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THE TRAJECTORY OF FILIPINO NURSE MIGRANTS IN THE UNITED STATES AND CANADA



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Abstract

Historically, the Philippines have led the pack of workforce nursing migrants in developed nations. Numerous studies have worked to understand the push and pulls factors leading to Filipino nurse migration. This research seeks to add to the discourse by shedding light on questions and enabling us to understand what Filipino nurses go through, the decisions they make and the road that they took on their way to migration overseas.

This study adapted the conceptual framework of migration and development (Naujoks, 2013) wherein the meanings, concepts and metric development of the people as migrants were elaborated to develop a meaningful whole into the diaspora.

The study was able to gather 68 participants, with 16 participants from Canada and 52 from the United States. The investigator interviewed overseas Filipino nurses with open-ended questions to qualitatively make sense of life stories to form a collective whole. The researcher wrote field notes to gather evidences that led to analysis and documented emergent themes.

Results showed the following trajectory: (1) Focal point; (2) Hesitancy; (3) Attachment; (4) Hurdles; (5) Euphoria; (6) Ambivalence; (7) Acculturation; and (8) Preservation. The study highlighted the trajectory of Filipino nurse migrants and served as an eye opener to society into their trials and triumphs. Findings can inform lawmakers in drafting policies for Filipino nurses, both locally and internationally.

KEY WORDS: Trajectory, Filipino Nurse, Migrants in the United States & Canada

Introduction

Historically, the Philippines have led the pack of workforce nursing migrants in developed nations. The country is considered as the “World’s main exporter of nurses” that “by the end of the 20th century, an estimated 250,000 were employed overseas in 31 countries around the world” (Trines, 2018). For many decades, the country has consistently supplied nurses to the United States & Canada (Lorenzo, 2007).

Precise figures on Filipino nurse migration to the United States & Canada were a challenge to obtain because many of those who sought overseas employment were recruited privately and not officially documented by Philippines Overseas Employment Agency (POEA). Moreover, Department of Foreign Affairs data were also incomplete as many people leave as tourists and subsequently become overseas workers (Lorenzo et al. 2005).

However, with the current exodus of Filipino nurses seeking US employment and the extension of 10-year basic education to 12-year basic education (K-12 program) have led to scarcity of nurses in the Philippines. K-12 impacts those working in the higher education sector: as senior high school was rolled out nationwide, in 2016, students go through two additional years of high school instead of proceeding on to university, resulting in low enrollment in colleges and universities, nationwide. It is expected that there will be no nursing graduates to take the local board exam for the years 2020 - 2021. Hence, as the country continues to export nurses, there are now very few nurses left.

In line with this, Bello (2019) stated that the Philippine government was set to limit sending Filipino nurses abroad because of the looming professional scarcity. This news came when the processing for United States nurse migrants became current. Thus, many nurses waiting for this opportunity were indignant. The quick response of nursing leaders to this was to reiterate that the government has no right to prevent nurses from leaving the country for employment as this was their constitutional right (Palaganas, 2019). The nurses encouraged the government to create better working conditions in the country to be able to keep their local employment.

However, one might ask, how cognizant was the Philippine government to the plight of Filipino nurses? What do they know about the needs of the profession and the trajectory of migrants when the nurses become employed in the United States & Canada? Why do nurses seeking best employment opportunities go to the United States & Canada? What was the future waiting in the United States & Canada for Filipino nurse migrants?

This study aimed to shed light to these question to enable us to understand what Filipino nurses went through, what their decision were and the road that they took on their way to migration in the United States & Canada. This study hoped to inform lawmakers in drafting better policies for nurses, both locally and internationally.

Methods

A case study is an intensive study about a person, a group of people, or unit which is aligned to generalize over several units which the researcher examined in-depth data relating to several variables. (Gustafsson, 2017)

Case study research is defined as the study of a case within a real-life contemporary context or setting. Creswell (2018) takes on the perspective that such research is a methodology, a type of design in qualitative research that may be an object of a study, as well as a product of inquiry. This study adapted the conceptual framework of migration and development (Naujoks, 2013) wherein the meanings, concepts and metric development of the people as migrants were elaborated to develop a meaningful whole into the diaspora.

For this research, intensive scrutiny is on the selected group of Filipino nurses who have migrated in the United States & Canada over time. The study further explained how Filipino nurses organize and the trajectory they went through. As a design, case study can help generate new ideas into their employment as nurses and role as a professional into our society. This study showcased the different aspects of the Filipino nurse’s life, their paths to migration and how these factors were intertwined with each other. This research protected the nurses who participated in the study by an informed consent and consensual decision –making throughout the data gathering process. The study protocol underwent Institutional Review Board (IRB) approval from the Centro Escolar University Manila, Research Ethics Board.

The corresponding author is the primary investigator who conducted the interviews. She has

a PhD in Nursing and was a Post Doctoral fellow conducting research at the time of the study. At the time of the study, this female researcher has conducted trainings on research and is a published researcher.

The participants were selected through convenience sampling. They are friends, colleagues and former students or classmates in nursing thus their relationship were established prior to study commencement. The investigator interacted with Filipino nurse migrants in the United States & Canada over a period of 3-5 years. Migrant nurses in their homes were visited by the investigator or via informal lunch and dinner appointments. Interviews were conducted with only the interviewer and the subject present while in some instances, a significant other was present as a passive audience. The research was conducted as part of the investigator’s post-doctoral fellowship study. The investigator’s bias, assumptions, reasons and interests in the research topic were also discussed with them. The interviews lasted from 30 minutes to 2 hours per participant.

Throughout the interviews, as rapport has previously been established, the participants were allowed to talk freely about their life and situation as a nurse migrant overseas. The initial question asked was “How are you now?” and with this, the investigator listened intently to their stories while asking trigger questions only as necessary. The participants were allowed to speak in a non-threatening environment and in a way that was most comfortable to them. If there were clarifications needed, the investigator asked the participant at the moment when it was mentioned. This is to ensure all data coming from

the participants were clearly stated and transcribed in field notes. There were no repeat interviews conducted because the data gathered from the interviews were adequate. When similar stories or life experiences emerged, the investigator knew the data has been saturated.

The researcher used field notes to highlight relevant facts and underline key issues/problems related to Filipino nurse migration patterns. The author utilized field notes during interview process and often quoting the words verbatim in order to capture the original words and meaning of the subject. The researcher analysed the field notes that were gathered through interviews and observations until emergent themes were revealed. The investigator and two colleagues coded the data. There was expert validation from a research panel and themes were derived from the data.

A focused analysis highlighted the trajectory of Filipino nurse migrants in foreign land as the investigator made sense of the nurse's stories to form a collective whole. Some of the participants provided feedback from the findings, but the transcripts were not returned to all the participants, due to geographical location concerns. But findings were discussed with the participants over the phone.

In writing the case study the investigator adopted, with revisions, the guidelines outlined in the Ashford University Writing Center. First Phase was to read and examine the case thoroughly. Dwelling with the data collected, the field notes highlighted relevant facts and underlined key issues and concerns. The Second Phase was focused analysis wherein the stages of transition were identified and the trajectory of nurse migrants was determined. The Third Phase was to uncover possible changes needed and this was compared with a review of related readings and discussions. These were characterized by the shared verbatim and experiences of the participants. The fourth and final Phase was to select the best solution to

issues and concerns of the migrant Filipino nurses. In this phase, the strong supporting evidences were considered highlighting the pros and cons to propose.

Results

The study was able to gather 68 participants in total, with 16 participants from Canada (Vancouver, Alberta, Calgary & Saskatchewan) and 52 from the United States with the following distribution: California (21), Maryland (8), New York, Connecticut, and Oregon (2 per state) ; and Georgia, New Jersey, Nevada, Indiana, Michigan, Pittsburg, Boston, North Carolina, North Dakota, Minnesota, Arizona, Mississippi, Texas, Florida, Hawaii, Virginia and West Virginia (1 per state). Majority of the nurses came from General Nursing Units (19). Many are Nursing Administrators (10) followed by Nurse Educators and Emergency Room Nurses (7 each group). There were Nurse Practitioners (4), Dialysis Nurses (3), Operating Room Nurses (3), Oncology Nurses (2), Critical Care Nurses (2) and Nurses working in Nursing Homes (5). There are participants working in the Telemetry Unit, Pediatrics, Psychiatry and in Military Service, also included is a Nurse Researcher and a Travel Nurse (1 each area). Since the study used convenience sampling and interviewed participants from the social networks of the investigator, there were no dropouts or people invited who refused to participate.

The highest educational attainment of the participants is a Bachelor of Science in Nursing Degree (38), followed by those with a Doctoral Degree (17) and a Master's Degree (13). The participants marital status is Married (50), Single (8), in a Relationship/with Partner (6) and Widowed (4). The age range of the participants are as follows: 41-50 years old (23); 31-40 years old (21); 21-30 years old (13); 61-70 years old (6); 71-80 years old (3); and 51-60 years old (2) respectively.

Results showed that after high school graduation, many Filipino households encourage their children to take up nursing because of the lucrative opportunity to work abroad. The local and

international demand for nurses has generated the growth of Philippine nursing schools in the past and there are currently more than 300 colleges of nursing that offer the program Bachelor of Science in Nursing. Philippine colleges graduate approximately 5,000 nurses annually (CHED, 2015).

Overseas employment for nurses was encouraged in the Philippines because the country has too few jobs for its population and even for those with jobs the economic condition of an average Filipino nurse was challenging (BLES, 2003). In the past, there has been an oversupply of nurses and this has resulted in many problems of the profession. To name a few- poor salary, unsafe working conditions and even volunteerism to get a certificate of employment, as this was necessary for overseas applications.

Based on the stories of the nurse migrants in the United States and Canada, the nurses undergo a trajectory like a path of career progression, a line of development as a person and as a professional. All of them describes this as an upward climb accompanied by a course of behavior changes as they age and mature through time. The findings of the study recollected the trajectory of Filipino nurse migrants with specific terms describing their transition from one stage to the next. Their story accounts for 8 stages of transition as follows:

1. FOCAL POINT: Studied nursing to work abroad

"We took up nursing to go broad and help our family" as verbalized by majority of the participants.

Many nursing students in the Philippines study nursing with the mindset to leave their homeland and work overseas. The United States being at the top of their list as a major destination because of the many opportunities offered in the "land of milk and

honey”. Followed by Canada, the United Kingdom, New Zealand, Australia and other first world countries that offer vast opportunities for nurses. Thus, to secure a good future for their children, parents in the Philippines make ends meet to pay for the education of their children through nursing school and nurses in the country graduate without student loans.

There is only one nursing program in the Philippines and that is the Bachelor of Science in Nursing (BSN) program. Thus all Filipino nurses graduate with a Bachelors, 4-year course, as a basic nursing degree. The curriculum in the Philippines was comparable to the western curriculum. The books were written in English and so were most medium of instruction. Nursing students were taught real life situations on how to care for foreigners and on how it is to work abroad. It was like being socialized to nurse a global community rather than to serve their fellowmen in their home country. Even the theories and principles learned in nursing were foreign, mostly western, rather than local ones.

The Philippines has a local board examination said to be more difficult than taking the National Council Licensure Examination (NCLEX) in the United States. It was observed to be that way because the Filipino nurse was being prepared to take and pass the NCLEX exam. A registered nurse that has gained work experience in the Philippines can apply to go abroad. A minimum requirement for overseas work was to get at least two- years’ experience as a nurse in a clinical setting.

2. HESITANCY in answering the question: To work in the Philippines or pursue the dream of employment in a foreign land?

A participant stated *“At first, I just wanted to get a job here. But then when I realized how hard it is to be a nurse in the Philippines, I am having second thoughts about going abroad”*. For the Filipino nurse, the Philippines were home and there was a certain kind of joy caring for their own fellowmen and coming home to their own family after work. Filipinos also feel

a kind of responsibility to care for their own parents as payment for the gift of education.

A nurse employed in a Philippine hospital sacrifices on minimum to low salary wage and unsatisfactory working conditions. However, this fact was made bearable due to innovations in our care settings.

Although, the nurse patient ratio in the Philippines was more than overseas, there are relatives staying at the bedside that help nurses look after the patient. The nurses can empower the relatives to do some bedside care for them. In some cases, the Filipino patient can also be quite understanding on the nurses. There were stories wherein patients may become “shy” to seek help or assistance when they know that the nurses have plenty of workload.

Filipinos were relational people. The Filipino nurse relates with her family, friends and community. It is the warmth of having company that makes it challenging for the Filipino nurse to migrate. Some nurses were happy to have established their comfort zone in a place of work that made them contented to stay in the Philippines. This phenomenon was particularly true recently when the country’s millennial nurses joined the Business Process Outsourcing (BPO) industry after graduation. This kind of employment has provided them with a good salary and less kind of that “life & death” responsibility, that it is quite difficult to entice them back to clinical/bedside/hospital nursing. Among them, only a few were planning to go back to nursing and work/migrate abroad as they have been living the life that they wanted with this BPO job. But for the others who still seek overseas opportunities, this BPO job is not a career in progression. So the nurses need to go back to beside nursing, gain experience and then apply abroad.

For others, the drawback was that in the Philippine hospital setting, the Filipino nurse was voiceless in the health care team. As it is primarily the medical doctor who make decisions for the patient and the nurse’s role was merely to carry this out. Some nurses feel frustrated that they were not seen as “equal” professionals that work in a team.

Despite the hesitancy in weighing the pros and cons of serving the motherland, the Filipino nurse’s choice to migrate was not just for a larger salary or better professional opportunity for themselves but mainly for their family. Since Filipinos were known to be family- oriented and would sacrifice self for the family, the decision for migration was brought about by the selfless desire to provide for the family. The participants wanted a better chance of a bright future for their children in the United States, Canada or elsewhere in the world.

3. ATTACHMENT: Learning the steps to migration. Applying with peers.

“I really don’t know, my co-nurses in the hospital was applying and so I just went along with them” revealed by one of the participants.

A nurse working in the hospital for professional experience was influenced by peers for overseas employment. Sometimes those who were hesitant to leave their work or country were enticed by friends and co-workers to join them in the applications. Filipinos being quite relational want to stay together in the country where they apply for employment or the hospital that they chose to serve. This was mainly to have someone familiar with them when they reach a foreign land. This kind of affinity/togetherness was commonplace among Filipino nurses.

The nurses have sought the help of a recruitment agency together to find out the steps to migration. Constant communication with peers with experience helped the applying nurse with the pros and cons of what they had undertaken. This was the crucial stage wherein the nurse decides on the path to take towards professional growth.

4. HURDLES: Hurdling the hardships and trials of applications, exams and requirements.

A nurse participant discovered *“it was really difficult and you even need to bring out your own savings for it. But I said, just fight the battle!”*

When the nurse makes the decision to apply, there were years of preparation to process the application. There were many requirements and examinations that need to be taken. In applying, the nurse needs to be physically, psychologically, mentally and most of all, financially prepared. Despite having no student loans, the money to be used in processing an application from this stage on comes from the salary of the nurse. At this time, most of the nurses have also started independent living so they need to make ends meet during the application process.

While working, the nurse started processing her requirements and applications, going to government agencies and schools for certification. Thus, most duty day-offs were used for requirements processing. Then the applicant saves enough money to apply and take several examinations. A diligent nurse takes on review classes long before the exam. This entailed making duty schedule requests and again using off days to attend review classes. At this time, the working nurse, has very little pay and very little rest. Just a few of the sacrifices needed to work on fulfilling the goal of migration.

There were several examinations that need to be passed before the application gets processed overseas and all of these have taken time. The nurse was cognizant that patience and perseverance on this stage was needed.

Although, a recruitment agency may offer to do the legwork of the application, the nurse knows, that may entail an amount to be paid to the agency before leaving the country or after starting to work overseas. Many nurses have grabbed this opportunity, despite the additional cost, because direct employment is quite scarce.

Filipino nurses, like all foreign educated Registered Nurses that applied for a working visa obtained a VisaScreen certificate. This certificate was issued by CGFNS International, Inc. (formerly known as, the Commission on Graduates of Foreign Nursing Schools), an international authority on credentials evaluation of health care professionals worldwide (Minority Nurse, 2013). This certification was quite a challenge to hurdle. Since the VisaScreen® was an immigration requirement, not a license to practice in the United States, it was just the start of the process for employment. It determines whether the nurse has the equivalent of a U.S. license and education, can speak and write English adequately and has adequate medical knowledge. To get the VisaScreen®, nurses needed pass either the CGFNS Qualifying Exam® or the National Council of State Boards of Nursing's NCLEX exam (Minority Nurse, 2013). This coupled with review and actually taking the examinations may have a waiting period of 2 to 4 years to completely process all requirements. This depends on the pacing of the documents reviewed in institutions and agencies, as well as the demand for nurses overseas. This process was similar for most other countries employing nurses from the Philippines. Sometimes, as years pass, changes in the status of the applicant occurs while processing the requirements- like getting married or having children. This further delays the processing and movement of the papers needed for employment and migration.

The Philippine government and the accredited professional organization (Philippine Nurses Association) held pre-departure orientations before the nurse leave to migrate overseas. This has helped prepare nurses for the changes needed in overseas employment such as settling into a new house, learning how to drive and getting a driver's license, as this was a necessity overseas especially in the US and Canada.

5. EUPHORIA: Victory in overcoming the struggles to migrate.

"When I first arrived in the United States, I was so happy I wanted to kiss the land that I am standing on" recalled by one of the participants.

When all was settled and done, the nurse can travel to the Promised Land. This stage was filled with excitement and anticipation. Finally being able to fulfill the dream that the nurse has labored for so long. The nurse sees only the beautiful in the foreign land. The comparison between previous and present work experiences were conditions that were often the topic of communication among new nurses. Homeland nursing pales in comparison. The nurses were in awe of the new technology, ideal nurse-patient ratio and many things positive. The United States was seen as the promised land of career opportunities. The nurse finds a sense of fulfilment in the chosen profession because the voice of the nurse was valued in the health care team. Some nurses also appreciate the move to have legal protection in their practice of nursing. However, this comes with a corresponding fee.

When a new Filipino nurse started in a workplace, other Filipino nurses come by for a welcome. Some would go out of their way to extend a helping hand in getting the new nurse settled in, getting groceries, showing the routines and giving valuable advice. The seasoned nurse "looks after" the new nurse, making sure that she was getting by and adapting. As much as possible, Filipino nurses stick together and form groups that help each other. They say it was a way of giving back or paying forward because they were also given the same courtesy when they were new. Together, the nurses celebrate Filipino traditions with food and stories recounting their struggles to reach the promised land of opportunities.

6. AMBIVALENCE: Questioning the choice, asking: Am I in the right place?

"Sometimes I think if I made the right decision. Back home, I don't do any chores. But in here I have to do everything!" lamented by one of the participants.

After several months or years, the migrant nurse

started to see the other side of being in a foreign land. There were realizations on how high the taxes were, the constant battle to prove yourself/ your worth, the stiff competition in promotion, the persistent need to be abreast with the evolving times and many others. The nurse then started to question her decision, as she may not have been prepared for this, coupled with homesickness. There was even a nurse who showed signs of seasonal depression, as it was very real in the context of a country with four seasons unlike the Philippines.

Filipino food was one among many things that a migrant Filipino longed for in their homeland. Filipino foods were available in some States but in others, it is scarce. The migrants would drive to far or near Asian markets to get a taste of what feels like home. Thus, many nurses have learned to cook Filipino food, especially the one that they were most craving for. YouTube and other Internet channels help with the preparation, though some ingredients were unavailable, these can be substituted to what was available in the market. This resulted in experimental hybrid food recipes that were taken during gatherings. These get-togethers were planned when most/ all family and friends could come. The sharing of traditional Filipino food was the main event along with life stories and occasional singing to the "Videoke" (Video with Karaoke). The Filipino nurse migrant does all that they can to counter homesickness.

However, this was a stage where the nurse's endurance was tested as several debts needed to be paid. These were from processing requirements to go abroad and for a family/extended family that waited for remittances in the Philippines. Thus the Filipino migrant nurse worked day and/or night, sometimes double jobs, picking up duties on the day off and other times working on holidays to save money and fill in "Balikbayan" boxes for relatives in the motherland. These boxes were filled with whatever was asked from the Philippines, and has taken some time to be filled. At every pay period, the migrant nurse added something to the box and take it away as sacrifice

from her usual budget.

Sometimes, a nurse migrates to the United States with family. With this, there was less chance at parenting because of shifting schedules at work and other societal expectations. Nurses on shift work faced many challenges accompanied with raising children, as compared to the sheltered life in the Philippines where most families have household help.

It was at this stage that the nurses also saw the negative characteristics of other Filipinos. Such as being competitive, placing a greater value to seniority at work or to the person with a higher net worth. The Filipino "crab mentality" may emerge among others, wanting to put people down to be ahead of the rest. During this stage, Filipino get-together and parties talked about stories of "who's who" and the nurse gets an idea of who has the better pay or the better opportunity. Sometimes encouraging the nurse to shift career, change areas or transfer employment. This stage was characterized by unrest and a lack of satisfaction, despite the comfort that was afforded them. They weigh the pro's and con's of staying in the United States as compared to the Philippines.

Other nurse migrants also bring their parents to the United States to take care of their children or to have a chance of the "good life". However, many Filipino older adults would want to go home, stay and retire in the Philippines. So, a visit to aging parents and relatives were one of the reasons why migrants take vacations backs to the Philippines as often as they can.

Some nurses revealed that, if there were better job opportunities and working conditions in the Philippines, then they would return home. In fact, there were a few who did that, and the nurses left behind that speak of them, were yearning for this courage to turn their back on the western comfortable life that they have been used to.

Due to several stresses, a few nurse migrants attested the inability to facilitate a good night's sleep.

Many of those, take sleeping pills to be able to rest. Again, the question of “*Am I in the right place?*” But with so many things to consider, one may regret to leave the opportunities in their work place. The nurses felt that once their choice has been made, there was no turning back.

7. ACCULTURATION: Embracing the choice. Remembering that there was no turning back because the investment was too high and there was nothing waiting for them in their motherland.

“I actually kind of got used to it. If I go back home, I would need to start from square one again” as one participant confessed.

The migrant nurse comes to a realization on the need to stand by this choice as this was not merely for her own benefit but also for her family. She has acculturated to the lifeways overseas and the comforts/convenience of life in this country was its main attraction for the nurse to stay. Through this, the migrant nurse learned to adapt and thus progress in the trajectory.

In the United States and Canada, it’s was relatively easy to afford what a person wants, just as long as the person can work hard for it. The skills of nurses were highly valued and appreciated. It was the place to earn money and save for the future. It was the ticket of the migrant nurse to financial freedom in old age and even some to spare for her family and relatives, as western currency has gone a long way when converted to Philippine peso. However, some Filipino nurses overseas have the dream to retire in the Philippines.

8. PRESERVATION: Maintaining attachment with the motherland. A longing for home.

“I really want to go home, as often as I can, even for just a vacation,” a participant stated.

The nurse migrant went home whenever possible- when the schedule permits for a vacation or when there was some budget to spare. It was

known that taking a vacation may entail spending, in a Philippine vacation it may actually entail more than that. Specific budgets were set for family, friends and relatives alike who received gifts and tokens of foreign goods, called “pasalubong” which mean a thought that the nurse remembered these people while overseas.

In the Philippine context, most foreign professionals returning to the country were seen as “well off”. Thus were expected to spend for family vacations, get-together and some community gatherings. Despite being financially draining at times, this Filipino cultural tradition was merely seen in the light of having people that showed importance to the returnee by going out of their way to spend time with them. These were little things, intangible ones that make the Filipino nurse’s fervent longing to go home. The warmth of the company of friends and family members, genuine smile, easy laughter, simple way of living and many others that has given the migrants a reason to come home even for a short period of time.

For some Filipinos with a more ardent love for country (sadly not all are like this), this was the stage to give back- to share whatever they can contribute to the country. Commonly, these were personal skills or talent-sharing of knowledge and expertise in nursing. For others, it was in the form of a vision, a technology to bring back to the country for the betterment of the profession. Others contribute to medical missions and help poor communities. Whatever their advocacies are, there is the desire to help and give back to their fellowmen and the country.

Discussions

Human migration was the permanent or semi-permanent relocation of people from one location to another- this was either by force, reluctantly or voluntary (Zhou, 2018). Filipino nurses have reluctantly or voluntarily migrated to other countries in search for foreign employment, better opportunities for themselves and their families. It was because overseas remittance has provided a comfortable life for their families left in the Philippines and even as an unintended consequence, remittances generated foreign exchanges for the country (Tarriela, 2006).

One participant stated, “the United States are for the young, for productive people who wants to earn and save up money. But when the migrant nurse grows old, they would stay in their homeland to enjoy a much simpler and comfortable life”. Meaning that as young nurses aspired to migrate in the United States, such young manpower was lost in the Philippines.

A study of Lorenzo (2005) reported that nurses leaving the country to work abroad were predominantly female, young (in their early twenties), single, and come from middle-income backgrounds. While a few of the migrant nurses have acquired their master’s degree, the majority have only basic university education. Many, however, have specialization in ICU, ER, and OR, and they have rendered between 1 and 10 years of service before they migrated. These nurses have been trained in the homeland and when they have acquired the skills, it was the receiving country that benefits from what they have to offer. Moreso, Lorenzo (2007) stated that the country loses its trained and skilled nursing workforce much faster than it can replace them, thereby jeopardizing the integrity and quality of Philippine Health Services. At present times, this has left the country with a scarcity of nurses altogether. As few nurses were being produced contrary to the global demands for them.

Similarly the study of Jurado (2015) revealed that mass migration of nurses from the Philippines to the United States was facilitated by a global nursing shortage that brought about changes in the immigration laws easing entry of nurses to the United States. The constructed reality among Filipino nurse-migrants was that nursing and migration to the United States was the key to improving the economic well-being and social status of Filipino nurses and their families. The sad part being most Filipino families, schools, and government take an active role in promoting this as a social reality.

The trajectory of Filipino nurse migrants can identify with this study as the stages captured the ambivalence and hardships that the nurse has undergone in the process of migration. “*If there is anything left for me in the Philippines, I will return*” showed that the Filipino nurse also looks after the welfare of her own country. At the stage of preservation, some feel the need to return and share what they learned in the foreign land. This is for the betterment of the profession also in the home country. The Philippines, having given skilled nurses to western countries must gain something in return, not just remittances to family members. This scenario is referred to as the country’s “brain drain”, meaning the lack or scarcity of seasoned and skilled nursing personnel in the country. Wherein “Brain Flow” must be advocated when migrant nurses share expertise in the Philippine nursing arena. This move was started by the Philippine Nurses Association of America with their “Balik-Turo” (Return to teach) program given freely every two years. However, this does not seem to be enough. There is a move to put policies in place to protect the integrity of nursing in the Philippines. Jurado (2015) recommended to that a course of action be adapted with the aim of promoting the retention of nurses in the home country and in the foreign country where they immigrate.

Conclusion

Results show that primarily the Filipino family socializes children to take up nursing to land a job overseas. This propagates the notion of the supremacy of foreign employment as compared to local employment. But can society be blamed for doing this? When even the Philippine government encouraged overseas employment of the nursing professional.

In line with the current issue on nurse scarcity, the Philippine government was encouraged to search for ways for Filipino nurses to be kept in the country and be given the opportunity to serve their countrymen. This was envisioned to start from the BSN Program, wherein curricular subjects can be aligned to local service that is fit for the Filipino community. For graduate nurses, better working conditions and a positive practice environment was seen to be an important factor in nurse retention. Philippine hospitals can look into equal opportunities for the professional growth of nurses.

The Philippine nursing curriculum needed to continuously give Filipino nurses the competitive edge. The teaching and learning methodologies designed and taught in the English language is a plus factor, so that overseas employment becomes a choice and not the only option. In line with this, the Philippine government can benefit in drafting a reciprocity agreement to the practice of the nursing profession. The agreement can be benchmarked from the ASEAN agreement wherein free flow of professionals and manpower were made available within the region. This was in recognition that the nursing professionals produced in the Philippines were of global standard and was thus, valuable in any workplace setting.

The Philippine government can partner with the Philippine Nurses Association as the Accredited Professional Organization to make a comprehensive orientation program for nurses who has sought overseas employment and migration. This would make better-

prepared nurses to the trajectory.

Nurse migrants overseas can formally have receiving teams for new migrants to help ease in the transition and acculturation of the professional and their family. This was in line with the Filipino cultural trait of “Bayanihan” which refers to the spirit of communal unity, work and cooperation to help a person/family/ community in need. It was a good time to keep this Filipino tradition alive among Filipinos anywhere in the world.

Highlight of the study was the nurse migrant’s love for family wherein the participants showed that they hurdled all hardships to be able to provide a better future for their family. Thus, receiving countries overseas must factor this in when employing Filipino nurses. A family status for employment was essential to keep nurses in their employment. Similarly, the chance to have paid vacations to their home country to maintain ties with family, relatives and the community was also quite important.

The Philippine government have a program on “Balik Scientist” (Return-Scientist) for returning science professionals who migrated overseas to share their knowledge and expertise in the local arena. Nurse migrants must be actively recruited for this program so that the nursing profession in the country continuously grow and flourish.

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