remains an appreciation that although money does not 'buy' happiness, it can provide stability, comfort, and opportunities for various forms of mobility. For example, Rodrigo's mental map (Figure 20) prioritises a mobile life (note the aeroplane above the world) of *'travel, views, foods, vacations'* and a love of life, but this is only possible *'after earning money'*. Notably, Rodrigo did not include the *'after earning money'* initially, and was an afterthought to his mental mapping exercise. Similarly, Erin states how travel and exploration are her dreams, but that her ability to do so freely is restricted by the economic needs of her family.

Erin: It's my dream to travel the world. […] If my relatives do not depend on me, maybe I [could] go for missionary [work]. But because I'm a breadwinner, and I work for the whole family, that's why I have to earn a lot.

Figure 20: Rodrigo's mental map.
'Enjoy life after earning money'



For those who prioritise sociocultural above socioeconomic mobility, there are again ambivalent understandings as to whether migration represents the favourable option. Some, such as Tisha, a current migrant from a high socioeconomic standing in the Philippines, recognise that while migration may assist in a higher social status in the Philippines for individuals and families, life overseas is significantly more difficult.

Tisha: I'm working hard there [US] and spending a lot of money here [Philippines]. I mean there, it's really expensive to have a helper, a maid. So you have to do yourself – cleaning, washing the clothes, doing the dishes, cooking. Here just spend 5000 pesos, 100 dollars, you can have a helper. So you know, it's like, you're living a good life here in the Philippines, but when you get back, it's like [living in] poverty there!

This is particularly prevalent for those participants from a higher socioeconomic status who are used to having at least one maid work for their family. Isabel, for example, having just moved to the UK recently called me for assistance with operating a washing machine. This is also a phenomenon well reflected in research of Filipino nurses and other migrants who come from relatively privileged backgrounds (Pratt, 1999). Migration prevents these nurses from outsourcing therapeutic tasks to other, poorer women.

Worries about being overworked, having minimal and restricted leisure time, and concerns of familial separation are common, even for those with strong desires to migrate. Indeed, Joshua's mental map (Figure 21) is an excellent depiction of this dichotomy between money and quality of life. For Joshua, there are three considerations to consider when 'weighing up' the decision to migrate: life and career, family, and home. He would only migrate if he could envisage a preferable or equal life and career, family, and home elsewhere than in the Philippines.

Figure 21: Joshua's mental map.[40]
Decisions to migrate are based on life and career, family, and home. There is represented as a balancing act with Joshua between the Philippines and the world.

Concerns of not fitting in, not adapting to new cultures, and the loss of a sense of 'home' dissuade some from migrating. Ian, for example, explicitly stated the reason he could never

[40] Several maps including Joshua's have not replicated well in the thesis. I have tried various scanners, cameras, and other methods, and have used picture editing software to alter brightness. In future, I would bring coloured pens rather than pencils.

imagine himself migrating – even before finding entrepreneurial success in the Philippines – is issues of culture, his family, and his attachment to the Philippines.

> Ian: I don't believe I can stay in other countries [laughs]
>
> Maddy: Ok. Why not?
>
> Ian: Uh, the culture is different in other countries. And also, I grew up here. And also I can't leave my family behind. So I am thinking because there are options to go to Middle East and Canada. I got those options, and also in the US to be sponsored by my grandmother, but I still opted to stay here because I feel that I won't finish the contract, I will just go home.

Conversely, others such as Bianca thrive on the thought of new experiences, and find places such as Singapore too culturally similar to the Philippines. Indeed for Bianca, it is precisely the geographical qualities of places and environments that influence her desires of migration.

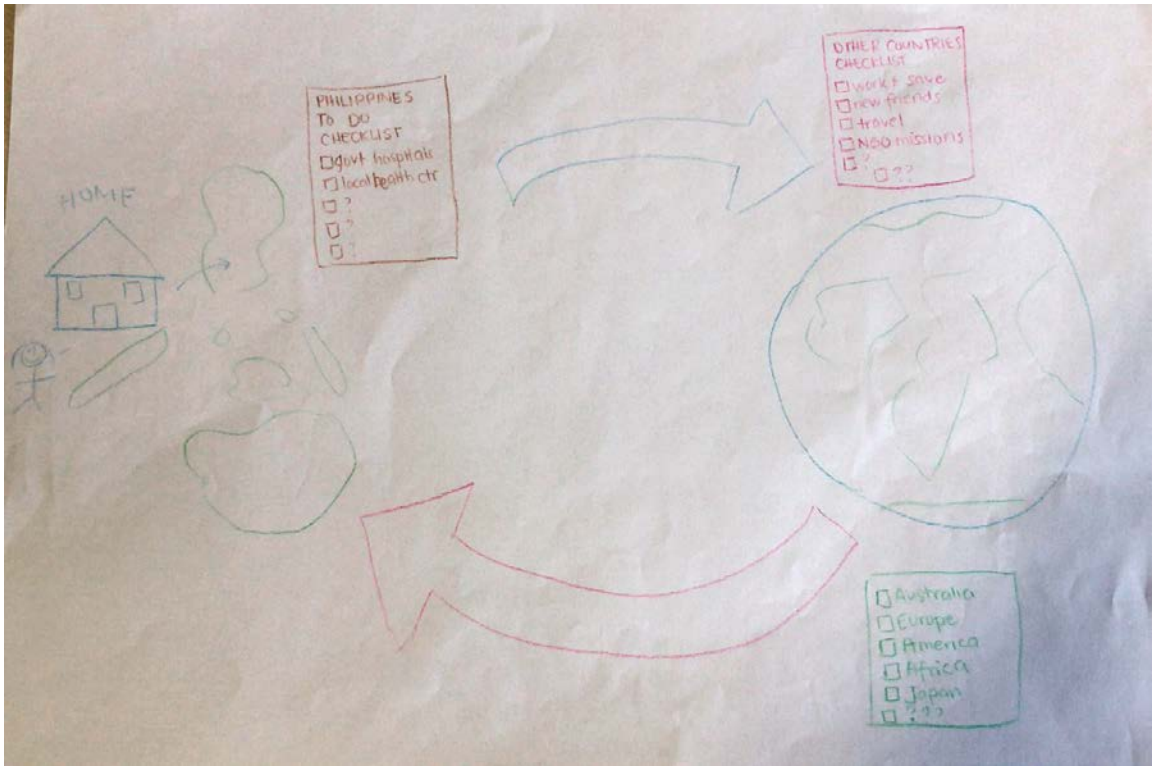
> Bianca: I think Singapore is like the Philippines, instead of going to the same environment, just stay in the Philippines.
>
> Maddy: So you want to have a new experience?
>
> Bianca: Yeah, I'm actually all about new experiences, new environments, places with snow and with cold. Except for the desert!

Participants such as Bianca view migration as the only way to achieve social mobility in the Philippines and overseas, and envisage their futures in highly cosmopolitan, transnational, and mobile forms (see also Dalgas, 2014). These participants – Isabel, Ariel, Alyssa, and Tisha – are relatively unconcerned about financial matters. Perhaps unsurprisingly, these are the younger and/or more privileged participants; those whose families can absorb the costs associated with a global lifestyle, or those with the naiveté of youth. They have all experienced international travel, albeit largely within South Asia, in a personal or educational capacity, paid for by family members. They all desire to see more of the world, to learn and develop through integrating with new cultures and peoples. Migration may provide them with a better economic status, but also permits them to imagine time dedicated to enjoying opportunities for travel and exploration and/or to engage in international voluntary work, travelling to remote and rarely imagined places to provide nursing care to the world's poorest.

> Alyssa: So I tried to submit for World Vision. It's 'cause I really wanted to go to Iraq. […] Plus I think if I'm a nurse that would be helpful. It's kind of the dream as well, so yeah, I want to go to Africa and help out.

For these nurses, nursing is a passport to overseas experiences rather than economic opportunities. Often, the location of 'home' remains the Philippines so long as ample opportunities for mobility are allowed. Figure 22, Ryugazaki's mental map highlights this clearly. She has goals to complete in the Philippines and the wider world, but the Philippines remains *'home'*. Often, these 'cosmopolitan' nurses imagine multiple migrations, movements, and mobilities throughout the world, and their mental maps reflect the centrality of mobility in their desired futures (see Figure 22, Figure 23, and Figure 24). Futures are imagined as back and forth, with multiple stops and destinations.

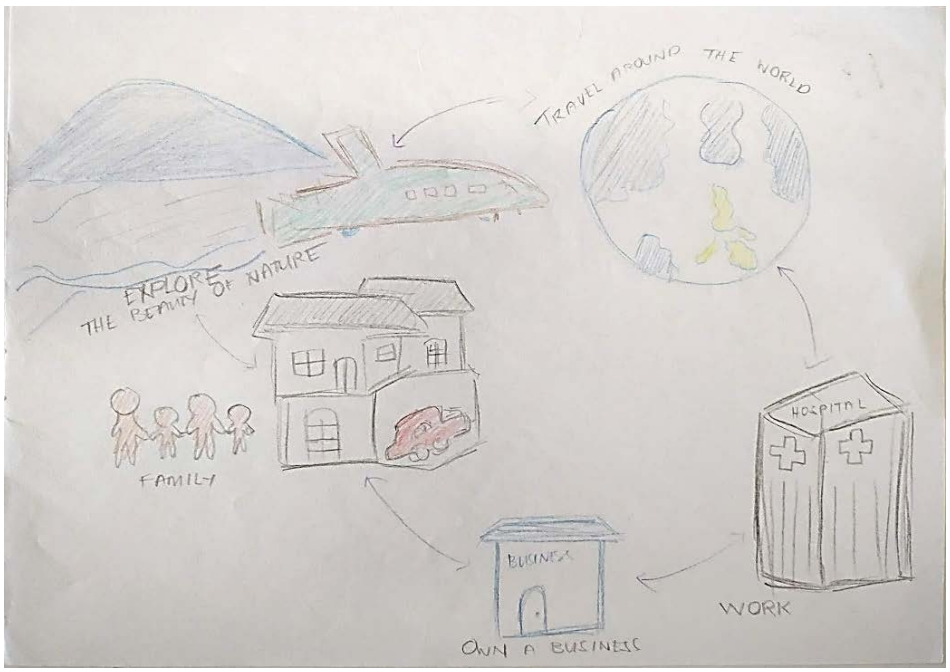
Figure 22: Ryugazaki's mental map.
Note the constant back and forth movement planned between the Philippines – 'home' and the rest of the world. In the Philippines, Ryugazaki wants to work in government hospitals and local healthcare groups. Her 'Other countries checklist' (the pink box) includes: 'work and save', 'new friends', 'travel', and NGO missions. The places she would visit are Australia, Europe, America, Africa, and Japan.



Arguably this desire to travel for experiences is primarily considered a western or privileged phenomenon, the assumption being those in the global south move only for need or opportunity (Kofman, 2014). However, with rising numbers of global tourists emerging from less traditional tourist-sending nations, aided in part by decreases in cost of air travel, it is

difficult to claim that only global north subjects have freedom and agency concerning decisions regarding international mobility (Salazar, 2008). Travel for tourism and lesiure is increasingly common, particularly within Asia (*ibid.*), and around a fifth of my participants had already travelled overseas, albeit primarily to neighbouring nations. Travel within and around Southeast Asia is fairly cheap, and destinations such as Hong Kong, Singapore, Thailand, and Indonesia are increasingly possible to access on modest wages. This is further aided by the sheer number of OFWs who create high demand for flights and have led to the success of several Philippine airlines, able to offer budget prices and direct flights to key migrant destinations (Itani, 2017; Philippine Airlines, 2018). This desire for travel is also reflected in Dalgas's (2014) study of young, single Filipina au pairs living and working in Denmark. Dalgas identified that whilst all respondents note helping their families financially is a motivating factor for migration; the majority also desire personal travel and exploration, and the opportunity to become 'cosmopolitan' global citizens.

Figure 23: Nikki's mental map.
Note how work and business are means to 'explore the beauty of nature' and 'travel around the world'. Nikki also desires entrepreneurship in her future.



Even some of the less socioeconomically advantaged participants, such as Leon with no desires to migrate, actively seek to use their current employment, in Leon's case in the BPO industry, to pay for international travel. Leon, who has never left the Philippines, has saved up to travel to Hong Kong with a friend, where he will stay with another friend who is a migrant. He prioritises travel and new experiences over other expenses, his lifestyle reminiscent of 'millennials' in the global north (see also Cavagnaro *et al*., 2018; Rita *et al*., 2018). It appears

that the independence, which participants had newly found through their experience of study or work, is instrumental in influencing migration decision-making. Often those who have tasted and enjoyed independence from their families develop desires to explore more of the world for themselves, whether through migration or travel. In this sense, migration is less economically motivated, and instead linked to a desire for exploration and new experiences.

Figure 24: Donna's mental map[41].

Note how places are represented through cultural and geographic symbols, while the Philippines, the central point of the world is connected to other countries and continents.

7.3.4 The role of therapeutics

So far, reasons participants give for deciding to remain in or leave the Philippines centre on socioeconomic or sociocultural considerations. However, as noted throughout the thesis, the therapeutic capacities of participants cannot be overlooked. With regard to migration decision-making of nurses, it is essential to analyse the role of therapeutics – to consider the salience of having a nursing qualification. Indeed, as outlined in section 4.3, the imaginative link between nursing and migration is what prompts many, or their families, to undertake a nursing qualification as nursing is considered a passport to overseas opportunities (see also Ortiga, 2014). As Ariel's 'mental map' shows (Figure 25), her desire to travel the world is not just to *'see different cultures and witness how people interact w[ith] one another'*. She also, centrally, desires to do so *'as a nurse'*.

[41] A monsoon led to my blank paper getting wet, and Donna completed her mental map on the back of a spare information sheet that was folded in my notebook, hence the faint text behind her image.

Therapeutic considerations feature prominently throughout my conversations with participants. In the case of Bridget, the therapeutic capacities of landscapes (see also Teo, 2003a) are central in her decision to migrate and of where to migrate to, alongside better socioeconomic benefits. Her daughter's medical condition determines where she could go.

> Bridget: I want to move because there are better benefits, outside the Philippines of course. Um the weather would be nicer I think, although I haven't been there, I hope anyway. And my daughters skin, she needs a colder temperature because she has a skin problems, so that would help her.

Although Bridget is the only participant who explicitly desires migration for the health benefits associated with different climates, other therapeutic qualities of places are central in decisions of where to move.

Figure 25: Ariel's Mental Map.
'How I see the world… Infinite opportunities to offer my health service and patient care as a nurse. May travel to see different cultures and witness how people interact with one another.'

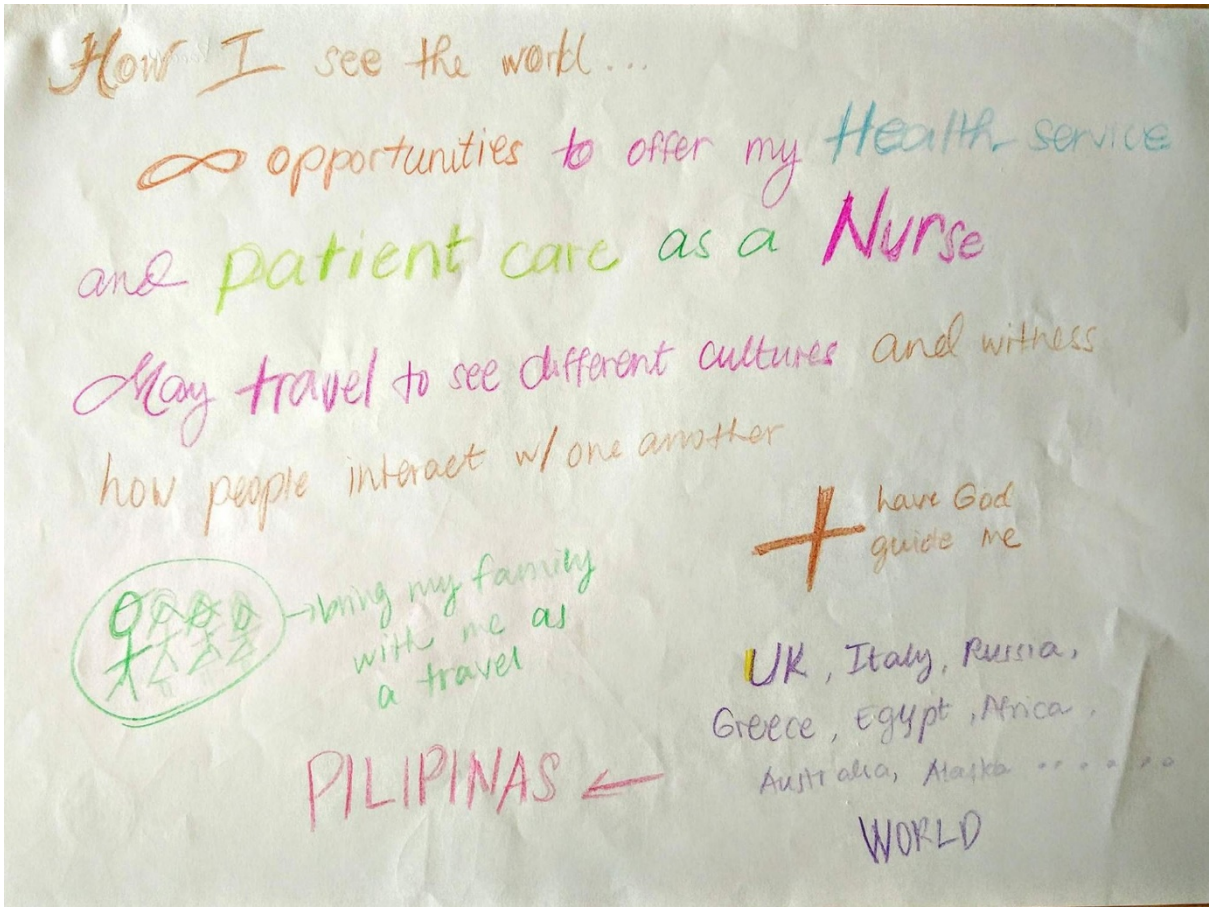
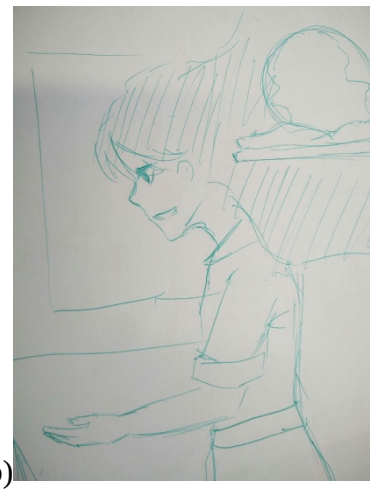


Figure 23 and Figure 24 both incorporate overt nursing or healthcare symbols to highlight the imagined future importance of therapeutics to their mobile lives – a nursing cap and the accompanying words *'care and compassion'* in Donna's mental map, and a hospital building

in Nikki's. Figure 26 shows further examples of similar symbols embedded within participants' understandings and imaginations of the world. These include the typical Red Cross associated with nursing care worldwide (d, e, f, g, i, j); depictions of healthcare facilities and hospitals, the physical infrastructure of health (c, g, j); images of a nursing cap (a, e, g, h) and/or of the participant themselves as a nurse (a, b, g, h). There are also words used in the images, *'public health'* (a), and *'hospital'* (c), *'compassion'*, *'competence'*, and *'healthcare'* (e). 19 of the 39 mental maps included reference to therapeutics, 10 of which explicitly reference nursing. In comparison, only 10 reference economic or financial matters (see Table 5). Therapeutic considerations are therefore central in migration decision-making.

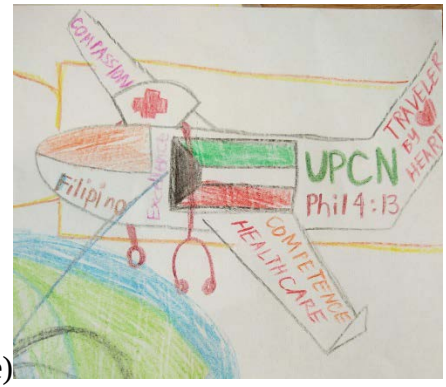
Figure 26: A selection of therapeutic symbols included in mental maps. From a to j: Alyssa, Bella, Victoria, Bianca, Cathy, Rachelle, Jessica, Erin, Claire, Eva.

a) 

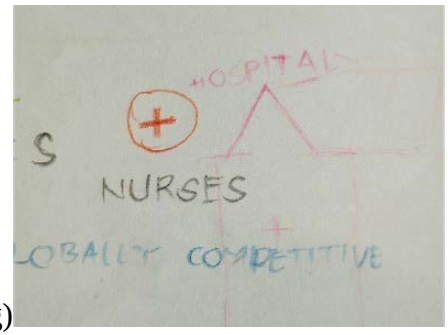
b) 

c) 

d) 

e) 

f) 

g) 

h)  i) 

j) 

The relationship between therapeutic considerations and migration decision-making is not clear-cut. There are three primary ways therapeutic considerations impact migration decision-making. Firstly, some connect their therapeutic capacities with opportunities for migration and increased earning potential, and continue to imagine nursing as a passport to overseas opportunities (see Ortiga, 2014). In this sense, therapeutic considerations are tied to dreams of 'greener pastures'. Nursing is imagined as a way to achieve mobility, both physically and socioeconomically, particularly as a Filipino passport on its own is *'not a big power'* (Alyssa). For these nurses, nursing itself may be of little relevance. While there is a desire to employ some of their therapeutic skillset overseas so as not to have wasted their expensive degrees – much as the HIM BPO workers profess – often this can be any healthcare related occupation. Lester's two primary concerns are to work abroad in the field of healthcare, and to earn money. These are relatively common desires.

> Lester: [R]ight now, my goal is just still to save money, earn money, and then, if given the chance, go abroad and work as a nurse. Or any field, any field related to nursing.
>
> Maddy: Any, so like healthcare assistants?
>
> Lester: Uh, yeah, caregiver. I'd go. I would go grab that one […]
>
> Maddy: As long as there's better money?
>
> Lester: Exactly.

Lester continues that he will go *'anywhere where there are people in need of a nurse'* and work in *'any field related to nursing'* so long as he can earn well. He is happy to deskill, as is Nikki who sees no problem in being a caregiver as *'it's extra income. Nursing is in my blood,*

and it's my passion'. For these, the purpose of migration is generally socioeconomic or sociocultural. Therapeutic capacities are merely the way to reach overseas opportunities.

Secondly, and conversely, there are a minority of nurses who desire to migrate to further develop and expand their therapeutic capacities in order to develop their careers. For those who desire to improve their nursing abilities, the Philippines is imagined as having a sub-par standard of nursing and healthcare more widely and, that to become a successful nurse, access to innovative technologies and medical interventions only available overseas is required. This is a dominant theme in nursing migration literature in other contexts such as small Pacific islands (Connell, 2014) and India (Walton-Roberts, 2010). Many participants I spoke to have already engaged in mobility to access the training and education from the more technologically advanced healthcare facilities in Manila. Others had attended or were planning to attend educational opportunities abroad. Freya, an undergraduate student with no desires to migrate said *'if there are educational opportunities [abroad] that would be ok, but not really migration to take a job there'*. Louis, another determined stayer, considers temporary international migration as the most practical way to gain relevant knowledge and experience for his role in shaping wider healthcare and nursing reforms in the Philippines. He recognises the power of a foreign degree, and is currently seeking overseas postgraduate study in one of three prestigious universities.

> Maddy: And do you want to migrate?
>
> Louis: Migrate? No, I don't want to migrate. I really want to stay here in our country. But I intend to study abroad for my PhD, but I will still return here. Probably do some consultancy outside, but staying outside, really for migration full-term won't happen.
>
> Maddy: So why is it important for you to stay?
>
> Louis: Because there is a lot of things to do here. […] And I felt that my service here is really relevant. If I am not going to stay here to push for some advocacies, especially in mental health, who will?

In this sense, temporary migration is imagined as the best or only way to expand one's therapeutic capacities enough to enact change in the Philippines' healthcare system.

Thirdly, and in line with the previous point, imaginations of the Philippines as a 'third world' nation in need of saving cause many participants to feel a responsibility for contributing to the uplifting of the nation and instil the desire *'to serve my people'* (Daniel). The *Bagong Bayani*

discourse becomes more problematic in the context of nursing where care and service to people are also ways to serve and uplift the nation. The notion of 'serving' the Philippines or providing *'my service here'* (Louis) is common, and most participants feel some responsibility to do so. However, the economic realities of nursing in the Philippines, including low wages and unemployment and volunteerism, prevent many from *'serving their country'* on a long-term basis. Rose, for example, *'would love to serve in'* the Philippines, but feels this is not a long-term option.

> Rose: I would love to serve in my country, but since, [and] I don't want to get political here, but it's reality. I see the news, they [nurses] are being underpaid, unemployed and everything. So, I think for training purposes I will stay here, but in the long run, […] I won't be lying and say "oh I want to serve my country". I would love to if they would change policies here.

For Rose, the therapeutic and political realities of the Philippines restrict her ability to serve her nation. Furthermore, Tisha, the only current migrant at time of interview, attempts to relieve her guilt at not *'serving her nation'* through dedicating her holiday allowance to providing nursing care in severely underserved Philippine regions (I met her just before her return to California). She not only volunteers her time and expertise, gained from Singapore and the US, but donates money and resources for ongoing healthcare. Tisha may only *'serve her people'* for one month a year, but when she does, issues of quality of life, access to resources, and leisure are inconsequential for her.

> Tisha: Nurses in our province get a minimum wage of 8000 [pesos] a month. So 8000 is like oh shit, I earn 8000 pesos in just one day [in the US …] so that's why you cannot blame nurses to go abroad. But for me, it is better to serve your countrymen first before going abroad, or you can go abroad, work there for many, many years, but when you come back, you need to find time to serve your people.

In a similar vein Victoria believes that migrating is the best way to serve her nation and uplift the Philippines, arguing that it would allow her to *'help the Philippines in a more innovative sense'*, enabling her to *'share my knowledge […or] teach'*.

In contrast, for some, the responsibility to serve the nation overrides other desires. Often, these participants envisage their futures in underserved provincial regions, where their therapeutic capacities are most in demand. This requires movement away from Manila, reduces their options for future migration, and would likely result in a decrease in

socioeconomic status due to the lower pay for nurses in non-urban areas. It must be noted that those desiring work in the provinces are all student nurses at the University of the Philippines, Manila (UPM). Their desires to serve the most under-served of the nation must be understood within the context of a nationalist teaching component of UPMs nursing programme. This is particularly evident in Claire's comment below.

> Claire: For me it's more important to really help those who are living here first. Because that's what they are teaching us in UP [Manila] to help the marginalised people here in the Philippines. Because there are a lot of people who are really not given enough attention in terms of healthcare, and our healthcare services here in the Philippines are really, really poor. So if I could just be one professional who could contribute to the change of the healthcare system, I would.

The nationalistic notion *'to serve the people of the Philippines'* (Freya) is pervasive and both compels and dissuades desires of international migration. Evidently, the approach of migrating to assist the Philippine nation rings clear with the *Bagong Bayani* discourse (Chapter 1), in which the Philippine state encourages migration, remitting, and return investment (Encinas-Franco, 2013). Remaining in the Philippines to provide care can be understood as resistance to the wider pressures pushing nurses into global circulations of healthcare. However, in the case of the students at least, the influence of discursive strategies disseminated within educational practices cannot be ignored. Finally, by considering Tisha's story, there appears to be a third way of serving one's nation whilst earning a decent salary as a migrant. The stories discussed add a new element to existing literature concerning the motivating factors of nurse migrants. Therapeutic considerations, beyond the desire to improve and develop skills, are rarely given light. Through including those without desires into analysis, however, new trends emerge. The social responsibility associated with being a nurse deserves more attention in other contexts.

7.4 Deciding and desiring where (not) to go

In this section, I shift focus to the second element of the geographical imaginations approach – understanding *where* people do and do not desire to migrate or travel to. Even participants with no desire to migrate do not just imagine their current social worlds, but consider the possibilities of other places and peoples. Avoiding methodological nationalism, as my participants did, I frequently switch between regions, nations, and localities. The geographical imaginations approach is open to this, and while is sensitive to the nature and influence of

scale, does not limit analyses to certain scales (Rédei *et al*., 2011). Participants' understandings of 'elsewhere' are nuanced, complex, competing, and changeable. Nonetheless, it is possible to outline a generalised group understanding of the world. The world is largely separated into the global north or western world, the 'Middle East', and 'Asia'. As noted in section 7.2, the Philippines is variably positioned in the west or Asia.

Participants' geographical imaginations of the world largely reflect dominant global north categorisations, and their processes of 'worlding' and 'othering' (Spivak, 1990) are relatively familiar to a global north reader. The 'Middle East' denotes the Gulf region, and places of note are the UAE, Dubai, Saudi Arabia, Riyadh, and Brunei, the key migratory destinations in the region. The term 'Middle East' is interesting as the Gulf is geographically western to the Philippines. The use of the term appears to be a reflection of predominantly US media discussing geopolitics in the region. The boundaries of 'Asia' are more fluid and are full of invisibilities. Central Asia and Southern Asia are entirely absent from imaginations of the world, and instead the focus is on countries neighbouring the Philippines. Even the regional superpower of India was only noted once in response to *'are there any places you would never travel to?'* (Sarah). Instead, Asia conjures images of Japan, Singapore, Hong Kong, South Korea, Malaysia, China, Thailand, Indonesia, and Vietnam, and is generally split into modern and 'third world' Asia, with the Philippines occupying a third world position alongside Vietnam, Thailand, and Cambodia. Imaginations of places in modern 'Asia' – Singapore, Hong Kong, Japan, Malaysia, and South Korea – are formed in similar ways to that of the Middle East, with most participants knowing of at least one family member or friend who has spent time there, usually as a nurse or domestic worker.

With regard to the global north or western world, six participants employ the terms 'western' and/or 'eastern' to describe this region, while the rest generally discuss places in Western Europe, North America, and Australasia in similar terms, often employing occidental discourses (see Bonnett, 2004). 'Western' places of note are the US and key regions of California, Florida, New York, Alaska, North Carolina, and Texas (all key nurse importing States and/or tourist hubs), the UK, specifically London, and Canada. European places of note are well-known tourist destinations – Paris, Rome, wider Italy, and Greek islands, and Scandinavia and Germany[42]. It is key to note that the places discussed in most detail, regardless of participants' perceptions of the places, are the places where nurses are most

[42] Although Philippine migration in Europe more generally is skewed towards Mediterranean regions, Philippine nurses are more likely to migrate to northern Europe (POEA, 2016, 2010).

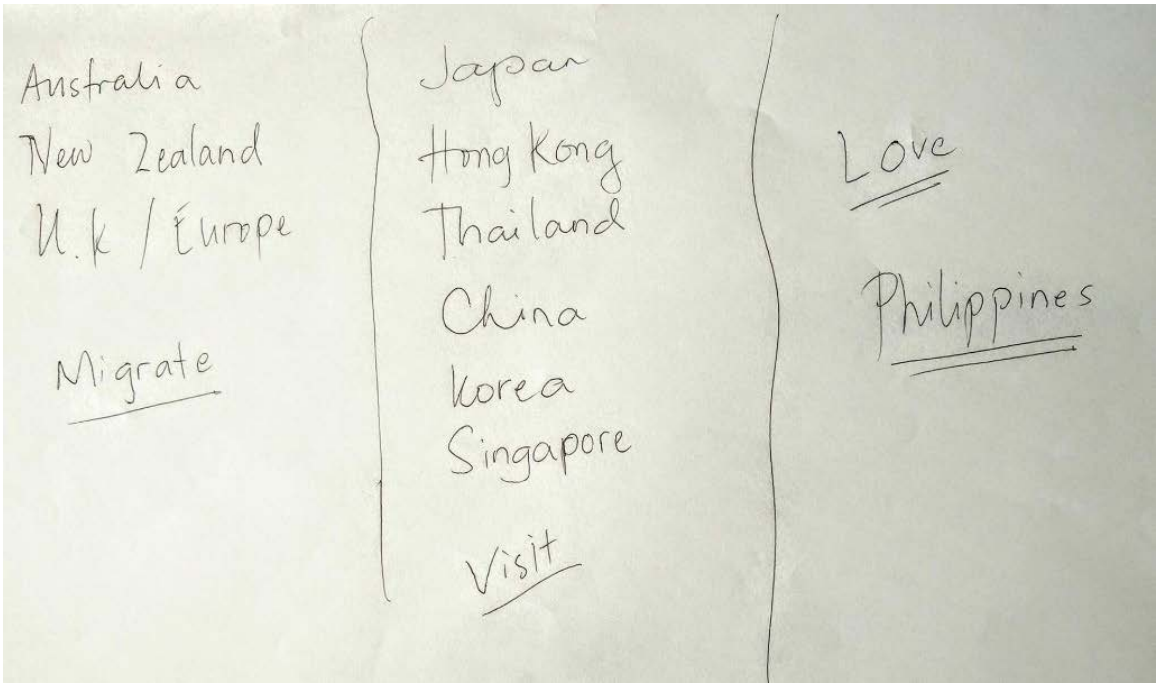
likely to find employment, and widely reflect the top destinations of nurse migrants displayed in Table 6. Notably, Australia and New Zealand, as relatively new destinations for nurse Filipino migrants, feature only in the imaginations of those with clear desires and plans to migrate. Indeed, Alyssa was uncertain as to the veracity of New Zealand until she met a Kiwi: *'there's this guy from New Zealand, and I'm like, "Oh, that's real?" I know it's real, but I thought it was the same as Australia!'*

By analysing decisions and desires about migratory and tourist destinations, it is clear that geographical qualities of places – climate, landmarks, location, and geographical features – and cultural imaginations of places – cultural traditions, popular culture, language, religion – influence decisions of *where to go* as much as socioeconomic imaginations. However, again, there is a need to account for imaginations of the therapeutic qualities of places that make them more or less attractive migratory destinations. In this section, I consider the general qualities participants desire for migratory and tourist destinations. As I show, not every attractive place is considered a migratory destination, and not every migratory destination is an attractive place. Furthermore, some participants desire only to travel for leisure, and it is important to ensure their geographical imaginations are not lost from discussion. I then move to trace the detailed geographical imaginations participants hold of key destinations within the world, in relation to migratory desires. I focus on socioeconomic, sociocultural, and therapeutic imaginations, before turning to the idea that some places are imagined in temporary terms. Due to the sheer diversity of places discussed by participants, there is a need to be selective in this discussion. I therefore focus on the key places participants discussed: the west, the Middle East, and Asia.

7.4.1 Visit, migrate, or avoid: the influence of cultural and geographic imaginations

There is a need to differentiate between an 'attractive place', a 'migratory destination', and an 'undesirable place'. This reflects wider understandings in the Philippines that separate travel for migration from leisurely or even work-related travel. This is clearly evidenced in the maps in Figures 27, 28, 29, and 30. Jennifer (Figure 27) and Rose (Figure 28) separate key countries into distinct categories depending if they would migrate or travel there. Alyssa (Figure 29), conversely, has drawn only the countries she would visit, and has added hospital symbols to the ones where she would work; finally, Danica (Figure 30) only incorporates places she would migrate to, and separates travel destinations from the main drawing.

Figure 27: Jennifer's mental map
Categorising the world into places to visit and migrate.



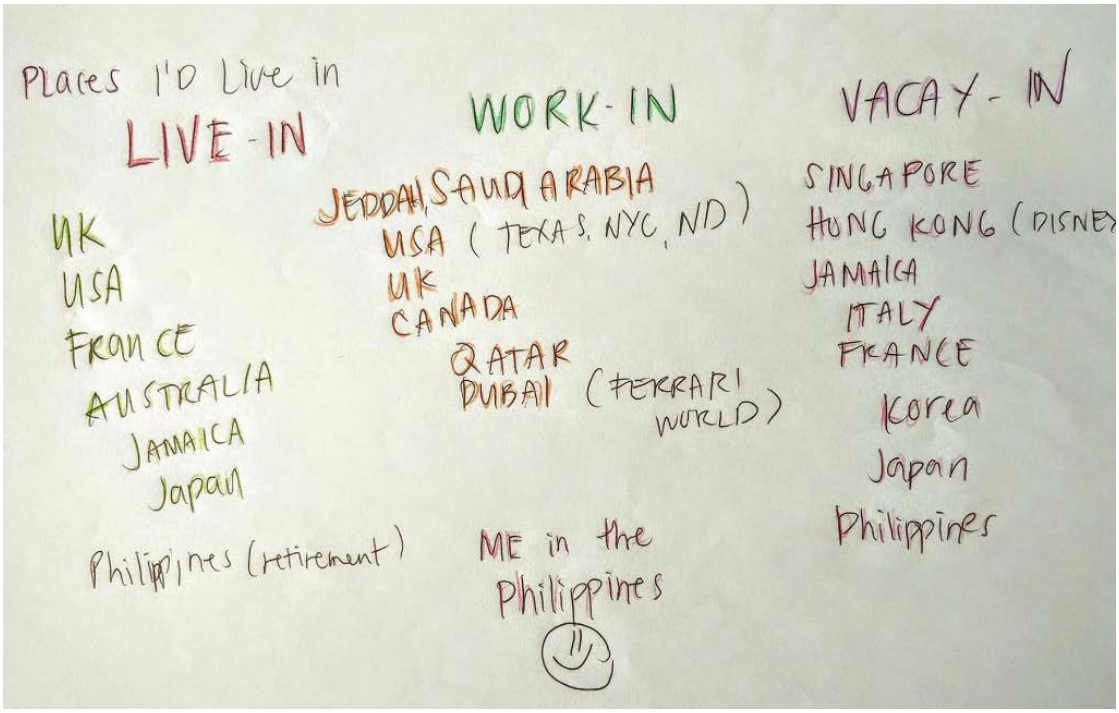
Travel and migration destinations can be the same, but what tends to separate a 'vacation' spot from a migratory destination is primarily linguistic in nature, as Ariel outlines.

> Ariel: I could go anywhere else [for leisure], but I'd want to stay [live] in the UK. But I'd also go to Paris, but it's a different language, but I want to travel. But if I want to stay, like migrate there, it's in the UK, 'cause of the accent.

In these four maps, with the exception of Danica's inclusion of Korea in places she would migrate to (Figure 30), migratory destinations are predominantly English-speaking nations or Middle Eastern nations where English is often the *de facto* language for migrants. There are, as with Danica, often exceptions to this, and it should not be considered a steadfast rule. Several participants are not just willing, but actively planning, to move to non-English speaking nations, and others have family members living in Europe who have adapted to new languages, largely in Scandinavia. Nonetheless, this is a minority desire, only relevant for those with family members abroad or those able to afford language lessons. The desire to migrate to a place with the same language is by no means a new phenomenon, and characterises many patterns of contemporary migration (Massey *et al*., 1993).

Figure 28: Rose's Mental Map

Categorising the world into places to live in, work in, and travel (Vacay) in. Note how the Philippines is desirable for living (retirement) and travel, but not for working.



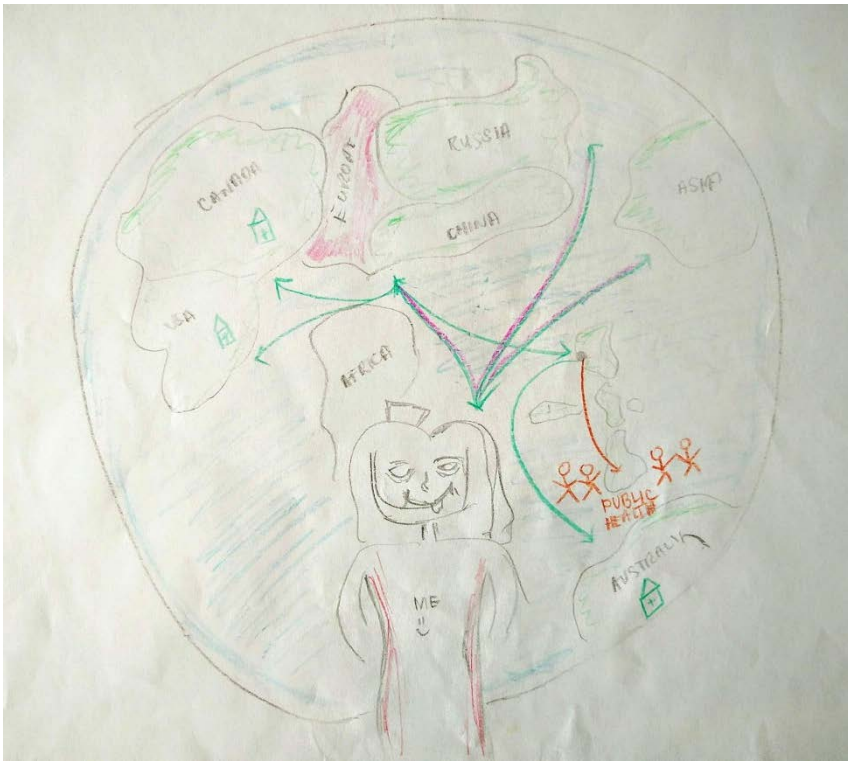
Places imagined as attractive and desirable tourism destinations have certain elements in common, reflecting characteristics outlined in studies of tourism (Chang and Lim, 2004; Eurobarometer, 2014; Henderson, 2014; Rita *et al*., 2018; Salazar, 2008). Large cities, natural and person-made wonders, beaches, different climates, and new cultures are all attractive facets. There is, perhaps unsurprisingly, a skew towards places within Asia – Hong Kong and Singapore for city-life, Thailand and Vietnam for beaches and beauty, and Japan and Korea to experience a *'disciplined'* culture (Roberto) – reflecting the geographic proximity of the Philippines to other Asian nations that makes travel more achievable. This by no means excludes other destinations from travel plans and desires, but rather shows a skew toward reachable places.

Other important tourist destinations are primarily in Europe, particularly the Mediterranean. While the US has opportunities for tourism, it was generally limited to the state of Florida and city of New York, the US was mainly imagined as a migratory destination. Europe is imagined as an exotic tourist destination due to the mix of cultures and historical buildings, and its difficulty to access financially. Europe is imagined as the tourist destination for those who have made it – the successful entrepreneurs, or the migrants. In contrast, Dubai, generally the only Middle Eastern place participants desire to visit, is imagined for its hyper-modern landscape and ample leisure activities. This further demonstrates the importance of

education and popular culture in creating and impacting geographical imaginations and desires of mobility (Gould and White, 1974), and speaks to the power of Dubai's recent tourism campaigns (Henderson, 2014). It also, interestingly, disrupts the dominant oriental/occidental binary participants seem to readily employ in other understandings of the world.

Figure 29: Alyssa's Mental Map

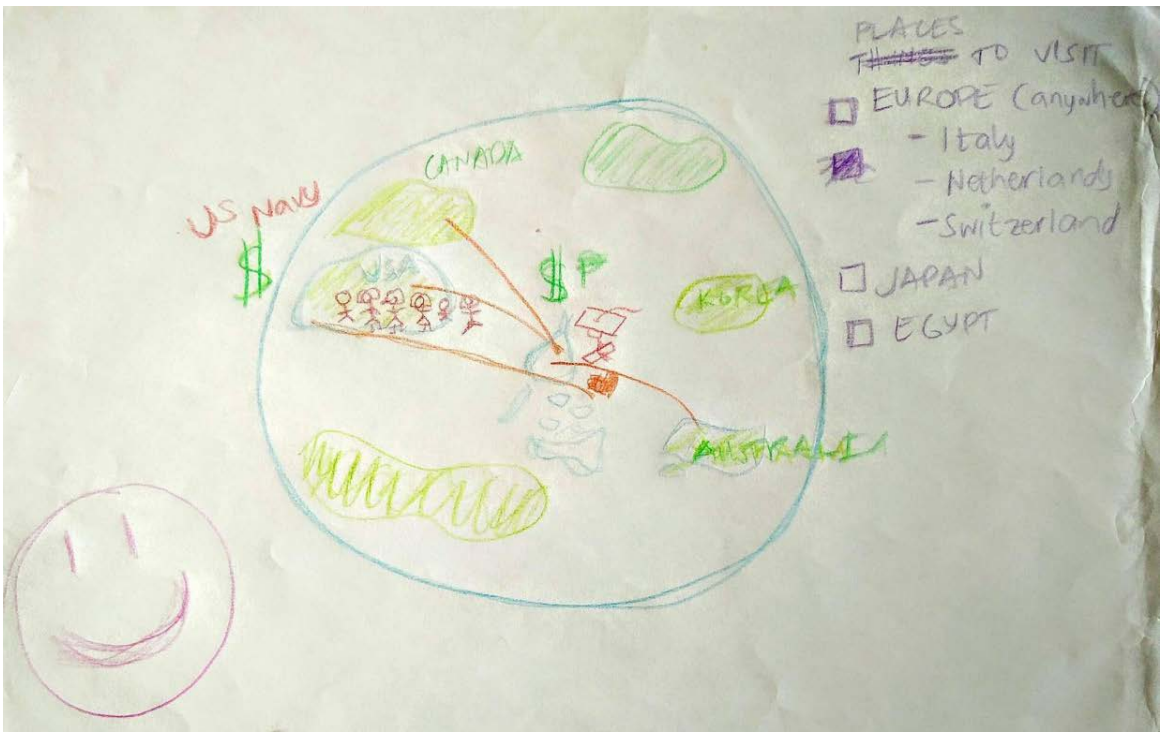
Places to visit are drawn, and places she would also migrate to include hospital symbols. Alyssa almost forgot Europe, and noted how her map looked more like 'Pangaea' than the world as it is today. Hr arrows show desires to return to the Philippines. Alyssa has drawn herself wearing a nurse uniform.



According to participants, physical geographical qualities of place are also central in making places attractive or otherwise for migratory purposes. This includes considerations of climate, landscape, and distance from the Philippines. For example, places with vast empty spaces and low population densities, primarily Canada and Australia, are met with mistrust. Participants imagine, and are told from social networks, that large distances contribute to individualised lifestyles, making social contact, with migrants or otherwise, more difficult. Cars are a perceived as a necessity to avoid social isolation as *'their [Canadians'] houses are too far to each other'* (Jennifer) yet few participants have licenses; driving in Manila is impractical and dangerous (Hegina, 2015). In this sense, Australasia and Canada are imagined as *'kind of like a countryside, and UK is kinda city-like'* (Jennifer).

Figure 30: Danica's Mental Map

Places to migrate are in the globe, and tourist destinations written outside the globe. The Philippines occupies the central position in the world, and is where Danica wishes to return.



With regard to climate, there is an individual preference for certain characteristics. Some participants fear long, cold winters in places such as Canada and the northern US, and instead prioritise destinations in Asia which have a similar climate to the Philippines such as Singapore, Hong Kong, and Japan or warmer parts of the west such as Australia, Florida, and California.

> Eva: It would be difficult for me [in Canada], really my body would have to adjust to the temperature. My cousin who is living in Canada told me that whenever winter comes, most of the time they stay at home, they cannot go out. But here in the Philippines, even if it's raining, or sunny weather, you can go out of your house.

Here, influenced by information received from her close social networks who are migrants, Eva imagines how migration to Canada severely limits social mobility in the winter months (an experience I later shared). The geography of place is imagined to impact social relations and opportunities for leisure. In line with this, distance from the Philippines, or at least ease and cost of travel, also dictates the desirability of places. While some such as Isabel desire to move as far away as possible, most recognise the benefits in migrating to a place easily accessible to the Philippines. Clearly, Asia offers the best opportunities for this as Victoria shows below.

> Maddy: So would it be important then to go somewhere closer so it would be a cheaper plane ticket?
>
> Victoria: That's why I considered Japan. 'Cause it is just a four hour [plane] ride from here.

This may also explain the recent interest in Australia as although Sydney is an eight hour flight from Manila, in September 2014 one of the Philippines' leading airlines began non-stop, budget flights four times a week to Sydney to allow Filipino migrants to *'visit family and friends more often'* (AustralianAviation.com, 2014). The time zone is just two hours different to the Philippines (which has long been a reason Australian businesses outsource to the Philippines), allowing easy communication with those 'left behind'. The relative newness of Australasia as a potential migratory destination is evident in Eva's quotation.

> Maddy: So have you only ever wanted to go to the US, or would you go somewhere else if there was opportunities?
>
> Eva: Well, actually Sofia is convincing me to scout some other countries aside from US! And also the people in the review centre [for language exams], they've been telling me that other countries like New Zealand are liveable places.

Finally, undesirable places are absent from the majority of mental maps, but are often mentioned alongside migratory desires during the interview element. I also asked participants if there is anywhere in the world they would not travel or migrate to. Primarily, undesirable places are characterised by imaginations of war and violence, extreme poverty, and disease. Places in the Middle East but beyond the Gulf region such as Iraq and Iran, and India in Asia are the most commonly cited places.

> Nicholas: I think I don't want to go, especially in the terrorist part, countries. Like Afghanistan, Iraq, because of war.
>
> Maddy: So you want to go somewhere safe?
>
> Nicholas: Yes, of course. You want a safe environment.

'Africa' when considered is imagined as a homogenous entity, the developing world, less developed than even the Philippines. A handful noted certain African exceptions, namely South Africa and Egypt, but there was an overall agreement that Africa is *'a needing Third World country'* (Jessica). Few cultural imaginations are held of Africa other than imagery of

an uncivilised tribalistic region. Africa is imagined as a place of poverty and famine, of poor health and exotic disease. The recent outbreak of Ebola further cemented this in participants' imaginations.

> Sofia: Why won't I live there [Africa]? Because there's a lot of diseases, I am afraid of that, [of] communicable diseases. And their culture is very, very far from our culture. I don't think I will love their culture. Some are strange. And I think it's very, very far from civilisation. I don't know, I've never been there.

Africa is largely imagined as a dangerous place in acutely orientalist terms. It is backwards and *'very far from civilisation'*. Additionally, Africa is imagined in paternalistic terms as needing to be saved. Therefore, where migration to Africa is considered, it is only for humanitarian purposes, to *'help out [and] find an NGO'* (Ryugazaki). Or in the case of Alyssa to *'go to Africa and help out, and [become] the next Angelina Jolie!'* Oriental imagery is abundant in these quotations. Africa is viewed as infantile, dependent, and *'far from civilisation'*, so much so that participants who present themselves as 'third world' citizens should consider helping.

Finally, Latin America and Eastern Europe are largely invisible in both oral and visual representations of the world. This in part reflects the relative inability of these regions to promote cultural ideals in the global arena, yet also speaks to the weak migratory potential of these places – there are few opportunities for Filipinos to migrate, and there is therefore much less known about these places. In the following two sub-sections, I provide more depth to the geographical imaginations of places that are key migratory destinations for Filipino nurses. I focus on socioeconomic, sociocultural, and therapeutic considerations participants take into account in their migration decision-making processes.

7.4.2 Imagining the socioeconomic opportunities of places

With regard to imaginations of the socioeconomic qualities and opportunities of places, it is imaginations that other places have better career opportunities, better employment conditions, and better welfare conditions than in the Philippines and are 'easy' to access (in terms of obtaining visas) that prompt desires of migration. In general, it is imagined that places in the west offer the best employment opportunities in terms of employment conditions and benefits, salaries, and training opportunities, alongside decent social welfare systems. The quotation by Nicholas, who is undecided concerning his migration plans, is reflective of the wider group

understandings of the US and similar places. Nicholas is unsure if he will migrate, but if he does, it would only be to a place such as the US.

> Nicholas: I think US is a good [option], especially in their economy, in their benefits that they give to the workers or to the migrants, and especially [as …] they treat and give all the benefits to their citizens.

With reference to the US, there is a desire not just to work, but as Nicholas states to gain citizenship benefits. This reflects trends that show Filipino migrants in western destinations are more likely to become permanent migrants than those who move to the Gulf region or within Asia (IHPDS, 2012). Furthermore, the colonial relationship between the two nations and sizeable OFW community improves the likeliness of obtaining citizenship. However, the general desirability of the US is much lower than perhaps expected. Other destinations that are similar in their language and socioeconomic opportunities such as Canada, the UK, Australia, and New Zealand are currently easier than the US for Filipino nurses to access. For several participants, this has prevented the US from being considered a serious migration option. Increasingly strict immigration requirements make movement to the US a costly and time-consuming endeavour as Victoria outlines.

> Victoria: I also considered US, but they have a lot of requirements, the TOEFL[43], you guys [Brits] have IETLS. The state license, the NCLEX, oh and that would definitely cost a lot of money, a lot of time, and I'm not getting any younger. So I'm not actually prioritising the US at the moment 'cause they have a lot of requirements.

Bella, conversely, from knowledge gained from *'foreign friends'* is also dissuaded from seeking opportunities in the US despite desires to migrate.

> Bella: From what I have heard from my foreign friends, no, I don't really want to go to America!
>
> Maddy: Why not?
>
> Bella: […] Inequality, job inequality, salaries, like men are paid more than women. I don't know if it's just an American thing.

[43] Test of English as a Foreign Language

It is necessary to note that the Philippines, due largely to the effects of the feminisation of migration, is one of the world's most gender equal nations in terms of employment and education (Thompson and Walton-Roberts, 2018; World Economic Forum, 2017). Migration for Filipino women, particularly those of a decent socioeconomic standing, is unlikely to be associated with emancipation in employment opportunities, as has been identified for other global south women moving North (Riaño and Baghdadi, 2007). Furthermore, the US is imagined to be the centre of the 2008 global financial crisis and to be one of the places still in recovery. In part, this speaks to why Australasia is imagined as a key new destination.

> Maddy: If money wasn't an issue and you could choose anywhere in the world, where would be number one?
>
> Sofia: To live and work? At first I'd choose US but then since their economy is not good, [so] maybe I think I'd choose New Zealand.

Other western destinations, such as Canada in the example by Erin below, are preferred as they provide preferable socioeconomic conditions for women, particularly in relation to childcare and maternity.

> Erin: When she [my friend in Canada] got pregnant, she don't work for nine months but still she gets paid! And that's good, so I told her, "ok, get pregnant every year!" [Laughs]. And everything is covered by the government, delivery, so she saves a lot.

While Erin does not seriously believe her friend should get pregnant each year, Erin later notes how the welfare system gives her friend greater freedom to decide what to do with regard to children. The image that Canada in particular offers a decent welfare state and *'will take care of you'* (Jessica) is dominant.

Other potential migratory destinations tend to be imagined for their economic rather than socioeconomic characteristics, and are largely perceived as temporary, transitionary places. While welfare is imagined as the domain of the western world the economic opportunities of the Middle East are imagined as the best in the world.

> Maddy: So what do you think about the Middle East?
>
> Stephanie: It's a nice country and no tax.
>
> Maddy: And do you think it would be easy to live there?

> Stephanie: Yes I think so. Even though they are strict. The worker salary is great, because they do not have a tax. So it's easy I think.

Wages are high, there are no taxes, *'there is a lot of opportunities'* (Isabel), *'a lot of benefits […and] housing is free'* (Tisha). Additionally, migration to the region is significantly easier and less expensive than most migration opportunities to the west. For those of a lower socioeconomic status in particular, the Middle East is an attractive and 'easy' destination to reach. Furthermore, the fact that so many Filipinos work in the region proves to many participants that life there must be good. As Christian explains:

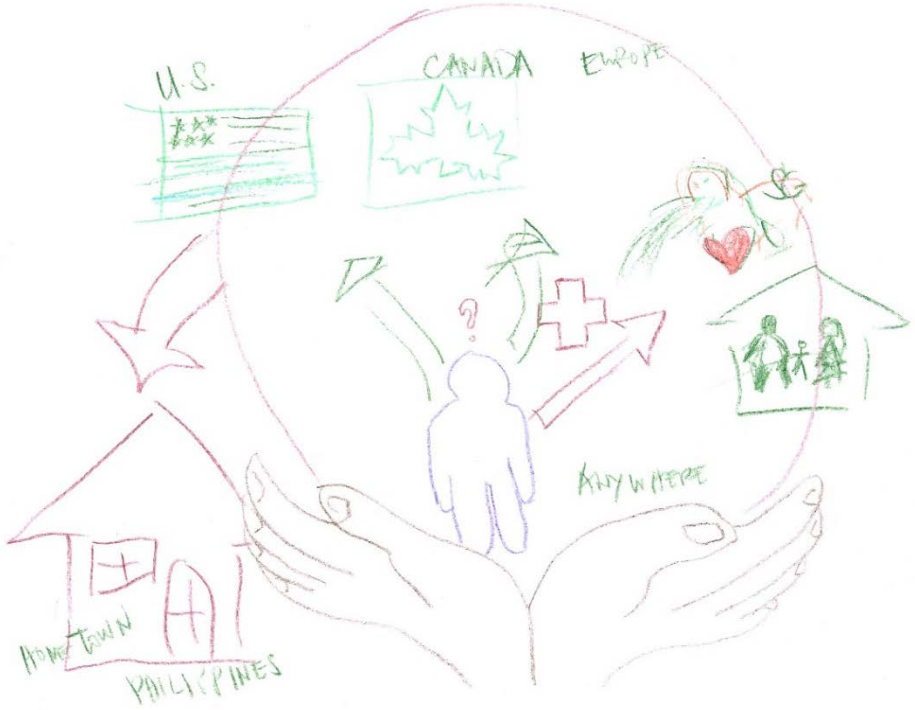
> [t]here's [*sic*] so many Filipinos there [the 'Middle East'], and it's easy to apply. Actually I heard about my seniors, it's easy to find job, it's easy to go abroad if you apply in Middle East.

This idea that access to the Middle East is easy further adds to its attractive position, as does the fact that employment conditions are imagined as preferable to those of nursing in the Philippines (see section 5.3). The relatively 'ease' of reaching destinations in the Gulf is reflected in patterns of Philippine nurse migration (see Table 3).

Destinations in Asia such as Singapore and Hong Kong are also imagined for excessive wealth. However, this does not translate into imaginations of a decent and liveable socioeconomic environment. Extortionate accommodation, and transport and daily expenses, coupled with the high visa and registration fees, and the unlikeliness of finding employment as a Registered Nurse, serves to present Asian destinations as relatively unattractive migratory destinations, at least in socioeconomic terms. Only Jason is determined to move to a place in Asia – Singapore where his girlfriend works – and even then, he desires to move elsewhere afterwards. This is clear in his mental map (Figure 31). Low wages and a high cost of living mean participants recognise they will have difficulties in sending remittances. Indeed, Sofia, who worked in Singapore for a year only made enough to pay off her fees and family members.

Figure 31: Jason's mental map

Jason represents the mobilities he is determined to make in red, to Singapore (represented by a heart for his girlfriend and the famous 'Merlion', and back to his hometown in the Philippines. The US, Canada, and Europe are his preferred destinations in green. The hands represent God's guiding influence on his future trajectories.



7.4.3 Imagining the sociocultural opportunities of places

With regard to sociocultural imaginations of places, imaginations of language, religion, and social relations, including issues of discrimination and opportunities for leisure time, are central for participants. In this sense, for many, particularly those who understand the Philippines as an Asian place, Asian destinations become much more attractive. For these nurses, the centrality of family life, the wide accessibility of rice as opposed to potatoes or bread, and familiarity with Asian popular culture and forms of leisure including karaoke cause destinations in Asia to be imagined as easier to integrate to than elsewhere. Bridget told me *'Japan is a nice place. I am a fan of anime and gaming, so it would be nice to work there.'* However, despite the attractiveness of places such as Japan and South Korea, linguistic barriers prevent many nurses from seriously considering a career of nursing overseas (see section 4.4). Furthermore, Eva, whose husband worked in Japan as a civil engineer for a year told her that while Japan is *'a beautiful place [… and] they are very disciplined and abide the law'* that it is also *'not a really good place for us to live, because it's got a culture of being, they don't have freedom, the females.'*

Additionally, the Philippines' position at the bottom of Southeast Asian developmental hierarchies and the visibility of Filipino women in particular as domestic workers in key Asian destinations causes some participants to worry.

> Jessica: I've seen a lot of other Asian people who, I think they discriminate Filipino people. […] In other Asian countries, it is just good for you to travel […] But if you're gonna work there, definitely it [life] would not be as good as here in the Philippines. Yes, definitely the culture and the type of attitude that they have.

Being ethnically marked as an 'other' is imagined as a daily reality in most potential migrant destinations, although is perhaps deemed most problematic in the west. Rose relays experiences of friends and states that in the US *'they're racist when it comes to Asians, "chinky-eyed from China", or think you eat dogs!'* Participants find out about racism through social networks and experiences of migrants. In most cases this does not dissuade participants from desiring to migrate, but rather becomes something accepted as part of the migrant experience. As Jason states, *'I think there are still discriminations there for the Filipinos. But my friends working there, I think they're ok'*, while Bridget notes that in other countries, discrimination is *'the case for Filipinos. I mean we have to be honest that there is still discrimination.'*

Wider sociocultural attributes of the west are imagined as inherently different to in the Philippines, but not necessarily problematic. For example, Eva told me *'your culture is […] more independent. […Filipinos] still depend on parents, and then I think the British and American people are allowed to already work, find a job at [age 18]'*. This does not impact her desire to migrate. More conservative participants, conversely, are concerned that despite racist attitudes being evidence of the west as being 'a bit too conservative' they are simultaneously *'too liberal'*.

> Rose: [The] US? They're too free! No, I mean, seriously. They're too liberal, and a bit too conservative, like extremes. […] there's liberation in relationships […] I'm not in favour of the gay rights, the rainbow thing on Facebook, they all changed their pictures.

The 'rainbow thing on Facebook' Rose refers to was when Facebook users worldwide had the option to change their profile picture to include the rainbow flag to demonstrate support of US same-sex marriage vote (Dewey, 2015). This highlights the importance of social media in spreading geographical imaginations. No participants believed other western locations had

legalised same-sex marriage, despite the fact the US was relatively late to the party. For Rodrigo however, a gay man in his mid-20s, the legal change positions the US as an even more favourable place to live. Indeed, younger participants are more likely to note global cities such as New York, Los Angeles, London, and Paris as desirable hubs of cosmopolitanism, acceptance, and fun. These participants tend to be well engaged with the party-life of Manila, frequenting bars, clubs, and gigs with their friends.

> Maddy: So if you did move, what country would you ideally go to?
>
> Bianca: Hmm. I'd like to be in New York, you know, it's every girls' dream going to New York. […]
>
> Maddy: So why New York?
>
> Bianca: I don't know. Maybe I want to be a New Yorker! Um […] one is lifestyle, fashion designers are there, so you can just buy it […] Maybe I'm just kind of dazzled about the idea of New York since in movies or in media, it's depicted like it's a wonderful place. But I have also heard that New York has a high cost of living, and maybe I could spend all my salary just living my life! *[Laughs]*

Again, the desires are reminiscent of those held by 'millennials' in the global north. Bianca does not envisage saving for property in New York, but buying the latest fashion and engaging with highly consumptive lifestyles – *'living my life'*.

That imaginations of the west are competing and contradictory, but also relatively detailed partly reflects the global dominance of western cultural products – westernisation – yet can also be understood as a 'colonial hangover' as Bella shows.

> Bella: You know, here in the Philippines, we're really amazed by Eurocentric culture, so if you would ask me about Southeast Asia, […] I won't really know much. It's not really that exposed here in the Philippines, so, I blame the system! [Laughs] […]
>
> Maddy: So you don't learn much about Southeast Asia?
>
> Bella: Uh, it's kind of disappointing since I am in Asia! Filipino culture! Does that count? […] For them [Filipinos], the heroes will always be the Americans, the Europeans, it's always them. But if you ask about the other Asians, they won't really have any knowledge towards them.

Here, Bella eloquently demonstrates the impacts national education – *'the system'* – has on geographical imaginations (see also De Clerck et al., 2012; Gould and White, 1974; Quiminal and Blum le Coat, 2011). This dominance of western countries in participants' geographical imaginations and mental maps (see Table 6), is therefore unsurprising.

Destinations in the Middle East are imagined as most removed culturally from the Philippine experience due to cultural differences such as forms of dress, religion, and cultural practices. Some such as Ian fear a need to *'sacrifice my religious beliefs'* to move there. All participants have strong links with people living in Middle East, while Erin worked in Saudi Arabia, and Rose, Danica, and Joy spent significant time in their childhoods in the Middle East with migrant parents. Primarily, then, imaginations of the Middle East are formed through social narratives and personal interaction, and often via social media, however media representations also impact imaginations.

Middle Eastern culture is strongly associated with conservative Islam. Many participants noted the Philippines' sizeable Muslim population, and ability to live in harmony with other religions, nationalities, and races as reasons why Islam itself is not problematic. Instead, these fears relate to the imagined restrictions imposed on migrants' lives and mobilities. The following quotations expresses a commonly held imagination of the life of a Filipino migrant in the Middle East.

> Eva: [T]here are many people who discouraged me to go to the Middle East. I think it's because of the culture itself. It's a Muslim country and they don't have the freedom to, females there are treated differently than the males. So that's why I don't want to go to the Middle East.

In large, these are highly gendered imaginations, and it is often women who fear restrictions in their daily mobilities. Erin noted the restrictions on mobility and freedom for women as the reason she left (see section 5.5), while Bianca refuses to seek opportunities in the Middle East for similar reasons.

> Bianca: They [women migrants] are very limited, they don't go out a lot. It is sad to say, but there are very few chances for drinking, 'cause my friend has a love of partying! And then, I kinda wonder how they take care of patients. You know if they're quite strict with female nurse and female patients or if male nurses could also take care of female patients

Here, Bianca is not just concerned with how cultural practices restrict her personal life, but also how they impact her therapeutic capacities. Furthermore, some men are dissuaded from the region due to imaginations that they would not be able to interact with women, and due to the documented rise in male rape, particularly of migrants, in the region.

> Lester: I decline working in Saudi Arabia or in Arab countries, because I have heard that they harass the men, right? They even rape them.

Often, the Middle East is a region participants will refuse to move to. Sofia, Ian, and Lester for example, have all turned down offers of stable, well-paying nursing positions in Gulf destinations, in Sofia's case, numerous times, and to numerous destinations. Sofia instead chose Singapore, where despite being employed as a care home non-registered nurse with relatively low pay compared to her cost of living, and long shifts, she had freedom and mobility in her personal life. It is important to remember that none of the nurses I spoke with identified or were raised as Muslim, although Rose, Rachelle and Cathy were raised in Muslim majority nations, and others were raised in Mindanao, the Philippines, where most of the Philippines' Muslim population reside. It is possible that Muslim Philippine nurses may hold more favourable perceptions of the 'Middle East' region, or at least of cultural practices than the Christian-raised nurses I spoke with do.

Nonetheless, imaginations of the region are not homogeneous, and participants frequently refer to Dubai as being an open city, an outlier to the wider regional culture.

> Jason: I think for now it's a no-no for me to be going to Saudi Arabia, Iraq, Syria. But I would consider going to United Arab Emirates, most preferably Dubai and other open cities.

Notably, Dubai is a common migrant destinations in the region, and every participant I spoke with knew at least one Filipino who had migrated there, and most, like Jason perceive it favourably. Again, this highlights the importance of social networks in providing more nuanced geographical imaginations.

7.4.5 Therapeutic imaginations of places

With regard to the imaginations of therapeutic qualities, it is assumed that all potential migratory destinations have the latest and best medical technologies and advancements (see section 5.3). However, while places in the west have *'big hospitals […] which are good for research'* (Bianca), participants are acutely aware, as discussed in the previous three Chapters, that despite advanced healthcare systems, the role of the Filipino migrant is largely

limited to nursing homes and elderly care. The proliferation of Filipino and other racially marked migrants staffing nursing homes, elderly care, and end-of-life care in the west, prompts many participants to reflect on the type of work they could expect to achieve overseas.

> Donna: with regards to hospitals and nursing homes, most of them are filled with Filipino nurses. […] If given a chance to migrate, maybe to the States. And maybe to Europe. I know the population in Europe is like an inverted triangle [gestures] where there are lots of older people.

The recognition of ageing populations in the global north, combined with the notion that *'in western countries they tend to transfer [the elderly] to home facility and be cared by professional providers'* (Louis), leads participants to accept future positions are likely to be found in elderly care. However, as highly family-oriented individuals, respectful of the elderly, participants see no stigma in such roles.

As both Australia and New Zealand are aggressively recruiting migrant nurses to deal with increasingly dangerous nurse shortages, and provide relatively easy options for Filipino-trained nurses, these destinations are imagined favourably in therapeutic respects. Both nations offer bridging courses and shorter degrees for Filipino-trained nurses, and generally require minimal employment experience (some institutions in Australia ask for just three months). This re-education route is largely perceived as a good opportunity by participants. Sofia, for example, despite numerous years of experience, feels re-education is essential for career progression (that was not available in Singapore). However, she must support her studies, and student visa restrictions on working means she is largely doing so via loans from family and friend and informal babysitting/caring roles. Additionally, for those such as Victoria, who has left nursing for the BPO industry but has some nursing experience, Australia is a preferable destination as she can apply without returning to nursing or volunteerism in the Philippines.

Participants imagine Australasia as somewhere to further improve, hone, and develop therapeutic skills, and eventually find a well-paid nursing position. However, it is also a place where therapeutic capacities are put 'on hold' or where temporary or permanent deskilling occurs. Angelica, for example reflects on her decision-making process of where to go, settling on New Zealand, but recognises her need to temporarily deskill.

> Angelica: At first I want to go to London. [And then] I was thinking to go in the Middle East, because there is much money in the Middle East there. But

> it's very difficult to, especially if there are Muslims, harder to fit in. So I was offered by my aunt to go work in New Zealand, so I think I will grab that opportunity.
>
> Maddy: And would you want – are you gonna work as a nurse?
>
> Angelica: Uh, at first I don't think so because I have a job offer to be a caregiver. Which is ok because I have to be, uh my aunty told me that I'd have to study there before so that I can work as a nurse, and get to know the people there first.

Despite planning to deskill, Angelica does not plan to seek work beyond the realm of therapeutics. What is clear in this quotation, is that Angelica's decisions are a combination of economic factors; of the likeliness of moving; of cultural factors, of the Middle East being *'harder to fit in'* to. She goes on to describe other therapeutic factors influencing her decision:

> the people I think who are living there [US] they are more stressed compared to my aunty who is in New Zealand. That's why they want to migrate in New Zealand, because they can get a house and a garden, so they don't want to go to the US anymore.

Here, it is not just a cheaper cost of living, but the ability for New Zealand to provide a preferable therapeutic landscape. Angelica envisages not just a house but also a garden; she envisages a stress-free life where her wellbeing is better than it would be in the US, even if she has to deskill. However, for those determined not to deskill or leave their occupation, but unable to afford the costs associated with volunteerism, destinations in 'the Middle East' and 'Asia' become more attractive.

Similarly to western destinations, there is a perception that with regard to therapeutic and certain other forms of employment the Middle East and Asia are also distinctly modern, wealth allowing the latest and best technological advancements and social planning. Large hospitals, filled with expensive equipment are attractive places of employment for preparation to the west, and visas are relatively easy to obtain in relation to other migratory destinations. However, it is recognised that employment opportunities for Filipino nurses are restricted in Asian destinations where they are more likely to be channelled into unskilled care work, and it is difficult to achieve Registered Nurse status. If the goal is to reach western destinations, roles in Asia are unlikely to provide the sufficient experience. In this sense, the Middle East is perceived as the best place to move to gain paid hospital experience that opens up

opportunities elsewhere. Furthermore, Rose identifies a cultural practice that makes nursing less stressful.

> Rose: I chose that [the Middle East] because my friends said it's a perfect training ground before going to the mainlands[44]. And um, because actually Arabs are a bit lenient when it comes to nurses taking care of their family. Because in Islam it says that if something bad happens to their loved ones, it's like, what do you call it, the fate given by God?
>
> Maddy: God's will?
>
> Rose: Yeah. So it's alright, they won't sue you or anything.

7.4.4 Stepping stone destinations

Finally, it is key to attend to the fact that destinations in both Asia and the Middle East are imagined as places to work, rather than places to live and settle. Imaginations of social life and access to services such as education and healthcare are largely absent from discussions. For Asia, the temporariness is associated with the ease and cheapness of travel, and with wider ASEAN migration policy that prioritises temporary migration (Bal and Gerard, 2018; Testaverde *et al*., 2017). The Gulf region has a longer history of temporary migration contracts. As Thiollet (2016, p. 4) argues Gulf monarchies have

> cultivated a model of migration management anchored in the paradigm of 'temporary labour import', promoting short-term contracts and the turnover of migrants, preventing family reunification and naturalisation, limiting socio-economic rights and implementing deportation programmes for irregular migrants.

Asian and Middle Eastern destinations are imagined as liminal, transitionary, and temporary places, as 'stepping stones' to other opportunities (see also Matsuno, 2009). The maximum time any participant would consider working there is five years.

> Maddy: So where in the world would you like to go to? What's your first choice?

[44] The use of the term 'mainlands' is interesting, in the context of the Philippines' geographical position it could refer to mainland Asia. In a colonial context, it is easy to imagine the 'mainlands' as the US.

> Rose: First choice, probably the Middle East, 'cause […I] grew up in Riyadh, Saudi. […] It's a perfect training ground abroad. And then after it's either the UK, or the US, or maybe Canada. Yeah, they would be my preferred places. […]
>
> Maddy: How long would you stay in the Middle East for?
>
> Rose: I guess two to three years, because usually in the UK, or US or Canada, they require two to three years' experience […] So whatever is the first thing that is available, out of those three, I will go there after.

For Rose, the Middle East is imagined as a resource, a *'training ground'* to gain paid working experience to access more preferable destinations that are more difficult, timely, and expensive to reach. This is also evident in her mental map above (Figure 28) in which no Middle Eastern destinations make it on her list of places she desires to live, despite the fact she has lived in Riyadh and has fond memories.

The notion that destinations in the Middle East and Asia are 'stepping stones' to other preferable overseas opportunities is reflected widely in further literature concerning Filipino migration (Matsuno, 2009, Thompson and Walton-Roberts, 2018). Victoria's description of her friend's migratory pattern is common.

> Victoria: She worked here as a nurse in the Philippines, with low compensation for four years, and then Middle East for another two years, just to save money. Took the IELTS in Oman and then go to UK. 'Cause if you try here in Philippines going straight to UK, that would definitely take you a long time. But if you try other countries before you get to your country, […] that would be so easy.

However, the literature is largely inattentive to how these places are stepping-stones not just to other migratory destinations in the west, but to other opportunities back in the country of origin, in this case the Philippines. Erin, for example, used part of her wages earned in Saudi Arabia to fund her business venture. Still others desire to work there temporarily and return to the Philippines for nursing work, entrepreneurship, or other employment, as discussed in section 7.2.

This finding further demonstrates the need to interrogate global patterns of nurse migration from the perspective of source regions, to fully account for the wide range of nurses who enter global nursing networks, temporarily or for extended periods. This also adds further credence

to the network theorisation. Movements are rarely linear, Sofia, for example, following her year in Singapore left her profession to earn in the estate agency industry in Manila. She then returned to her profession, but in a lower-skilled manner as a company nurse, whilst awaiting her Australian visa. She is currently living in Perth, studying as a nurse and babysitting. These multiple mobilities disrupt linear understandings of 'stepping-stone', 'repeat', and even 'circular' patterns of migration (Ball, 2004; Ghosh, 2013; King, 2012; Matsuno, 2009) and incorporate more actors, movements, and places. This is an area of interest which requires deeper understanding and research.

7.5 Conclusion

This Chapter demonstrates the importance of referring to geographical imaginations to understand how nurse students and graduates imagine their future trajectories, whether 'at home' or abroad (objective four). The geographical imaginations approach is vital in understanding whether people desire to migrate, and the reasons why, and sheds light on what makes migratory destinations attractive or otherwise. Its focus on images and understandings of both home and away has proved central in interrogating the differing ways the same situations are interpreted, understood, and approached by different people. It highlights the inherent agency in decisions to migrate and of where to migrate to, and gives space to those with no desire or with uncertain desires to migrate from the global south. I have demonstrated the centrality of different sources of information – education and national discourses, popular culture and global media, and social networks – aspects generally ignored in decision-making literature beyond geographical imaginations (see Marcus, 2010; Teo, 2003; Thompson, 2017). No other approach is able to offer such a detailed and nuanced account of migratory decision-making that accounts for individual agency and wider structural pressures.

These geographical imaginations can be contradictory and competing. As they emerge from different sources, they differ amongst otherwise similar populations producing wildly variable desires and dreams. They are also impacted by the wider structures within which aspiring migrants exist. For example, significant information concerning important and common migratory destinations, such as the US and Middle East, is easier to obtain. It is possible to determine patterns: those with preferences for culturally familiar environments desire places in Asia, and beyond in the Americanised world; while those with a desire for quick socioeconomic improvement turn to the Middle East. Furthermore, in all cases, even for those with strong desires to leave, the Philippines is imagined as home, as a place of becoming (if not belonging), and in the overwhelming majority of cases, imagined as a place of return. Additionally, it is key to note that very few with desires to migrate imagine their future in

simple linear terms, and there is a clear recognition that more complex forms of migration are not just common, but preferential. Most participants plan to engage in step, repeat, and/or circular migration.

Throughout this chapter, the socioeconomically stratified nature of nursing experiences, and more specifically future desires and plans is evident. Again, it is the nurses from poorer backgrounds who must sacrifice the most to reach their goals. Whether this is a sacrifice of personal freedom and mobility, or one of deskilling, there is a sense of inevitable suffering on migration. However, it is also evident that nurses demonstrate clear expressions of agency. I spoke with many nurses who had turned down overseas employment opportunities, and nurses who resisted familial pressures. I have also drawn attention to the importance of therapeutic considerations that impact decision-making. It is clear that sociocultural and therapeutic considerations deserve significantly more attention than they have previously received as they clearly and severely impact the migratory decision-making practices of nurses in the Philippines, and influence the ways nurses are drawn into global circulations of healthcare.

Chapter 8. Conclusions: Everything changes to stay the same

8.1 Introduction

This thesis has provided a micro-scale, empirical analysis of the ways in which Filipino nurse graduates and students are drawn into global circulations of healthcare, known as the global care chains (GCC), or global therapeutic networks (GTNs). Through conversations with 48 nurses and nurse students, and mental mapping with 39 of these participants, I have provided evidence of how GCC thinking is inadequate to fully explain and account for the multiple mobilities and caring activities in which Filipino nurses are engaged. The qualitative approach, including a focus on geographical imaginations, allows an exploration of the complexities involved in the decision-making practices of Filipino nurses. It also forces a rethinking of the ways in which we conceptualise the global migration of nurses and healthcare providers more widely, through bringing new and non-traditional forms of care or therapeutics into focus.

As a scholar influenced by postcolonial theory, I have endeavoured to approach this research in a responsible and care-full way. In part, this has been achieved through speaking to people in the Philippines, and theorising healthcare circulations from the global south, rather than approaching the topic from a northern perspective and research field. Related to this is the commitment to understand the agency of actors in the global south, focusing on how nurses resist and comply with the expectations of Filipino nursing, and with the material and discursive pressures that influence their lives. The thesis centres on giving voice to nurse students and graduates in the global south to understand how their experiences shape decisions about career choices, migration, and choice of destination.

By focusing on nurses who have not yet or who may never migrate, this thesis offers a clear challenge to commonly held assumptions that being a Filipino nurse involves an aspiration to move to the global north. It instead highlights the multiple and often intersecting future trajectories participants imagine and desire, whether in the Philippines or overseas. However, while being a Filipino nurse does not necessarily lead to aspirations of migration, it is clear that the lives and daily experiences of Filipino nurses, even those who have left the occupation, cannot be understood without a critical appreciation of the wider external processes that influence the provision of healthcare on an international scale. The experiences of education and employment, and the opportunities available for nurses trained in the Philippines are inherently and intrinsically connected with the needs and demands of healthcare recruiters, employers, and providers overseas, primarily in the global north or west, the Gulf Cooperation Council or ‘Middle East’, and in developed Southeast Asia.

There are three key elements to this concluding chapter. I begin by returning to the overall research question and the four objectives, stating explicitly how the experiences of Filipino nurses in the Philippines help us fulfil those aims. I then move to demonstrating the key academic and policy contributions that have emerged from this research, drawing attention in particular to the ways in which this research speaks to wider debates on migration decision-making, on migrant agency, and on global care chain thinking. I end by reflecting on the wider implications of this research, and of the new research questions it raises and directions it opens up. Ultimately, as I demonstrate, regardless of the novel forms of mobilities and provision of care, the wider global geographies of healthcare provision remain largely stable. Filipino nurses continue to care for and serve those around the world, although for many this can now occur in the Philippines without international migration.

8.2 Answering the thesis objectives

The overall thesis aim is to understand how nurses in the Philippines are drawn into global circulations of healthcare, known as the global care chain or global therapeutic network, through focusing on the narratives and experiences of Filipino nurse graduates and students living in Metro Manila. To achieve this, four key objectives have been explored. The first engages with the reasons women and men are drawn, pushed, and pulled into entering nursing education, and thus into the realms of caring, focusing on personal and familial motivations, and wider global pressures. The second examines the ways nurses in the Philippines understand and respond to gendered, racialised, and class-based assumptions associated with Filipino and global south nurses, and therefore understand their role as a nurse. The third explores the varying employment opportunities for nurses in the Philippines, including non-traditional care-based work such as call centre nursing and entrepreneurship, and explores the experiences of Filipino nurses working in the Philippines. The final objective interrogates the geographical imaginations of nurses to better understand their decision-making processes and the ways they imagine and plan for futures, both abroad and at ‘home’.

Chapter 2 outlines and justifies the theoretical and conceptual approach taken in this thesis, highlighting the importance of understanding migration – and particularly the migration of nurses from the global south – through critical postcolonial and feminist lenses. The international division of reproductive labour (Parreñas, 2000, 2001, 2012) and global care chains (Hochschild, 2000; Nguyen et al., 2017; Vaittinen, 2014; Walton-Roberts, 2012; Yeates, 2004b, 2004a, 2011, 2012a) – existing postcolonial and feminist approaches employed to understand and explain global circulations of healthcare – are shown to be useful yet not fully adequate in explaining and accounting for all forms of international mobilities

associated with caring tasks and healthcare provision. The call to reorient thinking, to consider care migration in terms of therapeutic mobilities, is key to counter this weakness (see also Kaspar *et al*., forthcoming; Thompson, in press). This justifies the turn to global therapeutic networks as an alternative and preferable way to approach and understand the multiple ways nurse students and graduates in the Philippines are drawn into global circulations of care. However, while a GTN approach is preferable, as with GCC approaches the sole focus on the structural forces that draw women and men into global circulations of care is limiting (Vaittinen, 2014). There is also a need to attend to the ways in which nurses interpret, work with, and resist these pressures.

Exploring expressions of agency regarding migration requires a focus on the decision-making practices of those inclined to migrate or remain. Few existing theories are adequate to fully account for the myriad of influences of migration, demonstrating the need for an approach sensitive to multiple and 'cumulative' influences (Massey *et al*., 1993). While the cultures of migration (Ali, 2007; Connell, 2008; Horváth, 2008; Wilson, 2010) and geographical imaginations approaches allow this (Chang and Lim, 2004; Marcus, 2009; Riaño and Baghdadi, 2007; Teo, 2003b; Thompson, 2017), the cultures of migration approach is complicit in minimising the importance of expressions of agency. The geographical imaginations approach, conversely, centres on understanding how individuals receive, interpret, and respond to images of the world and of key places within it (*ibid.*). A geographical imaginations approach is well suited to complement the GTN approach.

Chapter 3 documents the methodological approach undertaken to research the experiences, desires, and plans of Filipino nurse students and graduates, highlighting the ways I sought to 'postcolonialise' some of my methodological practices and decisions. Phases of recruitment, data collection, data analysis and presentation of data are all informed by care-full, ethical, and responsible research practices, although the partiality and limited nature of doing so is recognised (see also Jazeel and McFarlane, 2010; McEwan, 2003; Robinson, 2003; Spivak, 1990). 48 nurse graduates and students were recruited via contacts with gatekeepers, social media (in the form of a Facebook Page), links with a higher education institution, and snowballing. They participated in conversational semi-structured interviews, and 39 produced a mental map, a visual depiction of their geographical imaginations. Mental maps are useful for their ability to give participants an alternative and non-verbal form of communication, and are key in the wider commitment to provide space for participants' voices to be heard. The data gathered provides the basis for answering the four key objectives of the thesis.

8.2.1 The reasons why young women and men enter nursing education in the Philippines.

Chapter 4 demonstrates the clear influence of migratory desires and the wider cultures of migration and nursing migration in the Philippines on the decisions of young men and women to enter nursing education (objective one). Here, it is clear that the primary ways nursing is understood by participants, is as a professionalised, and global occupation. The association with migration and nursing is well embedded in the Philippine context. However, the association of nursing with care and service means it is also simultaneously construed as a vocation and a calling. Furthermore, nurses largely resist associations between femininity and nursing or care work. The findings suggest that the agency of young women and men is highly constrained, as often the only choice available is between studying nursing or not undertaking higher education at all. Through studying nursing in the Philippine context, as the following chapters demonstrated, it is inevitable that nurses will enter global therapeutic networks. While individual desires are important in this stage, the pressures of family members, often outside of the Philippines, tend to determine decisions due to the financial costs associated with higher education. However, it is important to note that for those studying in small provincial regions structural issues relating to a lack of alternative courses often channel young people into nursing studies. These constraints also influence a desire to provide care for families and communities where insufficient care networks exist. Some young people undertake nursing with an explicit desire to develop the therapeutic capacities of their families and communities.

Chapter 4 also attends to the additional educational strategies nurses engage in to differentiate themselves from increasingly competitive domestic and overseas markets, focusing on issues concerning language in nursing and postgraduate education for nurses. While most nurses perceive the dominance of the English language in Philippine nursing as an advantage due to the opportunities it provides for overseas nursing, it also complicates nurses' ability to provide care in the Philippines. Furthermore, some nurses are engaged in or are planning to engage in additional and further language training in other key languages of nurse importing regions. Nihongo is particularly important because of the strict language requirements for nurses seeking migration to Japan. Nurses are also turning towards postgraduate study to improve their chances of finding paid employment. However, additional language training and postgraduate study are costly endeavours in terms of both time and money. This results in those from lower and more vulnerable socioeconomic backgrounds being marginalised and excluded from practices used to increase the success of nursing.

8.2.2 How nurse students and graduates understand the occupation of nursing and their role within nursing whether at home or overseas.

Chapter 5 demonstrates how the expectations of the ideal migrant nurse desired by foreign employers and 'marketed' by the Philippine state and private recruitment agencies deeply influence the ways nurse students and graduates understand the occupation of nursing and their roles within in it (objective two). Distinct gendered, ethnicised, racialised, and class-based discourses are used in the marketing and recruitment of migrant nurses, and many of these discourses rely on orientalist understandings of Asian femininity, and/or developmentalist discourses that position global south subjects as inferior and subservient to the global north. In particular, migrant nurses are expected to be hyper-caring, subservient, and hardworking, who are skilled and experienced, but willing to deskill and *'occupy a particular and subordinate position'* (Batnitzky and McDowell, 2011, p. 197) in overseas healthcare settings. Often, particularly in the western world, this position is within end-of-life, elderly, and community care settings (Ball, 2004; Brush, 2008; Choi and Lyons, 2012; Espiritu, 2005; O'Brien, 2007). While these healthcare settings are increasingly important in countries with ageing populations, they also require a more limited range of technical skills and knowledge. Nonetheless, the migrant nurses channelled into these positions have usually acquired, and had to evidence, skills beyond those necessitated for the role. Filipino and other racially-marked migrant nurses are recruited to fill gaps in settings in which caring, rather than medical, skills are central, meaning deskilling is the norm.

Chapter 5 also explores how participants respond to the material and discursive practices that attempt to 'discipline' or 'produce' them as ideal migrant nurses. The notion that Filipinos are naturally hyper-caring, subservient, and hardworking nurses is largely internalised and embodied by the nurses I spoke with, regardless of their migratory desires. Caring is discursively tied to the Filipino nationality and re-presented as an inherent quality of Filipino-ness. Additionally, the nurses re-present themselves as both inherently hardworking, and adaptable and globalised. This readiness to self-exploit or strategically essentialise themselves (see Spivak, 1988; Veronis, 2007) as the ideal migrant nurse is evident in many of the narratives of participants. This willingness to endure self-exploitation is reflective of the wider narrative that nursing in the Philippines is a 'ticket' to better opportunities, a way to escape poverty, low social status, and reach 'greener pastures' overseas. Participants engaged with exploitative practices and activities in order to achieve their future aspirations of improved economic and social status and stability. However, Chapter 5 also draws attention to the occasions where nurses disrupt and resist larger stereotypes and expectations. In

particular, being resourceful or *madiskarte* is presented by participants as a necessity to practise nursing in the Philippines, due to poor healthcare planning and a lack of resources. Nonetheless, this attribute is hidden from official representations of Filipino nurses and migrants more widely, and is shown to be desirable by overseas employers only in exceptional circumstances such as with the story of Menchu de Luna Sanchez, the Filipino nurse hero in New York.

8.2.3 The employment experiences, opportunities, and trajectories of nurse graduates.
Chapter 6 explores the employment experiences, opportunities, and trajectories of nurse graduates (objective three), focusing on the exploitative working conditions systemic to Philippine nursing with a particular focus on the culture of volunteerism. Here, the necessity for an expanded and adapted GCC approach that can fully examine and understand how nursing in the Philippines has been affected by the demands of the global north becomes apparent. GTN analysis reveals how the significant surplus of unemployed and underemployed nurses give large hospitals, usually in urban regions with sufficient healthcare provision, unprecedented opportunity to exploit nurses. In the culture of volunteerism in Philippine nursing, hospitals require that nurses pay to work in order to obtain experience and training certificates necessary for both domestic and overseas employment. A partial result of the established culture of nurse migration that has existed in the Philippines for at least a century (Choy, 2003), the culture of volunteerism affects all nurses in the Philippines, even those without desires of migration. Again, differences emerge between nurses who are able or unable to 'afford' to practise their profession by paying in order to gain experience.

Consequentially, many nurses, particularly those from a less privileged socioeconomic status, are forced to leave their profession. While medicine has long been an attractive opportunity for nurse graduates due to nursing's status as a pre-medical course in the Philippines, Chapter 6 explores two alternative occupations, that of 'call centre nursing' and healthcare related entrepreneurship. The rise of the international Business Process Outsourcing (BPO) industry, and within this the Healthcare Information Management (HIM) sector in the Philippines, are significant. The HIM sector has been adept in capitalising on and absorbing the surplus of nursing labour. Indeed, the BPO industry is an attractive option due to working conditions, pay, and opportunities for promotion. The HIM sector brings to light a new form of care or therapeutic mobility, that of the transfer of medical and biological data across international boundaries. Furthermore, Chapter 6 demonstrates how nurses involved in the BPO industry and entrepreneurship are able to improve their socioeconomic standing, often through investing in property and business – key goals for Filipino migrants in the *Bagong Bayani*

discourse (Encinas-Franco, 2013) – or engage in international tourism. Nonetheless, while individuals may find success, leaving nursing impacts their ability to retain licensure and therefore negatively influences future migratory opportunities.

Chapter 6 highlights the complexity and multiplicity of 'care chains', drawing attention to non-traditional forms of care work which result in the decreasing need for the international mobility of healthcare providers. Digital technologies which are starting to be used more widely in healthcare provision in the global north are transforming the spatialities of global healthcare. In this scenario, the Philippines remains a key source destination for healthcare providers, but Filipinos working as call centre nurses no longer need to migrate internationally, nor engage in the more intimate, caring-based roles traditionally associated with global south nurses. This demonstrates the necessity for a global therapeutic networks approach sensitive to relations beyond those traditionally associated with care that does not assume care is transferred in simple, linear chains from the global south to north, and that presents those without desires or plans to migrate as central agents in global systems of healthcare and migration.

8.2.4 How nurse students and graduates imagine their future trajectories, whether 'at home' or abroad.

Chapter 7 considers the impact of geographical imaginations on migratory desires and demonstrates the importance of understanding the role of geographical imaginations in shaping migration decision-making, including decisions to migrate and of where to migrate (objective four). Participants' representations and understandings of the Philippines as a *'third world'* nation lead to competing and opposing desires in relation to migration, with some desiring to leave for a better life, and others wishing to remain to improve the lives of their fellow citizens. Furthermore, competing imaginations of the Philippines – of home – as being either Asian or western influence participants' desires of migratory destination, again in competing and opposing ways. Nonetheless, regardless of the Philippines' placing in the world, participants' 'worldings' largely reflect dominant oriental and occidental imaginaries (see Bonnett, 2004; Said, 1978).

A geographical imaginations approach significantly also reveals previously ignored nuances that influence nurse migration. Although it is clear that socioeconomic considerations and the dream of 'greener pastures' drive many decisions to migrate, sociocultural considerations lie behind desires to remain. It is demonstrated how global south women and men may imagine and plan for their futures in cosmopolitan, 'millennial' or neoliberal terms, through prioritising cultural experiences and opportunities for leisure. At this stage in nurses' lives

familial pressures remain but are generally easier to navigate for the many who have left the family home or head their own households. There is scope for nurses to resist and adapt to familial pressure and follow personal desires, although where possible nurses report employing strategies to minimise conflict. Furthermore, the impact of therapeutic imaginations is highly contentious and produces various migratory desires. An approach sensitive to the myriad and competing geographical imaginations held of cultures, places, economies, societies, and political systems, including the therapeutic possibilities of places, draws attention to the complicated and messy nature of migration decision-making. For nurses, opposing understandings as to how as individuals they can best 'serve their nation' further influences their desires to migrate.

Chapter 7 also demonstrates how a geographical imaginations approach is key in examining where nurses desire and plan to migrate to. Through interrogating participants' socioeconomic, sociocultural, and therapeutic imaginations of places in the world, it is clear that for most, migratory desires reflect the migratory realities of Filipino nurses. Participants' worlds are limited to imaginations of the 'west', the 'Middle East', and 'Asia'. For some, language is key in making a place a desirable to live, as evidenced elsewhere (see Massey *et al*., 1993), but geographic factors (including climate, distance, and environment) also influence the desirability of places. Geographically and culturally undesirable places are ruled out from potential migratory destinations, and attractive ones become priorities for both tourism and migration. However, for some, undesirable places to live may also be imagined as desirable places in which to work, explaining the propensity for participants to imagine their migratory futures in non-linear terms. Step, repeat, and circular migration are planned before migration occurs. The geographical imaginations approach is key in understanding why some places are imagined as temporary destinations. Throughout this chapter, it is evident that geographical imaginations are informed and influenced by personal experiences, social networks both on and offline, and global popular culture and media. This further draws attention to the need to research migration from both above, considering the structural pressures and realities; and below, considering the micro-scale decisions made by those with desire to migrate and remain.

8.3 Thesis contributions: Understanding of how nurses in the Philippines are drawn into global circulations of healthcare

In developing understandings of how Filipino nurses are drawn into global circulations of healthcare, it is clear that this process begins as young women and men and their families plan for higher education opportunities. The system of nursing in the Philippines further

contributes to this by disciplining nurses to be suitable for migrancy, and subjecting them to excessive levels of exploitation which push them out of nursing in the Philippines. However, opportunities in the BPO industry's HIM sector means many nurses remain within global circulations of healthcare, while the need for the migration of people is removed. Migratory desires remain strong for many and are impacted by imaginations of the therapeutic qualities of places. Nurses envisage their futures in highly mobile terms and generally within wider global therapeutic networks. However, it is possible to draw further conclusions that have relevance beyond the experiences of nurse students and graduates in the Philippines. There are two key areas of academic interest the thesis contributes to – discussions concerning global circulations of care and migrant decision-making – as well as two key policy implications.

8.3.1 Developing a global therapeutic network approach

Throughout the thesis the inability of GCC approaches to fully understand and account for the multiple and varied ways nurses enter global circulations of care is apparent. While GCC approaches are central in bringing to attention the increasingly commodified and internationalised nature of care labour and to explaining how global care inequalities are reproduced and reinforced (Yeates, 2004a), they have certain inadequacies. Initially, the chain metaphor is insufficient to capture the multi-stranded and often intersecting nature of linkages between healthcare provision in the global north and south (Huang *et al*., 2012), while the network concept provides much more theoretical applicability. Secondly, the overarching focus on structural pressures influencing migration *'easily leads to the perception that the migrant care workers are but labouring bodies, governed by rules of GPE [global political economy]'* (Vaittinen, 2014, p. 195).

The mobilities turn in the social sciences (Cresswell, 2010; Sheller, 2017; Sheller and Urry, 2006) offers a new way to conceive of movements associated with global care chains, and to address the issues outlined. Therapeutic mobilities is *'the idea that movement itself can be conducive to wellbeing and health'* (Gatrell, 2013, p. 100) and is a concept that deepens '*understanding of the relations between health and location, place and landscape'* (Gatrell, 2013, p. 98). This brings new forms of care-related movements into focus, including new forms of digitally-provided care, including but not limited to 'call centre nursing' (Andrews and Evans, 2008; Cutchin, 2002).

These limitations and critiques of GCC approaches necessitate a shift in thinking. Global therapeutic networks is proposed as a preferential alternative. A GTN approach is able to consider mobilities beyond international migration, account for the full range of activities

involved in global circulations of healthcare, and move away from the simplistic, linear 'chain' thinking. In the present study, the GTN approach is key in demonstrating how international caring practices occur without international migration; and in accounting for novel forms of digitalised care provision. Additionally, there is evidence of the therapeutic mobilities discussed by Gatrell (2013) – the small-scale therapeutic acts of moving, including the health benefits gained from walking/cycling – at play. Occupational mobility itself has the potential to be therapeutic for individuals, particularly for nurses in the Philippines who experience highly stressful and exploitative working conditions, and where burnout is common. The GTN approach is also vital in bringing to attention the alternative mobilities of nurses, and does not prioritise international mobility above other forms such as occupational and socioeconomic mobility.

The GTN approach has applicability in a wide range of contexts and could be employed to improve understandings of varying and multiple forms of mobility associated with global healthcare. The approach is easily suited to exploring other nurse producing and exporting regions, and like GCC approaches is able to explore the integration and consumption of healthcare workers in global settings (Hochschild, 2000; Walton-Roberts and Hennebry, 2012; Wojczewski *et al*., 2015; Yeates, 2004b). Furthermore, the GTN approach, and its use within this thesis, sheds light on new ways in which global inequalities in healthcare provision are reinforced through the distribution of global care resources (Yeates, 2004a). The digitalisation of certain caring tasks means that although care continues to be redistributed from the global south to north, and workers undergo deskilling in this process through losing registered nurse status, the international migration of healthcare workers need not occur. While regions of production and consumption do not alter, the means by which healthcare is facilitated across international boundaries is. The global north continues to extract care labour from the global south, while the possibilities of digitalisation prevent countries in the global north from having to deal with the 'burden' of migration, further cheapening the cost of providing healthcare in global north settings (Yeates, 2004a). In the context of ageing populations in the global north, this can be seen as a key and perhaps even noble endeavour. However, more must be done to fully comprehend the scale of the effects of the outsourcing of healthcare on patients, healthcare systems, and, of course, on those in the global south providing care. This thesis has suggested that for individual nurses, these new caring opportunities allow Filipinos to engage in socioeconomic mobility within the Philippines, whilst also increasing the difficulty of future migration and/or a return to nursing. However,

there is a need to expand analysis to other actors and to other regions – to consider the wider network.

8.3.2 Migration decision-making and geographical imaginations

The thesis has further contributed to debates and approaches concerning the decision-making processes of migrants, through showing it is not enough to consider only the influence of family, or desires for socioeconomic status. Adopting a geographical imaginations approach is key in achieving this. Existing approaches to migrant decision-making tend to privilege economic and socioeconomic factors above all other factors influencing migrant decision-making practices (see Lee, 1996). Key insights have been developed within feminist explorations of the 'new economics of labour migration' that bring attention to the importance of the household as a unit of decision-making rather than just the individual (see Lawson, 1998). However, within the approaches sensitive to household dynamics, economic factors retain importance in analysis concerning the overall decision of whether to migrate, regardless of which household member moves (*ibid.*). Cultures of migration and geographical imaginations, however, are positioned as approaches with potential to go against the prevailing economic determinism that has '*long held an almost sacred place in the theories of migration'* (Carling and Collins, 2018, p. 913).

Cultures of migration approaches explore the *'interrelatedness of culture, society and economy'* (Wilson, 2010, p. 408) and processes associated with migration, and are useful to understand migration from regions with high levels of emigration rates. Using the example of the Philippines, this thesis demonstrates the need to expand this definition to account for how political processes are influenced by large-scale migration. Cultures of migration explain how cultural and economic practices and social values are altered by large-scale migration, which in turn encourages the migration of others (Ali, 2007; Galam, 2015; Horváth, 2008; Kandel and Massey, 2002; Wilson, 2010). Additionally, as Connell (2014) argues, certain occupations that have an association with migration, such as nursing, can also be said to have a culture of migration. In this sense, a cultures of migration approach offers a unique opportunity to understand why Filipino nurses have such a high propensity to migrate. However, cultures of migration approaches are limited as only a few places have a well-embedded culture of migration. Furthermore, the analytical focus on discursive and material practices that position migration as a *'learned social behaviour'* (Ali, 2007, p. 39) serves to deny expressions of agency made by those living within cultures of migration. Instead, a geographical imaginations approach is able to account for the influence of cultural factors and

the role of the household, whilst attending to the expressions of agency made by those with desires to migrate and those with desires to remain.

The geographical imaginations approach explores how imaginations of the cultural, geographic, social, political, and economic opportunities of places are formed and responded to in relation to migration decision-making (Riaño and Baghdadi, 2007). It does not privilege any factor, and is instead interested in how varying and competing images of place produce certain aspirations and decisions (Sabry, 2004). Like cultures of migration, it is able to account for the influence of culture and place on decisions; however, the geographical imaginations approach prioritises understanding how cultural and geographic factors are interpreted to consider how individuals use the information they receive to make informed decisions (Teo, 2003a). Furthermore, the geographical imaginations approach demands a consideration of the ways both 'home' and elsewhere are imagined (Marcus, 2010). In this sense, it explores both 'push' and 'pull' factors, but more than this offers explanations as to why people facing similar structural pressures and realities have differing desires and aspirations of migration. In line with this, the geographical imaginations approach is able to incorporate those without desires to migrate into analysis. For, in order to understand why people are compelled to move, it is essential to also consider why most prefer to remain at 'home' (Thompson, 2017).

The primary benefit of the geographical imaginations approach, and one that signals its key departure from cultures of migration approaches, is the credence and attention given to individual expressions of agency. The attention to agency further contributes to its applicability in complementing the structurally focused GCC and GTN approaches, showing how the structural pressures analysed in GCC and GTN approaches do *'not alone explain migration; rather, they facilitate or constrain individual agency'* (Carling and Collins, 2018, p. 921; see also Van Hear *et al*., 2018). In this thesis, agency is conceptualised as the capacity to respond to structural inequalities; and actions that actively replicate structural conditions but are taken as a choice, such as the decision to migrate, are understood as agentic (see also Mainwaring, 2016). Acknowledging expressions of agency of migrants and potential migrants from the global south is key as part of the wider commitment to adopting critical postcolonial values. Positioning global south actors as passive subjects clouds the appreciation of ways in which neo-liberal capitalism can be subverted, transformed, or indeed replicated. Instead, by attending to and including expressions of agency in analysis, this thesis shows how Filipino nurses are active agents in reproducing neo-liberal capitalist tendencies, through signing up to exploitation in the international arena, rather than in the domestic, and embodying and

identifying with the image of a hyper-caring, hardworking and subservient nurse. It also shows their potential to resist and subvert wider global and national pressures. The examples of the call centre nurses and entrepreneurs, who have found socioeconomic success without prolonged migration (see Chapter 6), show how nurses can work within the wider system, creating the same outcomes, but using different pathways and strategies.

The geographical imaginations approach also has wide applicability elsewhere and has been employed to understand decision-making practices of migrants in other contexts (Marcus, 2009; Riaño and Baghdadi, 2007; Teo, 2003a). Without ignoring the traditional focus of migratory decision-making research on economies, societies and structures but demanding a more nuanced consideration of understanding of place than this approach offers, the refined geographical imaginations approach presented in this thesis is key in furthering our understanding of the complex and multifaceted factors which cause, facilitate, or prevent international migration. As Chapter 7 demonstrates, the centrality of sociocultural imaginations in influencing decisions to migrate and decisions of where to migrate to is significant although these desires do manifest themselves in different decisions. This deserves further attention for other potential migrant groups in other contexts. Furthermore, the geographical imaginations approach is able to address questions concerning why people desire to migrate and where they desire to migrate to. In this sense, it offers a more holistic approach to understanding the decision-making process than alternative theories and approaches. The geographical imaginations approach also disrupts the often linear presentation of migration, drawing attention to how step, circular, repeat, and multiple migrations are planned and desired well before an act of migration occurs. Scholars researching migration in Asian contexts have long called for an appreciation of these multiple, temporary, and non-linear forms of migration (Abella and Ducanes, 2014; Battistella, 2014b, 2014a; Ghosh, 2013; Xiang, 2014; Yeoh, 2014), and the geographical imaginations approach is able to do so.

8.3.3 Policy contributions

The intimate exploration of the experiences and perceptions of nurse students and graduates in the Philippines also produces key findings that have salience for national and international or global policies relating to healthcare. Of particular importance is the responsibility of foreign recruiters and employers in shaping and influencing the employment conditions and experiences of nurses in the Philippines. As I have argued elsewhere with regard to achieving sustainable development goals in relation to healthcare, training, and migration, solutions to the highly exploitative global system of nurse migration must be global rather than national in

nature. The challenges associated with nursing in the Philippines are not just the result of poor national management of healthcare resources, but are often direct responses to global uneven capitalist development, and historical systems of inequality (Thompson and Walton-Roberts, 2018; see also Dimaya *et al*., 2012).

The findings from this research add further weight to the assertion that a global response is required to alleviate the exploitative practices associated with nursing in the Philippines. The large financial gains associated with nurse migration have left successive Philippine governments unwilling to enact meaningful change to the nursing system (Badilla, 2016; Thompson and Walton-Roberts, 2018). Existing ethical recruitment practices must be reconsidered and expanded. For example, ethical guidelines concerning migrant nurse recruitment must do more to encourage mutually beneficial transfers of labour. It is not enough to rely on crude estimates of healthcare worker 'supply' (see also Kingma, 2006), and receiving regions must do more to assess and contribute to improving the actual state of healthcare provision in key sending regions. This could include investment in public health infrastructure in underserved regions of the Philippines.

Furthermore, is the need to regulate the levels of experience overseas recruiters 'require'. As long as nurse recruiters in the global north accept volunteer experience as legitimate, the culture of volunteerism is unlikely to end. However, this involves a cautious approach, an outright ban of volunteer experience would significantly harm the thousands of nurses who have already dedicated time, energy, and resources to providing their services for free in the Philippines. While a global response may be required, this response must be sensitive to national and local contexts of nursing environments. It is perhaps best to demand that recruiters can only stipulate *relevant* experience is needed, understanding that a lack of a global system to assess the equivalence of qualifications does prevent credential-based recruitment practices, particularly for global south nurses where nurse training may be inconsistent (Thompson and Walton-Roberts, 2018). In this sense, the demand for highly skilled hospital-based roles would reduce for those with desires to migrate. This could also potentially assist in increasing the numbers of nurses working in the more under-served rural regions. Many participants in this study would be happy to work where their service is most needed, but are dissuaded as they cannot gain the relevant experience needed for migration. This would also reduce, although by no means eliminate, the risk of deskilling. Nurses could gain experience in community-based or caring-centred roles and move to a similar role overseas.

In line with this, key migrant nurse recruiting regions in the global north can orient more of the training to the Philippines. Canada, Australia, and New Zealand, key Filipino nurse importing regions, tend to demand nurses regardless of experience undergo bridging courses that are expensive, and operated only in the destination regions. These courses could be provided in the Philippines, as is already done, for example, at the NCLEX centre that serves the US. However, these need to be more than just a test centre, their courses should connect Philippine nurse education and healthcare institutions. In this scenario, nurses would need to invest less of their own resources, and through completing the bridging course can provide care in the Philippines.

Finally, elements of the research concerning the aspirations and motivations of nurse students have already been communicated to the University of the Philippines Manila (UPM) in reference to return service agreements (RSA) which exist among healthcare-based occupations in the UP university group. The RSA is a contract which has been implemented by the University of the Philippines group for nurse and medical students who enrolled after 2012. As students of a public university, fees are reduced by government subsidies. However, the RSA contract means that students are liable to pay the back the subsidised portion of the fee unless they undertake two years of nursing work in the Philippines within five years of graduation. This is a form of 'éducation oblige', and as Dumitru (2012) argues, while a common approach to negate the effects of brain drain, is more restricting for those who are most impoverished either on global or local scales. The College of Nursing at UPM also attempts to instil a particular form of nationalism in its students, evidenced by including nationalism as one of its core values (the others being integrity, caring, universalism, and excellence). Discussions with students at UPM highlighted that although the concept behind the RSA is viewed in largely positive terms, the RSA itself is implicated in preventing students from pursuing medicine, and because foreign recruiters tend to require two years' experience it does little to actually encourage nurses to remain in the nation. It therefore is also involved in further exacerbating class divisions within Philippine nursing. Recommendations to UPM include exempting medical students from the requirements, and increasing the amount of service to three years, but, crucially, only if students are guaranteed paid employment on graduation. These findings and the report will influence future discussions on RSAs and similar policies used to attempt to retain nurses.

8.4 Future research directions

Throughout the thesis, several key themes and areas of potential future research have been identified. Initially, and most centrally, is the rise of 'call centre nursing' within the BPO

industry. This relatively new and recently expanding role is rearticulating not only the opportunities available for nurses in the Philippines, but of international patterns of healthcare delivery. There is considerable scope to delve further into the world of call centre nursing and other examples of where the global organisation of healthcare is being impacted by the ability to make therapeutics mobile. Call centre nursing and similar practices also intersect with recent debates concerning the dataisation of medical practices (Cockayne and Richardson, 2017), and are clear examples of how digitalisation is impacting daily lived experiences worldwide. In particular, a wider scale mixed-methods approach which can better assess the trends within the Philippines BPO industry, as well as considering the experiences of workers, would fill a clear gap within current understandings.

Secondly, the thesis has brought attention to the self-exploitation and processes of racialisation endured by Filipino nurses. By drawing attention to the fact that nurses without desires to migrate are also impacted by these forms of exploitation and racialisation, it is clear to see these global processes of stereotyping have far-reaching effects. Research exists concerning how pre-departure seminars and information helps discipline Filipinos into becoming model migrants (see Guevarra, 2006; Tyner, 1994), while the present research draws attention to how these processes of disciplining occur in nursing education and employment (see also Ortiga 2018; 2017; 2014). However, given that some participants commented that their decisions to undertake nursing were influenced by presentations given in high school, it would interesting be to analyse how this plays out in pre-university education, and to understand the extent to which the Philippines' culture of migration and associated migratory discourses are relayed and responded to by children. This would provide clearer insights into the larger disciplining of the Philippine population into becoming model migrants.

Thirdly, there is a clear benefit in repeating parts of this research in other nurse exporting and sending contexts. For example, while volunteerism is quite a distinctly Philippine phenomenon, in India, nurses are instead 'bonded' to hospitals following their degrees (Thompson and Walton-Roberts, 2018). It is necessary to better understand and deepen our understandings of the contexts in which nurses are recruited. There is a need to interrogate systems of education, training, employment, migration, and alternative opportunities in other places to better contextualise the Philippine experience, and to further aid in creating useful and workable policy solutions on international and global scales. Fourthly, and in line with this, is a need for an updated large scale review of the current healthcare and migration environments is needed, not least because a lack of data prevents effective healthcare

planning and facilitation of migration (Thompson and Walton-Roberts, 2018). The last comprehensive review was in 2007 (Lorenzo *et al*., 2007). This is vital given the difficulty and often impossibility of sourcing data and statistics concerning many aspects of nursing and migration in the Philippine context.

Fifthly, the geographical imaginations approach has proven significant in uncovering desires of varying and under-researched types of migration – step migration, repeat migration, circular migration, and so forth. The fact that those who have not migrated envisage and plan for their futures in multiple destinations through multiple routes deserve more attention. Sixthly, is the potential to adopt another important geographical approach and to consider the influence of the island-ness of the Philippines. Island studies attends to the contextual realities being of an island or archipelago, and considers how island-ness influences social life (see Baldacchino, 2004; Grydehøj et al., 2015; Pugh, 2013; Stratford et al., 2011). For example, high emigration rates from small Caribbean and Pacific islands have been associated with historical and contemporary needs for overseas mobility (King and Connell, 1999; Stratford et al., 2013). In the case of the Philippines, many engage in internal migration across different islands. It would be interesting to assess the extent to which this further normalises international migration.

Finally, the application of therapeutic mobilities requires further research in new and different contexts, with new and different groups of society. A forthcoming special issue of the journal *Mobilities* attempts to apply the concept to a much wider range of situations, demonstrating its applicability in explaining movements of patients (Kaspar, forthcoming), workers (Walton-Roberts forthcoming), and traditional pharmaceuticals (Bochaton, 2018). There is scope to further develop the concept to also consider the mobilities involved in the transfer of medical technologies and equipment, the rise in techniques of self-care, and the importance of recent technologies in contemporary caring practices. For example, Fit Bits and other smartwatches are quantifying our daily mobilities into health goals and outcomes. There is potential to theorise these advancements within the wider realm of therapeutic mobilities, and even within global therapeutic networks. Healthcare technologies demand research and development, as well as manufacturing. It would be interesting to explore the global patterns of this emerging industry.

It is important to consider how the global organisation of healthcare is being influenced by the ability to make therapeutics mobile. In the case of the dataisation of medical information and the expansion in the opportunities for digital therapeutics, the physical mobility of healthcare providers is becoming less relevant. Patients can receive care from afar, and healthcare

organisations in the western world can provide therapeutic services at lower costs. Nonetheless, while the spatial distribution of nursing care is changing, the wider geographies and hierarchies of global nursing care remain largely static. The Philippines continues to be the ‘source’ of much nursing care for wealthy English-speaking nations, through the new opportunities provided by the urban BMO industry. Care and therapeutic capacities continue to be transferred from the global south to north. Everything changes to stay the same.

Appendices

A. Recruitment poster (also used on Facebook Page)

I am currently looking to speak to those who are studying or who have graduated from a nursing course as part of my PhD research.

What's involved in taking part? You will be invited to take part in an informal conversation lasting approximately 1 hour. This will be confidential and will take place in person in a public location of your choice.

The Purpose of the Research: Filipino nurse migration is common. So much so, that Filipino nurses are often considered to be the most mobile in the world. The purpose of this research, however, is to explore why it is that only a minority actually migrate. I am interested in talking to those who want to, don't want to, and don't know if they want to migrate.

For more information or to take part, speak to the researcher, Maddy Thompson:

Email: m.c.thompson@ncl.ac.uk **Call, Text or Viber: +2xxxxxxxxxx**

B. Information sheet

Filipino Nurses: Migrating or Staying Project.

You are being invited to take part in a research study. Before you decide whether or not to participate, please read the following information. If you have any questions, please contact me.

The purpose of the study: This research is exploring the Filipino nurses. It focuses on understanding the experiences of nurses, asking whether or not you want to migrate, and asking about how you view the world.

https://www.facebook.com/FilipinoNurseMigrationProject

Do I have to take part? It is up to you! If you do want to be involved, please read and sign the Consent Sheet, and keep this Information Sheet. If you take part, you can still leave at any time, without giving a reason.

What is involved if I take part? There will be a conversation which will last around 1 hour. This will be recorded using a Dictaphone (if you are happy for this). I will ask you about your past decisions relating to migration and/ or nursing, as well as your future expectations and aspirations concerning migration and nursing.

Confidentiality: Your information will remain confidential at all times, and will only be handled by me. Any identifiable information such as your name, place of residence or anything else mentioned in the discussion will be anonymised.

If you wish to see a copy of the transcript before I start analysis, please provide your email address on the consent sheet, and I can send you the transcript within 3 weeks of your interview date. You are free to ask me to exclude any information, or to withdraw your interview.

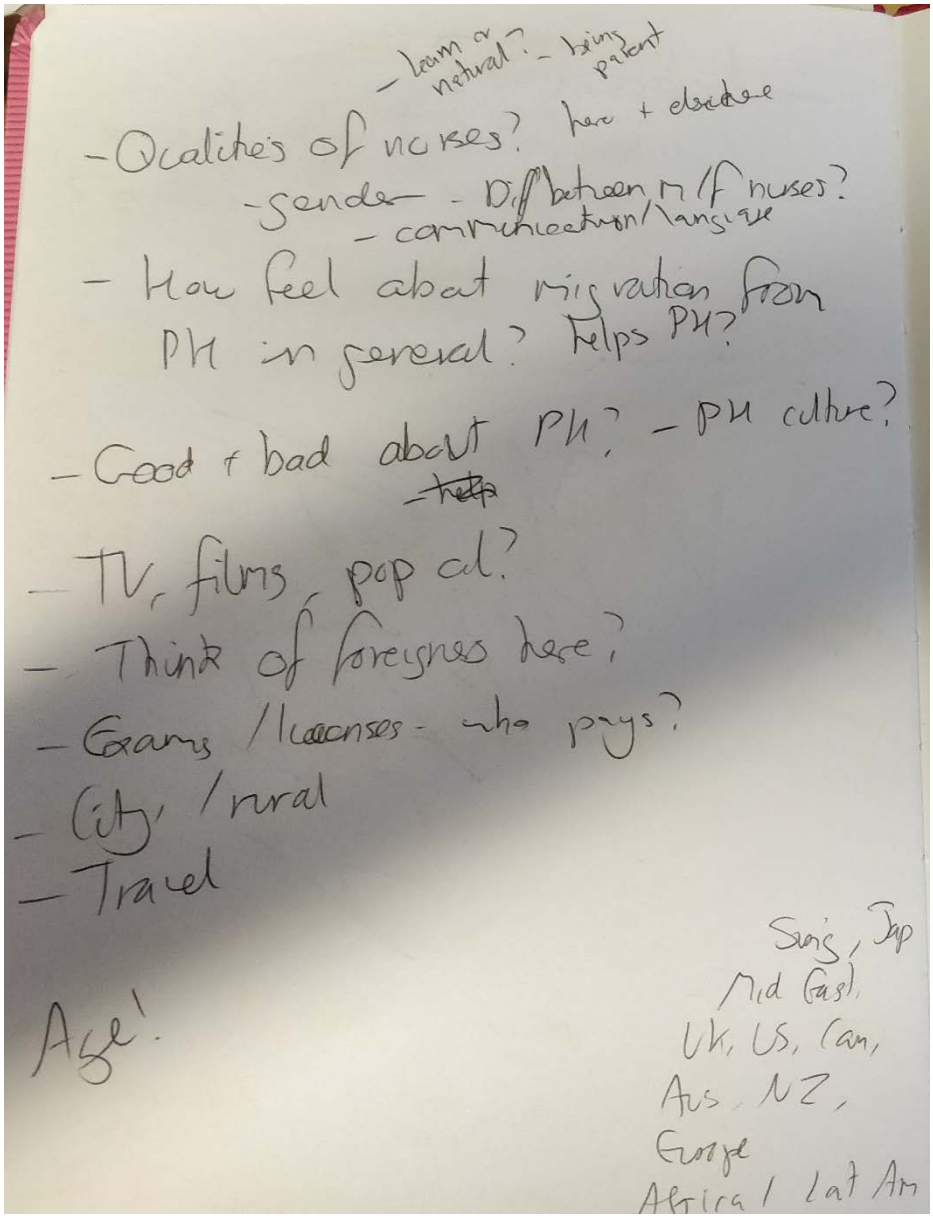
The Results: This research is part of a PhD project, and the results will probably appear in publications and reports. If you wish to be provided with a copy of the full thesis or a short summary, along with any other publications, please provide your email address on the consent sheet.

Who to contact for further information:

Researcher: Maddy Thompson: 0942 0177275 m.c.thompson@newcastle.ac.uk

Supervisor: Professor Alastair Bonnett: +44 1912086439 alastair.bonnett@newcastle.ac.uk

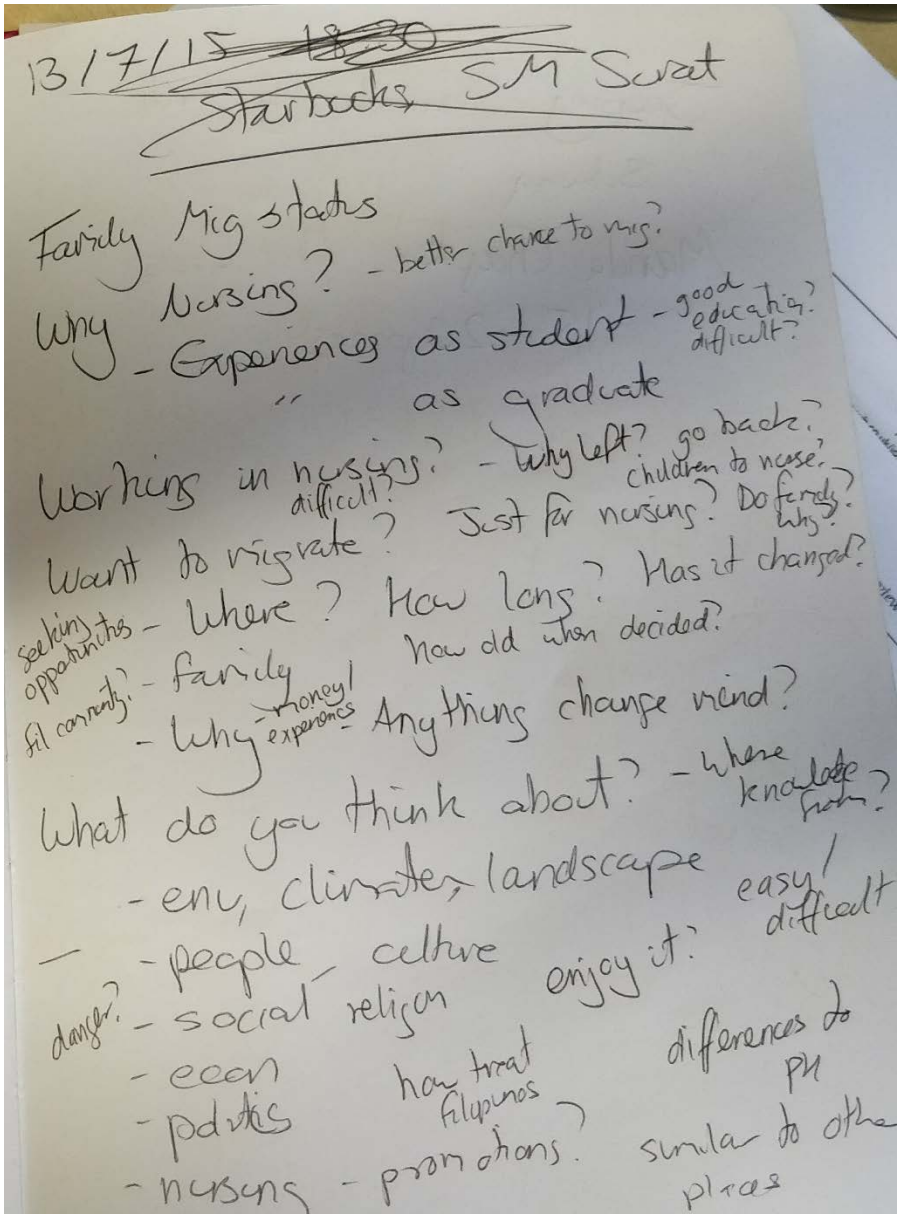
C. 'Interview schedule'



For clarity:

PH = Philippines

m/f = male/ female



For clarity:

Mig = migration

Fil = Filipino

env = environment

D. Consent Form

Filipino Nurses: Migrating or Staying Project.

You should have already been provided with an 'Information Sheet' which you should read before agreeing to take part. If you have any further questions, please discuss with the researcher, Maddy Thompson. You will be given a copy of this consent form to keep.

	Yes	No
I confirm that I have read and understood the Information Sheet provided for the above research project and have had the opportunity to ask questions.	☐	☐
I am happy to participate in this study.	☐	☐
I agree to the interview being audio-recorded and fully transcribed, and for the use of anonymised quotes in any publications.	☐	☐
I wish to receive a summary of the PhD research and copies of any other publications or reports (please provide an email address).	☐	☐
I wish to receive a copy of my transcript before analysis (please provide an email address).	☐	☐

Name of participant Date Signature

Researcher Date Signature

Email address (if you wish to receive your transcript and/or any results concerning the research:

…….

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