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Professional problems: The burden of producing the "global" Filipino nurse

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ABSTRACT

This paper investigates the challenges faced by nursing schools within migrant-sending nations, where teachers and school administrators face the task of producing nurse labor, not only for domestic health needs but employers beyond national borders. I situate my research in the Philippines, one of the leading sources of migrant nurse labor in the world. Based on 58 interviews with nursing school instructors and administrators, conducted from 2010 to 2013, I argue that Philippine nursing schools are embedded within a global nursing care chain, where nations lower down the chain must supply nurse labor to wealthier countries higher up the chain. This paper shows how this process forces Filipino nurse educators to negotiate an overloaded curriculum, the influx of aspiring migrants into nursing programs, and erratic labor demand cycles overseas. These issues create problems in defining the professional knowledge needed by Filipino nurses; instilling professional values and standards; and maintaining proper job security. As such, these findings demonstrate how countries like the Philippines bear the burden of ensuring nurses' employability, where educational institutions constantly adjust curriculum and instruction for the benefit of employers within wealthier societies. My interviews reveal how such adjustments undermine the professional values and standards that define the nursing profession within the country. Such inequality is an outcome of nurse migration that current research has not fully explored.

As shifting demographics fuel the global demand for healthcare workers, developing countries have sought to "manage" the out-migration of local nurses to wealthy nations.[1] An increasingly common strategy is the practice of educating nurses for "export," where local schools implement curriculum and teaching practices that address the needs of both local and overseas employers (Buchan et al., 2005). This strategy supposedly turns nurse migration into an economic opportunity, where the increased outflow of health workers will lead to higher monetary remittances that contribute to local development.[2] However, few scholars have examined how educational institutions within migrant-sending countries actually train nurses for the global market. While some studies have shown how nurse migration leads to the commercialization of nursing schools within sending countries (Acacio, 2007; Connell, 2007; Masselink and Lee, 2010; Overland, 2005), there is still a lack of research on the challenges nurse educators face in preparing students for overseas work. This gap is a cause for concern given the negative impact of poor nurse education on migrant-sending and receiving countries (Hancock, 2008). Large numbers of aspiring migrants can inflate the demand for nursing programs, encouraging the proliferation of substandard schools. Meanwhile, the influx ill-prepared nurses can strain the training resources of hospitals in receiving countries. In this sense, the success of migrant nurses depends on their educational training, making schools an integral yet understudied aspect of the migration of health professionals.

This paper seeks to address this gap by examining the experiences of nurse educators working within poor nations that actively deploy and export nursing labor. Situated in the Philippines, this study demonstrates how teachers and school administrators attempt to produce "globally competitive" nurses, not only for domestic health institutions but employers beyond national borders. I then examine how this production process impacts Philippine nurse education, negatively affecting the status, autonomy, and professional values of nurse educators. Such problems are manifested in a

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[1] Scholars have defined migration "management" as the explicit regulation and facilitation of the migration process. A number of developing nations have moved towards this strategy, instead of attempting to prevent people from leaving.

[2] Migration scholars argue that training migrants for export is also common for other occupations, including blue collar jobs in construction and hotel service work (see Phillips, 2009; Rodriguez, 2010).

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constantly changing curriculum and school policies, a student body that regards nursing as a steppingstone to migration, and fluctuating labor demand cycles overseas. I conclude by proposing an analysis of nurse migration beyond questions of employment. To date, most studies have focused on *where* nurse migrants obtain work and *who* fills the positions they leave behind. Rather, I call for a closer investigation on the impacts of pressures to ensure nurse migrants' *employability*, where the global demand for health workers shapes not only nurses' work but their training and education as well.

1. Making sense of nurse migration: from individual decisions to the global nursing care chain

Concerns of aging populations and the subsequent shortage of health workers have revived the brain drain debates of the 1970s, raising questions as to how the migration of health workers affect sending countries (Scheffler et al., 2008; Skeldon, 2008). As such, existing studies have investigated the "push" and "pull" factors that determine why health professionals leave their home countries: disillusionment with local healthcare systems, better salaries overseas, lack of career mobility within local hospitals, and the culture of migration within sending countries (Aiken et al., 2004; Akl et al., 2007; Alonso-Garbayo and Maben, 2009; Lorenzo et al., 2007). Other scholars highlight the role of colonization as a precursor to contemporary nurse migration, indicating how colonial education and labor policies that made it easier for former "subjects" to migrate to destinations like the US and UK (Brush, 2010; Choy, 2003; George 2005).

While these studies emphasize the external factors that shape nurses' migration decisions, a few scholars have analyzed the role of institutions in actively facilitating nurse migration to wealthy nations. A prominent framework is Nicola Yeates' (2009b) theory of the *global nursing care chain* (GNCC), where nations at the top of the chain draw nurse labor from countries located lower down the chain.[3] The GNCC emphasizes not only where nurse labor is consumed, but also how structures within developing nations produce nurses for export. Yeates draws parallels between nurse migration and the global manufacturing industry, where labor and production processes across national boundaries generate commodities for the market (see Hopkins and Wallerstein, 1986). Just as third world factories assemble goods for first world corporations, the GNCC emphasizes how institutions within sending countries produce *nurse labor* for foreign employers (Yeates, 2009b; 2010). The movement of professional nurses is not simply defined by individual migration decisions but a "migrant industrial complex," which includes institutions in both sending and receiving countries (Yeates, 2009a, p. 178). There is a growing literature examining a variety of institutions that facilitate nurse migration from the Philippines, including: recruitment agencies (Guevarra, 2010), government bodies (Choy, 2003; Yeates, 2012), and international organizations (Brush and Sochalski, 2007). However, in this paper, I focus specifically on nursing schools as an understudied aspect of the GNCC.

While the GNCC allows us to identify how educational institutions are embedded in the production of nurse labor for "export," its impact on sending countries focuses mainly on issues of healthcare delivery. Yeates (2012) argues that while producing nurses for export allows developing nations to replenish its supply of health professionals, the continuous departure of nurses for other countries limits the number of experienced nurses in local hospitals (see also Perrin et al., 2007). Such inequalities are undeniably important, yet they do not elucidate how nurse migration affects the *professional* education of nurses within sending countries. How does the massive outflow of nurse migrants shape the professional status, values and knowledge associated with becoming a nurse? In addressing this question, this paper draws from existing studies on professions and professional education.

2. Producing professionals: knowledge, autonomy, and values

While the role of educational institutions is a recent addition to the literature on nurse migration, social scientists have long been concerned with issues of professional training and socialization. Early studies on professions referred to higher education as a way of differentiating professionals from other types of workers. Academic credentials represented expert knowledge and values in line with professional standards, hence providing professionals with the autonomy to control their work (Abbott, 1988; Friedson, 1970, 1994). With increasing access to higher education and the commercialization of public institutions, recent research has focused more on the factors that undermine the status of professionals, changing the nature of their jobs. Studies have found that while professionals attempt to increase their autonomy through academic training, they must also negotiate different pressures and rigidities within the political and economic market (see Gorman and Sandefur, 2011). A prominent theory has been the *countervailing powers framework*, which locates professionals within "a field of institutional and cultural forces" where groups such as private companies, consumer organizations and state agencies seek to dominate others by pushing their own interests (Hafferty and Light, 1995; Light, 2010).

Among different professions, the health field has been a popular subject of study, with most research focusing on physicians and medical education (see Becker et al., 1961; Merton et al., 1957). Research on nurses focus mainly on the struggles of "professionalizing" the nursing field, given that patient care is mistakenly assumed to come naturally to women (Apesoa-Varano, 2007; Fox, 1989; Olesen and Whittaker, 1968; Reverby, 1987; Rich and Nugent, 2010). In the US, a major shift in the nursing profession was the development of the baccalaureate degree for nursing, moving nurse education from the hospital to the university. By requiring a 4-year degree, nurse leaders hoped to define nursing as an occupation that required expert knowledge and skills, differentiating registered nurses from other health workers such as nursing assistants (Brannon, 1994).

While the professions literature provides important insights into the nuances and challenges of producing professional workers, most of these studies are limited by a "nationalist disposition" (Fourcade, 2006, p. 148). Previous research tends to frame the challenges facing professions within national borders — limiting the field that surrounds professionals to a fixed geography. Few scholars have called for cross-national investigation, emphasizing the need to understand professional problems outside the US (see Hafferty and Light, 1995). Yet, such comparative studies still fall short of investigating the role of international bodies, global accreditation, and skilled migration. If professions establish authority by making claims to knowledge, it is important to understand how such "expertise" is taught and reproduced. In this sense, the nation-bound disposition of the professions literature limits our understanding of the possible inequalities surrounding nurse education, given that a growing proportion of nurses in developed nations obtained training in poorer countries like India and the

[3] The GNCC stems from the more general concept of the *global care chain*, where women's entry into the workforce and diminishing government support have led wealthy nations to outsource care responsibilities to migrant workers (Hochschild, 2000; Parrenas, 2002). However, one major difference is that original proponents of the global care chain based their framework on the experiences of domestic workers, where the capacity to provide "care" is not defined through formal training. Such assumptions do not apply to nurse professionals, who must obtain proper academic qualifications in order to practice patient care. Yeates (2012) provides a rich discussion of how the two frameworks relate to each other.