



Experiences of Filipino Nurses in Migration and Workforce Integration in Norway

Master Thesis

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The study is centralized on Filipino nurse migration and workforce integration into Norway. The Philippines is the leading exporter of nurses in developed countries, and this export-oriented strategy is placed by its government to encourage economic growth. Norway, on the other hand, is a developed country with a secure welfare system, an aging society, and a commitment to the WHO Global CODE of Practice on the International Recruitment of Health Personnel. This interaction of institutional factors from both countries to the Filipino nurses' experience in migration and workforce integration is the primary area of interest. The qualitative method of semi-structured interviews was selected to gather empirical data from seven participants. One participant opted for a self-administered questionnaire (SAQ). The empirical data extracted from the interviews and SAQ were analyzed using thematic analysis. The thematic analysis produced two main themes namely, Uncertainties in a New Country and Holistic Improvement. These two themes answered the research questions about Filipino nurses' challenges and opportunities they have experienced in migration and workforce integration in Norway. The themes also related to theories and concepts about human capital, social capital, and the dual labor market. The interplay between different levels of factors, from the individual, social to institutional factors, resulted in the occupational downgrade of Filipino nurses in Norway.

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Abbreviations and Norwegian terms

ALS	Amyotrophic lateral sclerosis
CHED	Commission on Higher Education of the Philippines
ESL	English as a Second Language
EU/EEA	European Union/ European Economic Area
GNP	Gross national product
IELTS	International English Language Test System
IEN	Internationally Educated Nurse
ILO	International Labour Organization
IMO	International Maritime Organization
NHS	National Health Service
NMC	Nursing and Midwifery Council
OET	Occupational English Test
PLAR	Prior Learning Assessment and Recognition
RN	Registered Nurse
SAQ	Self- Administered Questionnaire
WHO	World Health Organization
BPA	Brukerstyrt Personlig Assistanse or User-controlled personal assistance
NSD	Norsk Senter for Forskningsdata or Norwegian Centre for Research Data
UDI	Utlendingsdirektoratet or Norwegian Directorate of Immigration
Bergenstest	Test in Norwegian- Advanced level
Helsedirektoratet	Directorate of health
Helsefagarbeider	Health worker / Auxiliary nurse in study's context
Norskprøve	Norwegian language proficiency exam
Sykepleier	Registered Nurse

1 Introduction

The demand for nurses in the global labor market is on a steady rise due to the increase in life expectancy and a decrease in mortality brought about by advancements in both the medical field and the healthcare systems. This demand is exceptionally high in developed countries whose majority of the population is aging, which puts pressure on these countries' healthcare workforce. This circumstance is amplified by the effects of financial under-investment in nurse education and training in these developed countries (Yeates, 2010).

Nursing shortages are an increasing problem worldwide (Organization, 2003). This situation leads to an increase in international recruitment to developed countries like the UK, Australia, Ireland, Norway, and Canada (Buchan, 2001, pp. 203-204). This increase in international recruitment is one of the pull factors for those nurses in developing countries who are experiencing push factors such as low pay, poor work environment, and heavy workload (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). Nurses from developing countries see migration to highly industrialized developed countries as an excellent opportunity to improve holistically. Furthermore, developed countries see the migration of these nurses as a fix to their shortages. The situation seems like a win-win. However, the massive influx of nurses to developed countries puts a strain on the developing countries' health care system. A case in point is the Philippines.

The Philippines is the leading supplier or exporter of nurses worldwide. (Lorenzo et al., 2007; Marcus, Quimson, & Short, 2014). As Buchan affirmed, "Everyone recruits in the Philippines." (2003 p. 204) The Philippines is relied upon by developed countries, and this reliance is supported by the Philippines' institutional policies that support the overproduction of its nurses for export (Kingma, 2007; Marcus et al., 2014). This position equates to depleting the pool of skilled and experienced nurses, thus compromising the quality of care in the Philippines' health care system (Lorenzo et al. 2007).

The deliberate encouraging of Filipino nurse migration increases the inflow of remittances to the country (Buchan & Sochalski, 2004). As stated in the International migration of health workers: Labour and social issues, the 2001-2004 Medium Term Philippines Developmental Plan embodies this push factor for nurses since the country's government sees this as a key to economic progress (Bach, 2003). This migration for economic progress is also coupled with Filipino's culture

of migration, which are migratory aspirations influenced by socio-economic factors (Thompson, 2017). These factors combined drives the country's continuous nurse migration.

The majority of Filipino nurses migrate to destination countries where English is the native language, countries like the UK, USA, Canada, Australia (Dywili, Bonner, & O'Brien, 2013). Filipino nurses use this circumstance to their advantage since they have English as their second language. However, despite this familiarity with the language, it still poses as a challenge to Internationally educated nurses (IENs) like the Filipino nurses in the study (Tregunno, Peters, Campbell, & Gordon, 2009). The language barrier is even more prominent in developed countries where English is not the mother tongue (Mosuela, 2019). The IENs must reach a specific language level in order for them to be registered and integrated into the developed country's health workforce, such as in the UK, a score of at least 7 in IELTS (International English Language Test System) is required (NMC, 2019). Alternatively, in EU/EEA, non-English speaking countries like Germany and Norway require a B2 Upper-Intermediate level (Knutsen, Fangen, & Žabko, 2019; Mosuela, 2019). Passing the language exams are necessary as it is part of the requirements for nurse registration.

The IENs educational and professional credentials are other factors that developed countries evaluate before nurse registration is granted. Most of the time, the IENs credentials are not recognized by the developed country, which is why they invest in reeducation (Blythe, Baumann, Rhéaume, & McIntosh, 2009). Failure to comply with the language and educational requirements lead to the IENs occupational downgrade. Bauder (2003) argues in his study regarding immigrant labor in Canada that "regulation of educational and professional credentials excludes many skilled foreign-trained immigrants" (p.700). Similar to what IENs like the Filipino nurses encounter upon arriving in the developed country. They find themselves doing jobs lower than their qualifications. Comparable to the IENs in Batnitzky and McDowell (2011) study, who were qualified to be registered nurses for the NHS (National Health Service) yet were hired as second-level nurses.

Norway is a developed country with a secure welfare system, favorable economic and labor standards as well as high compensation packages. Moreover, it has an aging population, which equates to the increasing need for more nurses to fill the vacancies (Vaughn, Seeberg, & Gotehus, 2019). The country's health care sector is mostly public, with 80% of health services accessible

for everybody (Johansen & Fagerström, 2010). This accessible and universal health care also adds to the pressure on the country's health care sector. Norway's urgent demand for more nurses due to its high elderly population does not mean that the active recruitment of IENs is implemented.

The country is truly committed to the WHO Global CODE of Practice on the International Recruitment of Health Personnel which, "aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems." ("WHO Global Code of Practice on the International Recruitment of Health Personnel," 2019) As a member state, Norway does not support the active recruitment of health workers, especially from developing countries where their health sectors are jeopardized because of the extensive migration of health workers.

Furthermore, Authorization from the Helsedirektoratet (Directorate of health) is also needed to work as a nurse in Norway. These factors place the country in an awkward position since they need nurses, but they would not actively recruit. On the contrary, Norway's policymakers accept that those nurses who come to Norway on their own are entitled to continue working in their profession (Vaughn et al., 2019).

The Philippines' migration for economic growth through the deliberate "push" of its nurses to developed countries is contradicting Norway's stance, which is deeply committed to the WHO Global CODE of Practice on the International Recruitment of Health Personnel. The interplay of institutional and social factors towards the Filipino nurse's decision to migrate and integrate into Norway's workforce is the point of departure for the study.

There are several studies done about the migration and workforce integration of Filipino nurses to developed countries such as Canada, the US, the UK, and Australia. However, few studies have been done concerning Filipino nurses in Norway. The study aims to investigate the experiences of Filipino nurses in migration and workforce integration. These research questions will also guide them.

1. What are the challenges these Filipino nurses experienced in migrating to Norway and being integrated in the Norwegian work force?
2. What are the opportunities these nurses experienced and gained through migration and workforce integration in Norway?

The study would be beneficial for the development and possible restructuring of migration and labor policies in both the developing countries and developed countries, namely the Philippines and Norway.

2 Conceptual and Theoretical Framework

Introduction

This chapter focuses on the different concepts and theories that explain migration and workforce integration of overseas nurses that fit the context of the Filipino nurses in the study. It will present the concept and theories in different levels of analysis, starting from the individual level, the familial/household level, and the institution/state level. These are arranged in a way that it incorporates the interaction of structures- family, social networks, institutions and agency- the Filipino nurses. The concepts and theories chosen are the ones that shed light on the participants' experiences in migration and workforce integration in Norway.

2.1 Human Capital Theory

Human capital refers to the person's intrinsic values that the person has acquired over time through investments that make the person more productive. As described in Rajendran, Farquharson, and Hewege (2017, p. 441) "Human capital refers to the education, skills, and knowledge that individuals bring to the workplace." To put in the Filipino nurses' context, human capital is the set of professional attributes they earned that is revealed through "academic preparation, specialty training, skills and expertise, professional experience, determination, and perseverance." (Covell, Neiterman, & Bourgeault, 2015, p. 516). The theory suggests that the more an individual invests in his or her human capital, the higher his or her individual value, which could lead to a higher earning capacity.

The Filipino nurses' choice to study nursing due to the high possibility of working in developed countries illustrates their desire to improve their position in life. Seeing as working as

a nurse in developed countries makes them earn more than if they were to work as a nurse in their country. This shows the neoclassical perspective of migration decisions initiated by economic factors — alternatively, the push-pull framework, which is centered on the individual’s choice ignoring structural constraints (Vaughn, 2017)— opting to study nursing exhibits the Filipino nurses’ investment in their human capital. Moreover, it shows the individual level of migration decisions. This individual decision to migrate through investing in one’s assets, despite incurring expenses in the process to reap a higher income, is the human capital approach. This approach is a neoclassical micro-level migration theory based on Sjaastad’s work (Hagen-Zanker, 2008). King (2012) also asserted that at the micro-level, migration is the outcome of choices made by individuals who weigh up the pros and cons of moving comparatively to staying.

Hagen-Zanker (2008) argues that although this theory is useful in explaining the intrinsic motivation of the individual to migrate, it overlooks the structural influencing factors which include the household or family and institutions. The Filipino nurses high human capital makes them desirable in the host country’s labor market. However, their high human capital does not necessarily equate to that capital being used to its full potential. This situation, together with the household influence in migration, is presented in the next heading.

2.2 Social Capital Theory

Social capital is a means to provide access to specific resources embedded in social relationships. Individuals use their social capital to mobilize resources that are used to achieve an intention (Covell et al., 2015). In the Filipino nurses’ case, the intent is to migrate and integrate into their chosen host country. Furthermore, this intent could be achieved by utilizing their social capital or social networks, which involves their family, relatives, or friends, or any interpersonal connections. To elaborate further, Goss and Lindquist (1995, p. 9) defined social networks as, “webs of interpersonal interactions, commonly comprised of relatives, friends, or other associations forged through social and economic activities that act as conduits through which information, influence, and resources flow.”

Massey proposed an example of a perspective that draws on social capital theory to explain migration in a meso-level, which is called the “networks approach” (Arango, 2018). Goss and Lindquist elaborate on the networks approach by stating:

Migration decisions are made jointly by family members within households; that household decisions are affected by local socioeconomic conditions; that local conditions are, in turn, affected by evolving political, social, and economic structures at the national and international levels; and that these interrelationships are connected over time. (Goss & Lindquist, 1995, p. 8)

For this reason, they identified the networks approach as an integrative method in explaining migration and workforce integration since it connects the macro-level and micro-level of analysis. The migration networks materialized from this approach as an observed object in between the individual decision-making and society (Goss & Lindquist, 1995). Through the migration networks, the individual receives information, assistance, and support for migration to transpire and perpetuate.

The Filipino nurses' decision to migrate not only comes from his or her individual decision but is heavily influenced at the household level. This is because the family plays a central role in the Filipino culture and tradition (Ronquillo, Boschma, Wong, & Quiney, 2011). Traditional parenting norms are part of the culture, and that led the OFNs decision to take up nursing. This shows how these nurses individual decision to build human capital through nursing education is affected by social relationships. Additionally, the Philippines has a culture of migration, which is defined by Ali in Thompson (2017, p. 78) as, "Those ideas, practices and cultural artifacts that reinforce the celebration of migration and migrants. A learned social behavior; people learn to migrate, and they learn a desire to migrate." This idea stemmed from cumulative causation, which suggests that each act of migration changes the situations in a manner that causes succeeding migrations to take place (Vaughn, 2017). This culture of migration explains why there are places where migration is higher as compared to other places similar to the Philippines' case. The Filipino nurses' utilization of their social capital through their relationships showcased the initiation and perpetuation of migration in the meso-level of analysis.

2.3 Dual Labor Market

The dual labor market is a theory that provides an understanding of the present realities in developed countries' permanent demand for foreign labor (Arango, 2018). Established by M.J. Poire, it emphasizes the pull factors of international migration, which focuses on the developed country, which is the recipient of foreign labor. The dual labor market explains migration and integration at the macro-level. It concentrates on the developed countries' inherent features, which form its structural determinants that describe the segmentation of their labor market (Arango, 2018; King, 2012). King (2012, p. 16) elaborated on the theory stating that in developed countries there is, "a primary labour market of secure, well-paid jobs for native workers; and a secondary labour market...filled mainly by migrant workers because such jobs are shunned by local workers." Samers as cited in (King, 2012) continues stating that the secondary labor market of the developed country is further segmented into different employment subsections. Furthermore, in totality, the creation of these segments precedes the migrants who take them. This situation draws interpretation from Archer's analytical dualism, stating that "structure and agency operate over different periods in time" (Bakewell, 2010, p. 1696). The developed countries' structural characteristics created the segmentation of its labor market in a way that shows why some job sectors have a specific population or a concentrated population of migrants that fills the specified job sector.

In the context of this study would be the division of the healthcare setting in Norway- acute care or hospital setting versus long term care or nursing home. Moreover, why migrants like the Filipino nurses mostly occupy the long term care setting instead of the acute care setting. Utilizing the concept would explain why the country's different structural determinants contribute to the institutional discrimination of the nurses. Institutional discrimination, as defined in Tuttas (2015, p. 517), "depicts embedded policy-based organizational or community actions that affect a subordinate group unfavorably."

Migration and workforce integration is a complex interplay of different concepts and theories depending on the context it deems to explain. This explains why, despite the myriad of ideas, there is no one grand theory for migration and integration. For this study, the theories and concepts discussed constitute a base of understanding the Filipino nurses' experiences in migration and workforce integration in Norway.

3 Literature Review

Introduction

This chapter will first explain the reason why people move to different countries, especially from developing countries to developed countries. Then it narrows down to the context of health workers, that of nurses. The chapter proceeds with a presentation of different kinds of literature about nurses' decisions and experiences in migration and workforce integration. The kinds of literature selected represent the previous studies done concerning the topic while at the same time capturing the theories and concepts highlighted in the previous chapter.

3.1 The South-North Migration Nexus

Migration as defined by the International Organization for Migration (IOM) (2019) is “the movement of persons away from their place of usual residence, either across an international border or within a State”. This is a simpler definition of a complex and diverse topic, as migration could not be explained with a single overarching theory (Arango, 2018). According to King (2012) there are different typologies of migration which comes in dyads depending on time and circumstances. Examples of these migration dyads are; temporary vs. permanent, regular vs. irregular, voluntary vs. forced and internal vs. international. More than often these typologies overlap or morph from one type to another. For instance, a migrant under a temporary permit changes to a permanent resident after a few years of working in a host country since the person is already eligible to apply for a resident permit basing on the immigration laws of the host country. Another example would be a regular migrant with valid documents for staying in the host country switches to be an irregular migrant due to an expired permit.

There is a wide variety of situations that could exemplify the different typologies; either in the typical opposition as mentioned above or in a different combination. The migration dyads

mentioned, despite representing specific typologies, are explained in the context of international migration. In the past decade or so, international migration is somewhat synonymous for the word migration itself; acting like an all-encompassing title which obscures the other typologies (King, Skeldon, & Vullnetari, 2008). The synonymity is backed up by globalization which made the vast borders of the world seem smaller and making it easier for people to cross or transfer from one country to another with much ease.

In line with the topic of the study, the focus is given to international migration especially the movement of people from developing countries or the global south to developed countries or the global north. Studies are indicating that migration is not necessarily from the global south to the global north but also at a regional level within countries i.e. internal migration. Regardless of the geographical location a common motive for migration in the individual level or micro-level is an improvement especially in their earning capacity (Hagen-Zanker, 2008). Moving to a place that is economically wealthier than their place of origin or current residence. It is for this reason that migration is a popular option particularly for those wanting to seek a greener pasture.

People's motive for improvement in their earning capacity is one of the reasons why high-skilled and low-skilled labor migrants make up a large portion of the population of international migrants across the globe. According to International Labor Organization ILO estimates (2018) 164 million people are migrant workers out of the 258 million international migrant population. Also, of the 164 million migrant workers 111.2 million (67.9 percent) are employed in high-income countries belonging to North America, Northern, Southern, and Western Europe and the Arab States (ILO, 2018). Migrant workers flock to these high-income countries because of the maximization of their earning capability as compared to when they are working in low-income and middle-income countries. This explains the high percentage in the distribution of migrant workers to these parts of the globe.

3.2 Health Worker Migration

The life expectancy of humans has been on a steady rise in countries world over, and this increase in longevity is more pronounced in high-income countries. David E Bloom, Boersch-Supan, McGee, and Seike (2011) stated in their working paper about population aging that the highest shares of 60 and up population belong to the developed world or high-income countries

and by 2050 an estimated 22% of the world population would be over 60. An increase in the aging population is directly correlated to an increase in non-communicable diseases (David E. Bloom et al., 2015). Another attribute to human longevity is new medical technology and increased specialization of health services (Yeates, 2010). Due to these factors, the need for long-term care for the aging population would be inevitable.

The rise in global life expectancy plus the need for long-term care puts definite pressure in the health care sector. This equates to an increasing demand for health care workers not just in developed countries but in developing countries as well. According to the World Health Organization's Global strategic directions for nurses and midwives (2016) indicated that 50% of the entire health care workforce is constituted by nurses and midwives an estimated 20.7 million out of the 43.5 million health workers. Despite a large number of health care workers globally, this supply still does not meet the demand. This need for health care workers has always been constant in high-income countries as evidenced by the continuous flow of healthcare workers from source countries belonging to low-income or middle-income countries.

Buchan and Sochalski (2004) affirmed, "many developed countries are facing a demographic dilemma: they need to care for increasing numbers of elderly people while their nursing workforce is also aging." This circumstance is amplified by the effects of financial underinvestment in nurse education and training in these developed countries. As a strategy, active recruitment of foreign-born nurses plays a crucial role in these developed countries' policy-making body. From the source countries perspective, this need for nurses by developed countries is also supported by their government policy. Moreover, factors such as low salary, sub-par working environment, heavy workload, and lack of professional and career developments in the source countries make migration a better option.

Major policy response among developing countries has been the adoption of export-oriented "care-labor production" strategies, often as part of their economic development plans, while developed countries have responded with strategies of active recruitment of overseas care labor to address the "care crisis" unfolding in their economies. (Yeates 2010)

A developing country which follows an export-oriented care-labor strategy for development is the Philippines. The country also happens to be a popular source country for

healthcare workers around the globe; particularly nurses. A study regarding the country of origin among foreign-trained nurses in the United States indicated that “the majority of foreign-trained RNs came from Asia, predominantly from the Philippines.” (Polsky, Ross, Brush, & Sochalski, 2007). The country has a long history in nurse exportation since the mid 20th century. Subsequently, from the 1950s the Philippines has become the world’s forerunner in promoting nurses for export. Propelled by the healthcare market demand and the country’s explicit policies in the distribution of nurses abroad for economic growth resulted in a rapid increase in the Filipino nurse population (Brush & Sochalski, 2007).

The Philippines government supports migration mainly because remittances make up a hefty portion in the country’s Gross National Product (GNP). A research study conducted by Straiton, Ledesma, and Donnelly (2017) supports this claim stating that “In 2014, personal remittances from overseas Filipino workers accounted for 8.5% of the gross domestic product”. Originally the Philippines government-facilitated labor migration program was a temporary solution for unemployment and foreign debt (Masselink & Lee, 2010). However, due to the high revenue gained from the remittances, what was once a short-term solution became a long-term solution. Nursing gained popularity in the country’s education sector because it is seen as a ticket abroad which makes it a lucrative career.

The popularity of nursing, together with the export-oriented development strategy of the government increased the number of nursing schools in the country exponentially. These nursing schools also showed the link between nursing education and migration by deliberately embedding in their mission statements migration opportunities that come with garnering a nursing degree. In addition to this, the demand for nursing education increased with the help of the citizens, most especially Filipino parents. The Filipino tradition is embedded with the belief that family is central. Therefore, obedience to parents even in the selection of a bachelor’s degree for a career like nursing is ordinary. Parental influence in the Philippines is so strong that individuals are nonchalant to their loss of power over their own choice for a career (Ronquillo et al., 2011).

The factors mentioned; familial influence, government strategy, and nursing education catalyzed and solidified the culture of migration in the Philippines. A study titled *Nurses, Inc.: Expansion and commercialization of nursing education in the Philippines*, labeled these factors as “migrant institutions” due to the role they play in fostering activities that are intended to promote and access migration opportunities that ultimately lead to development in the individual, society

and the country (Masselink & Lee, 2010). Despite attaining progress in an all-encompassing manner, there are still those who claim that the mass migration of nurses is burdening the Philippines' healthcare sector. Nurse migration equates to depleting the pool of skilled and experienced health workers in the Philippines, thus compromising the quality of care in the country's health care system (Lorenzo et al., 2007). The Philippines is yet to find the balance between losing its' nurses to other countries while also achieving quality health care and development.

The scenarios explained why people migrate from the global south (developing countries) to the global north (developed countries) and why this phenomenon is particularly common for healthcare workers like nurses. The different kinds of literature also illustrated the production, exportation, and migration of internationally educated nurses (IENs) From a broader perspective of migration, the kinds of literature narrowed down to the context of the Filipino nurses who are the target population of the study.

3.3 Migration and Integration as a Challenge or Opportunity

Language Barrier/Importance of Communication

Once the migration has transpired the next step of any migrant would be to integrate into the destination country's society. Integration, as defined by the IOM (2019), is "the two-way process of mutual adaptation between migrants and the societies in which they live, whereby migrants are incorporated into the social, economic, cultural and political life of the receiving community." Integration into society is vital for the perpetuation of migration, especially for those migrants wanting to settle permanently in their chosen host country. It is a reciprocated adaptation between both parties in order to achieve a harmonious relationship. This relationship is beneficial since it involves factors that could make or break the migrant's successful integration into the host country. Part of the integration process is securing a position in the host country's workforce, which is not an easy feat, especially for those migrants with regulated professions like nursing. IENs have to break the barriers concerning the culture, the language, and the transfer of professional skills through assessment of educational credentials from their home country. Studies suggests that those factors mentioned are difficult yet essential in integration to society and the workplace (Magnusdottir, 2005; Tregunno et al., 2009).

One of the goals of IENs is finding a job and keeping it. It is vital for these nurses to know and be aware of the dynamics of their workplace. Understanding the dynamics in their workplace is essential since this shows them how people behave and interact with each other in a work environment in order to deliver useful outputs. Nurses must keep in mind that a harmonious relationship with colleagues and patients is fundamental in the workplace. However, attaining this relationship was never an easy task, especially on the IENs part, because they have to communicate using a language different from their mother tongue.

Blythe et al. (2009) stated in their study regarding nurse migration to Canada that communication is the most significant barrier to workplace integration. Not only was this recognized by the IENs but by their employers and colleagues as well. Similarly, Matthewan in as cited in Roberts (2010) also stated that communication became the most demanded competence in an increasingly competence-driven world. The ability to communicate using the language of the dominant group or the host country's language is an essential part of a nurse's incorporation not just in the country's workforce but in its' society as well. Language and communication have a central function in the nurse's professional and social interactions; this is what makes it essential, particularly for them working in the health care sector. This is because proper use of language and communication means safe and effective patient care.

Despite the language and communication barrier, IENs are still actively recruited by developed countries because these countries own nursing workforce could not meet their own demands. Developed countries are experiencing a demographic dilemma; having an aging nursing workforce who are caring for a population that is also aging (Buchan & Sochalski, 2004). Hence, the import of IENs acted as an intervention for this demographic dilemma. As Buchan (2001) stated in his editorial regarding nurse migration and international recruitment that developed countries are targeting developing countries for recruitment, and a popular choice is the Philippines.

The Philippines together with India and South Africa are the common source countries for IENs from global south to global north perspective (Buchan & Sochalski, 2004; Troy, Wyness, & McAuliffe, 2007). Among the developed countries where these IENs get recruited are the UK, USA, Canada, Australia, and Ireland (Buchan, 2001; Dywili, Bonner, & O'brien, 2013). The developed countries mentioned have English as their native language, while the IENs are from countries with English as a Second Language (ESL). The differences in language from the source

countries and developed countries create a communication gap that impedes the integration process for both parties.

Studies conducted in English speaking countries like Canada, Ireland and the UK have suggested that language difficulties have caused much stress to the nurses' part. They described the situation they are in as a kind of "mental torture" when they have a hard time understanding their patient or colleague (Tregunno et al., 2009; Troy et al., 2007). The stress of IENs in communicating is even more intense for developed countries where English is not the primary language. A study regarding the experiences of IENs in Iceland found that not knowing the language compromised the nurse's ability to provide proper patient care. This situation affected the nurse's self-esteem and sense of professionalism (Magnusdottir, 2005). Another study regarding Filipino nurses in Germany showed how the nurses felt lucky if they have a mentor who speaks with them in English when they first started. They voiced that they were able to understand the routines and procedures easily as compared to if they were explained in German. (Mosuela, 2019).

The length of time living in a developed country does not automatically equate to language proficiency for IENs. As stated in Tregunno et al. (2009) the nurses admitted that they still have language difficulties despite living in Canada for some time. Factors like the speed at which the native speakers speak together with certain colloquialisms and vernaculars add confusion to the IENs which ends up in misunderstandings (Okougha & Tilki, 2010). The language barrier can sometimes be a vehicle for racism too. This was experienced by the IENs in a study conducted by Likupe (2006) in the UK National Health Service (NHS) when some of these nurses could not even give out proper endorsements to their local colleagues because their colleagues would be laughing at them. Discrimination instigates feelings of insecurities to the IENs, a sense of inadequacy because they have no full command of the language.

Assessment and Recognition of Credentials

Being a registered nurse in one country does not automatically equate to being a registered nurse in another place. There are reasons why this so. One is the disparities between each country's nursing education curriculum. Another is the different regulations and codes of practice between each country's governing body for the registration of nurses, most notably that of developed countries or the IENs host countries. The governing body for the registration of nurses having

more influence in the IENs experience when migrating and integrating into the workforce of the host country. This is due to their power of assessment in the IENs language, educational, and professional credentials.

Each host country has its assessment criteria; that's why some IENs first select countries with more relaxed standards for nurse registration. This acts as an indirect route to their final host country while they gain experience. Kingma (2007) stated in her study about global nurse migration that almost half of the Filipino nurses surveyed were employed in South East Asia and the Middle East before making their final move to popular developed countries like the UK and the US. The nurses stepwise migration to South East Asia and the Middle East are due to these countries' lenient language requirements (SNB, 2019; UAE, 2017). In comparison to the precise language requirements that popular developed countries impose.

For example, in the UK, IENs wanting to register as a nurse with the NMC must have an overall score of at least 7 in IELTS (International English Language Test System) or a grade of at least B in OET (Occupational English Test) (NMC, 2019). The UK's language requirement is similar to Australia's. Based on a study conducted by Short, Hawthorne, Sampford, Marcus, and Ransome (2012) of Filipino nurses in Australia, the nurses have challenges in passing English language testing, which is a prerequisite to being employed as a nurse.

Developed countries from the EU/EEA with a native language that is not English also have a different set of language level criteria. This criterion is dependent on whether the nurses are from the EU/EEA or outside. A study by Knutsen et al. (2019) on Latvian and Swedish nurses in Norway showed the advantages of nurses coming from the EU/EEA. The minimum level for nurses from outside the EU/EEA is B2 Level (Upper Intermediate). This should be accomplished before they are allowed to register for the assessment of credentials as a nurse or health personnel (Helsedirektoratet, 2018, October 31). While for nurses from within the EU/EEA, they could pass any Norwegian language level their employer deems necessary (Knutsen et al., 2019). Gerrish as cited in Likupe (2006) in a study about African nurses in the UK NHS, maintains that European nurses can register directly with the NMC despite having the same communication problem as the African nurses. This favorable circumstance for European nurses is credited to the EU/EEA policy, which allows free movement of persons from member states. This situation may seem partial to the IENs because of the lax language requirement despite the language differences among European countries, although this is debatable.

The assessment and recognition of credentials are another matter IENs must go through. Each country has its criteria for the IENs credentials to be recognized as equivalent to that of their host country before they are allowed to practice nursing. More often than not, the road to acquiring equivalence with the host country's nursing criteria is cumbersome. Nursing is a regulated profession, which is the reason for these assessments. As stated by Bauder (2003), highly skilled migrants like nurses pursue evaluation for the recognition of their credentials only to find out that the process is "prohibitively long and costly."(Bauder, 2003, p. 708)

Migrants like the IENs need to invest in reeducation and verification of credentials in their host country, Blythe et al. (2009) confirms. This process requires time in non-English speaking host countries. In the recruitment of Filipino nurses to Germany, these nurses are expected to pass the B2/intermediate language level as well as the theoretical and practical exams to be a registered nurse (Mosuela, 2019). It is the same case for IENs who wishes to be a registered nurse in Norway. They must reach B2 Norwegian language, then take supplementary courses and pass required exams (Helsedirektoratet, 2018, October 31).The IENs arrival in their host country undergoes what Chiswick suggested as "occupational change and initial downward occupational mobility due to the lack of absolute transferability of language, job-related skills, labor market information, and credentials" (Rajendran et al., 2017, p. 439).

Deskilling or downward occupational mobility is a phenomenon that migrant professionals like nurses experience. Bauder (2003) stated in his study about highly skilled migrants who migrated to Canada experience deskilling because of the non-recognition of their foreign credentials. Deskilling is portrayed as working in the periphery of a host country's job sector, like what Latvian nurses experienced in Knutsen et al. (2019) research. The Latvian nurses were working in Norway's home care or nursing homes, which is seen as an occupational downgrade as compared to working in a hospital. Ouali as cited in Isaksen (2012) stated that local health administration evaluates the IENs diplomas in a manner that diminishes the nurses' skills as inferior if their expertise of the local language is inadequate.

Prior Learning Assessment and Recognition or PLAR was developed to prove the competence of IENs in Canada (Blythe et al., 2009). However, PLAR proved to be a barrier instead of a facilitator of workforce inclusion, as observed by Andersson and Guo (2009). In their study in Sweden, they found that the assessment and recognition of IENs prior learning resulted in recognition as an auxiliary nurse, which is lower than the IENs original qualification. Similar to

the IENs in Canada, who could be eligible to become a Registered Practical Nurse (RPN) after assessment instead of becoming a Registered Nurse. IENs are usually required to take upgrading courses to be qualified to take the exam for RPN or undergo a bridging program that would qualify them to take the exam to be an RN (Blythe et al., 2009).

The non-recognition of educational credentials has an impact on the IENs well being. For example, the Polish nurses in Isaksen (2012) study who were master's degree holders but were required to take additional courses with first-year nursing students in Norway. This was before Poland entered the EU/EEA. Some of the Filipino nurses in Blythe et al. (2009) opted just to continue working as a health care aid due to the time and expenses required to pursue RN status. The IENs agreement to working below their competence exhibits "resigned acceptance" (Batnitzky & McDowell as cited in Knutsen et al, 2019).

Incentives of being abroad

The realities that the IENs experience is not enough to hinder their continuous migration and integration into developed countries. Push and pull factors influence this phenomenon. Lorenzo et al. (2007) categorized the push and pull factors perceived by the Filipino nurses in their study about nurse migration. The Filipino nurses classified the factors as economic, socio-political, job-related, and personal or family-related. Troy et al. (2007) found in their research about IENs in Ireland that all the nurses voiced a positive response concerning migrating and working in Ireland. The IENs stated they could support their family through remittances and have the chance to travel. The Filipino nurses in Withers and Snowball (2003) research also noted a better standard of living and the possibility for career enhancement through further studies. Feelings of personal growth were also reported. These are in terms of being more independent, determined and being in a conducive environment where they are happy while practicing their profession (Jose, 2011; Magnusdottir, 2005; Short et al., 2012; Troy et al., 2007; Withers & Snowball, 2003). The kinds of literature were consistent with the main expectations of IENs when migrating and integrating into their host country's workforce.

4 Methodology

Introduction

This chapter discusses the different activities that took place during collection of data and data analysis. This includes the research strategy, the target population, methods of data collection, instruments used, ethical issues, problems and challenges faced in the entire process of data collection as well as how the data analysis was done. The participants' profile was also presented to provide background that will personify the data and make it more relatable. Emphasis is given on the preparation stage, gaining access, recruitment and data collection and data analysis. These are presented as categories in this chapter. All of which culminates on how the objectives of the study were achieved.

4.1 Preparation stage

The main purpose of conducting a study is to understand more about a certain topic as well as to contribute to existing information or knowledge about a theme. In this case, the study is centralized on Filipino nurses in migration and work force integration in Oslo. Moving abroad, whether to work or to live permanently, is natural for Filipinos and is somewhat embedded in their culture. Despite this heartbreaking process of leaving family members and loved ones behind, they still manage to push through in the hopes of improving their lives and the lives of those they left behind. This situation is one of the reasons for the development of a profound interest in migration and work force integration of Filipino nurses.

Following the selection of topics, information about the study needing to be registered and authorized by the Norwegian Data Protection Official for Research (NSD) was provided beforehand and was accomplished. The regulating authority required a detailed project description, information about data protection, consent form, and a request letter to conduct interviews if interviews are to be done in a facility or institute. All the necessary documents were provided, and the submission of the application was made at the end of May 2018. Permission to conduct the study was granted after three weeks. Although a head start in data collection was obtained due to the early approval from NSD, there were still challenges that affected the data collection time

frame. Particularly getting a hold of the target group of the study. This would be further discussed in the succeeding category.

The study was centered on Filipino nurses employed as auxiliary nurses in Oslo. Hence, meeting with a family friend from the Philippines to discuss the topic was accomplished a few months before the submission of the study proposal. This family friend also happens to be a registered nurse in the Philippines who is currently working in a nursing home. During the meeting, a suggestion about the study site- a nursing home in Oslo was also discussed. The meetings were of utmost importance during the preparation stage since it assisted in developing a plan for the recruitment and collection of data.

Extensive reading of journal articles and previous studies employing a qualitative method of research was carried out. Reading was of great help since the reading materials illustrated different scenarios that might happen during field interviews. The formulation of the interview guide also took place during this stage. The questions for the interview guide were written in English to provide ease in understanding since a copy was required to be sent to the NSD. However, the guide questions were queried using the mother tongue -Tagalog or Hiligaynon- or a mixture of both English and Filipino languages. The interview guide contained open-ended questions that helped provide answers to the research questions. It acted as a safety net to make sure that the participant would not stray far away from the topic. The interview guide is formulated for the sole purpose of guiding, stimulating, and focusing discussion during the interview (Jacob & Furgerson, 2012; McLafferty, 2004). Utilizing the interview guide gave both the participant and the interviewer freedom and flexibility during the interview process.

4.2 Gaining access

Acquiring access to the target group, together with the study location, is imperative in any thesis. Without access to these two factors conducting fieldwork as well as completing a study would be impossible. The target group of the study is Filipino nurses who are currently employed as a healthcare worker, specifically an auxiliary nurse in Oslo. Filipino nurses are those who are registered or licensed nurses in the Philippines. The selection of auxiliary nurses was because of the information gathered from the Filipino friend saying that the majority of the Filipino nurses in her workplace are auxiliary nurses. The study location for data collection was initially planned to

be conducted in a nursing home in Oslo. Fortunately, this is also where the Filipino friend was currently employed. This meant that connections to the gatekeepers of the health facility and probable participants were possible.

Gatekeepers are those persons who have control and access to the participants. They have the authority to accept or decline the request in conducting interviews at the chosen location. They also have the power to influence how the interviews are to be conducted. They would even take into consideration the length of time of the interview per participant since it could affect the dynamics of the workplace (Bryman, 2012). Consequently, establishing rapport with these gatekeepers is paramount during the data collection process.

As advised by the friend who works at the nursing home, a letter of request to conduct interviews in the nursing home was to be addressed to the institution head and the department manager. This is to ensure that both parties were aware of the interviews to be conducted on the premises of the nursing home. As initially planned, participants who consented were given a choice to be interviewed during their break time or downtime, pre-shift, post-shift, or meet at a place they prefer. The decision to conduct the interviews in the participant's workplace was mainly to provide convenience to them. This is in consideration of the fact that they have their responsibilities to attend to aside from their job.

The proposed date for interviews was scheduled to start in the last week of August or the first week of September as most of the health workers have returned from their summer vacation. Also, the schedule fits the change in the nursing home's new administration, together with its new leaders. The letter of request to conduct interviews was sent through mail and email to the authorized persons on August 20, 2018. After a week, a follow-up email was sent. Unfortunately, no response or confirmation was received even with the assistance of the employed friend who also followed up. She speculated that the change in administration might have caused this event. Changes in plans cannot be avoided; that is why a backup strategy should always be available. Since interviewing in the nursing home would not be possible, searching and recruiting potential study participants was accomplished through the use of social networks. This will be discussed in the recruitment stage.

The pilot interview was done on August 7, 2018, to test out if the objectives would be achieved using the formulated interview guide. A pilot interview aimed to assess the suitability of the questions from the interview guide and to offer new recommendations on the feasibility of the

study. It also helps in the improvement of interviewing skills, especially in achieving a smooth flow of conversation (Abdul Majid, Othman, Mohamad, Lim, & Yusof, 2017). The pilot interview was done with the same friend who was employed in the nursing home. The help of the interview guide and the fact that rapport has already been established with the participant made the pilot interview go well. As mentioned by Jacob and Furgerson (2012), “It is always a good idea to pilot test your questions with someone you know to make sure that your questions are clear.” Although having a good rapport established makes the participants feel comfortable to share their thoughts openly, there is a tendency to stray away from the questions asked. This event transpired during the pilot interview since the participant was a good friend; she felt completely comfortable. She shared her thoughts on the question asked and strayed off topic on some occasions. Fortunately, this situation was controlled by leading the participant back to the topic as it is the responsibility of the interviewer to keep the interview on the course (Jacob & Furgerson, 2012).

4.3 Recruitment

Individually selecting participants for an interview is one of the pillars in conducting a qualitative study. Qualitative research aims to probe into a topic of interest to the researcher and subsequently discover something new or relevant to the topic. After the pilot interview proved useful in producing answers that were important to the study, the next step should be recruiting participants. The participants are those who perfectly fits the profile shaped by the researcher concerning the study. Moreover, they are the people who have the qualities and experiences that would contribute knowledge and insight into the topic. All these details are mainly based on the discretion of the researcher so that the objectives would be met.

The study utilized purposive sampling. The aim of purposive sampling, as stated by Bryman (2012), is to “sample cases/participants in a strategic way so that those sampled are relevant to the research questions that are being posed.” Basing on Bryman’s definition, the target group of the study was selected. The participants for the interviews were Filipino nurses who were currently employed as an auxiliary nurse in Oslo. The participants' age, gender, years of residence in Norway, and years of being employed as a health worker were taken into consideration, to show possible variation in the findings. The choice of the target group’s profile was because it would provide narratives of the positive and negative experiences that these Filipino nurses faced in

migration and workforce integration in Oslo. Sharing the same nationality and professional background was utilized in a way that the participants felt comfortable to express their thoughts and experiences using their mother tongue.

The unconfirmed access to gather participants and conduct interviews in the nursing home meant a different method of searching and recruiting participants to be used. The friend who participated in the pilot interview has a well-established social network in Oslo, specifically those that fit the designated participant profile. This social connection was used to search for other potential participants. As defined by Oliver in VictorJupp (2006), snowball sampling is “a form of non-probability sampling in which the researcher begins by identifying an individual perceived to be an appropriate respondent. This respondent is then asked to identify another potential respondent.” (p.281). After the pilot interview, the friend identified a potential participant for the study. Snowball sampling was used in the study. This method typically starts with primary participants who would refer the researcher to other potential participants (Given, 2008, p. 816). In this study, the initial participants were the ones who referred to potential participants who fortunately agreed. However, there was no third set of potential participants after the second set of participants were interviewed.

Basing on what transpired in the study, the snowball method worked for those who have close ties or good relationships from the referring participant. The farther away from the ties, the less likely they were to participate in the study. It would have been easy for the participants to recommend another participant since all of them have colleagues who fit the profile. The relationship they have with their colleagues plays a role in the probability of the colleague participating in the study. As an illustration, one of the participants referred to a close friend who also happened to be her housemate. This participant then agreed to be interviewed on the same day that the referring participant had the interview. This situation was different for those without close ties to the person they are referring to. For example, one of the participants stated she would ask some of her colleagues if they are willing to be interviewed and confirmed that she would send information once the colleagues agreed to be interviewed. However, after a couple of follow-ups, the participants just stated they were unfortunately busy. Filipinos abroad more than often know other Filipinos because of a tight-knit community. This would generally equate to spontaneous recruitment. On the contrary, getting those possible participants to agree to be interviewed was the complete opposite.

Time is gold, as the saying goes, and this proved to be true. Generally speaking, it is difficult to ask for a person's time, especially if there is no compensation of any form. Not to mention the fact that the person would be divulging personal information to a stranger. Furthermore, not being a total stranger to the Filipino community because of the similar factors – nationality and professional background- as mentioned earlier, unfortunately, did not help in making recruitment easy. This incident was factual despite the endorsements to colleagues from the participants who were already interviewed. It was for this reason that the social media platform such as Facebook was utilized in the recruitment stage.

The Facebook group page's members were Filipino registered nurses residing in Norway. This partially fits the designated participant profile for the study. However, the location, which should be Oslo and current occupation as an auxiliary nurse, must be specified. Specificity was accomplished by posting detailed information about the study on the group page. It also included contact information for those interested to participate in the study. There were a couple of "likes" from the group page's members however only one person reached out and gave confirmation to be interviewed.

To remove the speculation that those who liked the post were perhaps just reluctant to reach out. A direct message through Facebook messenger was sent to each of them. The message was in the Filipino language and arranged in a way that inquires if they could spare their valuable time to share their knowledge and experiences, which is vital for the study. A confirmation or response of whether or not they would want to participate was also requested. Despite the sincere effort, none of them responded and confirmed. The situations during the recruitment phase came as an unpleasant surprise due to the set of expectations that were not accomplished. The belief of acquiring participants quickly because of sharing significant similarities with them does not always hold. On this occasion, being an indigene perhaps gave an impression to the target group that gaining participants would come quickly without requiring further assistance. Ironically this proved to be the opposite.

4.4 Data Collection

The qualitative study demands empirical data from the participants in order to reach the objective of the study and to gain an understanding of the study's focus. As mentioned by Firmin

in Given (2008), “qualitative research is a means of empirical investigation—in the purest sense.”(p.190). It is for this reason that interviewing was the chosen method of gathering data. Interviews are an excellent way to gather information in a somewhat economical manner, although it is time-consuming, it is still one of the best ways in retrieving personal experiences and opinions from a participant. These experiences and opinions are the empirical data that is fundamental to the study. When appropriately utilized, the collected information will be able to deliver concrete evidence that would support as well as improve understanding of the study topic.

A semi-structured interview was utilized for this thesis. It is a strategy wherein participants or informants are queried in a sequence of prearranged but open-ended questions. (Given, 2008, p. 810) The sequence of prearranged open-ended questions is in the form of the interview guide that was formulated during the preparation stage. Each question in the interview guide was carefully created concerning the research questions. The set of questions was concise to provide ease during the actual interview, especially when browsing it. At the same time, they were precise in order to get answers to the research question. The goal of utilizing the interview guide was to explain the study topic eventually. The utilization of semi-structured interviews with the aid of an interview guide brought the flexibility needed during the interviews. In particular, the freedom to follow the questions in the guide in whatever order deemed necessary. Similarly, allotting more time or dwelling on a particular question that will provide a thorough discussion of the topic. The aim of this was to gain insights from the challenges and opportunities that the target group (Filipino nurses employed as auxiliary nurses) experienced in migration and workforce integration in Oslo.

A total of 7 consenting participants agreed to be interviewed, including the pilot interview. The information gathered from the pilot interview was relevant to the topic. Hence it was utilized in the collection of data. These seven interviews were conducted starting from September 12, 2018, until October 8, 2018. The interview schedules were entirely dependent on the participant’s availability.

Moreover, the non-compensatory nature of the interview also justified the dependence on the participant’s preference to be interviewed. The duration of the interviews lasted between forty minutes to an hour and fifteen minutes. Before beginning the interview, a brief introduction of the study was provided. The length of the interviews was directly correlated to the place of the interview. For example, those who had longer interviews were interviewed in the comfort of their homes or a quiet location. In this study, four participants were interviewed in their homes, and one

participant was interviewed in an empty school cafeteria. In contrast, those who were interviewed in a public location had a shorter interview duration. In this study, two participants were interviewed in a café of their preference.

Aside from detecting the correlation between the duration of the interview and the place of interview, another important aspect to take note of when interviewing participants are the nonverbal cues they are exhibiting. In the book titled *Nonverbal Communication*, Hall and Knapp (2013) stated that “nonverbal cues can be defined as all potentially informative behaviors that are not purely linguistic in content”. Observing subtleties is vital in ensuring that participants feel at their best to express their insights about the topic freely and without any coercion. Since they are sharing their thoughts to a stranger, noting nonverbal cues helps the interviewer gauge the participant’s reaction to the questions asked. The more positive the cues or reaction are, the further the interviewer could investigate. On the contrary, the less positive the cues are, signals the interviewer to not delve in the topic further.

In this study, the participants interviewed in their homes were very much at ease since they are in their comfort zone. They felt secure and comfortable by the fact that only the interviewer and themselves would hear about their personal experiences unlike those who were interviewed in a public place (e.g. cafe). As stated by Navarro (2005) “Subconsciously we are demonstrating our comfort with whom we are talking...People who are comfortable display more openly, showing more of their torso and the insides of their arms and legs.” (p.61). Nonverbal cues were exhibited and observed in participants who were interviewed in their homes and at an empty cafeteria.

In contrast to those participants who were interviewed in a café, who seemingly looks comfortable just at first glance. Nonverbal cues of being slightly uncomfortable were particularly noted in one of the participants interviewed in the café. For instance, displaying a closed position, not making that much eye contact and a low volume of speech. Presenting these types of cues are an indication that the participant feels uncomfortable that other people would probably overhear the conversation (Elwood & Martin, 2000). These awkward nonverbal cues were observed despite the interviews being communicated in the Filipino language.

Given these points, the selection of a place for the interview is similarly important as it is one of the factors that affect the interview and the data collected from the interview. Elwood and Martin (2000) discussed “micro-geographies” in interviews which depicts the connection of the interviewer, the participant, the location as well as the sociocultural setting. They argued that each

micro-geography has different dynamics in a way that participants might provide different information depending on the place where they are being interviewed. As what transpired in the interviews, there were differences in the duration of the interviews and nonverbal cues with the place of interviews.

Participants who were interviewed at their homes or in a vacant location had longer interview duration and exhibited positive nonverbal cues. In comparison, participants who were interviewed in a café had shorter interview duration and exhibited negative nonverbal cues. Although the selection of location was based on the preference of the participant, the factors that affect the micro-geography during the interview would constantly be present. Therefore, only mitigating measures can be done to lessen these factors when being interviewed in a public location. In this study, the participants were given the power to select they feel most comfortable to share their thoughts. Moreover, constant encouraging to the participant that their insight about the topic is of utmost importance to the study.

Qualitative research relies heavily on empirical data communicated in the form of words. Words capture the essence of the interview participant's opinion regarding the theme being discussed. Therefore, it is paramount to document everything that the participant says during the interview. This study utilized audio recording to capture all details that the participant provided. Permission was obtained from the participants before recording to ensure ethical and legal considerations were upheld. The audio recording was done with the use of a voice recording application on a mobile phone. Using a mobile phone as a recorder made the recording during the interview discrete in a way that the participants did not feel conscious and awkward that they were being recorded.

This circumstance resulted in a collection of genuine data in a smooth and hassle-free manner. Taking down of notes, field notes and memos, during the interview was also done alongside recording. Fieldnotes are sensory information while memos are impressions and ideas, both of which are encountered by the interviewer in data collection (Given, 2008, p. 190). Jotting down short notes or even just words during the interview was observed. This was to prevent disregarding of any pertinent information encountered in the process of collecting data. Those memos and field notes were used to provide understandings about the topic which is vital for the analysis of data.

After the interviews, the audio recordings were directly translated from the Filipino language (Tagalog or Hiligaynon) to the English language. Translating the recordings were demanding and most especially time-consuming. However, it was completed for the data to be understood by non-Filipino speakers who are linked to the study. This was useful when presenting the collected data during meetings with the study supervisor and translated quotes were readily available if there is a need to present a participant's quotation. The translations were done after every interview. The time between interview schedules was put to use by translating the recordings.

The friend working in the nursing home informed that there was a colleague who was willing to participate in the study yet does not have the luxury of time to be interviewed face to face. A suggestion of conducting a phone interview was dismissed for the reason that the participant has small kids to take care of which meant no time for phone conversations that would take time. However, the participant was willing to answer questions in written form. Under those circumstances plus the interest of gaining unique data relevant to the topic, a self-administered questionnaire was developed.

As defined by Lavrakas (2008) self-administered questionnaire (SAQ) "refers to a questionnaire that has been designed specifically to be completed by a respondent without the intervention of the researchers (e.g. an interviewer) collecting the data." (p.803). The SAQ contained 5 questions that were patterned to the interview guide. The questions were purposefully formulated so the participant would be able to provide a response that would meet the objectives of the study as well as explain the study's theme. Proper formatting and wording of the SAQ were followed to promote understanding and correct interpretation from the participant's point of view. The questions should be formulated to make sense for the participant and not the interviewer (Lavrakas, 2008).

The SAQ was emailed to the friend working at the nursing home who produced both hard and soft copy, which provided to the participant. After more than a month, the questionnaire was emailed back with responses to each of the 5 open-ended questions. The participant chose the soft copy and typed the response. Typing the response made it easy to interpret since it diminished the likelihood of misinterpretation which could be probable in handwritten responses. The answers were brief but was still useful for data analysis.

The utilization of a self-administered questionnaire (SAQ) was economic since it does not cost much time and effort from both the participant and the interviewer as compared to the personal interviews. Although the self-administered questionnaire would probably work well for other themes that requires less detailed explanation from the participants' side. Given those points, selecting a method for data collection should prioritize which method could present and elaborate on the study's theme.

4.5 Ethical considerations

Ethical principles play an important role in conducting research studies since it acts as a guide to make sure that the participant's well-being is the topmost priority. Ethical principles such as informed consent, confidentiality and anonymity were considered in the study. Ethical clearance was obtained from NSD since the data collection involved personal data. Despite the data collected remaining anonymous on the entire duration of the study, a notification was obtained from NSD. The fact that it involves personal data warrants the need for this ethical clearance.

Informed consent is the voluntary participation of an informant in a research study. As mentioned in Bryman (2012) "The principle means that prospective research participants should be given as much information as might be needed to make an informed decision about whether or not they wish to participate in a study."(p.712) Before conducting the interviews, the participants were provided with the invitation letter and informed consent form containing full disclosure about the research study. This included the method of data collection through recording and translating. Information that might affect the participant's willingness to participate in the study must not be concealed intentionally to uphold this ethical principle. During the interview the participant was informed that he or she could voluntarily drop out for whatever reason deemed justifiable, this is to promote a feeling free from compulsion or coercion. Also, the participants were advised that they could decline to answer the questions they felt are too private.

Confidentiality and anonymity were another ethical consideration that was strictly abided. Bryman (2012) stated that "right to privacy is a tenet that many of us hold dear, and transgressions of that right in the name of research are not regarded as acceptable."(p.142). Due to technological advancement, access to any type of information is readily available with just one click of a button, this circumstance violates confidentiality and anonymity. It is for this reason that for this study,

confidentiality and anonymity for the participants was ensured. This situation was achieved by informing the participants before the interview that they would remain anonymous throughout the study.

Another way that achieved confidentiality and anonymity was the utilization of pseudonyms in presenting the participants' profile. Furthermore, by demonstrating that all information collected from the participants was handled with the utmost care, proper storing of documents and recordings was practiced. For instance, after the interviews, the recordings gathered through a mobile phone were transferred directly to a laptop. The translations were also completed in a laptop. Both of the devices used required passwords which could only be accessed by the interviewer. Field notes and memos gathered during the interviews were only accessible to the interviewer.

4.6 Limitations of the Study

There would be several factors influencing the entire study. The study utilized purposive sampling which is a non-probability sampling approach. This type of approach implied that the study would not be able to generalize the population of Filipino registered nurses employed in Oslo. The purposive sampling method equated to the study being limited only to the Filipino registered nurse population employed at a nursing home. This made the study too population specific. The proposed number of participants to be interviewed was 5 to 15, aiming for a minimum of 10. However as discussed in the recruitment stage, there were challenges encountered that made procurement of 10 participants unmanageable. On the positive side, qualitative research is not about the quantity but the quality. Each of the participants was able to provide valuable information that gave insights into the theme.

The place of interview proved to be a limit of the study. In data collection, participants were interviewed at a café of their preference, at the privacy of their home and a vacant school cafeteria. The location of the interview proved to be essential since the empirical data gathered had a correlation in the length of interviews as well as the non-verbal cues that were exhibited concerning the location. The participants' schedule also greatly influenced the data collection as demonstrated by one participant who requested to have an SAQ for the reason of not being able to make time for neither a personal interview nor a phone interview.

Objectivity in a study is important as it would mean that the study together with its result was conducted in an unbiased manner. However, sharing the same ethnicity and profession would seem to demonstrate subjectivity. As mentioned in Risjord (2014) “To preserve objectivity, once the decision has been made to investigate a particular topic, only scientific considerations (epistemic values) should govern the research.” (p.19). A study cannot be a hundred percent objective since without the presence of partiality the motivation and interest to conduct the study would be nonexistent. Sharing the same ethnic and professional background was mainly utilized in communication during interviews. This situation provided an understanding of the theme from a point of view of not just a researcher but of a health care professional as well.

The findings of the study would not translate to other ethnicities due to its’ exclusivity to the sample population- Filipino nurses- and its’ empirical nature. However, these findings would still be widely accepted and beneficial in terms of understanding the motivation behind migration and workforce integration of health care workers despite the challenges. The discoveries from the study would only be valuable for any possible bilateral agreement in the health sector recruitment between Norway and The Philippines.

4.7 Participants’ Profile

The target population has a criterion that was followed being that participants should be registered nurses in the Philippines and are currently employed as an auxiliary nurse in Norway. Among the seven participants that were interviewed personally; four were females, two were males and one was a transgender male. The other participant who requested for the self-administered questionnaire was also male. The age of the participants during time of data collection ranged from twenty- nine being the youngest and thirty-four being the oldest. The entry to Norway also varied with five of the participants under a job seekers visa, two participants under a student visa and one under an au-pair visa. Each of the participants’ profile were created to provide summaries of their journey to Norway concerning migration and work force integration.

Anna

A thirty-four-year-old female from the Visayas region. She has been residing in Norway for over ten years and entered the country under a job seekers visa. Also, she processed her

authorization to work as an auxiliary nurse while she was still in the Philippines. She was working as a nurse in the Operating Room and Intensive Care Unit before migrating to Norway. Anna is married to a Norwegian and has two kids. She knew about the demand for health care workers in Norway because of a family friend who is already a Norwegian citizen and offered her a place to stay while she was searching for a job. Despite having a job offer in the UK where her mother-who is also a nurse- is residing, she still chose Norway to become more independent.

Anna found a job as an auxiliary nurse given the short length of time for her visa. She got a six months temporary contract in a nursing home which got extended until nine months. Unfortunately, there was no permanent position at that time, so she was let go. However, her manager endorsed her to a different nursing home wherein she immediately got a permanent position and has been working there ever since. She is currently waiting for the result of her re-evaluation of documents from Norway's Directorate of Health or Helsedirektoratet. This is needed for her to be able to proceed application as a nurse or sykepleier.

Beth

A twenty-nine-year-old female from the Luzon region who has been residing in Norway for almost four years. She was a care-giver to a child with special needs in Macau before moving to Denmark and then Norway. Beth entered Denmark and then Norway under an au-pair visa. It was her friend who was an au-pair in Norway who advised her to transfer to the country after Denmark. She applied for authorization to work as an auxiliary nurse when she was still an au-pair. She easily got the authorization due to the requirements and the rules and regulations for application being not that demanding.

After Beth's two-year au-pair visa in Norway, she applied for bible school but quit after 6 months since she already got hired as an auxiliary nurse. She got hired in a rehabilitation facility however, she decided to look for a different workplace since she was informed the facility was not offering any full-time positions. Fortunately, her friend told her about a rehabilitation facility in Lillestrøm in need of auxiliary nurses. She hastily applied and got the job. She has been handling the same ALS patient since she started. Beth is having second thoughts in pursuing application to be a nurse due to the arduous requirements needed. However, she stated she would take into consideration the nurse application if her ALS patient would need her to be his health care manager.

Christine

A thirty-three-year-old female from Visayas. She is married, a mother of two and has been residing in Norway for almost seven years. It was her aunt living in Norway who told her that Norway was hiring health care workers. It was for this reason that she applied to Norway despite having been petitioned as an immigrant in the USA. She stated at that time, Norway was the quicker option. She entered Norway under a job seekers visa. Unfortunately, she left Norway because the agency she worked for was not giving any full-time contract during her time.

During her stay in the Philippines, Christine worked as a consultant for a business process outsourcing company that caters to a Norwegian company where her basic knowledge of the Norwegian language came in handy during phone or video meetings. Even though she was well compensated in the Philippines she still wanted to go back to Norway because she knew she could earn more. Luckily, after two years of being in a long-distance relationship with her Norwegian boyfriend, both of them decided to get married. She was then able to come back to Norway and settle permanently. Christine got hired again by the same agency she worked for before leaving for the Philippines. She worked for them for only 3 months because she was doing mostly night shifts, and this took a toll on her health. Fortunately, a nursing home near her house was hiring and she got a 1-year contract as a reliever. After a year they gave her more shifts until this led to a full-time contract. She has been working with the nursing home for over three years. She is non-committal to the idea of applying as a nurse in Norway.

Debbie

A thirty-three-year-old female from the region of Luzon. She has been residing in Norway for over six years. She entered Norway under a Job Seekers visa with the help of her sister who has been residing in Norway for quite some time. It was her sister who persuaded her to find work in Norway instead of the UAE which was her first-choice country. Her sister informed her that the monetary compensation and benefits in Norway is better than the UAE which decided for her to move easier. Besides, getting authorization as a nurse from the Directorate of Health was very manageable at that time.

Debbie first worked as an on-call assistant to the elderly in a residential area. After six months she then transferred to a nursing home where she still had a temporary contract. She got

her permanent contract as a home nurse from private company and has been working with them since. During the interview, she was on the verge of completing the 1-year supplementary course for foreign nurses educated outside EU/EEA as required by the Directorate of Health for application to be a nurse. It took her a couple of years to almost reach completion of the 1-year course as she is unable to take a full load while also working full-time.

Ed

A thirty-one-year-old male from Luzon who has been residing in Norway for almost eight years. He was working as a clinical instructor for nursing before applying for a job seekers visa to enter Norway. He knew about Norway because of his friend from college. His friend had an aunt who was known in their place for recruiting nurses to work in Norway. He signed up for the private recruiter who began to process his documents for authorization to work as an auxiliary nurse. While he was still in the Philippines waiting for authorization, he started to learn Norwegian which was provided by the same agency. He stated he had to loan money to pay a hefty amount for the authorization and language tutorials provided by the agency since he was advised that when he arrives in Norway, he would already have a full-time job. Unfortunately, he was provided with the wrong information. He was however fortunate enough to land a full-time job after a month of job searching.

He is currently taking the 1-year supplementary course for foreign nurses educated outside the EU/EEA as a requirement by the Directorate of Health. The requirement is for him to pursue application as a nurse. He stated the only reason for pursuing application as a nurse was because he was offered a promotion to be a department manager. Despite his workplace not requiring him to be a nurse for the position, he feels it would be better if he is a nurse since the title would earn him more responsibility and authority.

Faith

A thirty-four-year-old transgender male from Luzon and has been residing in Norway for over eight years. She has entered the country under a working visa through an agency. This agency assisted her with her authorization to work as an auxiliary nurse as well as provided Norwegian language tutorials while she was still in the Philippines. She stated that time the agency had an agreement with the Oslo municipality to supply health care workers (auxiliary nurses) in the area.

It was for this reason she got a working visa directly. Also, her mom was friends with the owner of the agency. This circumstance influenced her decision to move to Norway despite having a pending application to the USA.

Before moving to Norway, Faith had a 2-year experience as a staff nurse in the Philippines with exposure to different hospital areas. Upon arriving in Norway, she was assigned by the agency to be a home nurse, visiting elderly patients in different locations. Then she transferred to a different employer but still with the same job description. She got tired of the constant travelling to different houses and so she searched for a different work place. She is currently working in a nursing home for more than 2 years. Faith is uncertain of pursuing application to be a nurse as she would need to take a leave for a year without pay in addition to the requirements.

Greg

A thirty-year-old male from the Luzon region who has been residing in Norway for over three years. He applied for the 1-year Norwegian language course on 2013 and waited for 3 years until his visa was granted. He said his application got denied at first then he appealed and got his application approved. Greg said he was lucky that he applied on 2013 for the language course visa since UDI stopped this type of visa the year after. His cousin living in Norway since 2011 influenced his decision to migrate. He was a company nurse for a year and a half before leaving for Norway.

Since Greg was taking the Norwegian language course for a year, he also lodged his application for authorization to work as an auxiliary nurse simultaneously. After his language visa expired, he decided to enroll himself to bible school since he has not passed the Norwegian language exam, Norskprøve 2. He said he tried applying for a job, but the healthcare facilities he applied to were requiring a certificate indicating he passed the Norskprøve 2 despite already having authorization. He found a part-time job in Bergen as a home nurse during the school break and returned to Oslo to continue bible school. He quit bible school after he was hired full-time to be a personal assistant (BPA) for a patient who is paralyzed. He has been working with the same employer ever since. Greg does not wish to pursue application as a nurse because of the high language requirements (Bergenstest) plus a year of supplementary education.

Harry

He is a thirty-two-year-old male from the Luzon region of the Philippines. He has been residing in Norway for three years and entered the country under a student visa through an agency. He stated the agency processed his authorization to work as an auxiliary nurse while he was still in the Philippines. Upon arrival to Norway, Harry was given 21% (part-time) work load while studying the Norwegian language. The agency provided both the part-time job and the language course. A year after his Norwegian language course, he took the language exam level B1. After passing the exam he looked for a permanent job under a different employer and has been working in a nursing home ever since. This participant requested for a Self-Administered Questionnaire and answered the questions formulated to the topic of the study.

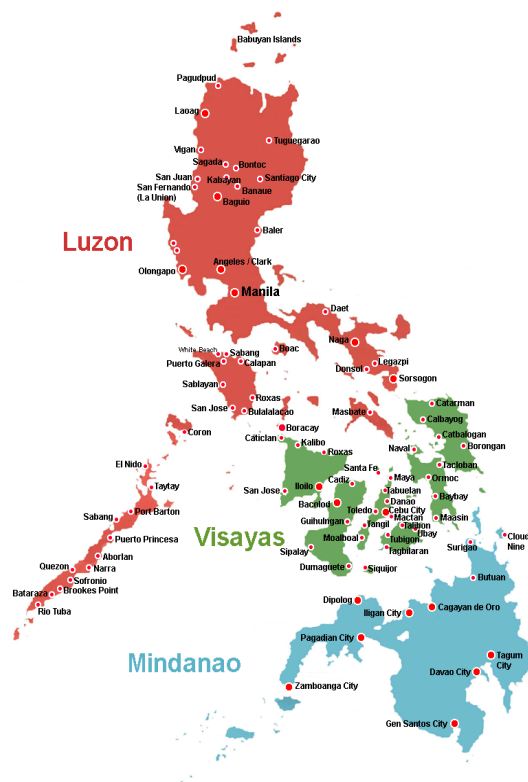


Figure 1. The map of the Philippines representing the three primary islands division, Luzon, Visayas, and Mindanao (Dolasia, 2016). This map is displayed to illustrate the participants' location, which is also linked to social networks in the succeeding chapter.

4.8 Data Analysis

Thematic analysis was the analytical strategy used in the study. It is described as “a method for identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in rich detail” (Braun & Clarke, 2006, p. 79). Although there are authors who have stated that thematic analysis is not a method on its own due to its’ lack of clarity on how to go about doing it, Braun and Clarke argue otherwise. They stated that despite thematic analysis not being branded as a method like grounded theory, many of these branded methods analyzes thematically. The beauty of thematic analysis as stated by Braun and Clarke (2006, p. 81) is that it “is not wedded to any pre-existing theoretical framework, and therefore it can be used within different theoretical frameworks (although not all), and can be used to do different things within them.” This characteristic provides the needed flexibility and accessibility in data analysis which is favorable for the study.

Analyzing and presenting the information gathered from the interviews is a vital process in research. The qualitative nature of the study equates to a substantial amount of data corpus which also requires plenty of time to organize and make sensible. The data corpus- referring to all data collected for the entire study (Bryman, 2012) - is what makes data analysis in qualitative research challenging. Fortunately, some techniques would help organize the data corpus into meaningful categories or themes that would embody the study’s objective. The technique that guided the study was Braun and Clarke’s six phases of thematic analysis. The phases applied in the study would be discussed in the succeeding paragraphs.

The first phase as mentioned by Braun and Clarke (2006) was familiarizing yourself with your data. Familiarizing was done by listening intently to the recordings of each participant and translating the recordings from the Filipino language (Tagalog or Hiligaynon) to English. The translation of recordings meant the data corpus being tapered to a data set. A data set refers to the data from the corpus that is being used for analysis (Braun & Clarke, 2006, p. 79). The translations were then read and reread while simultaneously taking down notes for initial ideas.

Following the development of the study’s data set, generating initial codes from the data set was done. This assembling of information is done in a manner that exposes the interesting features of the data set. While still retaining its’ relatedness to the topic of the study. For the study, the translated interview transcripts were reviewed individually while giving focus on information

that shed light to the research questions. This was accomplished by highlighting using a specific color the parts of the transcript that relates to the research questions. To explain further, since the study has two questions each question was assigned a specific color. While reviewing each transcript, any part of which, be it a whole paragraph, sentence, phrase or word that is related to any of the research questions were highlighted matching the color of the research question it clarifies. Additionally, parts of the transcript that were not highlighted were still kept since the entire data set is important for the creation of the initial codes.

The process of creating initial codes is also part of the coding process called first cycle coding (Saldana, 2012). First cycle coding has different methods concerning the formulated research questions. The method used depends on the ontological or epistemological nature of the research questions. The study's research question is ontological in type since it is centered in inquiring about the participants' experiences in migration and workforce integration in Norway. Initial coding is how the data corpus is divided into sections then assessed for similarities and dissimilarities (Saldana, 2012). First cycle coding encompasses the first two stages of Braun and Clarke's six phases of thematic analysis. Both references were used as a guide for data analysis of the study.

After initial coding, searching for themes from the initial codes was done. The searching for theme phase meant the analysis of initial codes at a broader level of themes instead of codes (Braun & Clarke, 2006). Using this strategy of analyzing initial codes, the transcripts were reviewed. Repeating or recurring statements, phrases and words were then labeled as a theme. However, repetition or recurrence does not necessarily permit the codes to be identified as a theme. As indicated by Bryman (2012) "repetition per se is an insufficient criterion for something to warrant being labeled a theme" (p. 580). Therefore, applying the definition of Braun and Clarke (2006) the most essential factor in labeling a theme would not be the number of times a statement, phrase and word have repeated in the transcripts rather how they represent the research questions formulated.

All the codes were assembled in a manner that generated possible themes which illustrates a wider level of focus. As mentioned by Ayres in Given (2008) this broad level of focus meant that the codes formed an overarching pattern that unites them while emphasizing the topic of the study. There were well over twenty potential themes that were created during this phase. This circumstance produced an overwhelming feeling because of the number of themes generated. The

generated themes initially looked incoherent and unorganized however they were still strongly based on the lived experience of the participants. These experiences are vital in a thematic analysis as it is a descriptive strategy that enables the search for recurrences of experience in a data set (Given, 2008). With this in mind, the overwhelming number of themes were read and assessed multiple times until they are coherent enough to proceed to the next phases.

Reviewing themes is the fourth phase of the step by step thematic analysis guide. This phase included a thorough assessment of the potential themes created. A thorough assessment meant refining the themes, which led to dwindling the number of over twenty themes to half its' size. During this phase some themes were dropped, some were merged and some even created different themes. Patton's dual criteria for judging categories as cited in Braun and Clarke (2006) mentioned that "internal homogeneity and external heterogeneity are worth considering here. Data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes" (p. 91). Internal homogeneity of the themes was achieved by a thorough assessment of the themes about the coded data extracts that built the themes. This situation consequently led to the needed coherence within this level of reviewing themes. Also, external heterogeneity was exhibited by each of the themes uniqueness while still retaining unity with the overall topic. A preliminary thematic map was also constructed during this phase.

The fifth phase is defining and naming themes which are further refining the themes created from the previous phase. During this phase the identification of the core or essence of each theme is completed. Also, sub-themes which are themes within a theme develops. These sub-themes provide organization and hierarchy to those themes that are complex (Braun & Clarke, 2006). The themes of the study after reducing to half of its' first cycle size has also undergone further alteration. As a result, sub-themes were produced as well as some themes that showed opposing views from the rest. However, these opposing themes were kept providing a rich discussion for the results and interpretations of the study. Reviewing, defining and naming the themes of a study is under the second cycle coding process of Saldaña (2012). He proposed a simple analogy for this process in the form of a daily activity everybody could relate to – preparing a meal.

As I bring my food items home, I think about what I might prepare (reflection and analytic memo writing). I unpack the food items (Second Cycle coding) and organize them appropriately in the kitchen refrigerator (concept one), pantry (concept two), freezer

(concept three), and so on. And when I am ready to make that one special dish (a key assertion or theory), I take out only what I need (the essence and essentials of the data corpus) out of everything I bought (analyzed) to cook it (write-up). (Saldana, 2012, pp. 208-209)

The analogy somewhat made the process of second cycle coding understandable and less complicated. The study has transformed a vast of incoherent data corpus with quite several disordered codes to a unified comprehensive set of themes that captures the essence of what the study is all about.

4.9 Creation of Main Themes

The study is focused on the challenges and opportunities that Filipino nurses experience in migration and workforce integration. The thematic analysis resulted in two main themes, namely; Uncertainties in a New Country and Holistic Improvement. These themes were developed with the help of Braun and Clarke (2006) six phases of thematic analysis and Saldana (2012) cycles of coding which organized the data corpus and paved the way to the results of the study. One central theme for the challenges and another main theme for the opportunities. These central themes acted as a big umbrella encompassing sub-themes under each category. These sub-themes embody the participants' views through their lived experiences concerning the challenges and opportunities in migration and workforce integration in Norway. The sub-themes are those themes that capture the core of the participant's interview. For example, in the interviews, it was observed that each participant has their subject or issue that they choose to focus on or repeat during the entire course of the interview concerning the study topic.

Included in the fifth phase of Braun and Clarke's (2006) thematic analysis, which is defining and naming themes, resulted to the development of sub-themes with opposing views. These opposing sub-themes are going to be discussed under the central theme of Holistic Improvement. The language barrier was also formerly a sub-theme all on its' own. However, after further assessment, language barrier emerged to initiate the sub-themes under the challenges that the participants experienced. On the contrary, breaking the language barrier also initiated the sub-themes under the opportunities that the participants experienced. The illustrations of the structural

outline of the themes from both challenges and opportunities are exhibited in the following chapters. The illustrations provide a more precise representation of the results with the utilization of the six phases of thematic analysis (Braun & Clarke, 2006) and the coding cycles (Saldana, 2012).

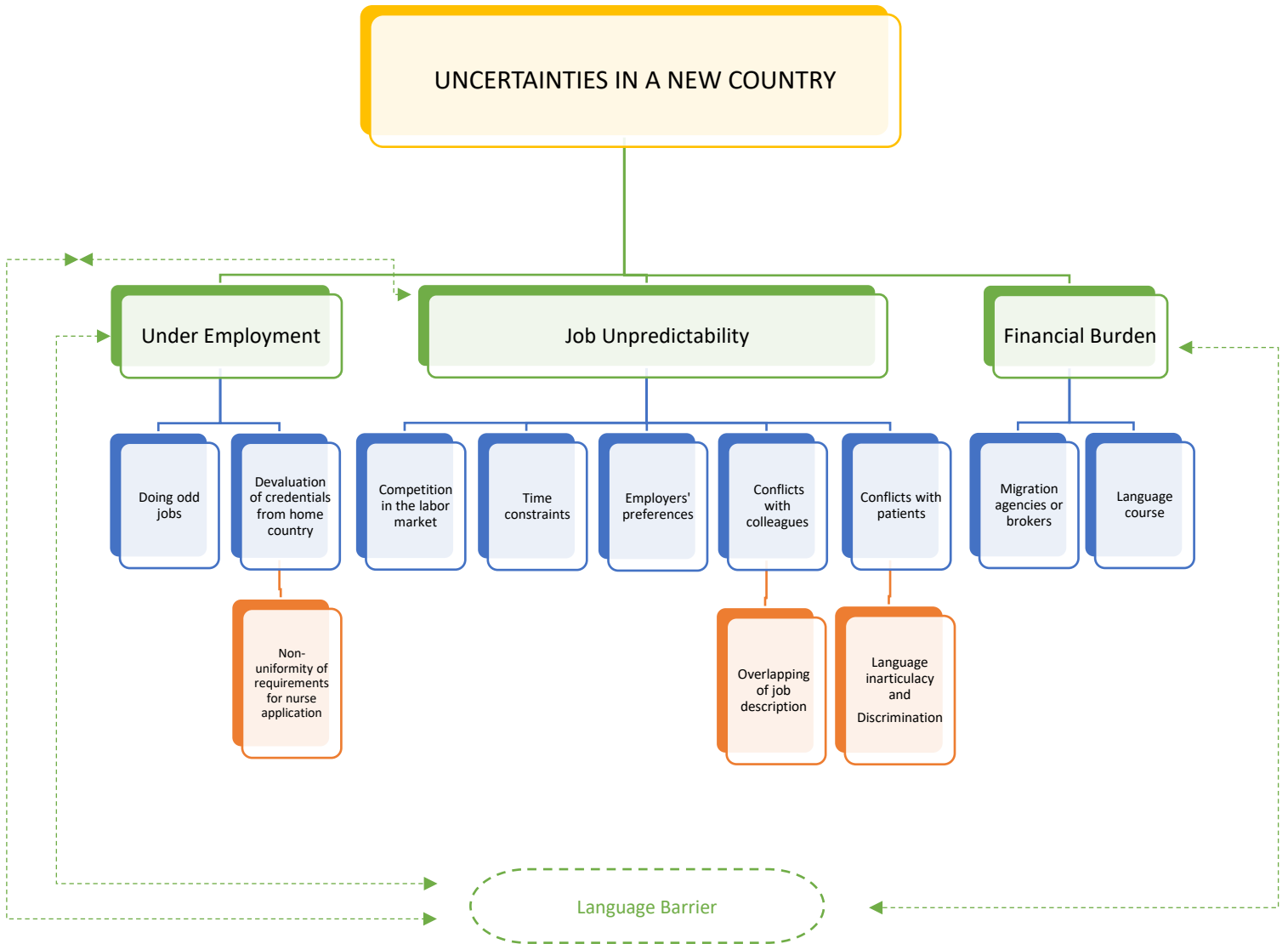
5 Uncertainties in a New Country

Introduction

This chapter is centered on the presentation of the themes regarding the challenges that the participants experienced in migration and workforce integration. The central theme obtained is Uncertainties in a New Place. This central theme represents the entirety of the three sub-themes, namely, Under Employment, Job Unpredictability, and Financial Burden. Each sub-themes utilizes the lived experiences of the participants from their interview transcripts concerning the challenges they have encountered in moving to Norway and joining its workforce. Under each sub-themes are the topics that the participants discussed that fit the sub-themes' scope. Specific excerpts from the interviews were selected because it captures the theme. The discussions are integrated within each theme, guided by the theories and concepts presented in the previous chapter.

An illustration of the structural outline of the themes is presented on the following page. This structural outline was created to assist in the organization of data, which made it more manageable for the researcher in presenting the results.

Illustration of central theme for challenges in migration and workforce integration:



5.1 Underemployment

The prospect of migration has been one of the main motivations for Filipino nurses due to different factors that positively affect the nurse; one significant factor is the lucrative nature of working abroad (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). The top destination countries, as asserted by the participants, are the United States, the United Kingdom, Canada, Australia, and New Zealand. Most Filipino nurses prefer these English-speaking countries since English is the Philippines' secondary language. This situation meant that although there would be some language barrier in the form of colloquialisms and slangs, it would not be so hard for them to overcome as compared to if they were in non-English speaking countries.

Despite the continuing forecast of the global nursing shortage, there is still a saturation of nurses in the Philippines doing jobs that have little to do with the skills they have. This labor market saturation of nurses in the Philippines was catalyzed by the financial crisis in 2008, which decreased the hiring of migrant nurses abroad (Ortiga, 2018). The financial crisis of 2008 also affected developed countries mentioned earlier. As a result, there is a large population of nurses in the Philippines that the country's health sector could not fully employ.

5.1.1 Doing odd jobs

The dual labor market present in developed countries like Norway, where the IENs migrate, has its effects, especially on those nurses who just entered the country and have not settled yet. The secondary labor market initially is where migrants get hired upon arrival. This circumstance is because of the secondary labor market being labor-intensive, which locals avoid and new migrants take (Arango, 2018). Regardless of this event, IENs still opt to migrate, even if it means doing odd jobs or blue-collared jobs as an entry to a destination country. Take, for instance, Beth, who narrates how she left the Philippines in search of greener pastures.

I entered Denmark and then Norway under the au pair visa since it is the easiest way to enter Europe. The idea of entering Europe under an au pair visa was introduced to me by my friend. Before those countries, I was in Macau taking care of a child with special needs. Being an au pair was just a stepping stone for me to practice my nursing profession abroad.

I eventually would want to transfer to other countries like Canada or the USA, where there is no language barrier.

Stepping wise migration is a concept discussed in an article by Thompson (2017) stating that migrants are willing to migrate to a country that is not their dream destination to gain skills needed to enter their dream destination country. For Beth's case, she made Macau her stepping stone country for entry to Europe (Denmark and Norway) and eventually to her dream destination country of Canada or the USA. She migrated to these countries without even using her profession as a nurse but as a caregiver. Beth's situation is common for people who are migrants in a new country and are taking jobs that are in a different skill set and level.

The concept of deskilling happens when an "immigrant lose access to occupations they previously held" (Bauder, 2003, p. 701). Her experience shows how a person's willingness and determination in search of a better future is stronger than the less pleasant way of accomplishing this dream. Another example of deskilling was experienced by Anna, who, despite entering Norway under a Job Seekers visa, still did some odd jobs to survive.

I experienced cleaning houses and looking for bottles to "pant" or recycle so I could buy my groceries. I also attended after church gatherings so I could have take-aways and save money on food. By doing these things, I could at least earn a little and save a little while looking for a permanent job as an auxiliary nurse.

Anna stated that these are things she would not normally do when she was back home. She discussed the status of these jobs in the Philippines, stating that these types of jobs are for the non-degree holder in the Philippines. However, she had no choice but to do these jobs in order to survive in an expensive country like Norway.

Anna and Beth's experience demonstrated the play between the structural factors of their host country to both their human and social capitals. For Beth's case, she took a job as a caregiver in Macau then as an au pair in Denmark and Norway. At the time of the interview, she was working as an auxiliary nurse in Norway. Beth's choice to pursue a better future through stepwise migration is a conscious decision to reach her final destination country, the USA, or Canada. This decision was still chosen despite her being unable to use her profession as a nurse in the Philippines. Her

human capital, which was her registered nurse status, was not utilized by any of her host countries. The situation is an underutilization of the participant's skills, which is a loss for the host country. Reitz, as cited in Blythe et al. (2009), stated that billions of dollars are lost annually in Canada due to the underutilization of migrants skills. This underutilization of the participants' skills is a result of the policies that govern the host country- Norway- which are the intrinsic features that shaped by the country's labor market.

Anna's situation is a bit different in the sense that she entered Norway directly as a Job Seeker, which meant that she applied through migration using her registered nurse status from the Philippines. However, she was not aware of Norway's dual labor market situation and the policies that govern nurse registration for applicants from outside the EU/EEA. So, while looking for a job using her qualifications as a nurse, she had to do blue-collared jobs like cleaning houses to survive. Despite Anna and Beth's human capital being underutilized, they achieved migrating and surviving in Norway through the use of their social capital, which are their social networks in the form of friends and small communities like the church.

5.1.2 Devaluation of credentials from home country

The study's participants were all registered nurses in the Philippines who are currently employed as auxiliary nurses in Norway. This meant that they are working with a limited scope. In comparison to what they were used to in the Philippines. Being employed in a profession that is of a lower skill level is what Bauder (2003) calls a professional down-grading. This occupational down-grading is a product of devaluation of credentials from the home country. An IEN educated from outside the EU/EEA, have more requirements that needed to be accomplished before their foreign credentials would even be considered as an equivalent of the Norwegian standard (Helsedirektoratet, 2018, October 31). The accomplishment of additional requirements like supplementary courses is beside the language exam the IENs have to pass. Out of the 8 participants interviewed, only two were applying for nurse registration. The remaining six participants were either hesitant because of the lack of time and financial resources to pursue application or have completely given up on the idea of becoming registered nurses because they feel that the requirements are too demanding. As Beth stated:

My friend is applying to be a sykepleier, so he is required to take an additional 1-year supplementary course for his credentials from the Philippines to be considered equivalent to the Norwegian standard. He has classes 4 days in a week and 5 hours per day. He is doing this while still working as an auxiliary nurse full-time. Instead of taking a time off work he doesn't because he really needs to work in order to survive. For me, this amount of stress is not worth the additional 20-30nok per hour.

All of the participants voiced that the devaluation of their credentials is fair if all migrants had to complete the requirements needed to be a registered nurse in Norway. However, this does not hold for citizens coming from the EU/EEA. As indicated in the Norwegian Directorate of Health or Helsedirektoratet, citizens from EU/EEA get automatic recognition of their nursing profession due to a system that follows the Professional Qualifications Directive of the European Parliament (Helsedirektoratet, 2018, October 31). The nurses from the EU/EEA have to submit documents that show they have a nursing degree and have the authorization to work as nurses in their respective countries. After which their documents would be reviewed, and they could already be given the authorization to practice as a nurse in Norway.

On the contrary, those with education from outside the EU/EEA must take supplementary courses that are in the Norwegian language. Then submit all the requirements before they could apply for authorization to practice as a nurse in Norway. One of the participants who is completing the 1-year supplementary course during the time of interview and pursue an application to be a registered nurse is Ed. He expressed his views regarding the devaluation of credentials, stating:

I find it confusing why most of the required courses were just a repetition of what I already took in my nursing bachelor's in the Philippines. I was advised that the nursing bachelor's degree in the Philippines lacks 60 credits to be equal to the Norwegian nursing degree. These 60 credits are specifically for geriatric and psychiatric courses. I understand the need for the geriatric course since it is not really a major part of the nursing curriculum (during my time). However, the psychiatric course was taught together with exposures to psychiatric facilities. I feel frustrated that my nursing education and a diploma from the Philippines are invalid here in Norway.

Ed's frustration with the devaluation of his credentials due to the lacking credits for geriatric and psychiatric nursing illustrates the interaction between the Filipino culture and tradition and the tailoring of the nursing curriculum in the Philippines. In the Philippines, Elderly care is traditionally done by the family, making this setting mostly home-based (De Guzman, Coronel, Chua, Constantino, & Cordova, 2009). A study regarding Filipino nursing students' dilemmas in geriatric care confirmed that "gerontology is not offered as a separate course. Knowledge of the field is integrated into courses like medical-surgical and psychiatric nursing."(De Guzman, Cruz, Cruz, Cruz, & Cuarto, 2009, p. 675).

The traditional home-based culture of care and factors like lack of funding and information regarding the importance of gerontology were reasons for the absence of a stand-alone course in the Philippines' nursing curriculum. This interplay of structures leads to the circumstance that the Ed and other participants experienced in the devaluation of credentials. Moreover, it affected the time and effort he has to spend in the supplementary course required for the application for nurse registration in Norway.

Aside from the 1-year supplementary course, which is taught in Norwegian, these Filipino nurses would have to undergo an array of courses and pass the exams. These are the Norwegian health services, health legislation, and society, Safe handling of medicine and Proficiency test. Each of the courses and exams has fees which sum up to quite an amount. Furthermore, failure to pass the exams would mean that they would need to pay again and wait for the schedule of the exams.

Another concern the participants mentioned about the devaluation of their credentials is the discrepancies for the individual assessment of requirements for nurse application. Five of the interviewed participants mentioned this concern, and two had strong opinions about it, Ed stated:

Despite having a uniform course curriculum for the nursing program in the Philippines, each Filipino auxiliary nurse has different individual requirements when pursuing the nurse application. For example, some of the applicants are required to undergo additional exposure in the surgical ward, and some are required to have exposure in the psychiatric area.

One of the requirements imposed by the Helsedirektoratet for applicants from outside the EU/EEA is a detailed overview of their curriculum. Basing on the Commission on Higher Education in the Philippines (CHED), each educational institute may have flexibility in their nursing curriculum offers but should ensure the requirements implemented by CHED should be met (CHED, 2017).

This could be the reason for the discrepancies of individual assessment of requirements since the nursing schools in the Philippines have different curriculum designs. However, despite the flexibility offered to the nursing schools, they still have to reach the requirements and outcomes stipulated by CHED for the nursing program. This means that by the end of the nursing program, all Filipino nursing graduates, more or less, have equal standards. With this in mind, a probable basis for different individual assessment could be the applicant's work experience. However, this probability was proved otherwise. Anna shared her experience regarding individual assessment in contrast to that of her colleague and stated:

When I submitted my requirements for nurse authorization, I was required to undergo training for eight weeks with an additional 1-month supplementary course plus exams as additional requirements for my documents to be considered. On the other hand, my colleague, who was also a registered nurse from the Philippines and had the same number of years of experience as a staff nurse, was required to take a 2-year supplementary course with training in different areas plus exams.

These participants' experiences in discrepancies regarding their assessment for nurse application is a sub-category under devaluation of credentials from home country, namely non-uniformity of requirements. Differences such as the ones experienced by Ed and Anna confuse would-be applicants, thinking that once they have completed the set of requirements, they are guaranteed that their documents would already be reviewed. Hence, they are one step closer to obtaining authorization as a nurse. The experiences revealed could be one of the reasons that the majority of the study's participants chose not to pursue an application to be authorized as a nurse. This is in addition to the length of time it takes to complete the designated requirements.

As stated by Bauder (2003, p. 708), "Others pursue the accreditation of their educational certificates but discover that this process is often prohibitively long and costly." The non-

recognition of credentials is a common situation in which most foreign skilled immigrants, like nurses, experience. It is an unfortunate circumstance that affects both the destination country (Norway) and the foreign migrant (Filipino nurses) since valuable skills are put to waste. Bauder (2003) elaborated on this wastage of valuable skills as brain abuse; the country where the migrant came from loses the skills and the country receiving the migrant does not accept the skills.

5.2 Job Unpredictability

Moving to a different country and finding a job is no easy task. As discussed earlier, underemployment is prevalent among new migrants. They do jobs they are over-qualified for just in order for them to sustain the high standard of living of their new host country. This high standard of living meant that those daily necessities cost twice as much as what they would have paid for when they were in their home country. Similar to the situation of the study's participants, moving to one of the world's most expensive countries to live in is intimidating. However, as most of the participants confirmed, securing a job decreases the intimidation with the knowledge that they can live and integrate in Norway.

5.2.1 Competition in the labor market

Finding a job in Norway, especially in the country's capital, Oslo proved to be quite a challenge due to the tight competition in the labor market. This competition is because, like most places in the world, people tend to flock in the country's capital due to better job opportunities. Seven participants of the study are working in Oslo and one in Lillestrøm. All of them confirmed that they found it challenging to get a job as an auxiliary nurse in Oslo, which was why they had to do odd jobs while job searching. However, Greg's narration captured this theme.

I did some temporary job as a "hjemmehjelp" or home assistant in Bergen during the summer. I visited patients in their homes and assist them in their activities of daily living. I did this because I was having a hard time looking for a job in Oslo. The health facilities I applied to were requiring previous experience which I don't have since my experience gained is in the Philippines setting.

Greg stated that his lack of previous experience was an added hindrance for his chances to be hired as an auxiliary nurse. For this reason, he did this home assistant stint in a different city, Bergen, despite already having the authorization to work as an auxiliary nurse. Greg's encounter in applying for health facilities that were requiring previous experience shows a non-recognition of his human capital gained from practicing as a nurse in the Philippines. The health facilities that required previous experience, probably from a Norwegian health care setting, demonstrated a form of job sector exclusion since they required previous experience despite Greg having been authorized as an auxiliary nurse. Moreover, he has experience working as a nurse in the Philippines. Migrants exclusion from the upper segment or the primary labor market due to lack of local experience was also observed by Bauder (2003) in his study about the devaluation of immigrant labor in Canada.

5.2.2 Time constraints

Before the current rules and regulations in obtaining authorization to work as an auxiliary nurse in Norway, people applied for authorization while still in their home country. This was the case for five of the interviewed participants. They entered Norway under a job-seekers visa, which permitted them to stay in the country for only six months. By the end of which, they must have a full-time job contract (80%- 100%). This short duration meant that there is much time constraint for the participants to complete such a feat. If they are not able to land a full-time job in the allowed duration, they must, unfortunately, pack their bags and go back to the Philippines. Christine experienced this incident.

I entered Norway under the Job Seekers visa. I was hired as an auxiliary nurse by an agency that provides health workers to nursing homes or visit patients in their private homes. But I didn't get an 80%-100% job offer before my visa expired. So, I had to go back to the Philippines.

Christine was able to come back to Norway after two years but under a spouse visa as she got married to her Norwegian boyfriend. Given this time constraint, Debbie enrolled herself in the 1-

year language course while in the middle of her six months Job Seeking visa. The 1-year language course was a type of student visa that the UDI offered before 2014. This was also the type of student visa that Greg was under when he entered Norway. Enrolling to the 1-year language course was Debbie's way to buy her time in the event she does not get a full-time job after six months. This was also a way to hone her language skills and get the language certificates needed by employers to give her a full-time job. She narrated:

I simultaneously took the 1-year language course while under the job seekers visa. This was so I would have the language certificates needed, which would give me a higher chance of getting a permanent work contract. I pushed myself to pursue this language course because, after this student visa, I could not apply to any other visa to extend my stay here in Norway.

Her strategy of extending her stay in Norway worked as she got an 80% job offer from her employer. However, she was only under a probationary status, which has a maximum duration of 6 months as per the ILO standard. This meant that her fate still lies in the hands of her employer, whether they would give her a permanent contract or a fixed-term contract, which has a duration of 1 year (ILO, 2017). In Seeberg and Sollund (2010) study regarding openings and obstacles of Filipino migrant care workers in Norway, one of the participants was in a situation where, at the end of his three-month visa, he must acquire a full-time job. This time frame proves impossible to fulfill and transition into Norwegian employability.

The interaction between the participants' agency and the political structures that shaped the rules and regulations for migrants was exhibited in this theme. Christine and Debbie made use of their capacity as social agents and made strategies that best benefited them in integration into Norway's workforce. Christine, despite being unsuccessful in acquiring a job within the limited time imposed, still manages to get back to Norway by using her social connection.

5.2.3 Employers preferences

Debbie is entitled to stay in Norway because she has a full-time job offer. However, she still has to renew her working visa since she does not have a permanent working contract. The renewal of working visas needs time effort and money. Debbie explained:

Not having a permanent job contract was so tiring and frustrating because I have to renew and pay for my working visa every time it expires. I think the nursing home (employers) would rather have contractual employees instead of giving them a permanent position because they could save money with this approach, and the government also earns money from renewal. In Norway, there is a high demand for auxiliary nurses, but it is hard to get a permanent contract.

True enough, Debbie's experience shows how employers' preferences in hiring have an impact on how an immigrant can integrate well into a country's workforce. Then again, these employers also follow the labor rules and regulations of the country. Immigrants should be aware of the labor rules and regulations of the host country to be prepared when situations similar to what Debbie has experienced would come up. Awareness and preparedness could at least prevent frustrating situations related to getting hired in a foreign place.

5.2.4 Conflicts with colleagues and patients

Once a permanent work contract is obtained, challenges in integration, even inside the premises of the workplace, are still present. This is in the form of conflicts with colleagues and patients. Conflicts with colleagues come in two forms basing on the narratives of the participants. One form is when a nurse in charge of the shift that a participant is a part of, tries to ask the participant to perform specific procedures, and the participant declines the request since it is not part of an auxiliary nurse's responsibility. Per Debbie's account:

When a sykepleier asks me to do tasks that I am not supposed to do. For example, tasks like catheter insertion or intravenous infusion, I decline doing these tasks even though she knows I'm capable of doing it because I'm a nurse back in the Philippines. I feel this is

some form of exploitation that these sykepleiers get to pass their workload to those Filipino nurses who are working as helsefagarbeider.

When this situation occurs, it leads to tension between the nurse and the auxiliary nurse. Faith tells her experience in a similar situation and stated:

This (saying no to perform a procedure) situation causes conflicts, especially when the sykepleier would say that he/she does not have the time to perform the procedure. Despite saying they don't have enough time, I still decline their request.

On the contrary, Ed's opinion towards similar situations in his workplace was more bendable stating:

There are times when we (helsefagarbeider) perform tasks of the sykepleier because of heavy workload. But they (sykepleier) are always accountable for the delegated tasks if in case something wrong happens.

But then again, there are instances when these auxiliary nurses agree to do the task of the nurse, and conflicts still arise. Take Beth's experience as an example:

In my workplace the sykepleier asks the helsefagarbeider to speak to the doctor (over the phone) or to the patient on their behalf since the sykepleier (also a foreigner from but from EU/EEA) does not have full command of the language. There was one sykepleier who I reminded to attach the respiratory mask in a certain way as ordered by the doctor since I was the one who spoke to the doctor. The sykepleier took this reminder offensively and told me that she is the nurse and she know what she is doing.

Beth was requested by the nurse to converse with the doctor since the nurse does not have full command of the language. Since Beth was the one who received the instructions from the doctor when she reminded the nurse, the nurse got offended. Beth felt that the nurse's reaction was inappropriate.

The personal accounts of the participants' conflicts with their colleagues, whether they agreed in doing the nurse's task or disagreed in doing them, illustrates an overlapping of their job description. As cited in Johansen & Fagerström, 2010 (p.501) regarding the role of nurses in Norwegian home care, "RNs and assistant nurses often perform the same tasks." The delineation of the roles of the nurses and auxiliary nurses is not apparent, hence the overlapping of job descriptions experienced by the participants in their workplace. However, this unclear differentiation of job description is debatable due to the experiences of the other participants, which will be presented in the next chapter.

Auxiliary nurses are front liners of the health care industry; typically, there would also be conflicts with the patients. In this study, it was observed that the conflicts the participant had were due to language inarticulacy and discrimination, which are sub-topics of the conflict with patients' theme. Christine narrates a vivid incidence she experienced about language inarticulacy, stating:

I had a patient who relies mostly on lip reading since his listening skills has deteriorated due to old age. I was new and was still trying to master the Norwegian language despite having passed the norsksprøve. I remembered was communicating with the patient during his care routine. Since I'm not yet that fluent with the language during communication the patient easily got frustrated and threw a fork at me.

Christine did not take the patient's reaction personally, stating that since the patient was geriatric, it is normal for them to get irritated quickly. For Faith, her experience with patients is also unique, and she credits it to her ethnicity. She narrated:

There are those patients who ask for a nurse or an auxiliary nurse who is "white" or Caucasian, and the moment they see me enter the room, I get this strange look, maybe also because I'm transgender. In the beginning, I still tried to explain that I'm competent and capable of providing care to them, but in the long run, I just do not bother to force myself to these patients.

Interaction in the healthcare workplace setting means much patient interaction. Faith's experience illustrates how a person's ethnicity affect the delivery of care to the patient. Christine

and Faith's acceptance of their patients' behavior was also observed in a study regarding ethnicity and labor stratification of nurses in the UK's NHS, stating that the nurses seemingly "accept that discrimination was an inevitable part of the job for nurses of color." (Batnitzky & McDowell, 2011, p. 195). Despite the prohibitions against discrimination in the workplace, this issue could not be eliminated.

Faith's experience with her patient explicitly asking for a Caucasian health care worker and giving her a strange look was interpreted by Faith as discrimination against her gender orientation. A study regarding sexual orientation and gender identity discrimination stated that "15% and 57% of transgender people report experiencing employment discrimination on the basis of transgender status or gender identity." (Badgett, Lau, Sears, & Ho, 2007, p. 7)

The discriminatory behavior of patients towards the participants who are nurses of color was also identified in Batnitzky and McDowell's study, stating that employers, managers, and patients view nurses of color as inferior. They credited this view to interpellation, a concept that captures the construction of the stereotypical notions to workers which the workers internalize. Once the worker, in this case, the nurse internalizes and conforms to the ideology created by society, inequalities materialize. A similar incident was also reported by the internationally educated nurses in the study conducted by Tregunno et al. (2009, p. 187) stating that they were being treated as an outsider and that there is "racism, aggression, resentment and lack of trust in the workplace."

5.3 Financial burden or toll

It is no surprise that migrating to a wealthy developed country like Norway to find a job and settle would need financial resources, which are not accessible to everyone. With that in mind, those who are in the lower-income distribution of a country would rarely have access to international migration. The migrants coming from low income to low middle-income countries like the Philippines usually come from the middle to upper class in the income distribution of the country (Goldin, 2007). With the financial means they have, three of the participants, Ed, Faith, and Harry made use of migration agencies or brokers who assisted them during the entire migration process as well as employment.

5.3.1 Migration agencies and brokers

The same agency assisted Faith and Harry's migration to Norway from the Philippines. This agency is well known in the northern island of Luzon in the Philippines. The agency provides assistance that mainly caters to health professionals' needs so that they can transition and integrate smoothly in a new country. Harry's experience illustrated how the agency assisted his journey to Norway:

I applied through an agency while I was in the Philippines. They processed my authorization as a helsefagarbeider. After receiving authorization, they gave me a student visa and the course that I'm taking is the Norwegian language. By the end of the year I had to take the norskrøve B1. While learning the language, the agency also gave me 21% workload. So basically, the agency was my migration agency, school and employer for some time until I found a permanent employer after I passed the norskrøve B1 exam.

Harry's experience shows how migration agencies made an impact in making a move to a different country easier as compared to applying without the help of an agency or broker. This assistance, however, comes with a price that not every willing migrant could afford. Ed's experience with a migration broker was costly, that he had to loan a huge amount of money. He recalled his experience and stated:

In total I paid around 50,000nok to 66,000nok for the processing of my documents as well as the professional fee of the broker. This amount also included the basic Norwegian language course taught while authorization was pending. I had to loan money from different resources since this amount is very expensive given our smaller currency. I took the risk since I was informed that upon arrival in Norway, I would already have a job. But I was given false information.

For Ed's case, the migration broker misleads him in thinking that the amount he paid was worth it since he will have a job upon arrival in Norway. As mentioned in his profile, Ed still had to search for a job that he was fortunate enough to find despite the time constraint of a Job Seekers visa. Otherwise, he would have gone back to the Philippines with a debt he that he would pay for

many years using a nurses' salary. Also, his effort in learning the Norwegian language would not be put to use.

Migration agencies and brokers are part of the migration networks, which is a meso-level concept that bridges the individual to the structures that have access to enable migration (Goss & Lindquist, 1995). For Harry and Faith's case, they went through a private recruitment agency that assisted them from migration to integration in Norway. Faith had made use of her social capital through her mother, who was a good friend of the recruitment agency's owner. It is noted that Faith and Harry are from the same region in Luzon, which is why they came from the same recruitment agency. This situation demonstrates the stability of the migration network in that region. Ed's case was an unfortunate abuse of information from a broker whom he knew because of his friend from college. This unfavorable event still showcased the impact of social networks on an individual's access to migration and integration.

5.3.2 Language course

All of the participants voiced out that paying for the language course was one of the financial weights they had to carry when they decided to move to Norway. Four participants of the study, Anna, Christine, Ed, and Faith, stated that they started learning the Norwegian language when they were still in the Philippines. Learning Norwegian meant that they had to pay for language classes offered by a formal language school in the Philippines. Alternatively, by an unqualified individual like what Ed had experienced. Regardless of the manner of teaching, those participants who opted to get a head start in learning Norwegian had to pay an amount; the lowest would be around 5000nok, as mentioned in their interviews. They did this as preparation for the move to Norway that increased their chance of employment since they could at least communicate the basics. On the contrary, these participants confirmed that their knowledge about the Norwegian language was not as helpful and useful as they expected it to be as Anna stated:

I studied the Norwegian language in the Philippines in an attempt to be able to communicate simple Norwegian to my patients, once I get hired. But when I arrived in Norway communication was different. I had to enroll to an intensive Norwegian course at

Folkeuniversitet which was not at all cheap. I was really able to learn the language when I started working since I was able to use it.

This sentiment was shared by the four participants who took up language courses back in the Philippines and had to retake courses in Norway. Since the language course is expensive, these participants paid twice the amount as compared to those who just took the course upon arrival in Norway and were able to practice it. A study about the English speaking skills of Chinese students in New Zealand indicated that their speaking skills might not be ideal due to fewer chances of practicing at home (Zhang & Brunton, 2007). This situation is similar to the participants of the study who took the Norwegian language in the Philippines — taking the Norwegian course before migration did not help them much as they were not able to practice the language aside from the four corners of the classroom. Furthermore, the classroom setting is different in real life, which was what Anna, Christine, Ed, and Faith felt when they tried communicating with Norwegians.

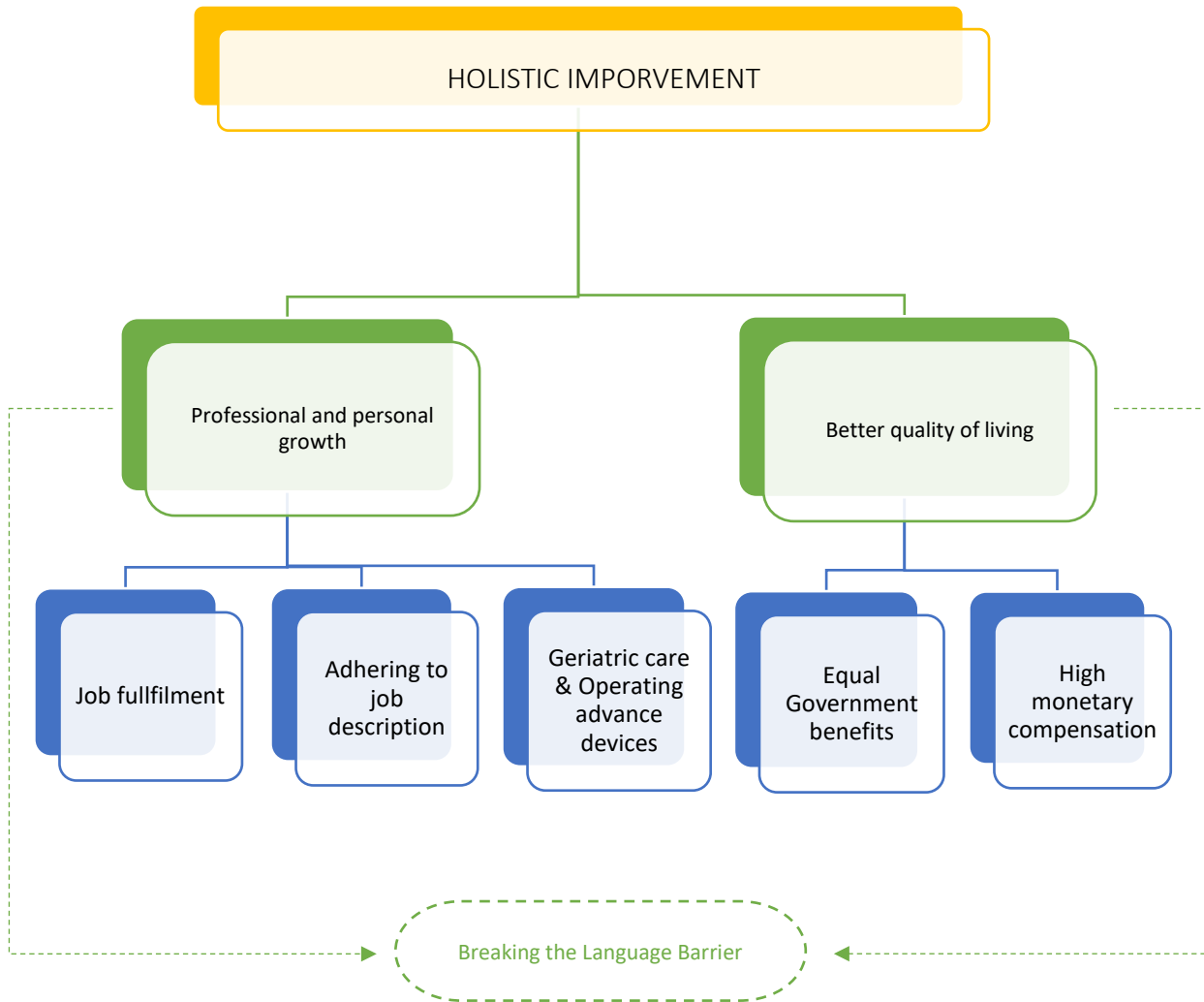
Interaction with locals is a way to get acquainted with the local's culture and improve language skills (Zhang & Brunton, 2007). This circumstance is similar to all the participants of the study who confirmed that they were able to achieve full command of the language when they started applying the language daily through communication with their patients. They accomplished this fluency with the help of the language courses. However, they, unfortunately, had to pay for the language courses either once, twice or multiple times. The language courses, together with the migration agency or brokers who assisted the participants were remunerated immensely despite the different circumstances that the participants encountered. Fortunately, the majority of participants felt that the money they spent was worth every penny concerning their current life situation.

6 Holistic Improvement

Introduction

This chapter presents the themes regarding the opportunities that the participants experienced in migration and workforce integration in Norway. The central theme derived is Holistic Improvement. This central theme represents the entirety of two sub-themes, namely, Professional and Personal Growth and Better Quality of Living. Identical to the other chapter, this theme's sub-themes also used the interview transcripts to provide support in explaining the opportunities that the participants have experienced. While also discussing and relating it to the concepts and theories of migration and workforce integration. An illustration of the structural outline of the themes is presented, which assisted in data organization.

Illustration of central theme for opportunities in migration and workforce integration:



6.1 Professional and personal growth

The trials that the participants faced in both migration and workforce integration are not without its' rewards. All of the participants have expressed that moving to Norway has improved their situation in life in general. They voiced that it holistically enhanced them both professionally and personally. Christine explained how she experienced personal growth in the form of job fulfilment when she started working as an auxiliary nurse.

Despite difficulties working as a helsefagarbeider I still find it very fulfilling. Working as a helsefagarbeider made me more empathic towards patients. This job also means that you are therapy not only to your patients but to the patients' family as well.

This sense of job fulfillment is shared not only by the participants of the study but also by other people who selected providing health care as a profession. A study about nursing career fulfillment revealed results that indicated, "nurses love the intrinsic reward of nursing"(Reineck & Furino, 2005, p. 25). This intrinsic reward is the feeling that Christine and other participants experienced despite the challenges mentioned in the previous theme.

Equally crucial to the holistic improvement of the participants in the professional growth they experienced in terms of improved knowledge and skill in geriatric care and operating advanced devices. Four of the participants, Anna, Beth, Greg, and Christine, stated that their skills improved when they started working as an auxiliary nurse. Beth and Greg are both working with patients with disabilities. The scope of their work meant that they get to operate the hi-tech devices that their patients are regularly using. Greg explained:

I'm learning different things from taking care of my patient especially in performing procedures and operating hi-tech machines which I have not encountered back home. I feel like I'm working in a hospital setting and I find caring for my patient very productive.

Beth also had the same sentiment as Greg when it comes to the utilization of hi-tech devices on her patient. Since the Philippines is a developing country, not all health facilities get to have access to advance medical devices that are typically used in developed countries such as Norway. This was the reason for both Beth and Greg's opinions for professional growth. On the other hand, Anna and Christine, who are both working in nursing homes, experienced improvement in their skills in geriatric nursing. Anna stated:

Working as a helsefagarbeider improved my skills and knowledge in geriatric nursing or geriatric care in general since in the Philippines this area is not given that much focus.

In relation to what Anna experienced, the other participants feeling of improvement in proper elderly care was based on the fact that there is no “stand-alone geriatric nursing course” in the Philippines, moreover, the care for the elderly is traditionally home-based (De Guzman, Coronel, Chua, Constantino, & Cordova, 2009; De Guzman, Cruz, Cruz, Cruz, & Cuarto, 2009). The lack of emphasis in geriatric care in the Philippines’ nursing curriculum, the Filipinos tradition of caring, and lack of exposure to advance medical devices; resulted in the participants feeling of unpreparedness in the field.

In the Philippines, nurses have many responsibilities that, most of the time, overlap with other members of the health care team. These Filipino nurses do not even mind this overlapping of responsibilities because of high nurse to patient ratio. The current nurse to patient ratio in some of the hospitals in the Philippines can reach as high as 1:40 as compared to the Department of Health’s ideal proportion of 1:12 (PAZZIBUGAN, 2019). Debbie explained that adhering to the job description is one important professional trait she gained while working in Norway as an auxiliary nurse. She expressed:

I was working in a nursing home where I had a Filipino colleague who is a sykepleier. Since I was studying to become a sykepleier, and I am a registered nurse back home, I was performing tasks that are usually done by a sykepleier. This caught the attention of our department head, and she advised me to know my limits and only do tasks that are under my job description.

Debbie interpreted her experience as a learning encounter concerning how adhering to a job description is essential in the Norwegian working environment, although this adherence to the job description depends from workplace to workplace as other participants experienced the opposite as discussed in the previous chapter. On the contrary, working as a nurse in the Philippines is different due to circumstances like understaffing. This circumstance blurs the line of responsibility that each member of the health care team is supposed to follow. She thought that the overlapping of responsibilities is acceptable since this was the norm she was exposed to in the Philippines. Debbie viewed her experience as positive and an eye-opener concerning how the developed countries' health care system works.

Working as auxiliary nurses made these participants progress personally and professionally in a way that they would not have experienced if they were in the Philippines. Then again, there are those participants who stated otherwise. For Faith and Ed, they stated that they would have more professional growth working in the Philippines as compared to working in Norway. Ed explained:

For me working as a helsefagarbeider or a sykepleier in Norway has no professional growth in the sense that everything you do is routine.

In similar view, Faith stated:

I feel I could do better professionally if I were in other developed countries like the UK, US or Canada. Even other Filipino nurses I know who have been here for some time also felt the same way. Some have already transferred to those countries where they could fully exercise their nursing skills.

Ed and Faith's sentiments were rooted in the fact that their work environment is centered on providing care for the elderly, especially in assisting these patients in their activities of daily living. This situation made the work of auxiliary nurses and nurses working in this type of health care setting routinely. In Norway, due to the aging population, the dominant health care setting is for long-term care like nursing homes. This is where a large portion of health care workers are employed, like the participants in the study. In contrast to the Philippines, the typical health care setting is acute care, like general hospitals equating to a diverse patient population with diverse needs. Working in a different health care setting than what they were used to in the Philippines was the reason for the participants contrasting opinions about professional growth.

6.2 Better quality of living

The participants' motivation to leave the Philippines was because of the prospect of high monetary compensation far from what they are earning in their country. In the Philippines, the monthly salary of a nurse depends on whether they are working in public hospitals or private hospitals. The current average monthly salary of a nurse in a public hospital was between P18,000

and P21,000 (355.85 USD - 415.16 USD) and in a private hospital between P8,000 and P12,000 (158.16 USD - 237.23 USD) (PAZZIBUGAN, 2019; XECONVERTER, 2019). As compared to Norway, where the average monthly salary of a nurse is 45,730 NOK (SSB, 2019) or around 5,235.47 USD. This vast difference is enough reason for the participants to leave their comfort zone in exchange for better compensation. Despite the participants being auxiliary nurses, which has a lower salary grade than that of a registered nurse in Norway, this position is still paid more than if they were working as registered nurses in the Philippines. Beth stated:

Being an auxiliary nurse here in Norway is very well compensated. I would not want to stress myself that much in applying to be a nurse just for the 20-30nok/hour increase in salary. Besides, being an auxiliary nurse here still pays way more than if I was a nurse in the Philippines.

Beth's explanation was also the reason why some of the participants did not want to pursue an application to be registered nurses in Norway because they are already satisfied with the remuneration they receive from being auxiliary nurses.

Norway's secure welfare system provides its' residents and citizens with benefits like sick leaves, vacation pay, maternity and paternity leave, free education, and, most importantly, universal healthcare. These benefits are provided equally to all residents and citizens, regardless of a person's earnings and tax payment. In the Philippines, although there are government benefits for its residents and citizens, these benefits are not equally provided. The impartiality in Norway is another reason for the participants' decision to move to Norway. Anna rationalized:

What is wonderful about working in Norway is that everything is well calculated in a sense that you could live comfortably no matter what job or salary bracket you are in. The government makes sure you are taken care of. In the Philippines, if you are doing blue collared jobs you would not have access to those benefits that those with white collared jobs have access to, especially when it comes to health care.

In the Philippines, the provision of health care benefits could be either public or private. Private agencies in the country are perceived as more efficient than public agencies, which is why

private agencies are also costlier. As Anna has stated, those who are doing manual labor would have difficulties in accessing private agencies as compared to those doing white collared jobs. Unlike in Norway, where everyone could have access to quality and efficient health care.

The combination of the two sub-themes, high monetary compensation, and equal government benefits, equates to the participants' improvement in their quality of living. This means a total enhancement from when they were still residing in the Philippines. Different from the rest of the participants, Christine expressed that the standard of living in the Philippines is more comfortable than that of Norway. She stated:

Living in Norway would make you earn much more than when you are in the Philippines. But living in the Philippines is definitely more comfortable because you have your family and relatives to help you in anything you need, even in taking care of your children or doing some errands you couldn't do at the moment. Here in Norway you have to do everything by yourself.

In countries where social welfare is not stable, people tend to rely on their social capital in the form of their social networks like their family, relatives, or close friends for any support. This situation is the norm in developing countries like the Philippines. On the contrary, developed countries like Norway, having a secure welfare system meant that people could rely on the government for support. Defamilisation, where a person can maintain a standard of living independent from family relationship (Eikemo & Bambra, 2008), is unusual for Filipinos since strong familial ties are embedded in their culture. Hence, the reason for Christine's opinion regarding the comfort of living in the Philippines. Her opinion was based more on the emotional support aspect that social networks, especially that of family and relatives, can offer. In contrast, the other participants mainly focused on the perceptible support in the form of the government benefits they receive in Norway.

Notwithstanding the participants' opposing opinions in the sub-themes – professional and personal growth and better quality of living- they still agree in unison that migrating and integrating in Norway has holistically improved them.

7 Conclusion

The study explored the experiences of Filipino nurses in migration and workforce integration in Norway. The findings were obtained by utilizing the research questions which were focused on the challenges and opportunities that these Filipino nurses experienced. The thorough analysis of the findings resulted in linking the participants' experiences to a broader and more general view. This generalized view of their experiences was associated with theories and concepts of human and social capital and the dual labor market. The participants' experiences in migration and workforce integration demonstrated the interactions of the individual to institutional structures using different levels of analysis.

The findings of the study support the notion that migration and integration is a collaborative decision that involves the individual, the family, and the political and economic state of the source country and destination country. The participants' decision to migrate was shaped by their social networks and the economic and political state in the Philippines. It was evident that the participant's social networks influenced their decision to migrate, coupled with the Philippines' pro-migration stance, to acquire remittances. The attractive privileges in Norway also incentivized the participants' move.

The participants' experience in workforce integration coincides with the construct of the dual labor market noticeable in developed countries such as Norway. In the study's context, the participants filled the labor segment of auxiliary nurses instead of being nurses themselves. This occurrence is attributed to the devaluation of educational credentials from the participants' home country. For the Filipino nurses to become registered nurses in Norway, they have to hurdle an array of requirements, which are all in the Norwegian language. As the participants of Seeberg and Sollund (2010, p. 9) study affirmed, "Norwegian is very different from Filipino languages...this made it very difficult to learn." Similar to the Filipino nurses in the study, breaking the language barrier alone is enough reason for them to stick to their position as auxiliary nurses and not pursue the application to be registered nurses in Norway. It is evidenced by the ratio of 2:6 of the participants who are pursuing registered nurse application as compared to participants who wanted to remain auxiliary nurses.

The language barrier acted as an additional weight to the institutional factors that govern the application for nurse registration. Despite all the participants being proficient in the Norwegian

language, the requirements they needed to for nurse application caused them confusion. This confusion was due to the lack of information as well as the non-uniformity of requirements.

The occupational downward mobility or deskilling of migrant professionals like the Filipino nurses in the study is not unusual. It could be a "transitional phase for the migrant to adjust to the standards of the host country or as a form of institutional discrimination." (Siar, 2013, p. 1) For the participants of the study, they have undergone the transition from being new migrants in Norway to part of the country's workforce. However, instead of fully transitioning to registered nurses, the majority of the participants opted not to. Their decision to remain as auxiliary nurses stems from their "resigned acceptance"(Batnitzky & McDowell, 2011) of the matter since they are contented with working below their qualifications. The participants' lack of discontent comes from the pure satisfaction they get from living in Norway. The country's reliable welfare system, quality standard of living, and high monetary compensation, especially for health care professionals, is something they could not receive from their home country. This is because the Philippines' government policies are inclined to support migration for economic growth.

The results of the study apply to Filipino nurse migration and their workforce integration that comes after. It provides insight into the encounters that Filipino nurses' experience concerning their integration into a developed country where English is not the primary language, thus providing a different perspective on the effects that language barrier holds. It renders viewpoints regarding deskilling as a phenomenon that affects Filipino nurses' welfare. The study also demonstrates the interplay of individual, social, and institutional factors that either facilitate or hinder migration and workforce integration.

Further research is needed to examine the effects that the underutilization of skills has on Filipino nurses' self-esteem. Also, an inquiry on the concept of resigned acceptance (Batnitzky & McDowell, 2011) concerning the deskilling of internationally educated nurses' would be interesting.

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9 Appendices

Interview Guide

Introduction of the research

- Brief presentation of the project and researcher's background.

Informed consent

Asking permission for recording

Giving my contacts to informants

General Questions:

How long have you been residing in Norway?

Why did you choose to migrate to Norway?

How did you enter Norway?

Under what visa?

How did you go about applying to migrate to Norway?

What were the difficulties?

Upon arrival in Norway what were the adjustments you had to make?

What was the most challenging adjustment?

How did migrating to Norway improve your status in life?

How long have you been employed as a healthcare worker/ auxiliary nurse?

How did you go about applying as a healthcare worker/ auxiliary nurse?

How did you get integrated to the labor system? Was it easy or hard or so-so?

How did working in Norway improve your status in life?

SAQ (self-administered questionnaire)



Title: *Challenges and opportunities that Filipino nurses experience in migrating to Norway and integration to the Norwegian workforce*

This study focuses on the experiences of Filipino nurses in migration and workforce integration in Norway. It aims to investigate the challenges and opportunities behind the decision to migrate and work in Norway.

All information will be treated with confidentiality and proper storage of data will be followed.

The study has been reported to the Personnel Ombud for Research, NSD - Norwegian Center for Research Data AS.

Name:

Gender:

Years residing in Norway:

Age:

Years working as helsefagarbeider:

Tell about your experience in migrating to Norway? (who assisted you, why Norway, under what visa)

Tell about your experience in working as a helsefagarbeider? (job searching and application, relationship with colleagues, professional growth)

What were the adjustments you had to make while living in Norway?

How did migrating and working in Norway (improve/worsen) your situation in life?

Do you have any plans in pursuing application as sykepleier? If YES, kindly state which part of the application process are you on and what are the challenges you are facing? If NO, kindly state why?

Letter of Consent



Request for participation in research project

Title: *Challenges and opportunities that Filipino nurses experience in migrating to Norway and integration to the Norwegian workforce*

This study focuses on the experiences of Filipino nurses in migration and workforce integration in Norway. It aims to investigate the challenges and opportunities behind the decision to migrate and work in Norway. This study is a requirement for master's degree in International Social Welfare and Health Policy (MIS) at Oslo Metropolitan University.

You are being invited to consider taking part of the study since you fit the criteria which is being a registered nurse from the Philippines who migrated to Norway and is integrated to the Norwegian workforce by being employed as a healthcare worker in a nursing home. And you will be able to provide valuable information for the study.

This study uses the qualitative approach of semi-structured interviews and will be utilizing 5 to 15 participants. Participants will be given an option to choose an interview in the workplace during pre-shift, break/downtime and post-shift or scheduled meet up outside the workplace. Information obtained from the interviews will be audio recorded, transcribed and translated. All information will be treated with confidentiality and proper storage of data will be followed. Only the master's student and the supervisor will have access to the collected data. Upon completion of the study all collected data will be deleted.

It is optional to participate in the study and you can at any time withdraw your consent without giving any reason. If you withdraw, all information about you will be deleted.

If you wish to participate or have questions regarding the study, feel free to contact Carolyn Jan Arguelles- MIS Student 48680588 email: caraarguelles@gmail.com or study supervisor Aslaug Gotehus at 97680167 aslag@oslomet.no

The study has been reported to the Personnel Ombud for Research, NSD - Norwegian Center for Research Data AS.

Consent for participation in the study

I have received information about the study and I am willing to participate

(Signed by project participant, date)