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Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector

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ABSTRACT

By examining the migration and employment experiences of Filipino migrant nurses in Norway, this article demonstrates how nurses exert agency when faced with barriers that can hamper or even block their access to nursing positions. While these barriers may lead to deskilling, the aim of this article is to shed light on how nurses can find a way to reformulate their conditions and opportunities within highly regulated professional and migration regimes. In order to achieve this, the article draws on Cindi Katz' categorization of agency, which gives primacy to everyday practices, including practices that are barely observable. By focussing on individual agency as acts of resilience and reworking and on the structural constraints that shape the possibilities and actions of migrating nurses, this article shows how migrants actively work to change their circumstances and alter their positions. By including the intentions and consequences of agency in the analysis, the dynamics between acts as different expressions of agency becomes visible. The analysis shows how acts of resilience and reworking, although analytically distinct, are dynamic and overlapping, and how they may enable as well as undermine one another.

1. Introduction

Nursing is regarded as a portable profession that offers the potential for improved quality of life for nurses and their families through migration (Kingma, 2006). Despite the potential benefits, the literature on nurse migration points out that marginalization and deskilling can also be part of the migration experience (Thompson and Walton-Roberts, 2018). Transitioning between different labour markets is seldom a smooth process (Connell and Walton-Roberts, 2016). In their attempts to integrate into nursing workforces in destination countries, foreign-educated nurses face barriers that can hamper or even block access to nursing positions (Vaughn, Seeberg and Gotehus, 2020). Such barriers include credential verification and assessment, language requirements, licensing exams, financial constraints, communication barriers, discrimination and differences between cultures and values (Cuban, 2010; Hawthorne, 2001; Pratt, 1999; Primeau et al., 2014; Salami et al., 2018). Some scholars have argued that these barriers may lead to deskilling of foreign-trained nurses upon migration, and often channel migrant nurses into lower-skilled care work (Hawkins, 2013; Salami et al., 2018).

Skilled migrants who seek employment within the health sector not only have to gain immigration clearance, they also have to acquire professional accreditation from regulatory bodies (Raghuram and Kofman, 2002). Notions of skill are geographically and historically specific, and the validation of the skills and knowledge of migrants is influenced by migration regimes, professional regulations and national policies in destination countries (Nowicka, 2014). As skilled migrants may gain entry through various non-work channels, a focus on skilled migrants can also shed light on how entry routes influence the migration experience (Aure, 2013). In this article, skills are understood as professional qualifications acquired by nurses through formal education and through professional experience while working as nurses in their country of origin.

The registration of nurses as lower-skilled care workers is a growing global phenomenon (Salami et al., 2018), and experiences described as 'deskilling' have received increased attention in migration studies, including the research on nurse migration (Korzeniewska and Erdal, 2019; O'Brien, 2007; Thompson and Walton-Roberts, 2018; van Riemsdijk, 2010). According to Kofman (2012), deskilling may be defined either as migrants working in sectors other than those that they were trained for (sectoral deskilling), or as working in the sector that they were trained for but at a level below their qualifications

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(hierarchical deskilling).

In the Norwegian context, studies of immigrant nurses have mainly focused on the experiences of Swedish, Latvian, Polish and Filipino nurses (Kiil and Knutsen, 2016; Knutsen et al., 2020; Korzeniewska and Erdal, 2019; van Riemsdijk, 2010; Vaughn, Seeberg and Gotehus, 2020; Zampoukos et al., 2018). Studies of Filipino nurses in Norway and the Nordic countries, a growing though still relatively limited field of research, have largely focused on the professional identities of immigrant nurses and the authorization processes they face (Dahl, Dahlen, Larsen and Lohne, 2017; Korzeniewska and Erdal, 2019; Nortvedt et al., 2020; Näre, 2013; Seeberg and Sollund, 2010). In their research on Filipino and Polish migrant nurses in Norway, Korzeniewska and Erdal (2019) found that despite the different structural conditions, both groups experienced threats to their professional identities, which may be described in terms of deskilling. They argue that the narrative of deskilling 'underplays the agentic dimensions found, whereby nurse migrants implement a range of coping strategies in order to challenge, manage or even capitalize on the realities of working life in the Norwegian healthcare sector' (p.2). Furthermore, 'a narrative of deskilling also lacks sufficient sensitivity to the roles played by the passage of time' (Korzeniewska and Erdal, 2019, p. 2). Drawing on these findings, they point out that the concept of 'deskilling' is poorly theorized in migration studies and tends to underplay the agentic dimensions. In this article, deskilling is understood as a subjective and situated process in which the education and professional experience of nurses are not employed in a meaningful way (Korzeniewska and Erdal, 2019; Nowicka, 2014).

This paper investigates the experience of nurses educated in the Philippines who migrated to Norway with the intention of working as nurses in the Norwegian health care sector. By analysing their migration and employment experiences, I show how nurses exert agency when faced with barriers to accessing nursing positions, a situation that is often described in terms of deskilling. By examining migrants' workplace strategies when faced with professional boundaries, I contribute to the debate on labour agency, as well as to the literature on deskilling.

In the following, I situate my approach in relation to previous discussions on the agency of workers. I then provide a brief description of the situation in the Philippines and Norway regarding nurse migration and migration regimes and present the methods and data used in this article. This is followed by a thematic presentation of my findings, starting with the migration decision and how nurses negotiate immigration regulations. I then move on to investigate the barriers encountered in the Norwegian labour market with a specific focus on experiences linked to the devaluation of migrants' professional skills. In the concluding section, I discuss how agency exerted by individual nurses may sustain constraining structures.

2. Agency in nurse migration

The question of agency is central to how we frame and understand migration, as it shapes how academics theorize migration and how policies are designed (Mainwaring, 2016). While many theories rest on the assumption that migrants have a significant level of choice over their decisions (see Bakewell, 2010), others focus on structural pressures and inequalities (Ronquillo et al., 2011). By focusing primarily on the oppression and barriers faced by migrants, we risk concealing their agency and individual stories (Zontini, 2011). Even though many migrants are drawn into migration due to structural pressures, critical approaches to migration increasingly recognize that decisions surrounding migration are inherently imbued with elements of choice (Bakewell, 2010; Gaetano and Yeoh, 2010; Mainwaring, 2016). Carling and Collins (2018, p. 921) argue that structural factors 'cannot alone explain migration; rather, they facilitate or constrain individual agency'. Following Carling's (2002) influential work on the role of aspirations and ability in migration, de Haas (2010; 2021, p. 2) conceptualises migration as 'a function of people's capabilities and aspirations to migrate within given sets of perceived geographical opportunity structures'. While these contributions are fruitful in expanding the structure-agency debate, they focus largely on migration decisions and the drivers of migration.

Labour geography emerged as a critique of the tendency to ignore the active role of workers and to view their agency in passive terms (Kiil and Knutsen, 2016). In the early days of labour geography, Herod (1997, p.3) argued for the importance of recognising the role of workers and to 'treat working class people as sentient social beings who both intentionally and unintentionally produce economic geographies through their actions – all the while recognizing that they are constrained (as is capital) in these actions'. One of the critiques of labour geography, however, has been the primacy given to labour as a collective unit through a focus on unions and the politics of organized labour, thereby ignoring the agency of individual workers (Hauge and Fold, 2016; Strauss, 2020). To refine and disaggregate the concept of labour agency, this article, in line with recent contributions to the debate (Berntsen, 2016; Hauge & Fold, 2016; Rydzik & Anitha, 2019), draws attention to people's every-day practices, including practices that are barely observable. Feminized sectors and occupations, such as 'low-skilled' care work, are still less likely to be included in labour geography (Strauss, 2020). Through its focus on the feminized profession of nursing, this article contributes towards filling this knowledge gap.

As noted by Herod (1997), we need to recognize how labour agency is constrained by economic, political, cultural and social structures (Castree et al., 2004). For international labour migrants, immigration regulations also play a pivotal role in shaping their ability to act, as receiving states seek to control the entry of workers using these regulations (Chin, 2003). According to Goss and Lindquist (1995, p. 344), 'overseas labour migration is the outcome of a complex combination of individual actions and social structures'. When analysing expression of agency within these structures, we need to recognise how this relationship is 'shaped by necessarily uneven power relations' (Coe and Jordhus-Lier, 2011, p. 216).

While nurse migration shares many of the more general processes of labour migration, professional regulations of the sector, such as the regulation and maintenance of training and registration, govern nurse migration in particular (Walton–Roberts, 2015). When foreign education and credentials are not recognized by the regulatory bodies of receiving states, migrants lose access to the occupations they held prior to migration (Bauder, 2003). Mollard and Umar (2013) define this situation 'in which migrant workers occupy jobs not commensurate with their qualifications and experiences' as 'deskilling'. Deskilling may however also occur as a result of broader racial and ethnic factors when migrant workers are expected to take on jobs that 'do not make use of their resources and competence in the same ways equal to non-migrant populations' (Korzeniewska and Erdal, 2019). Power and knowledge are intricately related and the failure to acknowledge previous education and experience disempowers migrants (Creese and Wiebe, 2012).

The Global Nursing Care Chain (GNCC) literature draws attention to these characteristics by situating international nurse migration within 'a matrix formed by state policies and commercial, professional and labour interests' (Yeates, 2009, p. 76). The GNCC consists of nursing institutions in the host country, nurses who move along the chain, and nursing and educational institutions in source country (Yeates, 2009, p. 75). Attention is paid to the impact of institutions and policies in host and source countries on experiences and utilization of skills. This is an important contribution to the study of skilled health worker migration, especially in regard to global inequalities (Yeates, 2009). The intersection between the migration of care workers, including skilled health workers such as nurses, and structural processes (Connell and Walton-Roberts, 2016) needs to be recognized in any analysis of the agency of migrant nurses. By including skilled care workers in care chain analysis, the GNCC approach challenges the representation of female migrants as passive and unskilled (Connell and Walton-Roberts, 2016; Kofman and Raghuram, 2006). Even though structural processes shape the field manoeuvred by nurses, I argue that a stronger engagement with

individual experiences is needed to fully acknowledge the agency exerted by migrant nurses.

2.1. Different expressions of agency

In this article, agency is understood as 'the capacity that individuals and groups have to make choices or decisions that, in turn, structure or shape their own lives' (Castree et al., 2004, p. 160). Agency is thus more than people's intentions and implies the need to consider the individual's capacity and capability to act. To analyse the agency of migrant nurses, this article draws on the resilience, reworking and resistance framework developed by Katz (2004), a framework that has been further developed in labour geography (Carswell and De Neve, 2013). Primacy is given in this framework to social practices understood as 'creative strategies that people use[d] to stay afloat and reformulate the conditions and possibilities of their everyday lives' (Katz, 2004, p. x). Even though these actions might at times be barely observable, they play an important role in shaping opportunities and possibilities (Carswell and De Neve, 2013). Rather than just focusing on acts of clearly oppositional resistance, the strength of this framework is that it also considers the everyday actions of the individual. In doing so, Katz distinguishes between social practices 'whose primary effect is autonomous initiative, recuperation, or *resilience;* those that attempt to *rework* oppressive and unequal circumstances; and those that are intended to *resist,* subvert, or disrupt these conditions of exploitation and oppression' (2004, p. 242). This disaggregation of agency supports a focus on a wider array of actions and strategies used by people to cope as well as to change their conditions and possibilities (Hauge and Fold, 2016). Although analytically distinct, the different strategies are, as will be explained in the analysis section, dynamic, overlapping and potentially mutually sustaining and constraining. The relationship between the different strategies is not fixed and needs to be explored empirically and in context. While acts of resilience and reworking are both found at the micro-level, and are used by workers and their families to make the most of the options and possibilities available to them (Hauge and Fold, 2016), acts of resistance take place in the form of 'conscious opposition and collective action' (Kiil and Knutsen, 2016, p. 106).

Resilience concerns small acts of getting by each day and serves as a coping strategy. Acts of resilience are not only an individual but also a household strategy, representing new and creative ways of survival and of bringing resources into the household (Cumbers et al., 2010; Hauge and Fold, 2016). Sending and receiving remittances and working multiple jobs to increase household income are examples of resilience strategies (Datta et al., 2007). This resonates with the narratives of most of the Filipino nurses in my study who stated that a main motivation behind their migration decision was to be able to provide for their families. While acts of resilience sustain workers as they face difficult circumstances, these actions tend to sustain rather than challenge the structures that required these acts in the first place (Katz, 2004). Even though acts of resilience do not directly challenge existing structures, they do have the potential to change the structures as they enable 'people to get by, to enter reciprocal relations, and to shore up their resources, all of which are crucial underpinning of projects to rework or resist the oppressive circumstances that call them forth' (Katz, 2004, p. 246).

Reworking is an intermediate category that 'reflects people's efforts to materially improve their conditions of existence' (Coe and Jordhus-Lier, 2011, p. 216), and includes acts that alter the conditions in order to make life more liveable. Reworking requires a greater awareness of the underlying structures that lead to oppression, and this awareness is what motivates a focused response to explicitly problematic conditions. Through these responses, people seek to reconfigure their location within the system rather than challenging the system itself (Rydzik and Anitha, 2020). Such acts tend to operate at the same scale as the experienced problem, although their effects might be more far-reaching. Exiting a labour market or a workplace is, according to Kiil and Knutsen (2016, p. 108), an act of reworking when 'exit is applied as threat at the individual level to attain better terms and conditions at one's current workplace, or when exit is proactively resorted to and effectuated in the search for better conditions elsewhere'. Exit from the labour market in the Philippines as well as the continued struggle to attain nursing authorization in Norway are acts of reworking that I will return to later in the article. While acts of reworking do not necessarily challenge structures, to some extent they do challenge power structures within the system as they attempt 'to recalibrate power relations and redistribute resources' (Katz, 2004, p. 247).

Acts of r*esistance* have an oppositional character. Katz defines *resistance* as acts that 'draw on and produce a critical consciousness to confront and redress historically and geographically specific conditions of oppression and exploitation at various scales' (2004, p. 251). Extensive lobbying or collective protests are actions that could be counted as resistance (Hauge and Fold, 2016). Yeoh and Huang (1998, p. 595) demonstrate how domestic workers in Singapore, a city where foreign domestic workers' access to public spaces is strictly regulated, have made changes to how 'space is understood, defined and used' through collectively occupying spaces in the city centre on their days off. For the nurses in this study, Filipino churches and associations were important meeting-places where they could socialize with fellow Filipinos. However, rather than a means to confront the structures, the nurses described these as places where they could share information and turn to in times of trouble.

One weakness of Katz' framework is the lack of clarity on whether it refers to the intentions or consequences of agency (Coe and Jordhus-Lier, 2011; Hauge and Fold, 2016). Hauge and Fold (2016) argue for including both aspects in the analysis of workers' agency. An advantage of doing so is that potential differences between intentions and consequences might point to structural constraints in the labour market. The authors stress furthermore that the categories are dynamic so that intentions, as well as the relationship between intentions and consequences, might change over time.

As a response to the focus on collective and organized aspects of workers' agency in labour geography, this article focuses on acts of resilience and reworking to discuss how migrant nurses can negotiate and manage the barriers they face in their attempts to enter the Norwegian labour market and Norwegian society. As noted by Katz (2004), acts of resistance are rarer than acts of resilience and reworking. This resonates with the data material on which this article is built, where acts of resistance were less articulated than acts of resilience and reworking. This is in itself an important finding which I will return to in the concluding section. Even though the focus of this article is on individual migrants, workers and their families are not separable (Strauss, 2020), and the role of the household and family will be part of the analysis to reflect 'the complex combination of individual and household decisions' (Coe and Jordhus-Lier, 2011, p. 217).

3. Context and background

3.1. Nurse emigration from the Philippines

International labour migration, including nurse migration, has been, and continues to be, a national priority in the Philippines. A main motivation behind the country's policy on nurse migration is the remittances sent home by nurses (Aiken et al., 2004). Its position as a major supplier and trusted source of nurses globally has provided the Philippines with a strong platform from which to negotiate bilateral agreements. Through these agreements, the country has secured access to markets for its labour export (Cabanda, 2020).

Most migrant nurses from the Philippines are female (Lorenzo et al., 2007), which is a reflection of nursing as a feminized profession (Kingma, 2006). Nurse emigration has given women from the Philippines a unique opportunity to train and migrate as skilled workers. The relative success of nurse migrants in destination countries has made

nursing one of the most popular degrees in the Philippines. Poor working conditions for nurses are frequently seen as an additional factor to explain nurse emigration from the Philippines (Thompson and Walton-Roberts, 2018). Securing a paid position after graduation is difficult. Unless they have family connections in a particular hospital, most nurses work as volunteers in hospitals for months, and even years, to gain the experience needed to secure a paid position, or to migrate overseas (Guevarra, 2010; Pring and Roco, 2012).

Many nurses in the Philippines do not work as nurses. A growing number are employed in call centres, a sector that offers significantly higher wages than both private and public hospitals (Ortiga, 2014). This arguably indicates that nurses experience a degree of devaluation and sectorial deskilling even prior to their departure from the Philippines, and that migration is only one factor in the loss of personnel in the health sector.

3.2. The translation of skills in the Norwegian health sector

Norwegian nursing authorization is required for anyone seeking employment as a nurse in Norway. Authorized nurses may enter Norway on a specialist visa, provided that they have a job contract prior to entering the country (The Norwegian Directorate of Immigration, 2017). To be authorized in Norway, Filipino nurses must pass a Norwegian language test, a theoretical and practical test in nursing, and they must complete courses on Norwegian health services, health legislation and society and safehandling of medicine. In the past, a license as a health care worker[2] was issued based on a four-year bachelor's degree in nursing from the Philippines. This license, which according to my informants could be applied for even before leaving the Philippines, did not require any language test or additional tests. However, new regulations implemented in 2017 have made this process more challenging as the new regulations now require a language test for health care workers as well as a course in Norwegian health services, health legislation and society and a practical test (Helsedirektoratet, 2019).

Although nurses from the Philippines constitute the largest number of nurses in Norway educated outside the EU, the number of authorized Filipino nurses is relatively small. In 2017, 946 nurses with an educational background from the Philippines were employed as nurses in Norway. There is also a larger number of nurses educated in the Philippines working as health care workers in Norway. In 2017, 1,808 health care workers with an education from the Philippines were employed in Norway. Most of them have a nursing degree from the Philippines (Sirnes and Korsvold, 2018).

4. Method

This article builds on fieldwork conducted in Norway and the Philippines between 2017 and 2019. It draws primarily on one of the data sets from this study, comprising 22 in-depth interviews with Filipino nurses[3] in Norway. At the time of interview, two nurses had returned to the Philippines and one nurse was ending her au-pair contract and preparing for her departure. 12 of the participants who were still residing in Norway and working in the health sector were authorized as nurses and seven were authorized as health care workers. Most were employed in nursing homes, a few worked as personal assistants, in rehabilitation departments or in residential care homes for people with disabilities. It is worth mentioning that none of the nurses worked in hospitals. In addition to the interviews, I draw on informal conversations and observations with nurses, head nurses and the relatives of residents in a nursing home in Oslo, Norway.

The nurses were recruited for the study through numerous entry points, including religious communities, nursing homes and personal contacts, to ensure variety in the experiences studied. Interviews were conducted in Oslo and surrounding municipalities as well as in the Philippines. The nurses arrived in Norway between 2000 and 2013. The majority entered on student visas (5), au-pair visas (5) or jobseeker visas (8). In addition, three nurses were recruited directly by a Norwegian employer in the early 2000 s and one nurse entered on a family reunification visa. The differences in entrance visa largely reflect the relevant visa regulations at the time of arrival. 18 women and four men, one of whom is transgender, were interviewed. The nurses ranged in age from 27 to 48 years.

The interviews were semi-structured and conducted in a location chosen by the nurses. Informed consent to participate was obtained from all participants. Most interviews took place in coffee shops or workplaces. As my knowledge of Filipino is limited, the interviews were conducted in Norwegian, English or a mix of the two languages, depending on the nurses' preferences. Because they were working in Norway, the nurses were accustomed to expressing themselves in Norwegian. They also had advanced skills in English, as English is the language of instruction in nursing schools in the Philippines. The fact that the researcher was an outsider to the profession and to the Filipino community turned out to be an advantage in the interview process as it made the immigrant nurses themselves the experts on their own transnational and professional lives. The interviews were transcribed and organized for subsequent thematic analysis. A 'contextualist' thematic method was employed to acknowledge the way in which the nurses made meaning of their experiences and at the same time to acknowledge how the broader context impacted on those meanings (Braun and Clarke, 2006). Themes were identified across the data set that elucidated the nurses' experiences related to the recognition of their skills and to their integration into the Norwegian labour market.

Based on the themes that emerged from the thematic analysis, the remainder of this article is structured as follows: first, I address issues related to the decision to choose a nursing career and leave the Philippines, followed by a section on the role immigration regulations play in migration trajectories. I then move on to examine the authorization process for nurses in Norway before concluding the analysis by looking into experiences that could be described in terms of deskilling.

5. Aspiring migrants and the conflicting interests of retention and export

Filipino nurse migrants are situated within a context where migration is a desired and expected part of life (Asis, 2006; Christ, 2016). Many of the nurses interviewed in this study perceived nursing as a secure way of securing employment overseas. This finding corresponds with previous research on nurse migration from the Philippines (Choy, 2003; Ortiga and Macabasag, 2020; Thompson, 2018). Although a few nurses stated that their main motivation for working overseas was linked to a desire to explore the world, most stated that the migration decision was primarily the result of a desire to provide financially for their families, in other words, it was an act of resilience. The limited prospects of finding a nursing position in the Philippines that could pay for the family's needs triggered a sensation of being unable to move on with their lives (Vaughn, Seeberg and Gotehus, 2020).

The act of migration is in itself an expression of agency that has the potential to improve life conditions and to provide access to new sources of livelihood (Carswell and De Neve, 2013; Castree et al., 2004; Rogaly, 2009). On a household level, the economic reasoning behind the migration decision can initially be described as an act of resilience. In the longer run, it could potentially serve as an act of reworking as remittances are often spent on the education of younger siblings and children, thereby altering the family's position.

To understand why nurses decide to leave the Philippines, attention

[2] Health care worker authorization in Norway is based on a three-year specialized upper secondary education.

[3] In my study, the definition of a nurse from the Philippines is a person who has completed nursing education in the Philippines and who is recognized as a nurse by the Filipino authorities (but not necessarily by Norway).

should be directed towards the job market in the Philippines. Caught in a labour market that cannot fulfil their needs, nurses decide to go abroad in an attempt to make their lives more liveable (Choi and Lyons, 2012; Ronquillo et al., 2011). Exiting a workplace or a labour market may represent all three acts of agency, i.e., resilience, reworking and resistance (Kiil and Knutsen, 2016). For the nurses in this study, exiting the labour market in the Philippines was primarily an act of resilience and reworking. Exit as a strategy to confront and change specific conditions requires collective action (Kiil and Knutsen, 2016). In the case of the Philippines where there is an oversupply and underutilization of nurses, it is questionable whether exiting the labour market serves as a resistance strategy despite the high number of nurses leaving the country annually. On the contrary, Cabanda (2017) argues that the fact that nurses are expected to leave the country has been an excuse for preserving the status quo. The widespread emigration of nurses has created concerns about maintaining an adequate supply of nurses to cover domestic needs. Hence, a bond service that would delay nurse emigration and create more 'robust' nurses for export was introduced to secure health services in the local hospitals while simultaneously reaping the economic benefits of nurse migration (Cabanda, 2017).

The nurses I met explained how their chances of leaving the Philippines as newly graduated nurses were limited by a lack of professional experience. To acquire the skills and resources needed to work overseas, a common strategy was to accept an unpaid internship or a volunteer position in a hospital in the Philippines (Ortiga, 2018). The volunteer period has been described as a period of 'limbo' where the nurses work without compensation, not knowing whether the work will lead to a paid position in the future (Ronquillo et al., 2011). Even though these arrangements were exploitative, and the response of the nurses could be interpreted as passive acceptance and a lack of agency, the nurses explained how they would freely and intentionally take up these positions to prepare for a move overseas. The increased hands-on experience is considered to make nurses more skilful and more 'employable' overseas (Ortiga and Rivero, 2019). By engaging in exploitative practices, the nurses were able to rework their positions within the system. Joy, one of the nurses in the study, explained why she, and numerous others, would opt for unpaid positions.

> If you're a newly graduated nurse in the Philippines, you will not get any paid position. At that time, they said they needed many nurses in the Philippines, but they could not hire any. […] so most new graduates would work as volunteers. That means that we did not have any salary, and we worked every day just to get the papers so that we could work in another country.

Constrained by the lack of paid nursing positions, the nurses were actively utilising the options available to them to reformulate their possibilities in the future. While the system of voluntarism triggered migration on an individual basis, it developed as a response to the oversupply of nurses in the Philippines and to the large number of aspiring migrants (Ortiga, 2021). The fact that so many nurses accept volunteer positions as part of their reworking strategy serves to sustain a system of volunteerism and to normalise exploitation as a fact of nursing life (Thompson, 2019).

6. Negotiating immigration regulations

All the nurses included in this study had a degree in nursing from the Philippines, and several had received Norwegian authorization as health care workers prior to arrival. Without work contracts in Norway they were not entitled to immigrate as skilled workers. Depending on the immigration regulations at the time of their arrival, the most common way of entering Norway was either on a jobseeker visa for three to six months, a one-year visa as a language student or a two-year au-pair visa. What the visas had in common was that they required a lot of hard work to become established in Norway. The jobseeker visa was tailored towards professional migrants, and one might assume that this would be the preferred option. However, according to the respondents, this visa put a lot of pressure on the migrants due to the short length of stay allowed (Seeberg and Sollund, 2010). Rose, who entered Norway on a job seeker visa described her first months in Norway as hard.

> The six months was a struggling time for us. My parents had to send me money so that I could pay for the language course. […] They sent money to pay for the language course, to pay the rent and for groceries. It was very expensive, Norway is expensive. After five months, I got a 50% position as a health care worker.

While the intention had been to migrate to provide for her family, she found herself not only unable to send money back to her parents, but worse still, having to ask her parents for money. Despite her intentions, structural barriers in Norway imposed unintended consequences and her reworking strategy suddenly turned into an act of resilience. She knew that the Norwegian system required advanced knowledge of the Norwegian language, and she invested the time and money available to her in a language course in order to be able to rework her situation and to improve her chances of finding work in Norway.

Due to the challenges and struggles associated with the job seeker visa, several nurses had chosen to enter Norway as au pairs. The purpose of the au-pair program is cultural exchange, not work, and au pairs should be treated as family members and carry out light tasks within the household for a maximum of 30 hours per week. An au-pair permit can be granted for up to two years (Norwegian Directorate of Immigration). While working as au pairs, the nurses are deprived of the opportunity to use their professional skills, which leads to deskilling (Parreñas, 2001; Seeberg & Sollund, 2010; Sochan & Singh, 2007). Despite presenting downward occupational mobility, the primary reason for choosing an au-pair visa was the length of stay granted. This visa gave the nurses two years to learn the language, familiarize themselves with Norwegian culture and society, and establish contacts that could help them secure a paid position in the health care sector (Seeberg and Sollund, 2010). Choosing to work outside the health care sector might however represent a threat to the nurses' professional identity and skills. As noted by Pratt (1999) in her work on domestic workers within the Canadian Live-in Caregiver program, working outside the profession for two years made it difficult for skilled migrants to recover their occupational identity. Even though an au-pair position could be seen as deskilling, this option was far better salary-wise than working as a nurse in the Philippines and was also seen by the nurses in this study to represent a stepping-stone into better paid jobs within the health care sector. Joy, who entered Norway as an au pair, reflected on how she felt about accepting a work-like arrangement for which she was highly overqualified.

> In the beginning, it was a bit like: I'm a nurse, why should I look after kids and prepare dinner? However, after a while, it was ok. I was making more money than a nurse in the Philippines, so it was ok.

By accepting the terms and conditions that came with the au-pair position, the migrants were able to cover their own financial needs as well as to support their families back home. While this served as an act of resilience, it exemplifies how acts of resilience and reworking are dynamic and how acts of resilience may potentially enable nurses to change their position within the system. During the two-year period, most of the nurses were able to shore up their resources, primarily in terms of language skills and knowledge of Norwegian society, and these were of crucial importance for them eventually becoming nurses in Norway.

7. "I came here to work"

The authorization process was challenging and demanding for the nurses in this study, who all started their professional careers in Norway

as health care workers, a step down in the professional hierarchy (Vaughn, Seeberg and Gotehus, 2020). While some had managed to meet the requirements for authorization after several years in Norway, a significant number were still working as health care workers in nursing homes or as personal assistants for people with disabilities. Deskilling through employment outside their profession or below their educational level is a common experience for immigrant nurses (Choi and Lyons, 2012; Cuban, 2016; England and Henry, 2013; Walton-Roberts, 2020). Previous research on Filipino migrant nurses in Norway identified the lack of authorization as a key threat to their professional identity (Korzeniewska and Erdal, 2019). National regulatory bodies play an important role in determining the transferability of nursing skills (Choi and Lyons, 2012). The lack of formal recognition of the nurses' credentials represents a devaluation of their cultural capital by these regulatory bodies (Siar, 2013). Faced with barriers linked to authorization, the nurses in this study responded in different ways. While some nurses who were currently working as health care workers were determined to one day become a registered nurse in Norway, others expressed either a feeling of resignation or a more willing acceptance of their position as health care workers.

Finding work as au pair (unskilled) or health care worker (semi-skilled) might be interpreted as a resilience strategy. Settling for a position as a health care worker enabled the nurses in this study to financially sustain their lives in Norway while supporting their families in the Philippines (Ronquillo, 2012; Salami, Meherali and Covell, 2018). As explained by Joy, a position as a health care worker also secures a permit to live and work in Norway: 'If you apply for authorization as a health care worker, you get to stay in Norway'.

While some nurses in the study regarded their position as health care workers as a phase they had to go through before they could proceed to a position as a nurse, others had no plans to continue the struggle to get their nursing degree approved in Norway. Once employed as health care workers or personal assistants, they were either satisfied with the fact that they were earning money and/or found the process of authorization too complicated and simply not worth it. For these nurses, their act of resilience undermined their intention to become registered nurses in Norway. June, who currently worked as a health care worker, described her attempt to obtain authorization and how she had now given up on her initial plan to become a registered nurse in Norway.

> I applied once, just after I arrived in Norway, and I received a decision stating that I had to go back to school for one or two years. I was already working as a health care worker, and I just kept working. Since then, I have not thought of becoming an authorized nurse, because they [the authorities] got stricter. And since it became so strict, I just gave up.

Once they had secured a paid position and a permit to live and work in Norway, several nurses explained how they became preoccupied with the fact that they were finally making money that they could send back to their families. Financial commitments and family responsibilities may constrain the nurses' aspirations of becoming registered (Hawkins and Rodney, 2015). While working as a health care worker was initially seen as a temporary solution, this act of resilience ended up sustaining many of the nurses at a professional level below their nursing skills and aspirations and thereby impeding their reworking project of becoming authorized nurses. Through their coping strategies, the nurses inadvertently contributed to their own process of deskilling (Korzeniewska and Erdal, 2019).

The struggle to gain nursing authorization in Norway was hampered by frequent changes in the regulations. After applying for authorization, the nurses would receive a decision from the Authorization office (the Directorate of Health) stating the additional requirements that they would have to meet in order to be authorized. Although the details of the decisions would differ (Nortvedt et al., 2020), they would all be asked to take additional bridging programs as well as a language exam and exams in medication administration. The required retraining adds time and money to an already lengthy migration process (Walton-Roberts, 2021). Joy explained how the requirements from the Authorization office and her multiple responsibilities were slowing down her authorization process.

> It was difficult. You have to work and live and at the same time do the internship. On the weekends, I did night shifts, and on weekdays, I was doing the internship, but there's no pay for that. I did not have any permanent position. This lasted for almost one year. And then I had to do the [bridging] courses, which you have to pay yourself. […] Luckily, I was a member of [name of the labour union], and they shouldered half the fee. […] I completed the courses, and I passed all the requirements. I applied again for the authorization, and it was rejected. […] But I will not give up, I just have to give it some time because it was too much. I send remittances back to the Philippines, and I also need money to live here.

The strategies pursued by the nurses were influenced by their family situation and access to money. Understanding oneself as a dutiful daughter and the commitment to sending monthly remittances may undermine the nurses' ability to upgrade their skills (Pratt, 1999). Their responsibilities towards their families made it impossible for some of them to afford the lengthy and expensive process of authorization. This was especially the case for those who had family in the Philippines who were relying on their remittances and for those who had young children accompanying them in Norway. Although a thorough gender analysis is outside the scope of this article, it should be noted that many of the obligations that the nurses had towards other family members were clearly gendered and added an additional structural dimension that restricted certain expressions of agency. Rose, who works as a health care worker and recently gave birth to her first child, described how her responsibilities as a mother were more important to her than being authorised as a nurse.

> I still have an eight-month-old baby, so I think it would be very selfish of me not to spend time with my baby. Maybe next year, or when he grows bigger, when he turns two. But right now, he is still a baby.

The strategies adopted by the nurses were neither fixed nor static. As this example shows, their preferences and strategies changed throughout the lifecycle. This resonates with Carswell and De Neve's (2013, p. 67) observations on how 'different workers want different things at particular moments in their working lives'. This also points to how agency is relational and involves 'the simultaneous considerations of these spatiotemporal dimensions: the here-and-now, the then-and-there and the may-be-future' (Zampoukos et al., 2018, p. 46). Some of the nurses in this study accepted the devaluation of their professional skills and the position as a health care worker in the hope that it would one day turn into a stable future where their skills would be recognized. Other nurses remained in the here-and-now, i.e. working as health care workers, as the restrictions and barriers made it hard to imagine a future as a registered nurse in Norway.

8. "I feel like I'm wasting my skills"

A common feeling expressed by nurses employed as registered health care workers was of not being able to utilize their professional skills to the fullest, and several expressed a fear of lagging behind and losing confidence in their professional skills. Under-employment of migrant nurses may increase deskilling as it undermines their confidence and professional identity (Kofman, 2012), and devalues their previous training and experience (Korzeniewska and Erdal, 2019). For Rose, who was determined to one day become a registered nurse in Norway, her current position as a health care worker was not professionally fulfilling.

> I cannot feel the sense of fulfilment because I only work as a health care worker, which I'm not really. I'm productive but I'm not really 100 % happy or fulfilled. The sense of fulfilment is not there because this is not what I love. […] It's like I'm only working to earn money. […] That is the only thing that is lacking, this sense of fulfilment with my work, because I cannot practise my special skills. […] I feel like I'm wasting my skills, that I did not put it to use. For many years I worked as a specialised nurse in the Philippines, but it's like it's put in the trash.

Staying on in her position as a health care worker was an act of resilience for Rose as it provided for her financial needs. However, in order to be more satisfied with her life and not feel that her skills were being wasted, she saw the need to improve her professional conditions. She was therefore planning to go back to school to obtain her authorization and to reengage with her reworking strategy once her child was older.

Due to the lack of professional fulfilment, some nurses who were authorized as health care workers would, when asked by their superiors at work, welcome the possibility of taking on additional nursing tasks, and thereby getting the chance to refresh their skills. Being asked to do nursing tasks for which they were not authorized in Norway was seen as exploitative, as they were doing the work of a nurse but being paid as a health care worker (Nortvedt et al., 2020). Despite this, the nurses decided to take advantage of the situation as they saw it as a step towards their future authorisation and nursing career in Norway. Yet again, the nurses engaged in exploitative practices to shore up resources to enable a reworking of their position. This also represents informal recognition of the nursing competencies held by the Filipino nurses and may contribute to sustaining a professional identity despite the lack of formal recognition in terms of authorization (Korzeniewska and Erdal, 2019). Based on her study of the UK National Health Services, O'Brien (2007) also points out that applying technical skills acquired prior to migration was important for foreign-trained nurses' professional identification as nurses. Mary, who was still working as a health care worker, elaborated on why she had accepted the request from her supervisor.

> In my previous workplace, they knew that I was educated as a nurse, so they would give me tasks as though I was a registered nurse. It is a bit unfair, right? I work as a health care worker, why should I take on the nurse's tasks? But then there are times when I think that it would be better for me to do those tasks because I need to practice my skills.

This unauthorized use of the nursing skills of health care workers indicates that nurses from the Philippines hold professional skills that are recognised, valued and acknowledged in their workplaces, despite not being remunerated. As noted by Choi and Lyons (2012) in their study of Filipino nurses in Singapore, the practice of not recognizing pre-migration experience enables employers to recruit experienced nurses at a lower cost. It could also be seen in light of the perception of Filipino nurses as the 'ideal migrant care workers'. Filipino nurses are largely branded by their sending country, employers, and by themselves as 'different' and 'better' nurses who have 'the capacity to assume multiple responsibilities, flexibility and unrivalled loyalty and commitment to their employers' (Guevarra, 2009, p. 179; 2014; Rodriguez and Schwenken, 2013). Highlighting such characteristics can be a strategy to combat racism (Showers, 2015) and to rework the nurses' position in the labour market.

Even after obtaining authorization, nurses working in nursing homes reported that they still had to perform the same tasks as health care workers, and that daily care for elderly people was still their main task. Their experience from hospital settings in the Philippines served as a standard of reference for the nurses, where less emphasis is placed on basic nursing care which is associated with lower-grade work (O'Brien, 2007). The Filipino nurses found it difficult to find employment in hospitals in Norway, and prolonged time away from the hospital setting was experienced as an ongoing deskilling process. According to O'Brien (2007), two elements are needed to understand the deskilling of migrant nurses. Firstly, the nurses are often highly trained; secondly, they are expected to occupy subordinate positions, or, as in the case of Filipino nurses in Norway, a subordinate workplace. Employment as direct carers tends to lead to an underutilization of the skills and professional experience of the nurses (O'Brien, 2007). While this devaluing of nurses' skills may lead to deskilling, it also represents an underutilization of human resources for the receiving country (Korzeniewska and Erdal, 2019). Jessa described how, despite being authorized in Norway, she was still working to reach a place where she could fulfill her dream of becoming a hospital nurse.

> I have noticed that since it's already a long time since I graduated, I forgot all the theories, all the procedures. […] Routines are ok because you do it every day, but when acute situations happen, I panic. Because I don't have the confidence that I know how to do it because I lack experience. I don't like this feeling. I need to find a place where I can learn more, where I can experience more. [….] That's why I want to transfer to the hospital, but there are no available regular positions for now. I've been calling around and asking. […] I'm that kind of person that always wants to have development. I always want to do something that will develop me as a person, as a nurse.

For some nurses, the dream of becoming a fully-fledged nurse in Norway did not end with authorization, but this was one step towards their final goal.

9. Concluding discussion

By focusing on acts that skilled migrants employ to cope with and change their circumstances within a rather strict and formalized migration regime, this article shows how nurses can exert agency within such boundaries. The lack of recognition of nursing degrees from the Philippines and the channelling of these nurses into less-skilled positions as health care workers in Norway leads to a downward professional mobility for the nurses, an experience often described as deskilling. While deskilling implies that the system fails to recognise the skills and professional experience of workers, this article has shown how workers engage with their own deskilling process. Even though the migration decision and options in the Norwegian labour market are strongly determined by structural factors, the nurses make choices within these structures. Through the choices made by the nurses and the practices that they engage in to improve their positions within the system, they may contribute to their own deskilling. While the strategies they employ as part of the migration process are also strategies that lead to their own deskilling, they are at the same time enabling the migration process and a stable income.

By applying the analytical concepts of resilience and reworking, this article has drawn attention to practices that help migrant nurses to navigate the global health and care labour market. Although the nurses deemed the practice of voluntarism in the Filipino hospital sector to be exploitative, none of them engaged in acts of confrontation or resistance. On the contrary, they would rather comply with this practice on the basis that it is of benefit to them for their own migration-related aspirations. While these acts might serve to sustain the system, they also served as reworking strategies for the individual nurses.

As noted at the outset of this article, acts of resistance were less articulated in the narratives. This may point to a dual frame of reference (Berntsen, 2016) whereby employment terms in Norway were compared with opportunities at home. Furthermore, the nurses' length of stay in Norway may have contributed as language proficiency, increased confidence and knowledge of rights increase with time spent in the labour market and enable workers to protest exploitative practices (Rydzik & Anitha, 2019). Even though some of the nurses were members of labour unions in Norway, they largely engaged in these unions to rework their

position within the boundaries of the system rather than by confronting the structures. This brings us back to the question of intentions and consequences of agency. While the intention of joining the unions were described in terms of reworking, they may at a later stage partake in acts of resistance through labour strikes.

The aspirations, priorities and strategies of migrants change with time and place. While all nurses in this study stated that they had aspired to a nursing career abroad, the analysis shows that many nurses, when faced with barriers in the Norwegian labour market, settled for positions well below their educational level as regulated health care workers. Based on their experiences of what could be achieved as immigrant nurses, they adjusted their aspirations accordingly. By including the intentions and consequences of agency, both individual and collective, in the analysis, the dynamics between the different acts of agency has been made visible. Migrant nurses risk maintaining or inflicting structural barriers that may affect future nurse migrants by engaging in exploitative practices to improve their own positions. With its focus on changes that occur throughout the lifecycle, this article has also shown how aspirations and priorities may change across time and space as life and family situations change. Becoming a parent, for example, temporarily altered the priorities for several of the nurses in the study.

Although the focus of this article has been on the agency of individual nurses, the analysis has shown how acts performed by these nurses were often the result of individual and household concerns and needs. Even though nurses who were currently working as health care workers would do better, both in terms of salary and professional fulfilment, if they became authorized as nurses in Norway, many preferred the steady and secure income of a health care worker to sustain themselves and their families.

Even though acts of resilience and reworking have been applied as separate analytical categories in this article, they are not always easily distinguishable. The analysis has shown how the different acts are dynamic and overlapping, and how the dynamics between the two categories implies that they can both enable and impede one another. The strategies employed by migrants to cope with their current situations may lead to reworking at a later stage. While the nurses in this study who entered Norway on au-pair visas did so mainly to be able to provide financially for their families, the experience was also important in terms of preparing them for their next step into a position in the health care sector. Viewing the acts through a wider lens that includes other family members has shown that not only are the different acts overlapping, but the same act might have different consequences for different people. Settling for a position as a health care worker in Norway, rather than pursuing authorization as a nurse, was an act of resilience for the nurses who were now able to sustain themselves and their families financially. For several of the nurses, their act of resilience undermined their initial plan to become a registered nurse in Norway, as their commitments towards their families hindered further reworking towards nursing authorization.

Applying Katz's categorization of agency has enabled a focus on acts that are often invisible or neglected in studies of migration. Focusing solely on structural barriers that nurses face, including the challenges of securing a paid position in the Philippines and strict immigration and authorization regulations in Norway, can easily lead to a situation where the nurses' agency is overlooked. While acknowledging the structural constraints that shape the possibilities and actions of the migrating nurses, this study has shown how nurses can find ways to reformulate their conditions and possibilities.

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CRediT authorship contribution statement

Aslaug Gotehus: Conceptualization, Methodology, Investigation, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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