

A courageous journey: Experiences of migrant Philippine nurses in Norway

What does this paper contribute to the wider global clinical community?

- Attention should be paid to the integration of immigrant nurses to safeguard and strengthen their professional competencies and prevent discrimination in the job market.
- There is a need to facilitate effective language training as well as well-founded and predictable systems of credentialing for Philippine nurses and other IENs.

Abstract

Aims and objectives: The objective was to explore how Philippine-educated nurses explain their choice of Norway as their migration destination and their experience with the credential assessment process in Norway.

Background: Norway has an increasing need for nurses, and nurses educated in non-EU countries are an important resource for the Norwegian health service. Philippine nurses compose the largest group of Internationally Educated Nurses from outside the EU, but their Philippine nursing education is only credited as equivalent to two years in Norway. Migration is known to engender stressful experiences among migrant nurses, which may affect their health. However, studies on Philippine nurses' experiences of migrating to and working in Norway are lacking.

Design and methods: The study used a hermeneutic design, conducting qualitative research interviews with ten Philippine nurses. All of them had a certification as auxiliary nurses, but not as registered nurses. The Consolidated criteria for Reporting Qualitative research is used.

Results: The nurses' choice of a migration country appeared to be both random and based on the opportunity to find well-paid work, as well as having acquaintances who had already migrated to Norway. The migrated Philippine nurses seemed experienced and competent. In Norway, they were disappointed as they felt undervalued. The nurses struggled to learn Norwegian, while striving for survival when acquiring jobs or accommodations. They were excluded from acting as legal nurses in the Norwegian healthcare system; they fulfilled the

governmental requirements, but they were repeatedly rejected. The informants saw this as harsh, but still hoped to be successful.

Conclusions: There is a need to facilitate effective language training and a well-founded, predictable system of credentialing.

Relevance to clinical practice: Attention should be paid to the integration of immigrants and safeguarding and strengthening the professional competence the nurses bring with them.

Key words: Philippines, Filipinos, Internationally Educated Nurses, migration, discrimination, hope, credentialing

INTRODUCTION

This study aims to explore the experiences of migrated Philippine nurses' choice of Norway as a migration country, as well as their credential assessment process. Norway has had an increased need for nurses since the 1990s, especially in nursing homes, and it has become a popular destination for foreign nurses who want to work abroad (Isaksen, 2012). Women's employment in Norway is at present only 5% lower than that of men (Statistics Norway [SSB], 2019), which implies that it has become difficult for adult family members to care for elderly parents or family members who need long-term care. Thus, nurses trained in countries outside the EU are an important resource for the Norwegian health service, and there is a great need for their expertise. In 2015, Norway had a shortage of 2,350 nurses (Ugreninov, Vedeler, Heggebø, & Gjevjon, 2017), and Statistics Norway has calculated that there will be a deficit of 28,000 nurses by 2035 (SSB, 2012).

Philippine nurses are the largest group of internationally educated nurses (IENs) from outside the EU in Norway (Helsedirektoratet, 2018b); they come for employment, family reunification and to contribute financially to the household in their country of origin (Straiton, Ledesma, & Donnelly, 2017). Philippine nursing education is, according to Eder (2016), designed to educate globally competitive Philippine nurses (Eder, 2016). Nevertheless, nurses educated in the Philippines are not always considered sufficiently equipped to work in the Norwegian healthcare system, according to The Norwegian Directorate of Health which evaluates the qualifications of individual IENs. For nurses outside the EU, the agency requires practice in geriatrics and psychiatry, additional language courses, and courses in Norwegian health legislation and medication theory, in addition to passing a proficiency test (Helsedirektoratet, 2018a).

BACKGROUND

While the Philippines is the top source of nurse labour in the world, the needs of foreign employers vary, and the Philippine higher education market is driven by nursing students' migration aspirations (Ortiga, 2014, 2017). In New Zealand, for instance, internationally qualified nurses comprise 27% of the nurse workforce, and most are from the Philippines (Nursing Council of New Zealand, 2018).

Systematic reviews show that considerable research has been conducted on Philippine nurses who have migrated to Canada, Australia, the United States, the UK and New Zealand (Jenkins & Huntington, 2015; Pung & Goh, 2017; Viken, Solum, & Lyberg, 2018). Three qualitative studies indicate that the reasons motivating Philippine nurses' migration to Canada were opportunities for an improved economic situation, employment as a registered nurse (RN), improved social status, unemployment in the Philippines and family pressure to migrate (Hawkins & Rodney, 2015; Ronquillo, Boschma, Wong, & Quiney, 2011; Salami, Nelson, Hawthorne, Muntaner, & McGillis Hall, 2014). However, the informants said that they were burdened with the challenges of testing their English language and nursing competencies and their experiences of being deskilled and not getting a job as a RN (Hawkins & Rodney, 2015). Moreover, two qualitative studies of Philippine nurses who had migrated to New Zealand revealed that their most significant challenges were separation from their families, adapting to a cooler climate, feelings of isolation, economic hardships during the first phase and having their careers on hold (Jenkins, 2016; Mowat, 2018).

Migration is also known to be stressful amongst migrant nurses, which may affect their health, and studies show that Philippine nurses report discrimination in terms of salary or harassment from colleagues and patients as the main reasons for impaired health (Likupe, 2006; Schilgen, Nienhaus, Handtke, Schulz, & Mosko, 2017). Some studies draw attention to 'the healthy-migrant hypothesis' which states that migrants are in better health than their native counterparts (Renzaho, 2016). A study examining the pre-migration health amongst Filipino nurses showed, however, that nurses intending to migrate have a worse mental health status and more social stress than those who are not intending to work abroad (de Castro, Gee, Fujishiro, & Rue, 2015). On the other hand, studies have revealed that Philippine nurses dealing with different kinds of challenges use different kinds of coping strategies. For example, some strategies are seeking social support from family and other Filipinos, praying, redefining stressors as constructive for their personal development, ethnic identity implying commitment and pride in belonging to the Filipino community (Connor, 2016). Straiton et al. (2017) conducted a qualitative interview study with 14 Philippine women to explore the contextual factors that influenced their mental health and their coping strategies when living in Norway. Some of the informants were skilled nurses who experienced structural factors that disempowered them, whereas resilience, social support networks and religion helped them cope with their difficulties (Straiton et al., 2017).

Research related specifically to immigrant nurses in Norway is scarce, with the exception of a few papers (Isaksen, 2012; Munkejord, 2017; van Riemsdijk, 2010a, 2010b, 2013), and studies on Philippine nurses, however, are missing. The findings from the mentioned papers point out difficulties for informants from other countries and educational backgrounds to obtain credential recognition to work as medical doctors, nurses or healthcare workers in Norway (Munkejord, 2017). Even nurses within the EU, as from Latvia, it was found, were not immediately credentialed and their special skills were not being adequately paid for (Isaksen, 2012). Furthermore, Polish nurses working in Norway described political and cultural integration as limited (van Riemsdijk, 2010b), with limitations on the extent to which they could affect their working conditions, such as overtime pay and career opportunities (van Riemsdijk, 2010a). Moreover, van Riemsdijk raised the issue of relegating Polish nurses to jobs below their skill level, thus devaluating their qualifications (van Riemsdijk, 2013).

A Norwegian narrative study of 144 nurses from 18 different countries outside the EU revealed informants describing themselves as efficient, working quickly, being resourceful and creative, and specifically, the Asian nurses as humble (Dahl, Dahlen, Larsen, & Lohne, 2017). Furthermore, they experienced the Norwegian health service as well financed and the nurses as independent. However, they experienced language challenges and racist statements from patients (Dahl et al., 2017). To the best of the researchers' knowledge, there have been no previous studies aimed at exploring Philippine nurses' migration experiences coming to and working in Norway.

Aim and research question

The aim of the study was to explore how Philippine-educated nurses experience the credential assessment process in Norway. The research questions were two: 1) How do nurses from the Philippines explain their choice of Norway as a migration country? and 2) How do nurses educated in the Philippines experience the credential assessment process in Norway?

DESIGN AND METHODS

This hermeneutic study had a qualitative and exploratory design with individual and qualitative research interviews based on Ricoeur (1981). Hermeneutics is here understood as the doctrine of interpretation of text, the purpose of which is to achieve a valid and general understanding of where the researcher is orientated in a continuous dialectic between self-interpretation and new understanding. This manuscript used the Consolidated criteria for

Reporting Qualitative (COREQ checklist) to ensure complete reporting (see supplementary File 1).

Participants

The study's participant sample (table 1) had been or were affiliated with a university in the southern part of Norway as a student or a course participant. The participants were recruited through the university's database systems, and the nurses were requested anonymously by the student administration staff. Thirty informants were purposively selected and requested via a mailed information letter.

Of these 30 nurses, 10 accepted (seven females, three males), and were contacted by the researchers via e-mail. The average age was 30 years; the oldest informant was 38 years of age and the youngest 27 years of age. All participants were nurses who had graduated in 2007 through 2012 with a Bachelor of Science degree in Nursing in the Philippines and who arrived in Norway from 2009 to 2014 (half in 2013). All participants had received credential recognition as auxiliary nurses from the Norwegian authorities, and four had received this certification in the Philippines prior to their arrival in Norway. We conducted one interview with each nurse, and none of the participants dropped out during the study.

Data collection

Data was collected during the spring and autumn of 2017. The three researchers in the project interviewed the informants individually, and the interviews were digitally recorded and professionally transcribed. The interviews were conducted where convenient for the informant, usually in localities near the university. An interview guide was used, which built on themes from prior research on IENs. The interviews lasted from 35 to 60 min, and all three researcher did their own fieldnotes after the interviews.

Analysis

The analysis and interpretation of the transcribed interviews were carried out using a hermeneutic approach to the text. The research objective was to interpret how Filipino educated nurses experience the credential assessment process in Norway, as well as how they explained their choice of Norway as a country of migration. Hermeneutics is an interpretive approach that is useful for studying texts on professional practice. Ricoeur (1973; 1974) focused on textual interpretation as the main goal of hermeneutics and developed an

interpretation theory that took into account language, reflection, understanding and the self. The analysis steps were performed based on Wiklund, Lindholm and Lindström (2002), where the four researchers read the empirical material several times to obtain what Ricoeur refers to as "a naive understanding of the text" (Ricoeur, 1981).

Then a structural analysis was conducted by all the three authors, classifying and articulating themes by identifying meanings that emerged in different parts of the text.

Through the process of moving in the text from 'what is said' to 'what it means', units were formed as sub-themes and themes (Ricoeur, 1976, p.88). The themes reflect both explanation and understanding. The interpretation was validated by our pre-understanding, the literature review, the research questions and a critical reflection of the naive understanding and the results of the structural analysis (Ricoeur et al., 2002). The amount of data provided a more comprehensive understanding through the process of interpretation and, as Ricoeur (1981) denoted it, obtained 'appropriation of meaning'.

The last step was a common holistic understanding of the text, by reading the text again in parts and as a whole. Finally, each interpretation was discussed amongst the researchers and systematized in a joint document. The researchers conducted several meetings that resulted in the study findings.

Ethical considerations

The study was registered with the Norwegian Social Science Data Service (NSD) (project no. 53131), and confidentiality was assured in all aspects of the research process. The participants were informed about the aim of the research, the researchers professional background, but personal/private information was not given. It was important to be conscious of the asymmetric power in the qualitative research interviews in this study (Kvale et al., 2015). Even if there were no relationship established prior to study commencement, the relationship between teacher and student/nurse can be characterized by reliance, which is central to consider, especially regarding the nurses in the study who were not yet certified. It was very important that they did not feel pressure to be involved because of any fear that the interview could have negative consequences on their credential recognition. Furthermore, it was essential to inform them and determine that everyone understood that participating in the project would not, either positively or negatively, affect the credential assessment process. Moreover, language and culture were important to reflect on. Both verbal and nonverbal communication can be a challenge in an international interview study, and it was very

important that we as researchers maintained a sensitivity to this. Furthermore, our common perception was that the voluntary participants were eager to share their experiences with us in this study.

FINDINGS

In the analysis of Philippine nurses' experiences after their choice of Norway as their destination of migration, we have identified three main findings: 1) Selecting a migration country - a random choice, 2) From best to undervalued, and 3) Barriers to immigrants in Norway. The third main finding have the following four sub categories: a) without language, b) loneliness and privation, c) the fight for credential recognition and d) to survive. In order to give a reflexive and credible reproduction of the quotations, the quotations from the interviews are cited using a pseudonym of each participant other than their real name.

Selecting a migration country - a random choice

There were various reasons why the nurses migrated to Norway. Generally speaking, some had studied nursing to be able to work abroad and earn more. Others had friends who proposed working in Norway, experience of quick turnaround time for visas or relatives who had already moved to Norway, and they were advised to follow.

One woman explained that it was not her decision to move to Norway, but her half-brother's, who also paid her relocation costs:

It was my big brother – half-brother – who decided for me. On behalf of me. So they said I could choose between Canada and Norway ... and I thought Norway is in Europe, so that sounds good. (Tala)

This shows how the brother took responsibility for his sister, and she agreed to his decision. Several of the informants had relatives who were nurses, and many mentioned that the nursing profession was considered a good future-oriented profession. One woman said, '... there are many in the Philippines who say that if you become a nurse, you have a good future because they will need a lot of nurses ... not only in Saudi Arabia but throughout the world'. (Analyn)

This informant further explained that it was a huge financial burden for the family to finance private nursing education for three siblings, all of whom wanted to be nurses. At the same time, this investment gave hope for the future.

One informant noted that he chose the nursing profession because it was a popular occupation amongst his comrades, and because it offered opportunities to work abroad. He said:

Maybe it became popular because it ... I heard lots of news and from my relatives that it ... there is a need for nurses in New Zealand or the United States or anywhere in the world ... that you can find work wherever you go. In addition to ... getting paid better.
(Danilo)

This informant further stated that he chose Norway because several of his nursing school friends had migrated to Norway three years earlier to work as nurses. He, himself, knew little about Norway, only that it was a Scandinavian country. One informant recounted that he and his nine friends moved together, both for adventure and in order to earn more:

It's just very casual ... one day while we ate at a restaurant, we saw in a newspaper that Norway is going to need many nurses in 30–35 years ... Then I said: OK, but why cannot we try this Norway, then? (Benjie)

These nurses received automatic approval as auxiliary nurses when they received their student visas. Moreover, they received the visas after only two weeks, which is a much quicker expected turnaround time than for visas to Canada or Australia, and one of them stated:

Okay, that's our destiny. We are going to move to Norway. It has been so fast with the processing of our papers, so it's probably that ... There is something good waiting for us, maybe. But, really, I had a good life in the Philippines. I had a job. (Benjie)

He was influenced by his friends to go to Norway and might have thought he would earn more. Several informants also described hopes for work and a better life in Norway: 'I googled on the internet, and then Norway came up ... I had no idea, Norway?' (Imelda).

Several of the informants knew very little about Norway, but many mentioned the cold climate. One woman said: '[I did not know that] Norway is one of the coldest countries, and 93% are Christians, and ... I did not know that Norway is one of the richest countries. I was lucky to come here' (Tala).

Despite the fact that the choice of Norway as a migration country was described as a 'stroke of good luck', the informants spoke of many challenges as immigrants here.

From best to undervalued

It turned out that several of the nurses worked voluntarily in the Philippine Health Service, without a salary for 6–12 months before they received a paid job, which most of them had done before their migration to Norway. One of the nurses who volunteered in a hospital for one year before receiving a paid job said that, in order to get a job in a hospital, one must ‘... have perfect marks, and you must know someone’ (Jasmine).

Difficulties in getting paid jobs were emphasized by another informant, who received very good results at the nursing school, and therefore got a job: ‘My twin sister and I got the opportunity to work as clinical instructors as graduate nurses in the Philippines ... To be able to work in the Philippines, you must have good grades’ (Imelda).

Several of the informants had studied other subjects before studying nursing and proved to be well educated and amongst the best in their subjects. However, many informants experienced not getting jobs in the Norwegian healthcare system because they lacked credential recognition and sufficient Norwegian language skills, and they found that they were undervalued because their competence was questioned: ‘Adult education costs 7,000 NOK [700 Euro] for three months ... so then I just had to find a job ... but to get a job you need a Norwegian exam ...’ (Imelda). At the start of their new lives in Norway, they found other options for making money, such as work in a bakery or a kindergarten or collecting bottles for recycling. One informant applied for nursing jobs, but lacked credential recognition, and instead he got a job for six months as a cleaning assistant in a hotel:

So I washed the floor and vacuumed. I cried the first week that I worked there. I studied four years for a bachelor and I ended up ... But after I got a salary, after a month, I got 30,000 NOK because I worked almost every day. And that’s one year’s salary as a nurse in the Philippines ... Then I was so inspired and washed, and ha-ha, oh my God. (Jonah)

Another informant told about being an ambitious hard-working nursing student in the Philippines, but felt exploited and not valued when working in a service centre for elderly people:

I think I worked like an assistant then. For example, showering, go to the store and buy food for old people and afterwards wash the whole apartment ... I think I was underestimated and nobody appreciated what I have done [studied]. (Analyn)

Furthermore, many informants mentioned discouragement and frustration, at the same time not wanting to give up because they wanted to work and apply what they had learned in their home country. On their way to credential recognition, everyone worked for long periods as auxiliary nurses. One of the informants said the following about doing nursing duties while being paid as an auxiliary nurse:

... I'll be fed up with my life if I continue as an auxiliary nurse. To pretend I cannot manage things that I am able to ... And it's so frustrating, and it tears down my self-confidence ... But I feel I've forgotten so much already ... But, here in the nursing home, I get the chance to do a lot of nursing tasks. With guidance, of course, when my manager is present. Then I can dose, and she checks. In fact, I do almost everything. But I would like to be called a nurse and introduce myself as a nurse. (Benjie)

In addition to the undervaluation and injustice that Benjie articulates, several informants found it hard not to work in the profession they had chosen. Some also experienced being unfairly treated because they performed nursing tasks without getting paid for it. One informant described her motivation to further strive for credential recognition, simply because she was not content as an auxiliary nurse:

At work, I work with nurses too, so I'm envious, actually. When I work with them and take the tasks for them ... And do not get paid for it ... And I will use my profession here in Norway if I live here until I grow old. (Jasmine)

This shows how the hopeful journey to a place they thought had a large nursing shortage turned to disappointment in a country that they came to perceive as one that underestimates and economically exploits disadvantaged immigrants.

Barriers as a migrant in Norway

The informants had to learn the Norwegian language and culture in order to practice as nurses or auxiliary nurses in Norway. On their way, striving for credential recognition, they struggled with poor finances, and many described the first time in the new country as a struggle to survive.

Without language

It costs time, money and effort to learn a new language, and this was described by the informants as tough, challenging and fun. In Norway, one must prove Norwegian language competency at the Common European Framework of Reference (CEFR) B2 level on an examination to be employed. The CEFR describes foreign language proficiency at six levels: A1 up to C2 (Council of Europe, 2019). To achieve this, several informants had learned Norwegian through their own study in the Philippines or taken a short Norwegian course there, and then took a privately or publicly offered intensive course in Norway. This was done in addition to language training and work practice in nursing homes or in home care service. A male informant described being ‘speechless’ in a profession where one depends on communicating:

Because there is another language and another culture, a whole country up in Europe, so the start will certainly not be easy. And especially when languages are different, it’s certainly a big challenge because you live through communication, right ... I landed in Norway without language. (Benjie)

After half a year, he was still not satisfied with his Norwegian language qualifications, even though he worked in a nursing home:

But since I spoke very bad Norwegian, I did not really understand. Well, I understood a little. In any case, not good enough to work in healthcare, I think ... I spoke almost nothing. I was completely dumb. But I’m good at observing. (Benjie)

Another informant related that she learned Norwegian by working in a kindergarten: ‘So I worked as an assistant in a kindergarten for a year ... while I attended a Norwegian course in the evening. And I continued to learn Norwegian until I had passed the Norwegian test, level three’ (Jasmine). This woman eventually received a job offer as an auxiliary nurse in a nursing home through the mother to one of the children in the kindergarten.

One informant saw learning Norwegian as ‘the first challenge’ (Jonah). He first studied Norwegian in the Philippines for two months, which was expensive: ‘Language is the biggest challenge; I started learning the language ... and it was very expensive, and it was not much I learned’ (Jonah). Then, he worked for a year in a nursing home, and learnt Norwegian by talking with persons with dementia:

Then I learned even more Norwegian because I spoke to demented people – and you repeat conversations all the time ... While I was working, I studied at home to prepare for Bergenstesten (Norwegian language test). Because I wanted to become a credentialed nurse. (Jonah)

Another informant learnt Norwegian at a private school in Norway and managed to pass the B1 level in three months. He explained that he got to know Norwegians in church:

‘So that’s also the advantage that ... there is a Norwegian [Christian] assembly. Once a week we prayed or heard the speech ... I met Norwegians I can talk to’ (Danilo). This informant took advantage of the opportunity to learn Norwegian by participating in an ecclesial community. Nevertheless, he pointed out that learning the Norwegian trade terms was the most challenging:

Because even if you have passed all the Norwegian courses, it’s not easy because this is a technical language ... If it’s B2, then it’s a branch of B2 which is pretty deep and very ... yes, you know this medical language. (Danilo)

Loneliness and privation

In addition to language challenges, many of the informants struggled with loneliness and homesickness. One single, divorced mother came to Norway without her children to get a job and establish herself. This nurse described both homesickness and finding the strength to find a network here:

Yes, I longed for home. But as I was a member of [a Christian congregation], I came to many people around me ... So they encouraged me occasionally: ... ‘as a nurse here in Norway you can have your children’. Then after a year, I went back and visited my children. Then, I got my children with me right away ... [then it became] a little easier for me to live in Norway. I am lucky. (Tala)

Another single woman also described that it was tough to migrate alone, but that she became independent and made many new friends and ‘Norwegian colleagues who are very kind to me too’ (Nenita), at the same time finding it difficult to live without her family nearby. One of the informants who had married a Norwegian man she had met in the Philippines described loneliness after having migrated:

I felt very lonely indeed. I had left all my friends and my family for Norway. So it has been very tough ... I’ve only been home in our flat for a month, or a whole month or

two. And I was getting crazy ... And I'm used to going out every day ... The only thing I missed very much when I came to Norway was to go to work every day. And I do not like to depend on anyone. (Jasmine)

She had not yet met other Filipinos in Norway and was only part of the network of her Norwegian spouse; she did, however, make some friends during the Norwegian language course. At the same time, others described that they had found friends and enjoyed their new life, even if they missed their home country:

I'm enjoying it now, at least. I miss something, too. Some things in the Philippines like weather, like white beaches, and such things. But I enjoy it here. It's very calm here ... [Have friends] here at school. And in the church, and at work. (Danilo)

To survive

One man described the first time in a new country as a struggle to survive:

It was somehow a struggle about who survives amongst us ten. Therefore, everyone tried his or her possibilities to get a job. Then, we were split. We all live in different communities around Oslo, and some failed to get a job, so they had to go back. (Benjie)

This informant got an 80% position after three months because the manager saw his potential, which meant he also got a residence permit. In order to be credentialed, four of the informants were students at a nursing school, applying for exemption from certain subjects, and supplementing what they lacked over a two-year period. They described economic challenges. One woman said that she was denied student loans because one must have worked 100% for at least two years and have a permanent residence permit to get such loans. In addition, for permanent residence, one must have at least 80% of the work at the same employer for three years. Therefore, she worked extra shifts to fund her studies:

To get a permanent stay, you have to work for at least three consecutive years – and then I will not get a student loan, as it is necessary to work at least 100% for at least two years ... it's a bit tiring and frustrating. (Rosamie)

This woman noted that it is good that it takes two years to accomplish subjects that are missing, because one then has the opportunity to take extra shifts during periods with no studies. Several informants also said that they did only attend a few lectures, but studied at

home, and only participated in what was mandatory. In addition, some told about the many expenses associated with being a migrant, which pose serious challenges to everyday life's struggle for existence. Obtaining a work visa costs 370 Euros, and the same sum must be paid again if a temporary position is renewed after six months. Costs for Norwegian language education must also be calculated. To pass the B2 level, the costs for three courses is about 1500 Euros, but some nurses only needed one course to pass the language test. Additionally they had to pay friends for housing during the first period as a language student. Therefore, even if the informants decided to go to school, they still needed to work while being students in order to survive in their new home country.

The fight for credential recognition

In addition to the tight and uncertain economy, all the informants fought a long and exhausting struggle with the regulatory authorities. One woman applied for credential recognition three times, and she received three rejections with different decisions about what she had to do to fulfil the requirements. The process took seven years from when she came to Norway, and she described it as follows: 'So this has been my battle ... But if I want to be a nurse here in Norway, I have to fight for it. It's me not just a nurse, but it's me like a human being' (Jasmine).

Another informant also described how she responded to several rejections for credential recognition and how she had almost given up:

So after I've been rejected twice, I've been very sad, or very frustrated ... So I'm thinking I can try again, and do not give up because that's what I'm educated in. So, I will work on what I have learned and not just work as an auxiliary nurse. (Nenita)

At the same time, she told of many other Philippine nurses in the same situation who were disillusioned after a long and tortuous credential assessment process: 'There are many who have given up already' (Nenita).

Several informants reported that they received different decisions from the Directorate of Health, despite the fact that they had quite similar educational backgrounds in the Philippines. They described the application process towards credential recognition as unfair, with very similar accounts of unfair treatment, which contributed to their distrust: 'But I do not trust them [regulatory officials] anymore, because they change the rules all the time' (Jonah).

Refusal of credential recognition as a nurse was difficult to accept and affected the mental health of the informants: 'I am completely in the basement every time I get refused ... And it has changed me as a person. I am flipping out all the time. I get so annoyed. I was not like this before' (Benjie). Another informant described how she experienced her second rejection of credential recognition, having lived in Norway for four years:

Therefore, they recommended that I apply for a college and apply for exemption from some subjects. Then, everything broke down, in a way ... I was completely frustrated and desperate. I was very angry and I cried all night ... maybe I was home for a week. I was simply depressed. It took me down mentally. 'What should I do now?' I didn't know, I could not think. (Jasmine)

At the same time, she described both a kind of disappointment, while she also managed to see something positive in the process:

In a way, I am bitter. It has been very tough, or simply frustrating. But at the same time ... If I had not been to school, I would not have refreshed my nursing skills. Then, I had simply not learned better Norwegian ... It was useful ... But the frustration that you feel when you get denial 2 or 3 or 4 times. This was very difficult. (Jasmine)

These two statements illustrate how the nurse, despite of the refusal of credential recognition, managed to remain hopeful and not allow herself to break down. She was happy that her nursing competencies were updated and that her Norwegian language skills were improved.

DISCUSSION

Our findings show that the following factors influenced the selection of a migration country: opportunities to find work and be well paid, relatives and friends who had already migrated to Norway, and more informal conditions, such as fast processing of papers and 'strokes of good luck'. The migrated Philippine nurses had achieved good grades in their bachelor degree work and had gained valuable nursing experience before leaving their home country. However, in Norway, they were disappointed as they felt themselves exploited, undervalued and underpaid. Yet, to practice as nurses, they needed a credential recognition, which presupposed speaking and writing Norwegian at the B2-level, and most of the informants had various kinds of jobs not related to nursing while learning the new language. In the process of acquiring sufficient Norwegian and being in a challenging financial situation, the nurses were also homesick and lonesome. In addition, they were prevented from being legal nurses in the

Norwegian healthcare service, as they systematically fulfilled the governmental requirements, but were repeatedly rejected. The informants experienced this process as unfair, disappointing and distrustful; however, they did not give up, but held on to the hope of achievement.

Push and pull factors for coming to Norway

The general reason for the Philippine nurses to migrate to Norway can be characterized more as a contingency than a specific long-term planned choice. In the context of push and pull factors (Brewer & Kovner, 2014; Freeman, Baumann, Blythe, Fisher, & Akhtar-Danesh, 2012), it is evident that our informants were *pushed* to leave the Philippines from the obvious policy of the Philippine authorities training nurses for export. At the same time, our informants also knew that the chances of finding an occupation in the Philippines were small, and though some of them did have a poorly paid job before migrating, the majority worked as volunteers after finishing their nursing education. This finding is in line with Brewer and Kovner (2014) who asserted that important push factors for IENs are lack of full-time work in the home country, increasing workload and dissatisfaction with their pay and working conditions. Although some of the informants chose to become a nurse because of opportunities to work abroad, some also expressed that their choice of migration was not completely their own decision, but a result of advice, obligation or even a constraint imposed by their families, which is consistent with Freeman et al.'s concept analysis (2012).

The analysis of the data shows that it was even more apparent that the informants were *pulled* towards migration, even if Norway as a destination was more of a coincidence. Firstly, some had family and friends who already lived and worked in Norway, which Freeman et al. (2012) have also pointed to as a vital incentive for being pulled to a specific migration destination. Secondly, better salaries and the overwhelming need for nurses in the Norwegian health service over the next decades which, according to Freeman et al. (2012), is the most important pull factor. Another influence was that the Philippine nurses automatically received approval as auxiliary nurses when they received a student visa. Non-pulling factors for our informants were, as emphasised by Freeman et al. (2012), that their nursing qualifications were not recognized as appropriate, and they did not have a shared language (except English). Historic and trade ties to Norway were not explicitly apparent, even if the Norwegian Labour and Welfare Service in earlier days had recruited Philippine nurses (Proba, 2014). Moreover, the au pairs scheme in Norway has increased rapidly since the 1990s, and in 2011, 84% of the au pairs came from the Philippines (Store Norske Leksikon, 2018), some of them also having a

nursing education. Additionally, Norway has recruited large groups of Philippine seamen for many decades (Tenold, Bosmans, Gorski, & Schokkenbroek, 2015).

Challenges faced by the Philippine nurses

For the informants in this study to acquire a sufficient degree of fluency in Norwegian meant money, time and effort, as the language courses were expensive and Norwegian is very different from their mother tongue. The fact that they could not work in healthcare before their level of Norwegian was good enough caused financial problems which made them desperate, frustrated and depressed. Similar findings have been reported in a review study, which called attention to the economic costs of Filipino nurses going to New Zealand, where the financial burdens were linked to competency assessment programmes, English language tests, visas, extra training, flights and accommodations (Jenkins & Huntington, 2015). In Norway, the Philippine nurses have to pay for Norwegian courses which cost upwards 4000 Euros (University of Oslo, 2019). The total expenditures for a non-EU nurse who plans to work in Norway is estimated at 2550 Euros, when only taking into account the formal requirements for visas, language qualifications, nursing qualifications and tests (Helsedirektoratet, 2019). Our findings can also be compared with the results of a review study on IENs' migration, where the authors found that the nurses faced such challenges as language and cultural differences, frustration, confusion, distress and depression (Li, Nie, & Li, 2014). This review study pointed to trials such as isolation, loneliness and loss of self-confidence and self-esteem (Li et al., 2014), which also was evident in our findings.

The main challenge for the Philippine nurses, however, may be considered the long-established, complicated process for having a credential recognition. In other receiving countries (US, Great Britain and Saudi Arabia), the formal requirements are not as strict as in Norway (Freeman et al., 2012). The Norwegian system of formal recognition of the IENs' professional qualifications is quite similar to the Swedish system. A Swedish study on IENs' experiences of getting a license (Eriksson, Berg, & Engstrom, 2018) revealed a difficult time learning Swedish. The IENs also had to work as auxiliary nurses to have an income when studying for supplementary training and taking the proficiency test, experiencing that they did not have enough time for both study and work (Eriksson et al., 2018). In this regard, Jenkins and Huntington (2015) raised the ethical implication of employing nurses for whom English is not their first language, because of risk factors for discrimination and exploitation. In a Norwegian setting, there might be even more ethical consequences, as the nurses can be

exploited over a long period of time, not getting the opportunity to work as credentialed nurses, and thereby not being sufficiently paid.

The challenges for our informants learning Norwegian also raises questions, on one hand, about Norway as a recipient country developing a profitable industry and contributing to the national economy when individual nurses pay for language courses (Li et al., 2014). On the other hand, when nurses are given a free educational provision, Norway partly contributes to funding the completion of their nursing education. At the same time, Philippine nurses may feel lured into a trap where they can work at a lower level and fill a desperate need for health care workers, while it is unlikely for them to have the time and financial resources to upgrade their qualifications and acquire good enough skills in Norwegian. However, the new Norwegian regulation of 2017 (Forskrift om tilleggskrav for autorisasjon for helsepersonell, 2016) has predictable solutions on the way to credential recognition for health personnel educated outside the EU, with a clearer course and with additional requirements that must be implemented within deadlines. The supplementary requests are expensive, as the requirement for becoming equal to the Norwegian nurse education level, imposes Norwegian skills, course on Norwegian Health services including safe handling of medicine and a proficiency test. The courses and tests mentioned are however, as earlier stated, very expensive, and we question whether it is fair and a worthy use of the nurses' time, finances and expertise (Dahl, Lohne & Nortvedt, 2019).

Hope and resilience

Many of our informants' families had invested in private nursing education for their young relatives, which gave hope for future prosperity and a better life for themselves and those who completed the education. The informants also described the hope of being hired as a nurse and to have a good life in Norway. This can be seen in light of the following definition of hope: 'a multi-dimensional dynamic life force characterized by confident yet uncertain expectation of achieving good, which to the hoping person, is realistically possible and personally significant' (Dufault & Martocchio, 1985). Previous research with Philippine immigrants in Norway also underlined the hope that the breadwinning women represented for their family back in their home country (Straiton et al., 2017). Even though the Philippine nurses in our study did not know very much about Norway before they migrated, both they and their families demonstrated a concerted effort to plan for and carry out the process of migration to another continent, expecting that the end result would be something very good. The hopeful

journey to a place where they thought a nursing shortage was great was, however, turned into disappointment in a country that underestimates and economically exploits disadvantaged immigrants. Getting a job was, in other words, described as a 'catch-22'. This finding is consistent with Sochan and Singh's (2007) study of IENs who settled in Canada as the fulfilment of a dream, even if their dream did not come true. Instead, they were disappointed in the course necessary to enable them to work as nurses because the credential assessment process was ineffective, long-lasting and costly (Sochan & Singh, 2007). Our study indicates that our informants were resourceful, had strong willpower and did not want to abandon the struggle to work as nurses in Norway. Instead, they held on to the hope they brought with them from the Philippines throughout the migration process. This is in line with some of the themes in the Herth Hope Index: presence of goals, a positive outlook on life and a deep inner strength (Herth, 1992), which suggests that our informants were hopeful despite disappointments, challenges and burdens.

Even if the informants described learning the Norwegian language as difficult, tough and 'the biggest challenge', some also said it was fun and that they learnt quite quickly by talking with Norwegian children, demented nursing home patients or church members. Some also found a social network in Christian congregations, at language courses, amongst colleagues and other Filipinos. Similar findings have been indicated amongst IENs in the US, where Philippine nurses reported the lowest discrimination scores probably because of the high social support they received from their fellow citizens in the US, which served as a buffer to discriminatory stressors (Pung & Goh, 2017). Moreover, Philippine nurses in New Zealand spoke of a coping capability gained by forming supportive social connections, especially amongst other Filipinos (Jenkins, 2016).

Our informants demonstrated a resilience that enabled them to struggle for survival and not return home and to be able to work and study at the same time. They also fought to get a credential recognition, and in the process, they became bitter, frustrated and disappointed several times. These findings can be compared with Straiton et al.'s (2017) study where despite stress, distress and somatic symptoms, Philippine women in Norway showed evidence of their resilience based on a sense of belonging in networks of friends and religious beliefs, which gave them strength, comfort and hope.

Strengths and limitations

We have tried to describe the research as precisely as possible, and we have followed all the stages in the defined analysis process. All three researchers have taken part in the analysis of the data. We think this has helped strengthen the credibility by creating an analytical space for more nuances. Moreover, according to Ricoeur (2001), reading takes place in a discursive process between explaining and understanding; this was detached from the context in which we interviewed, which is to speak and understand. When we were in dialogue with the text, we had to interpret to understand more than the text itself provided. When this happens, the text is detached from the storyteller and stands for itself (Ricoeur, 2001).

To enhance the trustworthiness of the study, the authors had frequent discussions and a continuous dialogue to establish consensus about differences and similarities regarding the content. Also, similar findings from other studies strengthen the reliability of our research. However, a limitation of this study is that three researchers conducted the interviews, which might imply that we had different focuses, despite using the same interview guide. Over many years, two of the researchers have met many Philippine nurses in educational situations, which might have influenced their preunderstanding. Moreover, the digitally recorded interviews were not transcribed by the researchers; thus, some non-verbal information may have been lost.

The first request went out to 30 potential informants and eight agreed to participate. A reminder was sent, and two more responded positively to the request. We never asked participants to state the reasons for their participation, but we found that all participants had tight time schedules in relation to education, work and family. We assumed that was why the number of participants was so low. Hence, we chose not to send out more letters, but we could have requested 50 instead of 30 nurses, and possibly more participants would have agreed to take part in the study.

CONCLUSIONS

The Philippine nurses in our study were pushed to leave their home country as migration was expected by family and society, and it was difficult to find paid work. At the same time, they were pulled towards Norway as a migration country because of siblings and friends who had travelled there in advance and the promise of well-paid jobs, but also because of incidental circumstances. However, the nurses met greater challenges than expected, having to use much time, effort and money learning to speak and write Norwegian, in addition to the difficulty of

attaining a licence to work as credentialed nurses. Nevertheless, the informants in this study demonstrated both a hopeful attitude towards the migration and the credential assessment process, showing their resilience by never giving up but, instead, striving for their future as credentialed RNs in Norway.

Relevance to clinical practice: Attention should be paid to the integration of immigrants and safeguarding and strengthening the professional competence the nurses bring with them.

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