

# 'I chose to stay for a while': Aspirations and capabilities in the nonmigration decision making of nurses in the Philippines

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## Abstract

Focusing on Filipino nurses, who are situated in a culture of migration where nursing is seen to pave way for overseas migration, this article explores the (non)migration decision-making process and the temporal and agentic dimensions of the decision to stay. While regimes of mobility may restrict or enable cross-border movements through immigration regulations, this article focuses on ongoing processes within the Philippines such as labour market development, family relations and individual considerations. The analysis shows how important events, as well as anticipated events, in aspiring migrants' life cycles impact on their decisions and aspirations. Changes in the local labour market, such as the proliferation of call centres, have provided new opportunities for socioeconomic mobility within the Philippines. This article demonstrates how nonmigration of skilled workers is a complex and multilayered phenomenon. While staying has long been seen as a passive and natural situation, this article, in line with an emerging literature, acknowledges that staying requires agency. Further, nonmigration has an inherent temporal dimension as migration aspirations may change over time.

## KEYWORDS

aspirations, call centre, capability, nonmigration, nurses, Philippines

## 1 | INTRODUCTION

Within the field of migration studies, there is an extensive literature on how individuals choose to move from their place of origin. Less attention has been devoted to examining how people come to the decision to stay (Schewel, 2015). Recently, however, a growing number of migration scholars have advanced a research agenda on immobility (Bélanger & Silvey, 2020; Karell, 2022). Staying has largely been addressed within a migration perspective, which tends to portray the phenomenon in negative terms such as being stuck or staying behind (Schewel, 2020; Stockdale & Haartsen, 2018). This tendency to focus on physical and spatial mobility has been described

as a mobility bias in migration studies and is marked by 'an overconcentration of theoretical and empirical attention on the determinants and consequences of mobility and, by extension, the concomitant neglect of immobility' (Schewel, 2020, p. 331).

The purpose of this article is to acknowledge the capability to stay and that migration aspirations may change over time and the life course. The mobility bias in migration theories focusing largely on those who migrate has left a gap in the migration literature related to why people stay, which calls for a deeper engagement with the process of choosing to stay (Setrana, 2021). This article seeks to contribute to filling this knowledge gap by focusing on Filipino nurses who, despite growing up in a culture of migration

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(Asis, 2006) and being trained in a profession and a system that is largely oriented towards overseas markets (Cabanda, 2017; Ortiga, 2021; Ortiga & Macabasag, 2021a, 2021b; Ortiga & Rivero, 2019), decided to stay in the Philippines. By analysing the narratives on the professional and personal lives of these nurses, this article seeks to answer the following questions: Why do nurses who, in many ways, were trained for export, decide to stay in the Philippines? And which factors affect these decisions? While acknowledging the impact of regimes of mobility (Glick Schiller & Salazar, 2013) on the nurses' mobility, this article seeks to move beyond this discourse and explore personal, relational and structural factors in the Philippines. To advance the research on spatial immobility, or nonmigration, this article will examine migration constraints as well as the lack of migration aspirations (Schewel, 2020). While I am aware of the pitfalls of the overfocus on international migration in migration studies (Ortiga & Macabasag, 2021b), this study has largely focused on overseas migration of Filipino nurses. Hence, when migration is discussed, I do refer to international migration even though several of the nurses had moved between different locations in the Philippines.

The focus of this article is on migration decision making and I have therefore chosen to use the term nonmigration rather than immobility. I find this a more precise concept that fits the purpose of this article better since (im)mobility may involve a range of (im) mobilities, including socioeconomic and occupational (im)mobility. I will still be able to draw on insights from the emerging literature on immobility. While migration and mobility clearly intersect, and migration by definition entails mobility, the two are not synonymous and nor should they be treated as such (Salazar, 2019). Whereas migration requires physical motion and is used to describe a change in an individual's geographical location, the mobilities turn in the social sciences has led to a focus on the everyday mobilities we all experience in our lives. The act of migration, which involves physical and spatial mobility holds the potential for a range of other forms of mobilities such as socioeconomic and occupational mobility (Thompson, 2019). While international migration may be regarded as the only true way to secure upward socioeconomic mobility in places marked by a culture of migration (Mata-Codesal, 2015), such mobilities may also be achieved without international migration. The relevance of such (im)mobilities on (non)migration decisions will be addressed in this article. Empirically, this article focuses on nurses who, at some point in time, had identified themselves as prospective migrants. Theoretically, this article is inspired by the mobility turn in migration studies and draws on the aspiration-capability framework (Carling, 2002; Schewel, 2020; Sheller & Urry, 2006).

Because of the focus on mobility, the structural and personal factors that restrict or resist the drivers of mobility and the different forms of immobility have, as noted by Schewel (2020, p. 329), been neglected. Even though social structures, including policies and regimes of mobility (Glick Schiller & Salazar, 2013), may block or facilitate cross-border movement, migration aspirations and decisions on whether and how to pursue them arguably belong to individuals, although often intertwined with cultural and familial norms and

values (Carling, 2002; Carling & Schewel, 2018; Rodriguez-Pena, 2023).

Addressing the literature surrounding the migration of nurses more specifically, few migration scholars have examined the experiences of aspiring nurse migrants who eventually remained in place (Ortiga & Macabasag, 2021a). Despite the fact that most nurses who train in the Philippines never leave their country for overseas work (Thompson, 2019), the narrative surrounding nursing in the Philippines, including in the literature, centres on nurses being trained for export with nursing being a secure way of finding work in more affluent markets overseas. A similar situation is found in other nurse-exporting countries such as India (Walton-Roberts, 2015) and Indonesia (Efendi et al., 2017). As Ortiga and Macabasag (2021a) have highlighted, the time spent in nursing school in the Philippines prepares students not only for a professional career as nurses but also often to become migrant nurses. As a result of the large outmigration of nurses, nursing scholars have examined the link between factors such as workplace stress and job satisfaction and turnover intention among nurses in the Philippines (Labrague, Gloe, et al., 2018; Labrague, McEnroe-Petitte, et al., 2018). Following the discourse of nursing as a training geared towards migration, the nurses who never leave the country, or those who for various reasons return to it, have received limited attention in the literature.

Existing studies on nonmigration of nurses have largely focused on the structural barriers that constrain their ability to move across borders. While it highlights power relations, such an approach risks framing nurses as passive subjects whose mobilities are determined by the structures in which they are embedded (Thompson, 2019). In their recent articles drawing on the aspiration-capability framework, Ortiga and Macabasag (2021a, 2021b) address the nonmigration of nurses in the Philippines. While these articles discuss the individual decisions that led nurses to let go of their migration aspirations, changes in migration aspirations are largely seen as a response to the lack of migration capabilities (Rodriguez-Pena, 2023). One important exception is the work of Thompson (2018, 2019), which draws attention to Filipino nurses who may not have the desire to migrate. She found that, even though nurses are trained in a system oriented towards emigration, international migration is just one strategy to achieve socioeconomic mobility and other paths towards occupational mobility are becoming increasingly popular. While I acknowledge that structural factors shape the aspirations and capabilities of the nurses in my own study, the purpose is nonetheless to highlight how their decision-making and agency played out within this space and thereby broaden the discussion surrounding the (non)migration decision.

In the following, I present the aspiration-capability framework and discuss an alternative framework that takes staying rather than leaving as its point of departure. I then provide a contextual overview of nursing in the Philippines and present the methods and data used in this article before examining how aspiring nurse migrants navigate a precarious domestic labour market to improve their capability to migrate. I then move on to discuss the involvement of other family members in the migration decision-making process and changes in

migration aspirations and decisions. In the concluding section, I discuss how internal factors in the Philippines, such as labour market development and individual and family events, affect the migration decision and the temporal dimension of (non)migrations aspirations and decisions.

## 2 | THE ASPIRATION-CAPABILITY FRAMEWORK AND NONMIGRATION PREFERENCES

While staying has often been described as the opposite of moving, Hjälms (2014) argues that staying is as diverse as the phenomenon of moving and should be acknowledged accordingly. Furthermore, she argues that the decision to stay is not made once, but rather a decision that is often renegotiated and connected to other people and their life projects (Hjälms, 2014, p. 579). Stockdale and Haartsen (2018, p. 2) call for an immobility perspective that acknowledges stayers as 'active participants and staying as an active process'. Based on her studies in rural Ecuador, Mata-Codesal (2015) argues that staying is not a passive by-default situation. To understand staying, we have to address the structural level as well as the individual and the mesolevel. Rather than looking at nonmigration as the lack of ability to migrate, we should recognize that stayers have often made a conscious and active decision to stay (Hjälms, 2014). As noted by Carling and Schewel (2018, p. 954), in a culture of migration, the decision to stay 'challenges social expectations and norms about the proper life trajectory' and might in fact require more agency and resources than the decision to migrate.

Because staying has been treated as a passive and ordinary state, important aspects of mobility and immobility have remained undiscovered. As pointed out by Mata-Codesal (2015), neither mobility nor immobility is a fixed state, and there is a clear time dimension in mobility-immobility. Consequently, individuals may shift from one status to the other during their lifetime (Gruber, 2021). In the social sciences, change is often given priority, and, in this context, agency tends to be conflated with action (Schewel, 2020). If we acknowledge that nonmigration may also entail a conscious choice that has to be renegotiated throughout the life course, staying also reflects and requires agency (Hjälms, 2014; Mata-Codesal, 2018; Schewel, 2020). Accordingly, nonmigration may be undesirable or involuntary for some and desirable or voluntary for others (Mata-Codesal, 2015, p. 2286).

The aspiration-ability framework introduced by Carling (2002) has been widely used to analyse immobility in migration studies (Setrana, 2021). de Haas (2010, 2021) further refined the framework by replacing ability with the capability to analyse how (im)mobility outcomes relate to development. The advantage of the framework is that it offers conceptual tools to analyse the processes that lead to mobility as well as immobility outcomes (Schewel, 2020). Migration aspirations are defined as the 'social norms and expectations about migrating or staying, opportunities for migration and the more general structural forces facilitating or constraining particular

migration trajectories' (Carling & Schewel, 2018, p. 952). In this framework, Carling (2002, p. 12) defines three migratory categories: *migrants*, that is, those who have the aspiration and ability to migrate; *involuntary nonmigrants*, that is those who have the aspiration but not the ability to migrate; and *voluntary nonmigrants*, that is those who have the ability but not the aspiration to migrate. Even though it introduces voluntary immobility, the framework was initially aimed at explaining the phenomenon of involuntary immobility, meaning those who have the aspiration to migrate but lack the ability to do so (Carling, 2002; Carling & Schewel, 2018).

Schewel (2020) proposes a revised version of the aspiration-capability framework to explore the different forms of (im)mobility and their determining factors. It approaches immobility from two perspectives, namely as 'a result of structural constraints on the capability to migrate and/or as a reflection of the aspiration to stay' (Schewel, 2020, p. 331). The category of voluntary immobility is not homogenous and may include those with as well as those without the capability to migrate. Schewel, therefore, introduces a fourth category into the framework, namely *acquiescent immobility* to 'highlight those who do not wish to migrate' regardless of capability constraints (Schewel, 2020, p. 335). Focusing on the act of staying, Mata-Codesal (2018) offers an alternative categorization of stayers by taking the aspiration and ability to stay as the starting point. By doing so, she questions the idea of staying as a default situation. She defines three different categories of stayers: acquiescent, involuntary and desired. While Schewel's understanding of acquiescence implies that aspiring migrants may move from involuntary immobility to acquiescent immobility by accepting their lack of capacity to migrate, Mata-Codesal uses the term to 'highlight the absence of clear aspirations of (im)mobility, irrespective of the ability part' (Mata-Codesal, 2018, p. 7). Taking staying as the starting point, she also introduces the category of desired immobility, thereby emphasizing the capacity to stay. As defined by Mata-Codesal (2018, p. 7), desired immobility should be understood as 'the desire or expectation to remain, together with the ability to do so'.

Even though the framework is often applied to analyse individuals' (im)mobility outcomes or nonmigration, including in this article, it is nonetheless sensitive to the social dynamics in which aspirations and capabilities are shaped (Schewel, 2020). Aspirations and capabilities are not static; they may change over time and often depend on others' mobility and immobility (Schewel, 2020).

## 3 | TRAINED FOR EXPORT—NURSING EDUCATION AND THE LABOUR MARKET IN THE PHILIPPINES

The migration of health workers from the Philippines has been going on for decades, and the country is a major producer and supplier of world-class nurses (Guevarra, 2010; Lorenzo et al., 2007). The country's nursing schools produce a steady flow of nurses and play an important role in sustaining the emigration of nurses. Nursing education in the Philippines is costly unless the student is awarded

a scholarship (Ronquillo et al., 2011). Funding a nursing education is thus a huge financial burden for the family which is seen as an investment for future economic gain through migration (Nortvedt et al., 2020). In the early 2000s, there was a nursing boom in the Philippines caused by increased demand for foreign nurses in the United States. During this period, there was a proliferation of nursing schools and an immense number of students enrolled in nursing programs (Ortiga, 2018a). Nursing students are instructed in English, and many nursing programs are oriented towards overseas labour markets, designing teaching strategies and curricula to meet the requirements of various destination countries (Choy, 2003, p. 73; Kingma, 2006, p. 22; Masselink & Lee, 2010; Ortiga, 2014). Hospitals in the Philippines experience rapid turnover as many nurses often pursue overseas employment once they have gained sufficient experience (Lorenzo et al., 2007). According to statistics from the Philippine Overseas Employment Administration (n.d.), 19,551 nurses emigrated from the Philippines in 2016.

Due to poor funding of the country's own health care system, there are not enough positions for nurses in hospital to fill the demand for health care services (Brush & Sochalski, 2007; Castro-Palaganas et al., 2017). Combined with changes in demand and immigration regulations in major destination countries (Buchan et al., 2013; Ortiga, 2018b), many nurses have been left unemployed, misemployed and underemployed. The Philippine Regulatory Commission has estimated that in 2001–2011, more than 200,000 nurses were unemployed or underemployed, meaning they had a job that did not suit their qualifications (Dimandal et al., 2018). These nurses may, according to Dimandal and her colleagues, work in nonhealth-related institutions such as call centres, malls and fast-food chains. Since the turn of the millennium, the business process outsourcing sector (BPO) or call centres, has grown rapidly in the Philippines, providing new opportunities for socioeconomic mobility. A growing number of trained

nurses are employed in call centres, a sector that offers significantly higher wages than both public and private hospitals (Ortiga, 2014).

## 4 | METHODS

This article builds on fieldwork conducted in the Philippines between 2018 and 2019. It draws primarily on one data set, which comprises in-depth interviews with 12 Filipino nursing graduates (eight women and four men). At the time of interview, six of the nurses were working as hospital nurses, four nurses were working as call centre agents, one nurse was working as a clinical instructor and one nurse had recently returned to the Philippines and was retraining to become a medical doctor. For further details, see Table 1 below. This data set is part of a larger multi-sited ethnographic study focusing on the migration decisions, experiences and practices of Filipino migrant nurses in Norway.

The participants were recruited through personal networks in the Philippines and contacts I made during fieldwork in Norway. The interviews were conducted in English, the language of instruction in nursing schools in the Philippines. I asked questions about their motivations for pursuing a nursing degree, their career after graduation and future career plans, migration aspirations and if and how other people had influenced these decisions. Being an outsider to the nursing profession and a foreigner in the Philippines in many ways turned out to be an advantage for the interview process as I entered the setting with fewer preconceptions about the nursing profession in the Philippines thereby allowing the nurses themselves to be the experts regarding their own professional lives. At the same time, because I had previously worked as a volunteer in the Philippines and visited the country several times, I entered the field with some knowledge of the Filipino language and culture.

**TABLE 1** Characteristics of participants.

Pseudonyms	Gender	Year of graduation <sup>a</sup>	Current work	Migration aspirations
John	Male	2005–2010	Call centre agent	Past
Lyka	Female	2005–2010	Call centre agent	Past
Marisol	Female	2005–2010	Call centre agent	Past
Maya	Female	2005–2010	Call centre agent	Past
Ruby	Female	2005–2010	Hospital nurse	Past
Analyn	Female	1991–1995	Hospital	Past
Isa	Female	2005–2010	Hospital nurse	Past
Jayson	Male	2011–2015	Hospital nurse	Past and future
Gloria	Female	2005–2010	Hospital nurse	Past and future
Joshua	Male	2005–2010	Hospital nurse	Past and future
Mark	Male	2011–2015	Student	Past
Reyna	Female	2001–2005	Nursing instructor	Current

<sup>a</sup>To ensure anonymity of the participants, the year of graduation refers to time periods rather than the exact year of graduation.

The interviews were transcribed and organized for subsequent thematic analysis. Immobility was not a focus at the outset of this project. Originally, the research project set out to examine the migration experiences of Filipino migrant nurses in Norway. The initial idea behind interviewing nurses residing in the Philippines was to get a clearer picture of the labour market these nurses had left. During these interviews, and as I was starting the thematic analysis, my attention was drawn towards less studied aspects of nurse migration, such as the process of letting go of migration aspirations and the active decision to stay in the Philippines.

Based on the themes that were identified during the thematic analysis, the remainder of the article is structured as follows: First, I address the issue of choosing nursing and how regulations in destination countries and the local labour market for nurses affects migration capabilities. This is followed by a section on how (non) migration decisions are influenced by individual and family events, as well as anticipated events in the life cycle. Finally, I conclude the analysis by looking at how (non)migration aspirations may be adjusted based on other family members' migration decisions and failed migration.

## 5 | IMPROVING CAPABILITIES IN A PRECARIOUS LABOUR MARKET

As previous research on nurse migration has pointed out, taking up nursing is widely seen as a secure way of finding work overseas (Choy, 2003; Pyle, 2006). The prospect of landing a well-paid job in a foreign country was a contributing factor in the decision-making process leading all the nurses in this study into nursing. At the time of graduation, they could all be described as aspiring migrants. The decision to take up nursing had been taken at a time when demand and recruitment of Filipino nurses was high in major destination countries such as the United States. By the time many of the nurses graduated, immigration regulations overseas had become increasingly strict, and their capability to migrate had diminished. Gloria had taken up nursing to join her grandmother who worked as a nurse in the United States. As regulations on family reunification had changed while she was in college, her plans changed.

*When I was in high school, my grandmother was in the US. She wanted me to take up nursing because at that time they still allowed grandparents to petition for their grandkids from the Philippines to [come to] the US. Unfortunately, when I graduated from college in 2010 it was no longer allowed, you can only petition for your kids. But the real reason why I took up nursing was because my grandmother was going to petition for me, that's the reason.*

Changes in immigration regulation in the United States led Gloria to temporarily put her migration aspirations on hold after graduation. When the door to the United States closed, she started to look for

opportunities within the Philippines. After submitting her resume to 44 different hospitals in the Metro Manila region without luck, she once again started to contemplate international migration. However, a temporary position became available at a local hospital in her hometown, and she decided to return home. When I met Gloria, she had advanced to a permanent position in a government hospital, although still considering migration in the future. Gloria's experiences with changing immigration regulations show how migrant workers' mobility is dependent on the migration regime in the destination country, which are not fixed, adding a temporal dimension to migration aspirations and capabilities. This exemplifies how structural forces may facilitate or constrain certain migration trajectories (Carling, 2002).

Even though nursing is, as mentioned earlier, regarded as a portable profession that might serve as a passport to overseas work (Choy, 2003), a nursing degree alone was not sufficient for the nurses in this study to be able to leave the Philippines to work as nurses overseas. As Thompson and Walton-Roberts (2018) have demonstrated, many of the desired destination countries require that nurse migrants have at least 1 or 2 years of hospital work experience before moving overseas. To meet this requirement, the newly graduated nurses had to navigate a job market in which there were few or no options for paid nursing positions (Ortiga & Macabasag, 2021a). 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 & Roco, 2012). This requirement thus created a situation where the nurses in this study became involuntary nonmigrants. For those who were determined to pursue a nursing career, the only option available was unpaid volunteer positions. Due to the large number of new nurses graduating annually from the nursing schools, there was a great deal of competition even for these unpaid volunteer positions. At this point in time, it was not only regulations overseas that were restricting nurses' capability to migrate. As Ortiga and Macabasag (2021a) note, navigating the job market after graduation makes the dream of migration less viable.

While hospitals were the preferred workplace for the nurses after graduation, there are, as Ortiga and Macabasag (2021a) have pointed out, other positions beyond the hospitals that are less competitive and offer a more stable wage, such as community health worker. Despite the economic stability that these positions offered, they did not provide professional development equivalent to the hospital setting nor the experience that many destination countries required of migrant nurses. The decision to opt for a position that pays a living wage may at times counteract the capacity to migrate (Ortiga & Macabasag, 2021b). Jason, who worked in a rural health unit after graduation, feared that he might get stuck professionally. The choice he had made to sustain himself in the Philippines was at the same time impeding his migration project. He, therefore, decided to take on additional training to improve his chances of being employed as a nurse in a hospital.

*It was really hard to find a permanent job. [...] My professional career began at the rural health unit. I*



*worked there as a rural health nurse, as a job order; I did not have permanent position. Then I realized that if I stayed in the rural health unit, I might not have this career advancement. And then I went to the nearest training centre to train [in] dialysis nursing. And then when I had my certificate already [...] that's when the plantilla<sup>1</sup> positions opened. I filed my application and luckily, I got hired. [...] mainly because of the training I had which was really badly needed then [...] I felt that I was kind of, or that I would be stuck at the rural health unit. I don't have career advancement [opportunities]. So that's when I made an effort to find some other options for me to grow as a professional.*

The idea behind taking on additional training was initially to land a position in a hospital that would provide him the required experience to work as a nurse overseas. However, as he started to work in the hospital, he found that he came to like it in the hospital in the Philippines.

*But as I have worked in the Philippines I have learnt to enjoy [it]. I've learnt to love practicing here in the Philippines. And so, I chose to stay for a while to serve my country.*

While he now had the capability to migrate, the idea of migrating was suddenly less appealing. The road he had taken to achieve this capability had also improved his capability to stay and led to a greater satisfaction with his situation in the Philippines and thereby diminished the need and aspiration to migrate. Although he had not closed the door on international migration, he was satisfied with his career and life in the Philippines. Just like other decisions and priorities we all regularly make, the (non)migration decision is often re-negotiated. The way Jason reflects arounds his current decision to stay as well as the potential migration in the future highlights the temporal dimension of (non)migration decisions.

## 6 | WHOSE ASPIRATIONS? BALANCING INDEPENDENCE AND EXPECTATIONS

When looking into the nurses' migration aspirations, it was at times difficult to tell whether the nurses truly aspired to migrate or whether they were responding to their parents aspirations, other family members or even expectations from society. As noted by Mata-Codesal (2018, p. 5), 'the articulations between trajectories of (im) mobility are complex: They involve both the personal and the family level and need to be considered along both time and space'. This is exemplified by the narrative of Gloria. Her decision to take up nursing and later consideration of whether to move overseas were based on a

range of factors including expectations from parents and relatives, a wish to improve her own prospects as well as the conditions for nurses in her own country.

*They [my parents] told me to take up nursing, so I took nursing. And I love nursing. [...] Because of the workload here in the Philippines and the lack of compensation, because we have no overtime work even though we work overtime, I have plans to go abroad because I have relatives there and they are really encouraging me to apply. [...] I already started passing the requirements for the NCLEX<sup>2</sup> examination, but not yet approved. [...] Actually, they [my parents] are the ones pushing me to go. Because the money I give them is [not very much]. If I go abroad, I can give them more. That's why they want me to go abroad [...] And for my kids also, to be sure that there will be greater financial support in the future for their education. It is really hard if you stay here, you will not have that amount, you will not be able to achieve your other goals.*

As a newly graduated nurse, Gloria found that her entrance into the United States had been blocked by changes in immigration regulations. After working as a nurse in the Philippines for almost a decade, she was now optimistic that her experience from the hospital and the passing of the National Council Licensure Examination would enable her to find work overseas. She was now also a mother of two and her parents were anticipating greater financial support than what her salary in the Philippines allowed. Having two younger siblings in the Philippines, she was ready to embark on a journey that would improve the financial situation of her children and parents.

While some of the nurses felt that the departure of siblings required them to stay in the Philippines, other nurses felt that the fact that their siblings had already migrated overseas put even more pressure on them to follow in their footsteps and find work overseas. Joshua, who was working in a private hospital, experienced that the fact that his younger brother had already migrated had increased the expectation and pressure to migrate. Unlike his younger brother, who was working as unskilled labour overseas despite having a nursing degree from the Philippines, he was not willing to let go of his professional career. His brother's experience overseas made him hesitate to pursue his migration aspirations.

*To be honest, I'm still looking for a job outside of this country. [...] I will not go abroad unless I get a job that is relevant to my educational and professional background. [...] There is pressure to go abroad. My mother is pushing me to go abroad. She is telling me that my younger brother already went and that I should do the same.*

<sup>1</sup>Plantilla is the number of approved positions in any governmental institution, whether filled-up or vacant positions.

<sup>2</sup>The National Council Licensure Examination (NCLEX) is a licensing examination for registered nurses in the United States (Kingma, 2006) and Canada (Walton-Roberts, 2021).

This also highlights how the desire to migrate is linked not only to the capability to migrate but also to conditions under which migration can be realized. As Mata-Codesal (2018, p. 7) phrases it, 'it is not just about staying or migrating but about doing so under certain conditions'.

Being able to follow a path that required spending up to several years in unpaid volunteer positions to gain the experience needed to be able to migrate overseas, or even to land a paid nursing position in the Philippines, required that the nurses have someone to cover their daily expenses and provide accommodation. While this was a question of each family's economic situation, it also intersected with a period in nurses' lives when they had reached an age where they were expected to contribute financially to the household. In the absence of paid nursing positions, some of the nurses sought alternative careers outside of the hospital setting, more specifically in the BPO sector. Lyka, who worked as a call centre agent when I met her, even though her dream was to practice as a nurse, described her decision as a way of paying back to her parents.

*Then again, we must be practical. Our parents spent a lot of money, [...] for your schools and all those nursing stuff. And then if you graduated one, two or three years ago and are still not giving anything back, you are not returning the favour. So you have to look for something else.*

In the precarious labour market for nurses in the Philippines, the call centre industry has provided opportunities for socioeconomic mobility (Thompson, 2019). While there are call centres that specialize in health care information and employ medical professionals, the call centres in which my respondents were employed did not have a health-related portfolio and thus represented a move away from the medical profession of nursing.

Finding a position that offered a salary that was sufficient for the nurses to cover their daily expenses was also important in terms of gaining independence. This became clear when I talked to Marisol. While her initial plan was to migrate to the United States after graduation, she was also drawn to nursing because it offered her a chance to leave her hometown and move to Manila to enrol in nursing school. After passing the board exam, she returned to her home province where her uncle was working as a medical doctor in the provincial hospital. After volunteering for 2 months at the hospital and then moving on to work as a volunteer with the Red Cross for 3 months, she told her mother that she wanted to earn her own money and asked for permission to return to Manila and transfer to a position in a call centre. The turn to the call centre was a response to the lack of other opportunities; as Marisol explained it, 'we can't wait to earn money'.

Call centre jobs offered several of the nurses in this study a competitive salary and career advancement within the BPO sector, which are also often stated as the most important reason for pursuing a career abroad. Even so, this career path could nevertheless interfere with their migration aspirations and reduce their chances of pursuing a nursing career abroad in the future. Mark, who was

retraining to become a medical doctor, reflected on how employment in the call centre industry might hinder the realization of migration aspirations for nurses. For the nurses who aspired to migrate, settling for a position in a call centre was perceived as a leading to a state of involuntary immobility.

*A nurse is paid a third of what call centre agents earn. [...] But if you work as a nurse in the hospital, you get a lot more opportunities to work abroad. While in the call centre, you might get a raise, but it's not always good to be in the call centres. [...] It makes it more difficult [to find work abroad] because you don't have the experience.*

It should however be noted that for the nurses who worked in call centres, none of them focused on the lack of capability to migrate, but rather that these positions offered a salary that was sufficient to sustain themselves and their families in the Philippines. In addition to the socioeconomic mobility, these positions might also offer spatial mobility without requiring international migration. John, who had been working as a call centre agent for almost a decade appreciated the opportunity to work in different parts of the country.

*I have been moving from one call centre to another. [...] They also give me opportunity to travel around in the Philippines.*

Lyka, who was currently a call centre agent had been given the opportunity to travel to Australia for a business transaction. In her early 20s, she had dreamt of migrating to New Zealand as a nurse. While she had let go of her migration aspirations, she welcomed the opportunities of shorter business travels.

While international migration can be seen as a way of moving away from family obligations in the home country, staying behind can also make it possible to live independently. In the literature, migration is often described as a means of gaining independence and escaping gender norms and dysfunctional relationships (Tacoli, 1999; Tyldum, 2015). Marisol, who was working in a call centre and living independently in Manila, expressed that the decision to stay might serve the same purpose. At the time, she felt pressured to return to her profession and join her older sister and parents who had already migrated to the United States. Even though she missed her family and had the chance to be reunited with them, she was still reluctant to leave her life behind and start a new life in which she would be reliant on her sister's family and her own parents. This exemplifies how the decision to stay requires agency and may go against family expectations. In addition to the fear of losing her independence, she also felt that by migrating she would have to put other life events on hold. When I met her, she was approaching 30 and felt that it was about time to settle down and start her own family.

*I think I would rather stay here because one of the things that I don't want with waiting for immigration is that you*

*can't get married. It will delay the petition. But what if by then you don't have a kid at thirty-five? That's what I've told my mum.*

While structural factors in the United States clearly influenced her decision, we need to look at expected and desired events in her life cycle to fully understand her hesitation to leave the Philippines. As noted by Stockdale et al. (2018), decisions to stay are related to key events in the lives of those who stay, as well as their family members.

## 7 | ALTERED PRIORITIES AND DREAMS

While most of the nurses had plans to migrate overseas at some stage during their college years or early career, these plans changed along with their life cycle and family cycle. Their decisions were not taken solely on an individual basis, and events that happened in their families influenced their plans regarding whether to leave the Philippines or to stay. The decision to stay, as well as to leave, is often part of a complex family strategy (Mulder, 2018; Stockdale et al., 2018). When I met Analyn, she was working in a government hospital and had let go of her migration aspirations, even though she had already processed the papers and applied for a position as a staff nurse in London.

*But before that in 2005 I applied as a staff nurse in London, and in 2006, my papers were supposed to be approved but then my brother died. So then I decided to stay here, because no one [is able to] take care of my mother, my father and my two sons. My husband is away working, and my adopted brother is also a seaman, so he is not here in the Philippines. If I will go to the US or somewhere, who will take care of my mother and my two sons? That's why, that's what makes me hold off on going. Anyway, I told myself I'm in the government and I think the compensation is good and we are just living in a simple way. So I decided to stay here.*

While changes in her family situation made Analyn let go of her aspirations of migrating overseas, she decided to take measures to improve her conditions in the Philippines by taking a master's degree in nursing that would entitle her to a salary increase and thereby improve her capability to stay.

*I decided to have a higher compensation because you get at least 5%–10% higher salary if you have a master's degree. I thought I'd better get a master's degree and stay here.*

According to Mata-Codesal (2018) typology, she could be described as desired immobile as she both had the expectations and the ability to stay. The expectations, however, was not

necessarily her own but rather a reflection of the current family situation. If this situation should be described as desired nonmigration might be subject to discussion and points to a weakness in Mata-Codesal's typology. Whose expectations and whose desires define the (in)voluntariness?

While the migration of family members led Analyn into nonmigration, Reyna, who was working as a teacher in the local nursing college when I met her, had started to prepare her migration to follow her husband who had already migrated. Reluctant to leave her family and a decent position in the college, she saw no other option than to let go of her desire to stay. Even though she had the capacity and desire to stay, the migration decision of her husband had reluctantly made her change her migration decision. Reyna's migration decision could be described as involuntary migration, a category that has thus far not been included in the capability-aspiration framework.

*Actually, I have ambivalent feelings. I want to be [re] united with my husband, definitely, but I also want to stay here. Of course, my family is here. [...] If given the chance to choose, I prefer to stay here definitely. I have to obey my husband.*

While previous examples have highlighted how other family members' migration decisions influenced the nurses' (non)migration decisions, staying was also increasingly a preferred option as the nurses grew older and advanced in their careers, although not necessarily within their field of training. For John, who had left nursing as a response to the low salary a position in the hospital would offer and was advancing professionally in a call centre, going outside the country to work as a nurse was seen as a last resort rather than something he aspired to.

*Compensation is a very big factor for someone to go back to their profession. Again, I'm not really shutting the door on nursing, I just feel that the salary for nurses here in the Philippines is so small that you had rather apply in a call centre. And I would love to practice my profession here in the Philippines. Going abroad is probably a last resort for me. I would love to practice my profession here.*

Despite wanting to practice as a nurse, his desire to stay in the Philippines outweighed the potential benefits of moving overseas as a nurse. His desire and capability to stay in the Philippines was enabled by the socioeconomic mobility that the BPO sector offered. As John described it himself: 'It will work for Filipinos to work here [in the BPO sector] compared to going abroad'. The main reason he had not, despite this, completely ruled out migration in the future was related to pressure from relatives overseas as well as his family who expected that he, as a graduate nurse, would work abroad. Just like Marisol, his desire to stay in the Philippines went against his family's expectations.



## 8 | CONCLUSION

Nonmigration is a complex and multi-layered phenomenon. While staying has often been portrayed in negative terms in the migration literature, such as being stuck or staying behind, this article has shown that staying is often an active decision which may at times require more agency and resources than the act of migration. For the nurses, who were trained in a profession largely geared towards overseas migration, the decision to stay at times went against the expectations and desires of other family members, and it required them to have the capability to stay. For several of the nurses, the measures taken to improve their capability to migrate instead made them capable of staying in the Philippines.

Even though migration-relevant policies in desired destination countries influenced migration capabilities for the newly graduated nurses, the narratives presented in this article show that internal factors and family relations play a crucial role in the (non)migration decision-making process. Important events, as well as anticipated events, in the migrants' life cycles influenced their decisions and aspirations. Uncertain about potential migration trajectories and not knowing how long it would take to get settled in a new country, some nurses decided to stay to avoid putting other life events on hold. Family relations and obligations affect not only the aspiration to migrate but also the decision to stay. This leads us to the temporal dimension of (non)migration aspirations and decisions. As seen in the narratives presented here, the decision whether to stay or go depended on where a person was in their individual and family life cycle and was also impacted by changes in regulations and labour market developments in the Philippines as well as in destination countries.

In this article, I have used the term nonmigration rather than immobility to reflect that spatial movement is just one of many possible forms of mobility. As much of the literature uses the term immobility to refer to instances of nonmigration, it has inadvertently concealed how nonmigration may lead to other forms of mobility, such as occupational or socioeconomic mobility. While migration is largely seen as a means to achieve socioeconomic mobility, working in a call centre offered the nurses in this study socioeconomic mobility without having to leave their country of origin. This further reveals how other forms of mobility may impact on the migration decision-making process by diminishing the need and desire for migration. While much of the research on the migration of nurses has focused on changes in regulation and employment opportunities in desired destination countries, there is a need for a deeper engagement with the role of domestic labour markets in studies of nurse migration and labour migration in general. While the nurses' migration aspirations and capabilities were clearly shaped by structural factors, this article has highlighted how decision-making and agency are played out within these structures.

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### CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

### DATA AVAILABILITY STATEMENT

Data for this article derives from ethnographic fieldwork, including in-depth interviews. The transcribed interviews are saved anonymously but are not openly available.

### ETHICS STATEMENT

The study has been approved by the Norwegian Centre for Research Data (NSD) on the 19 October 2016, with the reference number 49959/3/ASF.

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