

# Waiting: Migrant Nurses in Norway

Taylor Vaughn

Norwegian Social Research Institute NOVA, Centre for Welfare and Labour Research, Oslo Metropolitan University, Oslo, Norway

Marie Louise Seeberg

Norwegian Social Research Institute NOVA, Centre for Welfare and Labour Research, Oslo Metropolitan University, Oslo, Norway

Aslaug Gotehus

Norwegian Social Research Institute NOVA, Centre for Welfare and Labour Research, Oslo Metropolitan University, Oslo, Norway

## Abstract

Theories of waiting have created interest and discussion among migration scholars and especially in studies of asylum seekers, where imposed waiting is a key part of the experiences studied. “Skilled labour migrants” such as nurses are privileged in many ways and their migration-induced waiting, although significant, may be less evident to others. This paper uses waiting as a lens to help understand the experiences of nurses coming to Norway for work. We wish to contribute to the discussion about waiting through showing how experiences of waiting in migration may be less determined by structural conditions than has been suggested by the evidence so far. We argue that the experience of waiting arises at the intersection of politically imposed structural conditions and the messiness or complexity of individual, ordinary human lives. For nurses educated in Sweden, the process of registration is straightforward and takes little time. Nurses educated in the Philippines, on the other hand, meet major obstacles in the process, slowing down and sometimes permanently blocking their access to nursing jobs. While one might imagine an ideal, linear career that nurses could be expected to follow or want to follow, real life is not necessarily lived in a linear fashion. We use our material in this article to show how life happens and which role different forms of waiting may play in the deviations from this expected linear career. Viewing individuals from the two groups through the lens of waiting, we find similarities in the complexities of their lives, experiences, and reflections that it would otherwise have been easy to overlook or dismiss.

## Keywords

waiting, complex lives, migration, labour migrants, nurses, Norway, Sweden, the Philippines

## Introduction: waiting and nurse migration

We all wait. Waiting is an aspect of transitions between life phases. Transitioning from young adulthood to full adulthood, we commonly wait to “settle down”, which conventionally involves an increasingly stable combination of elements: work, house, marriage, and having children. Variations of “settling down” remain important across history, geography, and cultures. Add migration, and the wait expands. Instead of converging, the elements that constitute “settling down” may slide apart. It is not surprising that theories of temporality and waiting have created interest among migration scholars, especially in studies of asylum seekers, where imposed waiting is a key experience (e.g. Anderson, 2014; Bendixsen and Eriksen, 2018; Brekke, 2010; Griffiths et al., 2013; Kohli and Kaukko, 2018; Rotter, 2016; Vitus, 2010). While migration and asylum may involve more waiting than most people experience in a lifetime, the studies provide limited insight into waiting as part of the experiences of migrants throughout their lives. People may undergo multiple processes of settling in and settling down, and waiting does not begin at migration nor end once one is settled.

We direct the attention to “skilled migrants”<sup>1</sup>, a category that has received less attention in the literature on waiting. “Skilled migrants” are privileged and their migration-induced waiting is less evident than the waiting of asylum seekers. We wish to explore how an analytical concept of waiting may contribute to understanding “skilled migration”, and to contribute to the discussion on waiting in migration by showing how migrants’ experiences overlap across structural differences. The experience of waiting arises at the intersection of politically imposed structural conditions and the messiness or complexity of individual, ordinary human lives. Such messiness cuts across social groups and categories, and brings out the individual humanity in our material (cf. Clayton and Vickers, 2018). Ultimately, “migrants” are just people, and some elements of the human condition may become especially salient through experiences of migration.

One may differentiate between general migration studies and studies of “skilled” migration, where health worker migration emerges as a subfield. In the literature on health worker migration, including nurse migration, concepts such as brain drain, care drain, and de-skilling set the stage for analyses emphasising labour dimensions of migration and highlighting the value of migrants in terms of human capital (cf. Beine, Docquier, & Rapoport, 2001). This generates knowledge on the global health workforce and labour market, implications for states and communities, and the careers of health work professionals (cf. Bach, 2008; Mullan, 2005;

Zurn, Dal Poz, Stilwell, & Adams, 2004). To a lesser extent does it allow for insights into the experiences of people who migrate.

In contrast, general migration studies tend to scrutinize people's reasons to migrate or to stay behind as well as the constraints and opportunities that shape migration decisions. These studies do not take people's profession as the point of departure and may provide broader perspectives on their lived experiences, showing how structural and political factors interplay with individual agency, often with unforeseen effects and unintended consequences (e.g. Bornat, Henry, & Raghuram, 2011; Eastmond, 2007; Papadopoulos, Stephenson, & Tsianos, 2008). Such complexity is as much part of the lives of nurses as of other people. Through an analytical concept of waiting (Bandak and Janeja, 2018; Dwyer, 2009; Hage, 2005, 2009a), lived complexities come into view.

Our research looks into the experiences of nurses immigrating to Norway. A rich welfare state with an aging population, Norway has one of the highest coverages of nurses in the world (OECD, 2017; WHO, 2015) and a dire and growing need for more nurses to fill vacancies (By, 2018; Gautun and Øien, 2016; Roksvaag and Texmon, 2012). Still, Norway has no active policy of recruiting nurses from abroad. The country is heavily committed to the WHO (2014) code of ethical conduct, especially article 5.4: "All Member States should strive to meet their health personnel needs with their own human resources". However, policy makers and bureaucrats concede that nurses who come to Norway on their own initiative have the right to continue working in their profession in Norway (Helsedirektoratet, 2010; Anonymous, interview with bureaucrat by author, 2018). There is a tension between making it too easy and too difficult. The bureaucrats responsible for ensuring adequate recruitment of nurses and implementing the WHO code are under cross-pressure, while the code itself has been criticised for privileging migrant workers from richer countries and thus risking "playing into a racist agenda on immigration policy" (Mackintosh, Raghuram, & Henry, 2006). Nurses coming to Norway for work are not necessarily aware of these tensions, but may feel their effects on the time it takes them to "settle down" in Norway.

As we investigate the narrated experiences of nurses from Sweden and the Philippines who wish to work as nurses in Norway, we focus on *what kinds of waiting* our participants present to us when they talk about their experiences (Hage, 2009a). We use the concept of waiting as our main analytical tool; the nurses themselves did not necessarily use this particular word.

## «Waiting’ as analytical tool»

### From existential and situational waiting to migration and mobility

Waiting is an aspect of socially experienced time, of how human beings perceive and experience the temporal dimension of our lives. In the following, we draw on anthropological concepts of waiting, which in turn build on ethnographic studies of migration (esp. Bandak & Janeja, 2018; Hage, 2009; Rotter, 2016). This concept of waiting brings into view migrant nurses’ lives as human lives: not as direct, linear nursing careers or as migration from A to B, but as lived and temporally messy realities with changeable goals, detours, and periods of feeling stuck.

A feeling of being stuck can trigger migration: “We move physically so we can *feel that we are existentially on the move* again or at least moving better” (Hage, 2005: 470). Getting on with one’s life is at the core of *existential mobility*. From existential (im)mobility arises *existential waiting*: “for us humans, the very moment of becoming conscious of our existence comes with a question mark: ‘And?’ This is in the sense of ‘So here we are. And now what?’ ‘What’s next?’ This sends us on an endless search for the meaning of life but it also makes us wait for the moment where waiting ends” (Hage, 2009a: 5). Hage (2009b: 102) also presents an alternative response to stuckedness: *waiting it out*, which entails “waiting for something undesirable [...] to end or go”, another useful concept for our purposes.

Although we will return to observations of existential waiting below, our focus will be on what Dwyer calls *situational waiting*, summarised by Hage (2009a: 4) as “social, relational and engaged”. Unlike existential waiting, situational waiting is fully embedded in time and the world. Situational waiting “may be expressed in either active or passive ways” (Dwyer, 2009: 23). Active situational waiting entails engaged waiting for something – people “participate fully in striving to bring about that for which they wait.” (Dwyer, 2009: 22). Situational waiting may lack observable activity, yet is never fully passive. This apparent paradox is captured by Crapanzano (1985) in the oxymoron “active passivity”, cited by Hage (2009a: 2) who introduces its counterpart, “passive activity”. Such insistence on activity emphasises the importance of agency in analyses of situational waiting. While structures provide constraints and opportunities for anyone’s action space, if and how one acts reflects “the kinds of choices that actors may make from essentially identical positions, and capacities, as agentive beings” (Dwyer, 2009: 23).

Discussing the waiting of asylum seekers in the UK, Rotter (2016: 82) identified three aspects of situational waiting: *Affective* waiting captures the desire or dread with which we anticipate

the awaited event. *Active* waiting denotes what we do while we are waiting, filling the waiting time with activities or projects of different kinds. These can be focused on the present, giving meaning to everyday life, or on the future, directed towards a desired future. *Productive* waiting is using the time in a way that transforms it into a kind of capital, or into something that in retrospect turns out to have prepared or paved the way for the future.

### Politics and poetics of waiting

The systematic particulars of waiting, the politics of waiting, signify certain power relations (Bandak and Janeja, 2018). Politics of waiting shape individual experiences of waiting, specifying who is to wait and for whom, what waiting entails, how to wait, and how waiting is organised (Bourdieu, 2000, summarised by Hage, 2009a: 2). In migration as elsewhere, structures and agency are closely intertwined (Bakewell, 2010) and we cannot understand individual narratives in isolation from structural contexts or systemic environments (Walby, 2007). As Hage (2009:2) points out, “differences in waiting are not just differences in individual forms of waiting, they are also differences in the way waiting is present systematically in society”.

In migration, power is exercised through political, legal, and bureaucratic procedures of categorising migrants and related procedures of entry, residence, and work. Nursing is a regulated profession (Robinson and Griffiths, 2007) and in order to work as a nurse in Norway, registration (Norwegian: “*autorisasjon*”) is required. When intersected with nurse migration, bureaucratic domination also involves registration processes requiring specified coursework and practical application. Within the Nordic labour market, visa and registration processes are hardly noticeable: while Filipino nurses are subject to these instruments of waiting, Swedish nurses are not.

Individual and subjective perspectives on waiting pertain to the analytical sphere of agency, and constitute what Bandak and Janeja (2018) call the “poetics of waiting”. Power is still at play: power is an aspect of all social interaction and of the agency of individual waiting. As Göttlich (2015: 52) points out, the individual may even exert power over herself in what he calls “self-imposed waiting”: “when we decide to delay the execution of our action in order to gain higher benefits”. Self-imposed waiting differs from the other forms of situational waiting discussed above when it comes to power relations, rather than in the sense of waiting and movement.

Like all experiences, aspects of waiting are gendered, although Stoller (2011) convincingly argues that gender does not determine experiences of time and waiting. Rather, waiting is part of a political [...] plurality of gendered time experiences (Stoller, 2011, p. 88). Although the scope of this article does not allow us to explore gendered and other political structures governing waiting, we find Stoller's argument useful as it adds depth to our analysis of the nurses' subjective experiences.

Waiting is our main analytical concept. Structural or political aspects of waiting, along with the view of migration as a means to existential mobility constitute a backdrop to our analysis, which foregrounds narratives of situational waiting and especially its three often-overlapping aspects of affective, active, and productive waiting.

## Context and background

Nurse migration is a transnational field. Events, policies, and practices in many parts of the world have an impact on the numbers and origins of foreign-born nurses who migrate to Norway. While Swedish nurses are not encouraged to emigrate, Swedish labour migration to Norway is strongly facilitated through Nordic co-operation: citizens can freely cross the border to work without notifying any authorities. In contrast, nurses from the Philippines are under strong pressure to emigrate while they must have a contract of relevant employment before even acquiring the visa to enter Norwegian territory.

Low entry-level salaries for nurses in Sweden saw Swedish nursing students use emigration as a bargaining tool to drive up salaries in a nation-wide movement (Kiil and Kunsten, 2016). For nurses educated in the Philippines, the United States has been the main country of immigration, but recent reductions in visa processing has led to fewer Filipino nurses being able to enter the US for work (Jurado and Pacquiao, 2015: 16), thus changing their migration trajectories to other countries, such as Norway.

### Immigration and nurse registration

In Norway, Swedish and Filipino nurses fall at opposite ends of the scales of immigration and nurse registration. Under the Helsinki Treaty (1962), intra-Nordic labour mobility is unrestricted and encouraged, although unintended impediments do continue to exist (Dølvik and Eldring, 2006; Nordic Council of Ministers, 2012). Swedish citizens who are educated as nurses in Sweden just have to submit their nursing diploma to the Norwegian Directorate of Health in order to be registered (Helsedirektoratet, 2019).

In contrast, people registered as nurses in the Philippines become “skilled third country workers” within the changeable Norwegian immigration regime. They need to have a job contract in this category before they can apply for entry, residence, and work permits. Nurse education from the Philippines is assessed according to strict criteria for registration - sometimes halting it altogether. Due to frequent changes, determining the exact registration requirements for nurses educated in the Philippines has been challenging for nurses and for us as researchers. However, when the two Filipino nurses presented below came to Norway, a bachelor’s degree in nursing from the Philippines was not deemed equivalent to a Norwegian nursing degree and did not fulfil the criteria for registration. In the many historical versions of the regulations, nurses educated in the Philippines generally need to attend additional courses taught in Norwegian and to undergo practical application in Norwegian institutions. These are requirements that cannot be met prior to immigration.

Because of such barriers, many Filipino nurses have found alternative pathways to the changeable and at times practically impossible “skilled worker” entry visa track to working in Norway. One such option is the au pair visa, which means a temporary but considerable loss of income and a risk of not being able to re-enter the nursing profession. However, it includes free language tuition, and provides time and opportunity to build a social network in Norway. The Filipino nurses included in this article and others arriving around the same time had the option to be registered as an auxiliary nurse (Norwegian “hjelpepleier/helsefagarbeider”) prior to immigration, as the Filipino nursing education was deemed equivalent to the Norwegian auxiliary nurse education. With this registration and some knowledge of the Norwegian language, they were able to apply for auxiliary nurse jobs prior to or shortly after migration. These jobs also qualified for “skilled worker” residence and work permits and for family reunification. Being a registered auxiliary nurse is a step down in the professional hierarchy, but can be a significant step towards achieving nurse registration in Norway.

Data from Statistics Norway show that in 2016, there were 1,405 people from a Swedish background<sup>2</sup> living and working as nurses in Norway. A similar number (1,136) were counted as Swedish non-resident nurses: they worked as nurses in Norway, but did not live in Norway (Sandlie, in progress). Most Swedish nurses working in Norway do so through contracts with recruitment agencies or temporary staffing agencies. Rather than seeing themselves as migrants, Swedish nurses often construe working in Norway while partly living in Sweden as “commuting” or “travelling for work”. The same year, 1,117 Filipino nurses were living and working in Norway. There were no non-resident Filipino nurses working in Norway.

Geographical distance certainly plays a big role here, but this also brings out the difference in commitment and effort needed for moving and working in Norway between nurses coming from the Philippines and Sweden (Sandlie, in progress). Only 1% of Filipino nurses had been living in Norway for less than four years. This may be due to the long waiting periods for Filipino nurses to become registered nurses in Norway. It may also indicate a decreasing number of Filipino nurses coming to Norway, or fewer of them becoming registered as nurses. 80% of Filipinos working as nurses had been in Norway for eight years or more. Correspondingly, 9% of resident Swedish nurses had lived in Norway less than four years and 76% had lived in Norway for more than eight years (Sandlie, in progress).

A stereotyped difference between the two groups may be found in their motivations for taking up nursing and working overseas. A commonly stated reason for nurses educated in the Philippines is a desire to provide for their families through remittances (cf. Advincula-Lopez, 2008; McKay, 2007; Squires & Amico, 2015; Tribune, 2006; World Bank, 2009). There is a rich literature on financial and social remittances in migration studies (e.g. Levitt, 1998; McKay, 2007; Schiller & Fouron, 2001) and a further discussion on the role of remittances is beyond the scope of this article. The Filipino nurses we present both stated that being able to support their families financially was central in taking up nursing and leaving the Philippines. However, the portability of nursing skills into other sectors and geographical locations is also a common reason for Norwegian nursing students' choice of education (Orupabo, 2016) – and, indeed, for nursing students globally (Kingma, 2006).

## Data and methods

This article is based on qualitative fieldwork and in-depth interviews with four nurses carried out in Norway in 2017 and 2018. Regardless of the initial motivation for choosing nursing as a profession, all four nurses presented here were registered as nurses in their country of education and they all entered Norway with a common goal of working as nurses. These four individuals are identified here with the pseudonyms Lilly, Frida, Daisy, and James. The material comes from two separate projects: [X] and [Y]<sup>3</sup>. For both projects, the requirements for participation were that the nurses be both citizens of and educated in either Sweden or the Philippines.

Exploring the role of different forms of waiting in nurses' lives implies a focus on the individual. We provide an in-depth look at the lives of a small selection of nurses rather than an overview of many nurses' experiences. The individuals whose narratives and life stories are



presented below were selected as they reveal different forms of waiting and different ways of dealing with waiting. Our selection of two Swedish and two Filipino nurses does not imply a comparison between the two groups but aims to facilitate an exploration of what two such differently positioned nationalities may have in common.

Lilly, 35, was born and raised in Northern Africa. She moved to Sweden with her family in her teens, and eventually got Swedish citizenship and completed her nursing education there. Lilly started working in Norway in the early 2000s and took up Norwegian residency five years later. At the times of our multiple interviews, she was a single mother, living in Norway. Lilly's siblings and their families were still living in Sweden. Both of her parents had passed away.

Frida, 37, was born and educated in Sweden. She started working as a nurse in Norway in the early 2010s and took up residency in Norway soon after. She was no longer living in Norway during the time of our research, but her boyfriend was Norwegian and she still worked in Norway on weekends and holidays. Her siblings and parents lived in Sweden. Although she had moved back to Sweden, she was the only one of her siblings who did not live close to their childhood home.

Daisy, 33, was born in the Philippines and held a BSc in nursing from a university there. She moved to Norway a few years before Frida and became a registered nurse in Norway in 2012. When we interviewed her, she was married to a Norwegian man and they had a young child together. Daisy's large extended family in the Philippines relied on her financial support.

James, 34, was born in the Philippines and also held a BSc in nursing from a university there. He moved to Norway in the early 2010s and became a registered nurse in Norway in 2017. When we met James, he was unmarried and planning to buy an apartment and settle down in Norway on his own. Like Daisy, James also had family members in the Philippines that he remitted money to on a regular basis.

Two of the authors, [names], did the data collection that this article builds on. [Author name] conducted participant observation and interviews with Lilly and Frida. The first interview with Lilly took place in a hospital where she had worked for many years, and lasted for over two hours. [author name] and Lilly met three more times, once in Lilly's home and twice in [author name's]. The first interview with Frida took place over Skype and lasted for an hour and a half. It was not until a year after that interview that [author name] met Frida in person. Frida was working in Norway over the holiday and invited [author name] to come and stay with her for a couple of nights. On this trip, [author name] observed how Frida prepared to work in a new

place, the practicalities of her mobile lifestyle, and her interaction with colleagues in the workplace. All interactions with Lilly and Frida took place in the English language, supplemented with words in Norwegian, mainly words specific to the nursing profession.

Daisy and James were interviewed by [author name]. Her first meeting with Daisy was in a Filipino church in Norway. [Author name] and Daisy got talking after the service and Daisy agreed to meet again for an interview. The interview took place a few days later in a café Daisy suggested, lasted for an hour and a half, and was conducted in Norwegian. The interview with James also took place in a café. The interview had to fit into James' busy work schedule, so he chose a café that was located close to both his apartment and workplace. This interview lasted one hour and was conducted in English. In her fieldwork in the Philippines the following year, [author name] also met with James' parents and sister-in-law and Daisy's parents and siblings.

All of the interviews were transcribed and read through multiple times by each interviewing author. We then collectively selected a number of citations that we all discussed before choosing the final citations and descriptions for this article. Where necessary, we translated the citations into English. While the nurses themselves did not necessarily use the term waiting (although some of them did), it was a topic that emerged from the transcripts. The interviews were not conducted in the nurses' first language and this article does not go into the semantics of "waiting" in the first languages of the nurses. In the final stages of writing, we sent this text to all four nurses, encouraging them to give us feedback and correct any errors in the factual information about themselves. Three of the four nurses got back to us and their minor concerns were addressed.

## What kinds of waiting: four nurses and their stories

### Lilly

Lilly always knew she wanted to help people, and in secondary school she chose the health and care track (Swedish: "Vård- och omsorgsprogrammet"). This enabled her to work as a nurse's aide<sup>4</sup> in a nursing home, strengthening her desire to become a nurse. She entered nursing education in Sweden, and although studying nursing in the Swedish language at university level was challenging, she got through it and graduated on time. Upon graduating, she began working at a Swedish hospital, where she stayed for a few years. Although she liked the work, she felt something was missing. In her own words, Lilly started "feeling this panic attack":

*I just felt like, "It's time. I need to do something. I need to get out of Sweden.*

*It's enough." I've always felt like I was tied down in Sweden, with doing all*

*that: language course, high school, university. So I just went like, “No, no that's it. I got what I wanted.” Because it has always been in my mind, [that] I need to get out and do something else. I just felt like, “That's not all of it. There's much more than this.” That's how I felt, and I thought, “I just have to not waste much time. It's enough, I have three years of experience, let me just do something else and see the world before starting to have these ideas of settling down and things like that.” So it was very important to me just to get out of there and do something else, somewhere else.*

Lilly's saying that she always knew that she wanted to leave Sweden and that she got what she wanted in terms of education and skills shows that she felt she really *used* her time there. It was a productive period of acquiring the skills to help her accomplish her goal of seeing the world. Through her repeated use of the word “always” and referring back to various phases throughout her time in Sweden (language school through university), Lilly seems to view her entire time in Sweden as a period of waiting. In hindsight, Lilly's years in Sweden can be described as a period of *productive waiting*.

Lilly's feeling of being held back in Sweden also resonates with Hage's (2005) concept of “stuckedness,” as a result of which one migrates physically in order to feel that one is again moving forward existentially. One may feel stuck in a particular geographical place, a job, or a relationship. In Lilly's description of her decision to leave Sweden, multiple cues suggest that a feeling of stuckedness in Sweden had led her to migrate. As her response to that feeling was to begin searching for nursing jobs abroad, we conclude that she felt stuck in Sweden, rather than in her career as a nurse. Although this example supports Hage's concept of “stuckedness”, it points to a gap in his concept of migration for the sake of existential mobility. In Hage's understanding, migration becomes a vehicle for existential mobility. In Lilly's narrative, migration is not the vehicle, but a goal in itself.

Lilly's background might have influenced her feelings of “stuckedness” in Sweden. Many members of her extended family were still in Northern Africa, which might have led her to have less of an emotional, and more of a pragmatic relationship to Sweden. However, in discussing the concept of “home”, Lilly made it clear that she had a very dynamic view of “home” and did not consider her home to be exclusively her country of birth, Sweden, or Norway.

Once she had decided to leave Sweden, Lilly began searching online for nursing positions and sent her resume to many places. For a while, she thought of going to Saudi Arabia to work, since it was closer to her home in her country of birth, and even got as far as receiving a work contract. However, after having read the contract and the “strict rules” it laid down for her (she said), she decided against it. She then decided to try working in Norway, which now seemed a much easier option and was close to her home in Sweden, where her siblings and father lived:

*The fact that I could just ... It's close to Sweden, and the travelling time is very short, of course. I could just go back and forth at any time. The minimum period [on the job in Norway] was two weeks, sometimes even one week. So it was perfect for me.*

In Lilly’s case, as her main desire was to travel and collect experiences, the short transportation time allowed her to work on temporary contracts offered by staffing agencies, which meant that she could spend time in many different towns and types of health care institutions.

When she first started working in Norway, she was working back and forth between Norway and Sweden, spending a few weeks in Norway then returning to her nursing position in Sweden for a few weeks. A year later, she decided to quit her job in Sweden and began working solely in Norway, but still on temporary contracts and travelling back to her apartment in Sweden every few weeks. This pattern fulfilled Lilly’s travelling goal and gave her a sense of existential mobility:

*I was in different cities, different hospitals each time. [...] It was so exciting. I was like a mad person, everywhere. Yeah, it's good. It was very exciting, new people and all the challenges.*

She used the agencies to maximize her opportunities by being employed at three to four agencies at a time. One was her main employer, and she worked for the others if they had more interesting positions. Although Lilly found this lifestyle stimulating both professionally and personally, working as a part-time nurse on temporary contracts did come with its challenges:

*And that's the worst part, of course, when you work like that. [...] It's like the work isn't balanced. They try to maybe give you the sickest patients, where you have more work to do all the time and things like that. So it's not really divided equally, which is not right, of course. But things like that, as a [temporary] nurse from Sweden, you can't really say much about it. [...]*

*Maybe you see it as, “Okay, I'm here just for a short time,” which many of us normally are, and “Maybe it's not a big deal because I'm here for maybe two days or one week, and [then] I'm gone, so it's not a big deal.” Second, of course you don't want to have that discussion [...]. As a new person, you don't really want to involve yourself in... [...] that kind of drama.*

Working as a temporary nurse often entails working just a couple of weeks or even days at one institution before leaving for another. This short-term structure does have its benefits, but occasionally placed Lilly in a situation of *waiting it out* by having to endure inequality in the workplace; she did not think she should speak up, as she was there for such a short time. She would wait until her contract ended and make a note not to accept a position at that institution or department again in the future. In other words, she actively decided to wait out her time and not return. The abundance of nursing positions in Norway meant that she was not pressured to return to a workplace she did not like.

In addition to the occasional bad experience, Lilly also explained how her mobile lifestyle became increasingly strenuous:

*It's very nice to have “home,” a place to call home. [...] The last year before I moved to Norway, I felt it. I'm like, “I'm so tired of my traveling bag. [...]”. It was so stressful at the end. I just felt like, “No. I just want to settle somewhere and take it easy for a while. Now it's fine. I've seen things. I've experienced things, so let's just cool down and take it easy for a bit.” It's healthy to have that balance as well. [...] And all the time you have this schedule, the calendar. It was chaotic. [...] So it was really ... too much, too much planning.*

Temporary contacts and constant travelling were not conducive to the calmer life Lilly was beginning to desire. By now, she was at the age of transition from young adulthood to full adulthood, when people typically begin seriously thinking about “settling down”. For Lilly, this was a gradual process. She waited for all the conditions to be right before deciding to take up permanent residency or accepting a permanent work contract. She began working primarily at one Norwegian hospital, contracting directly with them but keeping her apartment in Sweden. She enjoyed the work and her colleagues there. After two years, she was offered a full-time, permanent position. While increasingly tired of her mobile work life, she was still not sure if she wanted to go through the physical process of moving her things to Norway:

*Before I moved to [Norwegian city], I had thought of moving, but I was like, “How am I going to do this?” [...] So it was the practical part that was a bit complicated. I was like, oh, but do I really want to move now? So I was postponing it all the time.*

As seen through the lens of waiting, Lilly was *existentially waiting* for something to push her into action. Once again, she was experiencing a sense of stagnation in her life. She felt that she had experienced enough and had grown weary of traveling. Yet the prospect of work was not sufficient to convince Lilly to change her situation – she kept postponing it for over a year. Meanwhile, she met a man in Norway:

*He was the final push. Then I was like, “Okay. What do I have to lose now? I have my job here, and I have somebody”.*

Hage (2009b: 98) claims that “people migrate because they are looking for a space that constitutes a suitable launching pad for their social and existential self”. For Lily, this claim seems to hold true as she only migrated to Norway on a permanent basis once she viewed her potential life there to be worth the effort of moving: It took having a partner and a job she liked. The following reflection on her decision to work through a staffing agency shows that Lilly earlier, too, had used migration to find a location to suit her. She viewed the multiple and diverse job opportunities available through staffing agencies as a way to find a suitable place to work:

*I had seen the advertisement [for the staffing agencies] everywhere. But of course, that's the safest way, I mean the smartest way to start working in Norway. That's how you go to places, you see, and from there you can take your own step. You just back out and say, “Okay, now I'm done.” Then you start negotiating with the wards by yourself, one to one.*

Followed by:

*I just wanted to find a good place [to work], where I can just come and go to the same place maybe, if I could find that.*

Lilly’s experience highlights the “looking for a space” aspect of Hage’s (2009b:98) theory. Moving to a new country is a big undertaking. On top of having to figure out the practicalities of moving one’s belongings long-distance and cross-border, finding a place to live, and dealing with administrative requirements, there is the challenge of how to go about living in a new city

and country. One may have to learn a new language, a new social system, and the geography of a new city. For Lilly in the early phase of her life in Norway, the structure of temporary work contracts allowed her to take the guesswork out of migration. She was able to move around to different places in Norway until she found one that fulfilled her existentially, even if she did not realize at the time what she was waiting for, or even that she was waiting.

After she moved to Norway, Lilly and her partner had a child together. A few years later, they split up. Lilly moved to a neighbouring municipality and began working in a nursing home. At the time of our first interview, Lilly's child was in kindergarten. Lilly expressed how her life and her hopes for the future had changed after she became a mother:

*I think it's different challenges now. It's more like I'm a single mom and I have to make things work out. Babysitting here and there, and yeah, things like that- these types of practical challenges. Hopefully it's temporary. My [child] is growing, so later I can continue doing whatever I like. But right now, I have to kind of set boundaries.*

No formal laws or regulations dictate that Lilly must wait for her child to grow up before moving or even travelling again. Yet she feels that it is the right thing to do. The act of waiting for one's child to grow up can be regarded as a form of *self-imposed waiting*: deciding to put career or life goals on hold in order to give priority to something or someone else.

### Daisy

Daisy grew up in a large family and, because they were poor, her childhood was difficult. She started working at an early age to support her family financially and became determined to change her situation and escape poverty.

Due to her parents' limited financial means, she relied on her grandparents who lived in the United States to cover her education costs. The dependence on her grandparents also meant she had to submit to their ideas about her education pathway. Studying nursing, they thought, would enable her to join them in the US after graduation. However, Daisy's grandparents also had other plans for her in the US that she was not comfortable with, so when her aunt, who was living in Norway, told her she should come to Norway instead, she did. Reflecting back, Daisy explained:

*I had to come here [to Norway] or I would just have been stuck there [in the Philippines] without moving anywhere. Even if I became a nurse [in the*

*Philippines], I don't think I would have been able to support my entire family given the situation with low wages there.*

Daisy's position of not wanting to remain and also not wanting follow the migration path set out for her resonates with Hage's (2009b) concepts of "stuckedness" and people migrating in order to find a place that satisfies them socially and existentially. Due to the tough labour market and poor salaries for nurses in the Philippines, staying there would not enable her to live the life she desired nor to fulfil what she saw as her duties towards her family. On the other hand, her prospective life in the US did not seem attractive as it would expose her to more decisions by her grandparents. Daisy saw Norway both as an opportunity to escape the existential immobility she felt in the Philippines and as a more suitable place than the US for her to live the life she wanted.

After graduation, she worked as a volunteer in a hospital in the Philippines for six months. This practice of volunteering for a fee is criticised for being exploitative (Pring and Roco, 2012), but it is a common way for newly educated nurses to start their working life in the Philippines, where the educational system produces many more nurses than existing paid positions can absorb (Ronquillo et al., 2011). Although it was unpaid, she did not mind, as she had already decided to leave the country and was only volunteering to get some experience. Not unlike Lilly's *waiting it out* above, it transpires that Daisy accepted a limited time of being exploited because she knew she was going to leave. Volunteering to gain work experience is also structurally embedded in the Philippine nursing labour market and may thus be regarded as a form of *politics of waiting*.

At the time, there were two available legal options for Daisy to enter Norway: a two-year au pair visa or a six-month job-seeker visa. Based on advice from her aunt, she opted for the au pair visa. This would allow her to stay in Norway for up to two years, giving her more time to learn the language and familiarize herself with the country. Even though she entered Norway as an au pair and worked as an au pair for the first year, her goal was to work as a nurse in Norway:

*It was difficult when I first arrived to know where to start, how to plan my life. I was an au pair, but my plan was that I would not return home. I only had two years to secure my stay here in Norway, so within two years I had to have a new plan. That's when I set the goal of becoming a registered nurse*



*here. But it had to be stable, right. So my first solution was to become an auxiliary nurse.*

Before her first year in Norway had passed, she managed to pass the required language exam, gain temporary registration (Norwegian: “lisens”) as an auxiliary nurse, and get a position as an auxiliary nurse in a nursing home. At this point, she applied for a change-over from her au pair visa to a work visa:

*I managed to pass the exam and I managed to get a job. After one year. Prior to renewing the au pair visa for my second year, I managed to get a job in a nursing home as an auxiliary nurse. We applied first [to get registered as a nurse], my uncle helped me submit [the papers], but my application as a nurse was rejected.*

She was disappointed by the rejection of her first application to be a registered nurse in Norway, and considered appealing the decision. On second thought, she decided to use her temporary registration as an auxiliary nurse and the position in the nursing home as a stepping stone towards her goal of becoming a nurse in Norway. In this way, Daisy decided in to use her waiting time *productively*: gaining experience, building networks, and enhancing her language skills, all of which would help her later on.

After having worked as an auxiliary nurse in the nursing home for one year, she had to renew her work visa. Due to misunderstandings and prolonged processing times, she ended up waiting for almost two years before she got the final and positive decision on her application for an extension. In the meantime, she was desperate to continue earning money, not least because her family depended on her financial contributions. Without a valid visa or work permit, she saw no option but to work as an unregistered nanny and cleaner. During those two years, she was constantly worried the police would find out that she was working without a permit and have her expelled from Norway. This time in Daisy’s life was dominated by her *affective waiting* for the Directorate of Immigration to process her application. Waiting to be caught and expelled outweighed the positive anticipation of a possible favourable outcome. The waiting made Daisy depressed. At one point, she was ready to give up and return to the Philippines. However, during this time, Daisy met her then future husband.

A year after they first met, they got married and Daisy subsequently applied for family reunification. At this stage, she had two parallel applications and, as her family reunification application was granted, she also received a positive decision on her work visa application.

After two years of waiting, she was now asked to choose one of the two visa. She decided to accept the family reunification visa, which she felt gave her more security in terms of legal residency in Norway. However, her journey towards being recognised as a nurse in Norway was not over.

Now that her residence permit was secured, Daisy again took up working as an auxiliary nurse in the nursing home. Although employed as a registered auxiliary nurse, Daisy told us that she was in fact performing the tasks of a nurse:

*I worked at [name of the nursing home], and they lacked nurses there. Another Filipina nurse helped me. She told me that I could become a nurse, that the boss here is really nice. She [the boss] used me as a nurse under the supervision of that other Filipina nurse. So the boss was really clever because I helped them save a lot of money. But I took that opportunity. I told them that it's ok, it's fine with me. I was exploited, right, but at the same time I saw it as an opportunity for me to gain confidence in the nursing profession. And then, within a year, I started [the process] to become registered as a nurse.*

Once again, Daisy was using her time waiting for nurse registration in Norway *productively*. Even though she knew that she was being exploited, she decided to take advantage of the situation as a way of gaining experience and more confidence in her professional life. Like Lilly, she knew that she was not treated fairly yet decided to go with it rather than to protest. Unlike Lilly, she found that she could use the exploitative situation to her advantage. Protesting would not just have “created a drama” (in Lilly’s terms) but since Daisy was not registered as a nurse, she knew she could not be paid according to the nurse’s tasks that she, after all, preferred to take on.

Daisy had been informed that in order to be registered as a nurse she would have to do an unpaid three-month nursing internship and pass a mandatory course in Norwegian Health Services (Norwegian: “Nasjonale Fag”). She did the internship in the daytime while working night shifts to earn money. It was exhausting but, she told us, the three months passed by quickly.

Within a year from receiving her family reunification visa, she was granted her Norwegian nurse registration. She was very proud of the achievement. She also felt that being a registered nurse gave her a new and unexpected sense of confidence and respect from her colleagues.

While she was still working as an auxiliary nurse, some of her colleagues would try to boss her around. As a registered nurse, she experienced recognition:

*But the recognition, I am just so happy that I was registered as a nurse. Because it makes you proud, to be a nurse. When I was an auxiliary nurse, a lot of nurses would tell me do this, do that. They delegate the tasks and they can exploit you at the same time, because they know you are just an auxiliary nurse. But when I became a nurse – it depends how you work together with your colleagues of course. But when I became a nurse, I became tougher.*

The recognition she received as a registered nurse brings out the differences in status, skills, and responsibilities that makes a nurse a nurse, across the specifics of these differences in different countries. At the time of the interview, Daisy was working night shifts as a nurse in a nursing home. Nurses in the Philippines are primarily trained to work in hospitals. Most nurses in Norway also prefer to work at hospitals, and her awareness of a general expectation that she would also want this can be read between the lines of the following statement:

*I still work in the nursing home, as a nurse. I chose to work in the nursing home, because my colleague who used to work in the hospital, she told me that, “No, don’t work in the hospital, it’s so stressful.” [...] I do plan to work in the hospital. But right now I have a son, and I want to take it easy. I don’t want to have a stressful life.*

Working night shifts allowed Daisy to spend more time with her son who was still in kindergarten. She even turned down an offer to work as an assistant head nurse because she did not want to “sit in an office” (her words), although she said this was something she might reconsider later. Like Lilly, Daisy entered a period of *self-imposed waiting*, placing her young child’s needs centre stage and putting her career on hold for the time being. While still holding on to her dream and goal to work as a hospital nurse, for a certain time in her life, she decided to focus on other parts of life.

## James

From the beginning of our conversation, James made it clear that helping his family financially was a major aspect of his life, and the reason he decided to become a nurse. He first studied engineering, but soon realized that he did not like it. His family then suggested that he study nursing instead, since this would enable him to find a job abroad and help the family

financially. James' dream was to move to the United States, and he applied to be registered there from the Philippines as soon as he graduated with his nursing degree. Planning to apply for work in the US, he took the required English exam and started preparing for the US nursing exam (NCLEX). However, due to the declining US visa opportunities for nurses from the Philippines at the time (Jurado and Pacquiao 2015:16), this plan did not work out. Instead, James found himself working as a nurse in a hospital in the Philippines.

Although he was earning what he said was a "poor salary", James stayed in that position for two years before resigning and taking up a much better paid job at a call centre. However, he had not given up his dream of finding work in the US. While working in the call centre, he started the application process to work in the US. At this point, he received a call from a friend who was working as a nurse in Norway and he asked James to join him there. Without knowing much about Norway, James decided to go. Although he still really wanted to go to the US, the opportunity presented by his friend offered him a chance to end his years of waiting in the Philippines and to fulfil his desire to emigrate. The change in US visa policy affected James' life, first extending the amount of time he spent waiting to emigrate, then changing his migration trajectory.

James' story leading up to his migration to Norway includes multiple types of waiting. His years spent in nursing school and working in the hospital was *productive* in terms of waiting: they provided skills and experience that would help him find a job abroad. This resonates with both Daisy's and Lilly's reflections on their time spent in the Philippines and Sweden prior to working in Norway. James' time spent working at the call centre and preparing to apply for registration in the US, while not productive waiting in the same sense, was *active*. He had not abandoned his dream of migrating to the US, but as the time required to reach his goals was prolonged, he chose to make the most out of his waiting time. James' situation before moving to Norway was also one of *existential immobility*. Low-paid jobs and high unemployment rates for nurses in the Philippines lead to experiences of existential immobility for many young Filipinos and are among the main reasons for the high rate of nurse emigration from the Philippines.

With the help of his friend, James was able to enter Norway on a one-year student visa:

*So he helped me financially, everything. He processed everything. And I had a student visa at that time. [...] I had one year permit to study the Norwegian language. Plus, I have 20 hours to work per week. That was allowed. [...]*

*And then I studied the Norwegian language for about a month, for the entire month of May, and then, it's summer. So the school was over and I didn't have a choice but to find a job.*

Making it to Norway was a huge step forward for James, but due to Norwegian regulations, his waiting to work abroad as a nurse was not over. Through the help of his friend, he had already applied for and received registration as an auxiliary nurse prior to his arrival in Norway. Arriving in Norway just before the end of the academic year, James had to put his Norwegian language studies on hold and extend his time spent waiting for a paid position in Norway. Rather than passively waiting for his language studies to resume, he decided to use his waiting time *actively* and found a position at a nursing home where he could practice his Norwegian language skills and some of his nursing skills as well as earning money. During the summer, he was able to get a language practice internship for two weeks at the nursing home, and since they lacked personnel to work for the summer, he got a temporary position there as an on-call auxiliary nurse. After passing the Norwegian language test later the same year, James started working full-time as an auxiliary nurse at the same nursing home. What started out as a form of *active waiting* then turned into *productive waiting* as working in the nursing home led to a full-time position and helped James pass the language test, bringing him a step closer to becoming a registered nurse in Norway.

In addition to the waiting time imposed by the Norwegian authorities, James also unintentionally imposed waiting upon himself:

*I forgot to process my registration as a nurse because I was preoccupied by the thought that, "Oh, I'm working, I'm earning money" So I was preoccupied by that thought. So I forgot to process my registration. And then that time came that they said that they were going to stop [change the requirements to get registered]. [...] So I promised myself that I have to be finished before, by next year. And luckily I did, because this year they changed the requirements. So I was so relieved.*

James' main reason for training to be a nurse was that it would enable him to earn money abroad to send back to his family in the Philippines. Once he started working as an auxiliary nurse, he was able to do that. While Lilly and Daisy practiced *self-imposed waiting* for the sake of their young children, James practiced *self-imposed waiting* for the sake of his dependant family members in the Philippines, including his parents. In James' case, he described it as a

mere act of forgetfulness. Although he did not pursue his nursing registration for some time, it was still at the back of his mind. The period of self-imposed waiting also included an aspect of *productive waiting* as he was constantly monitoring any possible changes in the regulations and was ready to act once he found out that these were about to change. Even though the position as an auxiliary nurse enabled him to provide for his family, he was not satisfied working in a position that did not match his professional background. He was prolonging the period of time he spent working beneath his education level and in a more stressful environment:

*Before when I was working as an auxiliary nurse, I had to compete with other auxiliary nurses because I was working as an on-call worker when I started. So I had to compete with other auxiliary nurses in order to get extra jobs because the one giving the shifts will be depending on feedback from the superiors or those ones working longer than us. So you have to prove to them, you have to show them that you're good to get extra work. But now, since I was approved as a nurse you get to experience that you're valued.*

Once he started working as a nurse in a rehabilitation department, he finally felt excited about going to work. In his current position, he experienced professional development and got to practise his skills. Transitioning from auxiliary nurse to registered nurse constituted a form of *existential mobility* for James. The work and effort he put into the process of being established, registered, and employed as a nurse in Norway finally paid off.

His goals of working as a nurse abroad and remitting money back to his family accomplished, James' new dream was to find work in a hospital, but he was not sure that he was ready for that yet. In fact, he was not sure if he was going to pursue that dream at all. At the time of the interview, he was happy with his position in the rehabilitation department and thought it might be the best place for him in order to refresh his skills as a nurse. James seemed again to be engaging in making haste slowly.

During the waiting process, James' priorities and goals may have altered. James described himself as a family oriented person, and he usually went home to the Philippines once a year to visit his family. He would have loved to be closer to his family, but as his main concern was to be able to provide a good life for his family, he decided to leave them in order to find a well-paid job:

*I think I will be staying here. Life in Norway is way better than the Philippines. There's pros and cons. In the Philippines, I have my family. So it's one of the reasons that I love to stay in the Philippines. I always have vacations there once a year because my family is there. But if you're thinking about providing a good life for your family, then you should find a job that pays well also. Because nurses in the Philippines, for example if you're a nurse, the most is 20 000 pesos, so it's like 3000 kroner per month. But you cannot live for 20 000 pesos, you cannot provide a good life for your family with 20 000 pesos. [...] So you don't have a choice but to work here, even if you miss your family. So you don't have a choice.*

Being away from his family was a sacrifice for James, and the annual trips to the Philippines to visit his family were the highlight of his year. The periods between these visits were marked by *affective waiting* directed towards the annual, temporary reuniting with his family:

*I feel very ecstatic. Especially the first time. Oh, my God! I think five weeks or six weeks are not enough for me. But I have a lot of friends, when they travel or have vacations, maybe 3 weeks is the maximum for them because they cannot live with the pollution and all the noise in the Philippines. But, oh my God, six weeks are not enough for me. I really enjoy my company, my family, because we are very close.*

James had reached a stage in his life where he felt ready to settle down. For James, this materialized in his preparations to buy his own place in Norway. For him to reach that goal, he had to set certain priorities, including forgoing his cherished annual visits back to his family. Once again, he engaged in *self-imposed waiting* as his priority now was to settle permanently in Norway, necessitating setting his visits on hold for a while in order to work and save money:

*I usually go home during January or February. It's very cold here, so usually I go back home. It's not really warm in the Philippines that time so it's very good. But I'm planning to not go back home for about two years. So I have to settle things first. I have to buy a house here also, so I have to work and save money.*

While still waiting to meet the right person for a stable relationship, he took the opportunity to work closer to a 120 % position, as he also added extra shifts at another nursing home. In

addition to buying his own place and settling permanently in Norway, his priorities at the time of our research were mainly to provide financially for his now retired parents in the Philippines.

### Frida

Like, but also quite unlike Lilly, Daisy, and James, Frida's description of her situation before beginning to work in Norway and her reflections on her migration decision elucidates a sense of existential immobility. In Sweden, her life seemed to be moving backwards:

*I started working in Sweden in [the 2010s], and I moved [...] to a town with my boyfriend. And then we split, so I just moved back to the town where I'm from, where I have my friends, and I moved in with my parents again. That's not like [something] you want to do when you're an adult of course. And I was very heartbroken. I had no job, I had no place to live.*

In a later discussion, Frida reflected on this situation, her decisions, and her emotions:

*We had this apartment together and we were engaged. It was like my first life crisis that I've experienced, because I had to make a very hard decision, I think. I wasn't happy where I was in life.*

When she first moved to the new town, Frida had a temporary position at a surgical ward, but when that contract ended, she had difficulties finding a new nursing position there. In searching for a nursing position, we suggest that Frida demonstrated *active waiting* as she filled her waiting time with activities geared towards her desired future of working as a nurse. As the months passed with no job prospects, this waiting period also became highly *affective*. Frida began looking for positions in different Swedish cities, but her boyfriend did not want her to move. The tension between Frida and her boyfriend over her future and her career was, as she put it, the "final straw" in ending their relationship.

In Frida's case, the *affective* aspect of waiting for a nursing position in Sweden led her to experience the feeling of *existential immobility* she described in the above citations. As an educated woman in her late twenties, Frida felt that she should be establishing her career, getting married, and having children, but she no longer found herself on that path. Unemployed and living with her parents, she viewed her situation as a step backwards. Had she found a job as a nurse in the town she lived in with her boyfriend, Frida did not think she would have left him or have thought about working in Norway. This shows how influential the crisis of existential mobility was on Frida's migration decision and supports Hage's (2005: 471, our



emphasis) claim that “[m]igratory physical mobility is *only* contemplated when people experience a crisis in their sense of existential mobility”.

This was also evident when Frida explained why she decided to work abroad:

*I didn't care what kind of job I got, I just wanted to work as a nurse. I wanted to get away from Sweden.*

She later said:

*I always wanted to travel and, at the time, I just wanted to go somewhere other than Sweden. That was the main thing, actually. I just wanted to have a break from all of the things that reminded me of that relationship [...].*

Frida planned to address both her unemployment and her break-up, the two main elements contributing to her sense of existential immobility, through migration. The high global demand for nurses allowed her to tackle both issues at once. Her determination and focus on her career represents a shift back to *active waiting* in the sense that, once again, she was filling her days with activities directed towards her desired future (Rotter, 2016).

While looking for positions abroad, a friend convinced Frida that Norway was the best option due to the high salary, the ease of nurse registration, and the availability of positions. When specifically asked if she thought the ease with which she could work in Norway influenced her decision, Frida responded:

*I think it did. [...] If you take the UK, for example [...] there are 6 grades of nursing. [...] I would have been on the bottom. I wouldn't have earned any money at all, probably. Even though I know English [language] and English culture, if they had told me that I had to go to a 10-week course to learn the system, and have to pay for it [...], or I could just go to Norway where I'll get my nurse registration and they can understand me [...] that would make a huge difference I think.*

The structural contexts Frida was manoeuvring within, as a nurse born and educated in Sweden, made working in Norway a tangible goal with minimal waiting involved. By choosing to work in Norway, Frida was able to minimize the amount of time she would spend waiting before beginning to work as a nurse abroad.

Encouraged by her friend, Frida decided to go through a staffing agency to find work in Norway. She was placed in a nursing home, where she worked for over a year. At the time when her contract with the agency was ending, the agency was banned from the city she had been living and working in<sup>5</sup>. Frida then took up direct employment with the nursing home, but soon got tired of the working there. She considered working in Sweden again, but also applied for a permanent position at a hospital in Norway, which she got. While working at the hospital, Frida met her next boyfriend and they eventually moved in together. Reflecting on these decisions, Frida explained:

*I didn't think much about moving back to Sweden anymore. [...] I also didn't want to shift to another agency because I wanted a more long-term solution. I was quite tired of the short-term contract at that time I think.*

Like Lilly, Frida grew tired of the temporary contracts and wanted to leave the staffing agency. However, where Lilly used the temporary structure of staffing agencies to find a space that, in Hage's (2009b: 98) words, was a "suitable launching pad for [her] social and existential self", Frida took a different approach. She left the temporary work structure in order to launch her social and existential self. Frida explained how difficult it was to make friends while working for the staffing agency. She was only living with other Swedes and had trouble bonding with other nurses at work. Once she got a permanent job and an apartment on her own, these issues diminished and she no longer thought of moving back to Sweden.

After a couple of years of living in Norway, Frida and her Norwegian boyfriend decided to move to a country outside of Europe together<sup>6</sup>. This experience showed her how difficult it could be to become a registered nurse abroad:

*It wasn't difficult [to get my registration in Norway], like it was in [the other country]. It was so hard to get my registration there, and maybe I should have tried to find an agency and paid them to help me. Maybe then I would have gotten my registration, but I didn't. And I got tired of waiting, so I had to leave. So I know how difficult it can be to get registered as a nurse in other countries, but in Norway it was easy for me.*

In this country, Frida's Swedish nursing education was not nearly as beneficial to her as it was in Norway. Much like Daisy and James in Norway, Frida engaged in *active waiting* for her registration. She was employed part-time as an assistant nurse while taking online courses she needed for registration. However, unlike Daisy and James, who in retrospect described their

work and activities while waiting for registration in terms that we associate with productive waiting, Frida did not describe her waiting for registration in such terms. Frida had a much shorter time-frame and was not willing to “wait it out” in her new country of immigration.

*I'm normally a very impatient person and every time they [the registration authorities] asked for something, and I fixed that, it took four more weeks for their response. And every time they had to figure out something new they wanted. So it just felt like they were kidding around with you.*

Frida and her boyfriend had originally planned to stay in that country for a year, but their difficulties in finding suitable jobs lead them to move back to Norway after only seven months. For Frida, giving up and moving back to Norway entailed promising career prospects and a higher salary. For Daisy and James, moving back to the Philippines invoked the prospect of an uncertain career, financial instability, and a disappointed and impoverished family.

After having moved back to Norway and working a while longer as a nurse, Frida finally decided to pursue her dream of becoming a medical doctor and was accepted into medical school in Oslo. She had applied for medical schools in Sweden before studying nursing, but explains how she was deterred from pursuing that path:

*I wanted to become a doctor. I tried to get into medical school, and I also discussed with him [her Swedish boyfriend] to move abroad, [...] where it was much easier for me to get into medical school, [...] but he said that if I was going to go abroad that our relationship wouldn't continue. [...] So I decided to do nursing school instead. It wasn't a bad decision, but it wasn't what I really wanted at the time.*

This reflection on her decision to become a nurse puts Frida's nursing career into perspective. It was not what she initially wanted to do and, years later, she still dreamed of becoming a medical doctor instead of continuing her career in nursing. This leads us to conclude that the moment Frida began her nursing education, she entered into an extended period of waiting. Becoming a doctor was her initial goal, but it was superposed by the subsequent goal of becoming and working as a nurse.

However, as she explained, becoming a nurse was not a bad decision and her experiences as a nurse arguably helped her accomplish her goal of becoming a doctor. Frida's grades initially hindered her from getting into medical school in Sweden, so her success getting into medical school in Oslo may, to some extent, have been aided by her experience as a nurse. Furthermore,

since she continued working as a nurse while attending medical school, Frida was able to apply what she learned in school during her job, while also financing her studies. In this light, her initial career as a nurse can be seen as an extended period of *productive waiting* in the pursuit of her ultimate goal of becoming a medical doctor.

After Frida moved to Oslo with her boyfriend and started medical school, they broke up. Frida then decided to move back to Sweden. She was accepted into medical school in Sweden but continued to work as a nurse in a hospital in Oslo on the weekends. She contemplated quitting her job in Oslo and working in Sweden instead, but after calculating the cost/benefit, she determined that it was more cost effective and relaxing to continue working in Norway:

*I actually have done the math on that. Because I [had] a job interview here in [Swedish city] at the big university hospital here that my school is connected to. [It's] a well-known university hospital, [...] but if I should have my job here in Sweden, then I have to work like 25% more for the same salary. But it's just because my job in [Norway] pays for my traveling expenses. Because they pay my bus card. I go by bus.*

As a medical student living in Sweden and a nurse working in Norway, Frida's waiting changed. Before, she was waiting for job opportunities, registration, and a sense of existential mobility, but her new situation entailed much more waiting in transit. She spent a lot of time waiting in the bus, a form of *situational waiting as a passive activity*. Waiting, which is "intimately linked with economic factors" (Hage, 2009: 3) is generally seen as a waste of time and, therefore, of money. However, in Frida's situation, this is not the case. The time she spends waiting in transit to Norway is, for Frida, preferable to having to spend more time working in order to earn the same amount of money in Sweden. When I asked her about the costs of working in Norway, she responded: "Just the traveling time. I have three and a half hours to work. But I think that I'd rather rest, or read, or do other stuff on the bus than working." Frida's decision to continue working in Norway can be seen as both self-induced and structurally influenced. She has the option to drastically cut down on her time waiting in transit, but, due to the labour market context of the situation, she chooses the longer waiting.

In addition to her migratory related waiting, Frida was still waiting to finish medical school before settling down and starting a family. When asked what she thought she wanted to do upon completing medical school, Frida said:

*I'm not sure. It depends. I really like Norwegian men. So it depends on if I find a Norwegian guy. [...] And maybe I should please my mom and [have]children. But I don't know if that's a very good combination with medical school.*

Later in our conversation, Frida mentioned how she sometimes regretted not having had children yet, but she wanted to wait until she had found the right partner and completed medical school. In this way, Frida may have been practicing a form of *self-imposed waiting*, as it was her personal decision to wait until the conditions were right for her. When we last spoke, her resolve on this seemed to be dwindling:

*I think that even though I'm getting older...You always think that this is not the right time [to have children], but there is no such thing as right timing. [...] I think that sooner or later I just need to try to be a little less neurotic than I am. Just think that it will be fine. People have children with strange people everyday, so I should be less afraid maybe.*

In Frida's story, her personal and professional goals and situations intertwine and influence one another, her life decisions, and her waiting.

## Concluding discussion

Our findings contribute to studies of health worker migration by including other dimensions of their lives than work and careers, and to migration studies by looking at the lives of nurses through other prisms than that of migration decisions. We have found Hage's concepts of waiting and stuckedness useful and relevant for all four nurses. In our discussions with the nurses, they all expressed a sense of existential immobility, or "stuckedness", before deciding to move to Norway. James' feeling of being stuck was related to the socio-economic situation for nurses in the Philippines. Frida and Lilly's stuckedness related more to personal situations, while Daisy felt stuck both in her personal life and in the unsustainable situation for newly graduated nurses in the Philippines. The concept of waiting allows us to see past structural differences in decisions to migrate and into the commonalities of individual experiences and emotions. All four nurses expressed their feelings of being in their country of education and their desire to leave similarly. However, Hage's theory did not fully enable us to grasp Lilly's narrative, in which migration is a goal in itself, rather than a vehicle for obtaining existential mobility in a new location.

All four nurses decided at some point to put their goals on hold. They chose to impose waiting on themselves, “in order to gain higher benefits” (Göttlich, 2015). In Daisy and Lilly’s case, they put their careers on hold for the well-being of their children. Although they both have professional goals for their future, they feel they need to wait patiently for their children to grow up before pursuing those goals. In contrast, Frida has continuously put her ambitions of having a family on hold while chasing her professional goals. James, in turn, put his beloved trips to the Philippines on hold in order to become more settled in Norway.

We have not found any existing literature that discusses this type of self-imposed yet structurally entangled waiting. It raises important questions of agency and structure akin, for example, to issues of gendered choices in the labour market, where it can be hard to detangle where structures of domination end and free choice begins ([author name], 2012). How gendered, classed, and racialised experiences of waiting tie up with expectations of motherhood and fatherhood, of child-parent relationships, and of other social bonds of kinship and beyond is a question that needs further exploration.

The variances in structural opportunities and obligations for Swedish and Filipino nurses differentially shaped their experiences of waiting for registration. Although family was a topic mentioned by all four nurses, it had different bearings on their waiting. Daisy and James discuss the importance of sending remittances back to their families in the Philippines, while Frida and Lilly do not talk about any form of remittances. When Frida moved to a non-European country and had to wait to become a registered nurse, she was not willing to stick out the waiting time, even though it was not long in comparison to the waiting experienced by Daisy and James. This could partly be explained by the differences in family obligations and available options. Frida was not expected to support her family with her income from working as a nurse abroad and always had the option to return to either Sweden or Norway and earn a liveable wage. This was not the case for Daisy and James, who expressed their inability to provide a good life for their families on a nurse’s salary in the Philippines.

Rotter’s concepts of active, affective, and productive waiting offered a method for going deeper into the waiting experiences of the nurses. Our material differed from Rotter’s not only in the kind of migration process studied, but also in the delimitation of the waiting periods studied. Rotter analysed waiting in the asylum process, while we have explored the lives of nurses in relation to their careers in migration, which includes multiple and often overlapping periods of waiting. This is waiting that occurs in life cycles, straight lines, twists and spirals,

and other messy narratives. We still found the concepts of active, affective, and productive waiting to be useful and applicable.

Rotter's (2015:95) finding that her participants engaged in multiple activities "to realise their desired futures", resonates with James, Daisy, and Frida's experiences waiting for registration. All three nurses held non-nursing positions, participated in courses, and worked on their language skills while waiting for registration, all of which constitute active waiting. Daisy viewed performing nursing duties while earning the salary of an auxiliary nurse as a stepping stone on her path to registration. The confidence she gained in her nursing skills can be seen as a transformation of her waiting time into a valuable resource (Rotter, 2015). The same can be said for James's language internship turned full-time position while waiting for his language courses to begin again. Frida, on the other hand, did not find her time waiting for registration as productive. Instead, we suggest that her entire experience of being a nurse was an asset in helping her fulfil her goal of becoming a medical doctor. Lilly also waited for years in Sweden until she could travel the world, while in the meantime obtaining the education that would help her accomplish that goal. Once again, although crucially dependent on the power and opportunities available (Rotter, 2015), they all experienced prolonged periods of waiting which they transformed into a "capital" (Rotter, 2015:82) that had enabled them to reach their goals in the longer term.

People who move from one country to another are sorted into legal and social categories according to their origins, assumed motivations, and the legal framework of their country of arrival. The categorisations shape people's lives and opportunities. Differences between people assigned to different categories are highlighted while similarities across categories receive less attention. A nationality-based comparison of structural constraints and opportunities would show stark contrasts between the highly-privileged citizens of Sweden and the less privileged citizens of the Philippines. It is reasonable to expect correspondingly contrasting experiences and, indeed, these are easily observable. However, Swedish and Filipino nurses also expressed similar experiences across the structural differences.

Through the prism separating waiting into its affective, active, and productive aspects, we have seen how these nurses' lives take unexpected turns: life-changing events and decisions are fundamentally unpredictable. This is what we call the "messiness" of life. It resists conventional linear narratives, and derives from the complexity in ourselves and in our surroundings. Rather than dismissing such messiness as irrelevant to a neat contrast in experiences generated by contrasting structures, we have explored it further. Scrutinising the

nurses' narratives through the lens of waiting, we have uncovered some commonalities in the human experience, without – we hope – having trivialised the differences.

## Acknowledgements

We are extremely grateful to Daisy, Lilly, James, and Frida for participating in this study and welcoming us into their lives and homes. Without them, this research would not have been possible. We wish to thank the numerous colleagues at NOVA who have taken the time to read and comment on previous drafts of the article, as well as participants at seminars and conferences where we have presented early drafts. A special thanks to the anonymous reviewers who provided us with valuable responses and insight.

## Declaration of Conflicting Interests

There are no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Notes

<sup>1</sup> The term “skilled migrant” is unfortunate in constructing people whose migration is not regulated through “skilled worker visas” or “specialist visas” as “unskilled”. However, it is at present the dominant term and one that informs policies.

<sup>2</sup> “Country background” is defined by Statistics Norway as the country of birth for three generations (the specific individual's, their parent's, or their grandparent's). For people born outside of Norway, this is (with few exceptions) one's own country of birth. For people born in Norway, this is the parent's country of birth. In cases where each of the parents have a different country of birth, the mother's birthplace is used.

<sup>3</sup> [Titles removed for blind peer review]

<sup>4</sup> Nurse's aide (Swedish: “undersköterska”) is an unregulated professional title in Sweden

<sup>5</sup> Recruitment agencies' breaking of labour and other regulations is a recurring problem in the Norwegian health sector (Berge, Falkum, Trygstad, & Ødegård, 2011; Knutsen, Fangen, & Žabko, 2019).

<sup>6</sup> Not named here for reasons of anonymity

## References

- Advincula-Lopez LV (2008) OFW Remittances, Community, Social and Personal Services and the Growth of Social Capital. *Philippine Sociological Review*, 53(0): 64.
- Andersson R (2014) Time and the migrant other: European border controls and the temporal economics of illegality. *American Anthropologist* 116(4): 795-809.
- Bach S (2008) International mobility of health professionals: brain drain or brain exchange. *The international mobility of talent: Types, causes, and development impact: 202-235*.
- Bakewell O (2010) Some Reflections on Structure and Agency in Migration Theory. *Journal of Ethnic and Migration Studies* 36: 1689-1708.



- Bandak A and Janeja MK (2018) Introduction: Worth the Wait. In: Janeja MK and Bandak A (eds) *Ethnographies of Waiting: Doubt, Hope and Uncertainty*. Bloomsbury Academic, pp.1-39.
- Beine M, Docquier F and Rapoport H (2001) Brain drain and economic growth: theory and evidence. *Journal of Development Economics* 64(1): 275-289.
- Bendixsen S and Eriksen TH (2018) Time and the Other: Waiting and Hope among Irregular Migrants. In: Janeja MK and Bandak A (eds) *Ethnographies of Waiting: Doubt, Hope and Uncertainty*. Bloomsbury Academic, p. 87.
- Berge ØB, Falkum E, Trygstad SC & Ødegård AM (2011) Skaff oss dem vi trenger. *Om arbeidskraftstrategier og forebygging av sosial dumping i helse og omsorg. Faforapport* 11:156.
- Bornat J, Henry L & Raghuram P (2011) The making of careers, the making of a discipline: Luck and chance in migrant careers in geriatric medicine. *Journal of Vocational Behavior* 78(3): 342-350.
- Brekke JP (2010) Life on hold: The impact of time on young asylum seekers waiting for a decision. *Diskurs Kindheits-und Jugendforschung* 5: 159-167.
- By EG (2018) Folket har skjönt det. *Dagens Medisin*. Available at: <https://www.dagensmedisin.no/blogger/eli-gunhild-by/2018/04/23/folket-har-skjont-det/> (accessed 14 Decemner 2018).
- Clayton J and Vickers T (2018) Temporal tensions: European Union citizen migrants, asylum seekers and refugees navigating dominant temporalities of work in England. *Time & Society*.
- Crapanzano V (1985) *Waiting: the whites of South Africa*. Random House (NY).
- Dwyer PD (2009) Worlds of waiting. In: Hage G (ed.) *Waiting*. Carlton, Vic: Melbourne University Publishing, pp. 15-26.
- Dølvik JE and Eldring L (2006) *The Nordic Labour Market two years after the EU enlargement: Mobility, effects and challenges*. Copenhagen: Nordic Council of Ministers.
- Eastmond M. (2007) Stories as lived experience: Narratives in forced migration research. *Journal of Refugee Studies* 20(2): 248-264.
- Gautun H and Øien H (2016) Kartlegging av mangel på sykepleiere i hjemmesykepleien og sykehjem. Report, NOVA, Norway, June.
- Griffiths M, Rogers A & Anderson B (2013) Migration, time and temporalities: Review and prospect. *COMPAS Research Resources Paper*.
- Göttlich A (2015) To Wait and Let Wait. Reflections on the Social Imposition of Time. *Schutzian Research*: 47-64.
- Hage G (2005) A not so multi-sited ethnography of a not so imagined community. *Anthropological Theory* 5: 463-475.
- Hage G (2009a) Introduction. In: Hage G (ed.) *Waiting*. Carlton, Vic: Melbourne University Publishing, pp. 1-12.
- Hage G (2009b) Waiting out the crisis: on stuckedness and governmentality. In: Hage G (ed) *Waiting*. Carlton, Vic: Melbourne University Publishing, pp. 97-105.
- Helsedirektoratet (2010) *Brukerveiledning til WHO's globale kode for internasjonal rekruttering av helsepersonell*.
- Helsedirektoratet (2019) Authorisation and License for Health Personnel. Available at: <https://www.helsedirektoratet.no/english/authorisation-and-license-for-health-personnel/language-requirements-and-course-requirements> (accessed 19 July 2019).

- International Herald Tribune (2006, November 20, 2006). Philippines forecasts 2007 remittances from overseas workers to hit record US\$14.1 billion. *International Herald Tribune - Associated Press*.
- Jurado L and Pacquiao DF (2015) Historical analysis of Filipino nurse migration to the US. *J Nurs Pract Appl Rev Res* 5(1): 4-18.
- Kiil MB and Knutsen HM (2016) 016. Agency by exit: Swedish nurses and the “Not below 24,000” movement. *Geoforum* 70:105-114.
- Kingma M (2006) *Nurses on the move : migration and the global health care economy*. Ithaca, N.Y.: Cornell University Press.
- Knutsen HM, Fangen K & Žabko O (2019) Integration and Exclusion at Work: Latvian and Swedish Agency Nurses in Norway. *Journal of International Migration and Integration*. doi:10.1007/s12134-019-00660-5
- Kohli RKS and Kaukko M (2018) The Management of Time and Waiting by Unaccompanied Asylum-Seeking Girls in Finland. *Journal of Refugee Studies* 31(4):488-506.
- Levitt P (1998) Social remittances: Migration driven local-level forms of cultural diffusion. *International Migration Review* 32(4): 926-948.
- Mackintosh M, Raghuram P & Henry L (2006) A perverse subsidy: African trained nurses and doctors in the NHS. *Soundings* 34(34): 103-113.
- McKay D (2007) "Sending Dollars Shows Feeling" - Emotions and Economies in Filipino Migration. *Mobilities* 2(2): 175 - 194.
- Mullan F (2005) The metrics of the physician brain drain. *New England journal of medicine* 353(17): 1810-1818.
- Nordic Council of Ministers (2012) Freedom of Movement within the Social- and Labourmarket Area in the Nordic Countries: Summary of obstacles and potential solutions. Available at: <http://norden.diva-portal.org/smash/get/diva2:700252/FULLTEXT01.pdf> (accessed 14 December 2018).
- Organization for Economic Co-operation and Development (2017) Health at a Glance 2017: OECD Indicators. Chapter 8. Health Workforce. Available at: [https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017/practising-nurses-per-1-000-population-2000-and-2015-or-nearest-year\\_health\\_glance-2017-graph139-en#page1](https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017/practising-nurses-per-1-000-population-2000-and-2015-or-nearest-year_health_glance-2017-graph139-en#page1) (accessed 14 December 2018).
- Orupabo J (2016) *Kvinnejobber, mannsjobber og innvandrerejobber*. Oslo: Cappelen Damm akademisk.
- Papadopoulos D, Stephenson N & Tsianos V (2008) *Escape routes: control and subversion in the twenty-first century*. London: Pluto Press.
- Pring CC and Roco I (2012) The volunteer phenomenon of nurses in the Philippines. *Asian Journal of Health* 2: 95-111.
- Robinson S and Griffiths P (2007) Nursing education and regulation: international profiles and perspectives. Available at: <https://eprints.soton.ac.uk/348772/1/NurseEduProfiles.pdf>: National Nursing Research Unit, King’s College London (accessed 14 December 2018).
- Roksvaag K and Texmon I (2012) *Arbeidsmarkedet for helse- og sosialpersonell fram mot år 2035: dokumentasjon av beregninger med HELSEMOD 2012*, Oslo: SSB.
- Ronquillo C, Boschma G, Wong ST, et al. (2011) Beyond greener pastures: exploring contexts surrounding Filipino nurse migration in Canada through oral history. *Nursing Inquiry* 18: 262-275.
- Rotter R (2016) Waiting in the asylum determination process: Just an empty interlude? *Time & Society* 25(1): 80-101.

- Sandlie HC (in progress) *Working Paper on data from Statistics Norway: nurses from Sweden, Poland, and the Philippines working in Norway.*
- Schiller NG and Fouron G (2001) I Am Not a Problem without a Solution. *New Poverty Studies: The Ethnography of Power, Politics, and Impoverished People in the United States* (9460): 321.
- Squires A and Amico A (2015) An integrative review of the role of remittances in international nurse migration. *Nursing: Research and Reviews* 5:1-12.
- Stoller S (2011) Gender and anonymous temporality. *Time in Feminist Phenomenology*: 79-90.
- The Helsinki Treaty (1962) Treaty of Co-operation between Denmark, Finland, Iceland, Norway and Sweden. Available at: <http://www.norden.org/en/om-samarbejdet-1/nordic-agreements/treaties-and-agreements/basic-agreement/the-helsinki-treaty> (accessed 14 December 2018).
- Vitus K (2010) Waiting Time: The de-subjectification of children in Danish asylum centres. *Childhood-a Global Journal of Child Research* 17: 26-42.
- Walby S (2007) Complexity theory, systems theory, and multiple intersecting social inequalities. *Philosophy of the Social Sciences* 37: 449-470.
- World Bank (2009) Migration and remittances. Available at: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20648762~menuPK:34480~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>.
- World Health Organization (2014) Migration and Health Workers. WHO Code of Practice and the Global Economic Crisis. In: Siyam A and Dal Poz MR (eds). Geneva: World Health Organization.
- World Health Organization (2015) Global Health Observatory Data Repository: Density of nursing and midwifery personnel (total number per 1000 population, latest available year). 2015. Available at: [http://www.who.int/gho/health\\_workforce/nursing\\_midwifery\\_density/en](http://www.who.int/gho/health_workforce/nursing_midwifery_density/en) (accessed 24 August 2018).
- Zurn P, Dal Poz MR, Stilwell B & Adams O (2004) Imbalance in the health workforce. *Human Resources for Health* 2(1): 13.