

Agency and temporality in skilled migration:

Decisions, experiences and practices of Filipino nurses in
Norway and in the Philippines

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Summary

This article-based dissertation presents a multi-sited ethnographic study of the migration decisions, experiences and practices of nurses educated in the Philippines. Their decisions either resulted in migration to Norway, or in their staying in the Philippines. The fieldwork on which this dissertation builds stretched across time and space to acknowledge that migration needs to be understood as a process across time rather than a single act of mobility at one point in time. While migration is a future oriented act, this dissertation shows how the decisions and strategies that the nurses employ are shaped by past experiences, the present situation and the prospective future. It also examines how individual and family events and concerns are entangled with policies, regulations and labour markets in more than one country. In this dissertation, acts and experiences in the present are consciously positioned in relation to prior considerations and future imaginaries in the life cycle of the migrants. Theoretically, this dissertation combines two well-established concepts within the discipline of human geography – labour agency and transnational family networks – with theories of time and temporality applied to the migration experience.

The overarching research questions are as follows: How are the migration decisions, experiences and practices of Filipino nurses impacted by temporal constraints? How can Filipino nurses' experiences of deskilling and waiting inform our notion of temporal constraints on labour agency? These questions have been operationalized further in the research questions that are addressed in each of the four articles. From different vantage points, the articles demonstrate the complexity of the lives of skilled migrants and the agency of labour migrants.

The first article, *Waiting: Migrant nurses in Norway* (co-authored with Taylor Vaughn and Marie Louise Seeberg), uses 'waiting' as an analytical lens to understand the experiences of nurses coming to Norway for work. Empirically, we compare the experiences of two groups of migrant nurses, namely nurses educated in Sweden and the Philippines respectively, who are subject to very different structural conditions. While the experience of waiting arises at the intersection of politically imposed structures and the complexity of ordinary human lives, the overall argument of this article is that temporal experiences of waiting may be less determined by structural conditions than has been suggested by evidence so far.

The second article, *Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector*, examines how migrant nurses exercise agency in the face of deskilling. Focusing on how the Filipino nurses act in order to cope with and change their circumstances within rather strict and formalized professional regulations and migration regimes, I address how the nurses engage with their

own process of deskilling. Without discounting how structural constraints shape possibilities and actions, I argue that a stronger engagement with individual experiences is needed to fully give credit to the agentic dimension in nurse migration. Bringing in changes that occur throughout the lifecycle, I further argue that aspirations and priorities may change across time and space.

The third article, *'She's Like Family': Transnational Filipino Families, Fictive Kin and the Circulation of Care*, addresses the complexity of transnational caregiving and draws attention to how regimes of mobility and welfare affect care needs and capacity. Despite strong family connections and the extensive provision of care that takes place in transnational families and through welfare policies in Norway, this article shows how the migrant nurses experience a care deficit, which they turn to fellow Filipinos in Norway to fill. In this article, I suggest broadening the definition of family to include biological and fictive kin, thereby decentring the nuclear heteronormative family as the operational family form.

The fourth article, *'I chose to stay for a while': Aspirations and capabilities in the non-migration decision making of nurses in the Philippines*, draws attention to the complex and multi-layered phenomenon of non-migration. Through an empirical focus on Filipino nurses who are situated in a 'culture of migration', this article highlights the voluntary aspects related to non-migration and the temporal and agentic dimensions of the decision to stay. While 'regimes of mobility' may restrict or enable cross border movements, this article emphasizes ongoing processes within the Philippines in terms of labour market development, family relations and individual considerations in its analysis of non-migration decisions.

While this dissertation contributes to the vast literature on transnational migration, perhaps even more notably, it also contributes to the emerging field of temporality in migration studies. A main contribution of this dissertation is that it recognizes the individual agency of skilled migrants, while at the same time acknowledging that acts are rooted in and shaped by structural relations, which have distinct temporal characteristics. The nurses in this study were actively engaging with and exerting agency within existing structures. One insight from this study is thus that migrant workers are not simply passive objects defined by constraining structures. Another noticeable insight from this study is the possible connection between experiences of waiting and deskilling. Due to structural constraints and a lack of recognition of their professional nursing skills, some nurses in this study entered into positions below their educational level to be able to remit back to their families and to secure residency in Norway. While their intention had been for this to be a temporary solution as a step towards their professional goal of becoming a registered nurse, several of the nurses got 'stuck' at a level below their educational qualifications. This shows the fine balance between productive waiting and deskilling.

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PART I: Foundation

1. Introduction

The COVID-19 pandemic has highlighted the importance, as well as the lack, of health care personnel worldwide and the unequal distribution of access to health care services around the globe. Following the outbreak of the COVID-19 pandemic, countries that have typically served as suppliers of nurses also faced an urgent demand for more nurses to care for their own populations. The Philippines, which has been a major supplier of nurses worldwide, consequently implemented a deployment ban on new hires for health personnel to ensure that the country had sufficient personnel for its own domestic needs (POEA, 2020a), which was later modified to a deployment ceiling of 5,000 new hires (POEA, 2020b). While nursing schools in the Philippines have produced a steady flow of nurses to fill vacancies around the world (Kingma, 2006), the COVID-19 pandemic has brought renewed attention to the ethics related to access to fair and adequate health care globally. This dissertation builds on data material collected prior to the outbreak of the COVID-19 pandemic and the ongoing pandemic is not reflected in the material.

Debate over the international migration of nurses and its consequences is not new. Central to the debate is the risk of draining nurses from less developed countries and the negative effects on health care services in sending countries (Aiken et al., 2004). Countries around the globe have reported a growing shortage of nurses, leading to talk of ‘a global crisis in the health care workforce’ (England, 2015, p. 144). To curb the crisis, countries in the Global North increasingly rely on recruitment of foreign trained nurses, and a growing portion of health professionals in said countries are foreign born (England, 2015). The Philippines and India are leading countries in supplying nurses for the global labour market (Thompson & Walton-Roberts, 2018).

Voices within Norway have long warned about the lack of health personnel, not least nurses, to care for the aging population (Gautun, 2020). Norway has had a growing need for nurses since the 1990s, and it has been estimated that Norway will lack 28,000 nurse labour years in the year 2035 (Hjemås et al., 2019). The need is particularly acute in nursing homes (Hjemås et al., 2019; Nortvedt et al., 2020), and strategies aimed at attracting more nurses to work in public health care services, have failed (Gautun, 2020; Isaksen, 2012). Previous and ongoing research in Norway has identified major weaknesses in the Norwegian health care sector such as an extensive use of part time positions and a high number of nurses leaving the sector (Gautun, 2020). While the Norwegian government organized recruitment of foreign trained nurses to fill this gap in the 1990s (Isaksen, 2012), there is currently no active recruitment of foreign nurses to fill the demand for nurses in Norway. This is according to the Directorate of Health due to the government’s commitment to the WHO code of conduct regarding

the ethical recruitment of nurses (Vaughn et al., 2020; WHO, 2010). Nevertheless, the number of nurses in Norway who are educated outside of the European Union is increasing (Dahl et al., 2017), and nurses educated in the Philippines make up the largest share of this group (Sirnes & Korsvold, 2018). Due to professional regulations and challenges encountered in the process of getting authorized as a nurse in Norway, many nurses educated in the Philippines are working as health care workers in Norway (Gotehus, 2021; Korzeniewska & Erdal, 2021). In light of this, the increased demand for nurses to fill vacancies in Norway arguably calls for a better utilization of the nurses already present in the country. The term 'health care worker' may cause confusion as it is generally a term applied to cover a larger category of health professionals that includes nurses. The Directorate of Health, however, who are responsible for the authorization of health professionals in Norway, applies the term to define a profession that is based on a three-year specialized upper secondary education (Helsefagarbeider). In this dissertation the term health care worker is applied according to the terminology of the regulatory body in Norway.

When discussing labour migration and the case of nurse migration, there are several aspects of the Philippines that makes it a prime example to study, which is also reflected in the vast academic literature on Filipino migration (see Ortiga & Rivero, 2019). The country is marked by a 'culture of migration' (Christ, 2016) which, according to Massey and colleagues (1993, pp. 452-453), describes a situation where 'migration becomes deeply ingrained into the repertoire of people's behaviours, and values associated with migration become part of the community's behaviour'. The Philippines produces more workers than can easily be absorbed by the domestic labour market due to a high fertility rate and a young population. Combined with a high level of unemployment, this is seen to boost the phenomenon of migration (Kingma, 2006). The great outmigration from the Philippines is largely state regulated, and the country has a sophisticated migration system that has come to serve as an example to other countries in the region (Oh, 2016). Government agencies are actively involved in the recruitment, deployment and repatriation of migrants (Rodriguez, 2010). I will return to these and other related aspects of nursing and migration in the Philippines in further detail in the next chapter.

Although a number of studies have examined nurse migration from the perspective of destination countries (England & Henry, 2013; Hardill & MacDonald, 2000; Ronquillo et al., 2011; Walton-Roberts, 2019), and to a lesser extent from the perspective of sending countries (Chikanda, 2005; Lorenzo et al., 2007; Thompson & Walton-Roberts, 2018), there has been limited research on nurse migration in a Norwegian context (Isaksen, 2012; Knutsen et al., 2020; Korzeniewska & Erdal, 2021; Nortvedt et al., 2020; Vaughn et al., 2020). The continued increase in demand for nurses worldwide, including in Norway, combined with the steady flow of foreign trained nurses from countries such as the

Philippines and India, to mention a few, calls for a better understanding of the experiences of these nurses as well as the labour market they enter and the labour market they leave behind.

This dissertation was written as an independent contribution to a larger research project funded by the Norwegian Research council titled 'Migration for welfare: Nurses within three regimes of immigration and integration into the Norwegian welfare state (WELLMIG)'. The overall project studied the different pathways of Swedish, Polish and Filipino nurses into the Norwegian labour market. By comparing the different groups of migrants, the project examined the impact of 'mobility regimes' on migrants' lives. My PhD project was a sub-project within the overall framework of WELLMIG. Empirically, the task of my project was to focus on Filipino nurses through fieldwork among nurses and their families in Norway and in the Philippines as well as in a workplace (health care institution) in Norway.

1.1. Research questions

This dissertation explores the decisions, experiences and practices of nurses educated in the Philippines. Their decisions either resulted in migration to Norway, or in their staying in the Philippines. It is inspired by the continued growth of skilled migration and the phenomenon of transnational living. Although the empirical focus of this study is centred around one profession, namely nursing, the aim of this dissertation is to add to the broader discussion surrounding the migration of skilled workers. Acknowledging that there are certain characteristics that are specifically linked to nursing as a profession and the empirical contexts of the Philippines and Norway, this dissertation also feeds into wider discussions on transnationalism and skilled migration. Through its attention to transferability of skills, labour agency and the life-worlds of migrant workers, it highlights the spatiotemporal dimensions of the decisions, experiences and practices of these migrants.

While the number of nurses who leave the Philippines annually in search of better paid positions overseas is consistently high, the aim of this dissertation is to look beyond the numbers and examine the experiences of individual nurses and their implications for transnational living. Even though nursing has given labour migrants from the Philippines an opportunity to migrate as skilled workers (Thompson & Walton-Roberts, 2018), there are considerable structural hindrances to their successful integration into the labour force in their countries of destination (Cuban, 2010; Hawthorne, 2001; Pratt, 1999). Focusing on the experiences of nurses educated in the Philippines, this dissertation will shed light on

how structural factors in Norway and the Philippines influence their access to nursing positions and their migration experiences more broadly.

This dissertation focuses on nurses as actors while acknowledging that they are also situated within broader structures of families, communities and nation states. The dissertation is mainly concerned with the macro and micro levels. The macro level allows for a focus on the roles that law, policies and institutions play in the sending and destination countries. The micro level looks more closely at the experiences of the individual nurses and their families. These experiences are shaped within a social and political context. It is within this intersection between the individual migrant actor and these broader structures that that this dissertation is situated.

As the title of this dissertation suggests, time and temporality are essential to the analysis of the decisions, practices and experiences of the workers on which this project focuses. As noted by Amrith (2021, p. 129), 'past, present and future journeys are subjectively (re)interpreted and (re)imagined over time as a consequence of changing political-economic conditions (as they relate to visa regimes, citizenship possibilities, labour market shifts), as well as through new relational encounters and experiences'. Through the articles in this dissertation, I draw attention to how structural constraints, such as immigration and professional regulations and family commitments, influence the migration trajectories and the professional careers of the nurses and create a variety of temporalities. In this dissertation, I will refer to these conditions as temporal constraints

In keeping with the focus on time and temporality, agency is conceptualized as a 'temporally embedded process' (Emirbayer & Mische, 1998, p. 963) which is informed by the migrants' past, present and future (Zampoukos et al., 2018) to enable a deeper understanding of the decisions, practices and strategies applied by the nurses. In this dissertation, acts and experiences in the present will be consciously positioned in relation to prior considerations and future imaginaries in the life cycles of the migrants. The theoretical framework of this dissertation thus combines two well-established concepts within the discipline of human geography – labour agency and transnational family networks – with theories of time and temporality in the migration experience. In the theoretical section (chapter 3), I will provide a more thorough discussion of theories of time, temporality, agency and transnational families.

The data derives from multi-sited ethnographic fieldwork in Norway and the Philippines and consists primarily of semi-structured interviews and observations. The research followed an inductive and exploratory research strategy, and new questions emerged from the collected data, which in turn guided the next steps of the data collection. The formulation of research questions was a dynamic process based on literature review, fieldwork and a preliminary analysis of the data.

The dissertation is guided by the following research questions:

1. How are the migration decisions, experiences and practices of Filipino nurses impacted by temporal constraints?
2. How can Filipino nurses' experiences of deskilling and waiting inform our notion of temporal constraints on labour agency?

These questions have been operationalized further in the research questions that are addressed in each of the four articles in part II of this dissertation. See table 1 for a list of the articles by title and research question.

Table 1. List of articles by title, research question and publication status

Article	Title	Research question(s)	Status
1	Waiting: Migrant nurses in Norway	How does an analytical concept of waiting contribute to understanding 'skilled migration'?	Published in <i>Time & Society</i>
2	Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector	How do the nurses exert agency when they are faced with barriers to their access to nursing positions?	Published in <i>Geoforum</i>
3	'She's Like family': Transnational Filipino Families, Fictive Kin and the Circulation of Care	How do regimes of welfare and migration in the countries of origin and destination affect the circulation of care within transnational families? What role do kin-like relationships play in the provision of care in transnational families?	Submitted to an international peer-reviewed journal
4	'I chose to stay for a while': Aspirations and capabilities in the non-migration decision making of nurses in the Philippines	Why do nurses who, in many ways, were 'trained for export' decide to stay put in the Philippines? How do the domestic labour market and family relations affect these decisions?	Submitted to an international peer-reviewed journal

1.2. Structure of the dissertation

This dissertation consists of two main parts. Part I comprises six sections. In section two, I provide a contextual background to nursing, migration and the labour market in the Philippines and Norway respectively. In section three, I present three theoretical approaches: transnational families, constrained agency and temporality. In section four, I introduce the methodological approach of the dissertation, which draws on multi-sited ethnographic fieldwork, before moving on to describe the process of data collection and the ethical considerations involved. Section five includes a brief outline of the four articles in this dissertation. Finally, the concluding section highlights the main findings and contributions of the dissertation.

Part II provides the full-text versions of the four articles submitted for publication in peer reviewed journals.

2. Contextualizing nurse migration

In this chapter, I provide an outline of the contextual background for the dissertation's focus on nurses educated in the Philippines. I begin the chapter with an outline of the educational and political context in the Philippines in relation to the large emigration of nurses before looking at the portability of nursing skills. I then move on to describe the situation in Norway in terms of the demand for nurses and the policies and regulations related to immigration of foreign trained nurses, more specifically nurses from countries outside the EU/EEA.

2.1. Modern-day heroes of the nation

The Philippines is a major supplier of nurses for the overseas labour market and accounts for an estimated 25 per cent of all overseas nurses worldwide (Matsuno, 2009). The emergence of the Philippines as a top source of nurse labour has received significant attention in the migration literature (see Ortiga & Rivero, 2019). According to statistics from the Philippine Overseas Employment Administration (POEA, n.d.), 19,551 nurses emigrated or were 'deployed' (which is the term used in Philippine migration terminology) from the Philippines in 2016. Precise figures are, however, difficult to obtain as many are recruited privately and therefore not included in the statistics. Additionally, there are also many who leave under other visa schemes and afterward become overseas workers. It is therefore likely that the official data on migration are underreported (Lorenzo et al., 2007).

Nursing is widely perceived as a secure way of getting access to better paid jobs overseas and as the shortest route to gain immigration status in the country of destination (Asis & Batistella, 2013; Kingma, 2006; Ortiga, 2018). While nurse migration is largely a female affair (Kingma, 2006), the number of Filipino men who study nursing has increased (Panopio, 2010). Several scholars have pointed out that many Filipino women and men who choose to study nursing are motivated by the prospect of finding work abroad (Espiritu, 2005; Thompson & Walton-Roberts, 2018). Nursing is a big industry in the Philippines with more than 400 nursing colleges spread around the country (Amrith, 2017). Many nursing programs in the Philippines are oriented towards overseas labour markets, and nursing schools, which for decades have produced a steady flow of nurses, are important players in the overseas migration of nurses (Choy, 2003; Kingma, 2006).

When discussing the high level of nurse migration from the Philippines, attention should also be paid to the colonial history of the country. The Philippines was conquered by the Spaniards in the sixteenth

century and later ceded by Spain to the United States in 1898 following the Spanish-American war. Although the Philippines gained its independence in 1948 after just fifty years of American rule, the American influence is widely visible in the country. The colonial history of the Philippines has left its mark in important areas such as language, religion, and the political and educational systems. English is one of two official national languages, and around 80 per cent of the population are practicing Catholics (Anderson, 2004; Kaufman, 2013). The educational system, not least nursing education, is heavily influenced by the United States, and a Western-style nursing education was introduced in the Philippines during the colonial time (Choy, 2003; Kingma, 2006). According to Choy (2003), preconditions for the large outmigration of Filipino nurses, which started in the late twentieth century, were set during the colonial period, and included an idealization of US work and academic experience, Americanized professional nursing training and nursing work culture, English language fluency, and gendered notions of nursing as women's work. It is widely assumed that nurses are 'produced' for overseas markets (Guevarra, 2010; Tyner, 2004), which is also reflected in the way the nursing curriculum has been influenced and adapted to meet the needs of international markets (Matsuno, 2009).

The Philippines has an advanced migration system, and the Filipino state is heavily involved in the recruitment, deployment and repatriation of its citizens (Rodriguez, 2010). The Filipino labour migration policies and institutions have come to serve as a model for other migrant-sending countries in the region (Oh, 2016). The labour migration scheme was implemented by President Marcos in the early 1970s as an interim program to 'help workers to generate foreign currency as well as acquire skills and technical know-how otherwise unavailable to them in the domestic labor market' (Christ, 2016; Eder, 2016; Parreñas, 2008, pp. 4-5; Tyner, 2009). Remittances are important on the national as well as on the family level. They account for approximately 10 per cent of the country's GDP annually and are sent directly to the families and impact on household well-being (Akter, 2018; Yamada et al., 2021). In the Philippines, remittances tend to be used for consumption purposes, including for food, housing, health care and education. Remittances also creates a difference in the standard of living between households with or without overseas migrants (Semyonov & Gorodzeisky, 2008).

Overseas Filipino workers (OFWs) are labelled as 'modern day heroes of the nation' (bagong bayani) who 'endure hardship and make sacrifices for the benefit of the nation' (Amrith, 2017, p. 3). The labour export policy has provoked criticism (Eder, 2016), however, and the country has been accused of treating migrants as 'export products' (Rodriguez, 2010). Rather than encouraging return migration, the Philippine government has focused on servicing their overseas workers in their destination countries. Philippine nurses tend to stay permanently in their destination countries and seem to go abroad and bring their families as soon as they are settled (Kingma, 2006).

2.2. Skilled migration and the portability of nursing skills

While being skilled has opened new opportunities for mobility, there are no guarantees that the skills migrants bring are valued or recognized in the country of destination, and migrants run the risk of being devalued through a failure to translate their foreign credentials and work experience (Kofman & Raghuram, 2015). Skilled migrants who work in regulated professions, such as nursing, are particularly vulnerable as they are dependent on their educational qualifications being recognized by the receiving countries in order to practice their profession (Kofman & Raghuram, 2015). Before a nurse can practice, their nursing degree must be recognized in the destination country. There is no internationally recognized and accepted standard that governs nurse authorization, and it is up to each country to determine the educational background and qualifications required (Kingma, 2006). Obtaining recognition of qualifications and competencies is often a long, frustrating and expensive process. In most countries, nurses must also prove that they can competently communicate in the language of that country (Kingma, 2006). The non-transferability of nursing skills has led to considerable evidence of deskilling of nurses globally (Kofman & Raghuram, 2015). An interesting point made by Kingma (2006) is how the non-recognition of foreign educated nurses provides health care sectors in the receiving countries access to nurses with professional skills at the lower cost of health care workers. In order to promote ethical recruitment of health personnel, the international community has taken action to promote practices that will encourage responsible recruitment of health personnel from developing countries through the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2010).

The debate on skilled migration within the field of migration and development studies has historically largely drawn on dependency theory and focused on the impact the emigration of skilled workers has on their countries of origin. Central to this debate has been the concept of 'brain drain', which implies that the loss of skilled workers has been harmful for developing countries, whereas developed countries have 'poached' these countries' skilled workers. Part of the argument behind the 'brain drain' concept relates to the cost of training for the country of origin (Skeldon, 2020). This is evident in international nurse emigration from low-income countries such as the Philippines which bear the costs of educating nurses who often leave the country once they have gained sufficient experience (Thompson & Walton-Roberts, 2018). Evidence from the last decades has, however, pointed towards more nuanced views on the relationship between skilled migration and development. While training costs and the loss of skilled personnel are important factors, one does also have to acknowledge that skilled migrants in general provide valuable remittances that in turn benefit their countries of origin. For many source countries, the remittances from overseas skilled health workers are generally greater

than the costs of training them. It has also been noted that remittances from skilled health workers, in comparison with many other groups of migrants, are substantial and sustained over time. This may serve as an explanation to the support for health worker migration from countries such as the Philippines, despite the potential negative effects on the national health care system (Connell & Walton-Roberts, 2016).

Another point that is also worth mentioning is the issue of high unemployment rate in the country of origin. Kingma (2006) argues that when countries are faced with un- or underemployment of nurses, emigration is seen to represent a net gain for the source country. 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, 2018), a large number of 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). However, nurse shortage and oversupply of nurses are concepts that should be further explored as there is a difference between the need for nurses and the demand for nurses. Whereas the demand for nurses is the number of nursing positions to be filled dependent on the availability of capital to pay for labour, need is the number of nursing positions that should ideally be filled to provide for the healthcare needs of the population (Kingma, 2006). Oversupply of nurses thus tends to create a situation where there is a large number of unemployed or underemployed nurses while at the same time a state budget shortage makes it impossible to employ more nurses. Consequently, it does not automatically reflect that the health care needs of the population are being met (Thompson, 2018). In the case of the Philippines, there is a surplus of nursing care, a deficit in actual healthcare, and a maldistribution of healthcare (Thompson & Walton-Roberts, 2018).

2.3. An underutilized resource

Norway has had an increased need for nurses since the 1990s, particularly in elderly care (Isaksen, 2012; Ugreninov et al., 2017). Although it is known that the population is aging, too few nurses have been educated. The deficit of nurses is expected to increase further in the years ahead. According to figures from Statistics Norway (Roksvaag & Texmon, 2012), the shortage of nurses to fill the vacancies and needs in Norway is expected to reach 28,000 person years in the year 2035 unless the number of nurses educated annually increases or the government finds alternative ways to recruit nurses. Even

though the number of male nurses has increased slightly in the last years, and men accounted for more than 10 per cent of nurses in 2017, nursing is still a highly feminized profession (Hjemås et al., 2019). The percentage of women who are part of the formal labour market in Norway is high in general, and women are employed at a rate only slightly lower than men. Even so, the Norwegian labour market is still gender segregated (Orupabo, 2016). While the participation of women in the labour market has been important for gender equality and the country's economy, it has created a demand for care workers to care for older family members and family members who need long-term care (Nortvedt et al., 2020).

Nurses from the Philippines constitute the largest number of nurses in Norway educated outside the EU. In 2017, 946 nurses with an educational background from the Philippines were employed as nurses in Norway. In addition to those working as registered nurses, there are also many nurses educated in the Philippines who work as health care workers in Norway. In 2017, there were 1,808 health care workers with an education from the Philippines employed in Norway, many (if not all) of whom had a nursing degree from the Philippines (Sirnes & Korsvold, 2018).

To work as a nurse in Norway, a Norwegian nursing authorization is required. The process of applying for authorization for nurses educated outside the EU/EEA, including in the Philippines, is a complicated and time-consuming process. To be authorized in Norway, Filipino nurses must pass a Norwegian language test, as well as both a theoretical and a practical test in nursing, and they must complete courses on Norwegian health services, health legislation and society and safe handling of medicine. Health care worker licenses were previously issued based on a four-year bachelor's degree in nursing from the Philippines. According to my informants, this license could be applied for even before leaving the Philippines and did not require any language test or additional tests. However, new regulations implemented in 2017 have made this process more challenging as a language test is now required for health care workers as well as a course on Norwegian health services, health legislation, and a practical test (Helsedirektoratet, 2019). In article 2, I discuss the implications of the authorization regulations in further detail, with a specific focus on the process of deskilling.

3. Theorizing migration experiences

The decisions, experiences and practices of Filipino nurses form the starting point for this dissertation. An agent-centred approach addresses how social relations, professional regulations and policies of emigration and immigration shape the processes of nurse migration. The decisions, experiences and practices are analysed within these structural dimensions, and this dissertation examines the agency of skilled labour within highly structured regimes of migration and professional regulations. The structures in which the nurses navigate are potentially constraining and greatly affect their lives. The lives of the nurses and the data on which this dissertation builds are not bound to one single nation state but are transnational in the sense that they have links to both the country of origin and that of settlement. Of particular relevance to this dissertation are transnational family practices and the influence of social relations on the lives of the nurses. The lives of the migrants are dynamic, and their decisions, experiences and practices change according to time and space. By applying a temporal approach, this dissertation sheds light on the different stages of migration and life cycles and how they impact on the experiences of the nurses.

In this chapter, I discuss three theoretical approaches, namely transnational families, constrained agency and temporality. These three approaches have been applied in the four articles in this dissertation. They theorize different aspects of the lived experiences and provide useful frameworks to address the overarching research questions presented in chapter one.

3.1 Transnational families

In this dissertation, I apply a transnational family approach to draw attention to how migrants are simultaneously embedded in two or more societies and how they are 'doing family' despite being separated by borders of nation states. This approach recognizes that migrants are often embedded in multi-layered and multi-sited social fields that include those who migrate as well as those who stay behind and thereby broadens the perspective of migration (Levitt, 2007).

The theoretical concept of transnationalism emerged in the 1990s from a realization that migrants continue to maintain ties to their countries of origin even after settling into their destination countries (Brettell, 2015). Transnationalism is defined as 'the process by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement' (Basch et al., 1994, p. 7). It emerged as a result of research that had pointed out that many migrants are not

'uprooted' but rather seem to be living a life which includes the host country as well as the home country (Schiller et al., 1992). In line with this, the concept of transnationalism gained prominence in migration studies, and there has been a growing and ongoing interest in the transnational lives of migrants.

While transnationalism is arguably not a new phenomenon, its existence was largely hidden by the methodological nationalism that was dominant in migration research which tended to reproduce the nation state and its boundaries by taking it for granted as the natural and political form of the modern world (Wimmer & Glick Schiller, 2002). Central to the concept of transnationalism is the social process by which the migrants operate in social fields that go beyond geographical, political and cultural boundaries (Basch et al., 1994; Brettell, 2015). Transnational social fields, which connect those who move and those who stay behind, exceed the boundaries of nation states, and migrants come into contact with multiple sets of laws and the institutions of more than one state (Levitt & Glick Schiller, 2004). Adopting a transnational approach, I recognize that the lives of migrants are not limited to one nation state, and that their decisions, experiences and practices are shaped by relations and processes that span the boundaries of nation states.

In order to grasp the complexity of migration experiences, different levels of experience as well as different sites should be studied simultaneously. According to Levitt (2007, p. 23) 'a transnational perspective tries to look at all layers of social life simultaneously and understand how they mutually inform each other'. Applying a transnational lens thus had methodological implications for this project, which I will return to in further detail in the section on methodology. By applying a transnational approach, I acknowledge that migrants are both immigrants and emigrants and that they have links to their country of origin as well as their destination country.

The emergence of transnationalism shifted the unit of analysis from the individual migrant to the migrant household (Brettell, 2015). Until the turn of the century, the experiences of so-called left behind family members had received little academic attention (Haagsman & Mazzucato, 2020). In the early 2000s Bryceson and Vuorela (2002) highlighted the existence of so-called transnational families and thereby marked the beginning of a new sub-field within transnational migration studies that shifted the focus to how families continue to function across distance. A transnational family approach draws attention to the changing nature of the family and how family ties are sustained and changed over time and space (Levitt & Glick Schiller, 2004). Transnational families have been defined as 'families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely "familyhood", even across national borders' (Bryceson & Vuorela, 2002, p. 3). By including family members who remain in the country of

origin in migration research, researchers have been able to gain important insight into the lives of migrants as well as the lives of the family members who remained behind (Haagsman & Mazzucato, 2020; Mazzucato, 2011). Even though the focus of this dissertation is on the practices and experiences of the individual nurses, applying a transnational family approach enables a deeper engagement with the influence of family and social networks and how they shape the lives of transnational migrants and non-migrants. While family plays a vital role in the initial stage of the migration decision, the articles in this dissertation show how family influence continues to shape the decisions, experiences and practices throughout the life and migration cycle. While this is particularly evident in care provision within transnational families, including 'fictive kin' (article 3), the dissertation additionally shows how responsibilities towards family members effect the migration decisions (article 4) and the professional careers of the nurses (article 2 and 4).

3.2 Individual agency and structural conditions

This dissertation, in line with an emerging strand of research, seeks to challenge the objectivization of care migrants and highlight their agency within structural constraints (Thompson, 2018). Nation states with their borders and regulations shape the possibilities for and opportunities of potential nurse migrants. My encounter with Filipino migrant nurses in Norway called for a theoretical framework that moved beyond these barriers and enabled a focus on the agentic dimension of the nurses' experiences and decisions. By focusing primarily on the barriers for and oppression of migrants, we risk concealing their agency and individual stories (Zontini, 2011). In this dissertation I seek to acknowledge how nurses, despite being embedded in constraining structures, find ways of asserting agency and alter their position within the system. I do not limit structures to those of nation states and labour markets but also analyse how family and social network structures affect the trajectories and experiences of nurses. Although this dissertation gives priority to the agency of the nurses, I do not wish or intend to discount the barriers they encounter in the form of structural constraints.

The agency of migrants has concerned migration research from its beginnings (Thompson, 2018). While many theories rest on the assumption that migrants have a significant level of choice over their decisions (Bakewell, 2010), others focus on structural pressure and inequality (Ronquillo et al., 2011). One way of differentiating between levels of agency has been through the use of the terms 'voluntary' migration, which is characterized by a high level of agency, and 'forced' migration, which typically refers to refugees with highly restricted agency (Mainwaring, 2016). These simplistic characterizations are, however, increasingly being questioned as a tool to account for migrants' agency (Carling, 2002;

Thompson, 2018). While critical approaches to migration are increasingly recognizing that the decisions of whether and where to migrate are inherently imbued with elements of choice, my approach to migrant agency in this dissertation is not restricted to 'choice' (Bakewell, 2010; Gaetano & Yeoh, 2010; Mainwaring, 2016) but rather concerns 'understanding decision making, the room for manoeuvre, opportunity structures and migration trajectories' (Anderson & Ruhs, 2010, p. 178).

Goss and Lindquist (1995, p. 344) highlight the complex relation between structure and agency in labour migration by describing overseas labour migration as 'the outcome of a complex combination of individual actions and social structures'. While policies and regulations may limit the opportunities and possibilities available to migrants, potential citizenship in countries in the Global North symbolizes privilege compared with the rest of the world (Castles, 2011) and the potential for improved welfare and living conditions through migration have been used to explain international migration. Carling and Collins (2018, p. 921), among others, however, argue that structural factors that are often seen to be the 'drivers' of migration 'cannot alone explain migration; rather, they facilitate or constrain individual agency'. In an attempt to advance the theorization of migration and give increased attention to the agentic dimension, de Haas (2021, p. 2) sets out to conceptualise migration as 'a function of people's capabilities and aspirations to migrate within given sets of perceived geographical opportunity structures'. Building on the aspirations-abilities framework (Carling, 2002), he argues that the act of moving and that of staying should be seen as 'complementary manifestations of migratory agency' (de Haas, 2021, p. 1). While migration studies have focused heavily on acts of moving, the mobility turn in the social sciences has led to an increased focus on the majority who do not migrate. On the subject of agency, Schewel (2020) emphasises that the act of staying should not be treated as a passive default situation but rather an active act. This is further elaborated on in article 4 where I analyse the narratives of Filipino nurses who for various reasons let go of their migration aspirations and, at least for the time being, manoeuvre the local labour market to improve their conditions.

Through the articles in this dissertation, I show that both structures and agency have a temporal dimension. Structures such as visa and professional regulations may contribute to precarity and insecurity among migrants and aspiring migrants as they seek to cross borders and get established in a new place. Temporary visas or specialist visas that determine the sector for which migrant workers are required to work temporarily structure the migrants' acts and the possibilities available to them (Allen & Axelsson, 2019). Following Anderson and Ruhs' (2010) approach to agency, the agency of migrants often concerns the way they engage with such structures and find room for manoeuvre within these temporal constraints. Emirbayer and Mische (1998, p. 972) describe agency as three-dimensional where actions are 'more (or less) engaged with the past, more (or less) directed towards the future, and more (or less) responsive to present'. In the same way, Longva (1997) stresses the importance of

recognizing how the past, present and future inform agency. In their article on migrant Chinese chefs in Sweden, Axelsson and colleagues (2017) demonstrate how accepting and adapting to precarious work conditions may be part of a long-term project to secure permanent settlement and a better future for themselves and their families. In their pathways to settlement, some migrants may accept exploitative working conditions to extend their work permits (Ho, 2021).

The workplace is an important arena for understanding the experiences and practices of nurse migrants and, more specifically, their expression of agency. Labour geography has, until recently, mainly focused on collective and strategic actions in its exploration of labour agency in the workplace, with scale being the central concept used to explain strategies applied to alter vertical arrangements (Jordhus-Lier et al., 2019). The favouring of one dimension of sociospatial relations has, however, been questioned and criticized. Jessop and his colleagues (2008, p. 389) argue for a systematic recognition of 'the organization of sociospatial relations in multiple forms' and that territories, places, scales and networks need to be viewed as 'mutually constitutive and relationally intertwined dimensions of sociospatial relations' to enable a 'a thick description' of complex phenomena, such as labour migration and labour market integration. As Zampoukos et al. (2018, p. 43) argue, time and space need to be considered together to 'understand the life-worlds of people'.

In this dissertation, my focus is on the individual agency of workers. In the early days of labour geography, Herod (1997, p. 3) argued for the importance of recognizing the role of workers and '[treating] 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'. While workers, through their individual agency, can make improvements in their everyday lives, their effects on structures may be limited. Studies of structures are nonetheless important to uncover how 'forces within capital and the state may be served by workers' powerlessness' (Knutsen et al., 2015, p. 164). In article 2, I discuss the individual agency of workers, focusing on the process of deskilling. While deskilling may imply that the barriers the workers face are structural, a noticeable insight from the article is that the nurses, through their acts, rework their own position and chances in the labour market while simultaneously contributing to their own deskilling and thus risk upholding unfair practices and inflicting these practices on future nurse migrants.

While much research on nurse migration has focused on conditions and experiences in the receiving context, applying a transnational approach allows for an inclusion of the sending side in the analysis of structure and agency in nurse migration. As noted in the background chapter, there are several structural characteristics of the Filipino labour market and society that greatly impact on the decisions,

experiences and practices of potential nurse migrants. The experiences and opportunities of migrant nurses are not only shaped by structures in the country of destination. Prior experiences in the country of origin as well as expectations from family members and the wider society are seen to draw Filipino nurses into migration and shape their experiences. Nurses may exert agency by exiting the domestic labour market in search of better opportunities elsewhere (Kiil & Knutsen, 2016). By including the sending side and the agency of nurses who decide to stay in the Philippines (article 4), this dissertation shows the complexity in the relationship between structure and agency.

3.3 Temporality, migration and life cycles

This study stretches not only across space but also across time. In this dissertation, temporality is applied as an epistemological tool to analyse the decisions, experiences and practises of the nurses. This means that acts and experiences in the present are consciously positioned in relation to prior considerations and future imaginaries in the life cycles of the nurses I have studied.

Theories of temporality have recently gained increased interest in the field of migration, even though space and spatiality remain dominant in the analytic understanding of migration (Griffiths, 2014; Robertson, 2019). A significant proportion of the empirical work that analyses the temporality of migration experiences has focused on asylum seekers and irregular immigrants (Bendixsen & Eriksen, 2018; Griffiths, 2014; Rotter, 2016). The temporal experiences of skilled migrants have received less attention (Robertson, 2019; Vaughn et al., 2020). However, a temporal approach to the experiences of labour migrants can enhance our analysis of the migration process and migrants' relation to labour markets (Anderson, 2007).

While time may be seen as a quantifiable and objective term, temporality relates to the lived and subjective experience of time which is dynamic and socially experienced (Wang, 2020). Time may be defined and experienced differently depending on the social context (Cwerner, 2001). The temporal dimensions of migration are related to the management of (im)migration by nation states, as well as the social and cultural practices of migrants (Robertson, 2014). Time and temporality play an important role in the management and structuring of migratory flows (Axelsson, 2017; Robertson, 2014). Movement and rights of labour migrants are controlled through structures that stretch and manipulate time (Allen & Axelsson, 2019). This interruption of migrants' time has been referred to as 'temporal borders' (Mezzandra & Neilson, 2013), and they control 'not only the time and speed by which migrants are able to move into labour markets, but also their ability to access rights and legal protection' (Allen & Axelsson, 2019, p. 118). According to Robertson (2014), the temporal dimension

is what distinguishes migration from other forms of mobility. While the duration of the mobility is one key distinction of migration, another important distinction is the way the migrants' biographies are temporarily structured by national and international systems of governance. In this dissertation, I shed light on how these systems, namely visa regulations and professional regulations, shape and affect the decisions, experiences and practices and the time it takes for migrant nurses to settle down and be fully included in the labour market.

The temporality of the migration status has been seen to create a precarious situation for migrants in terms of residence permits as well as in the labour market (Axelsson et al., 2017). Experiences of 'waiting' have increasingly been identified as a common aspect of the migration experience and reflect how we perceive and experience the temporal dimensions of our lives (Griffiths, 2014; Vaughn et al., 2020). The transition between the domestic labour market and full integration into the labour market in the destination country has further been described in terms of liminality and liminal spaces. While the concept of liminality has typically been applied in relation to personal life transitions (Turner, 1995), it has also been adapted to include the work-related concepts of flexibility, precariousness and employment mismatch. Transnational migrants occupy liminal spaces as they 'remain "in between" home and host society, not really belonging to either' (Devasahayam et al., 2004, p. 136). In the liminal phase where the migrant worker has left the local labour market and has not yet settled fully into the labour market in the destination country, the labour migrant may temporarily accept a marginal or mismatched position in the labour market (Underthun & Jordhus-Lier, 2018). This is further discussed in article 2 of this dissertation.

Based on her study of migrant workers in Kuwait, Longva (1997) argues that migrants tend to have an 'ad hoc way of life'. The lives of the migrants in Kuwait were mainly seen as a temporary means to attain economic improvements in their 'normal' life which they were leading in their place of origin. Due to the real or perceived temporality of their work engagements, they lived a life characterized by delayed gratification, i.e., saving as much as possible of their earnings to reap the rewards of their work when they returned home and/or through remittances. Longva also shows that in connection with this 'ad hoc way of life', the migrants developed an attitude of acceptance of power asymmetry and an avoidance of collective action to improve their work conditions. Keeping future rewards in mind can make difficult situations more bearable (Cojocar, 2020). By hoping for and expecting greater gains in the future, migrants may prefer to delay certain gratifications as an investment in the future. Cojocar (2020) argues that such delays are most likely to occur when the future rewards are fairly certain and are also subject to some degree of control by the migrant. It can thus be argued that the migrant nurses in this study would accept the devaluation of their credentials and deskilling to reap future benefits through savings, remittances and hopefully a nurse authorization in the future (article 2).

In this dissertation, all four articles touch upon different aspects of temporality. While article one explicitly addresses the concept of waiting, the strategies and experiences in the Norwegian labour market (article 2), the circulation of care (article 3) and non-migration decisions (article 4) are all shaped and structured along temporal dimensions.

4. A multi-sited approach to the lived experiences of migrant nurses

To understand and conceptualize the decisions, experiences and practices of Filipino nurses in Norway and in the Philippines, a deeper understanding of the context in both countries is needed. In an attempt to reduce the potential pitfalls of methodological nationalism and an epistemological focus on the individual, I decided to apply a multi-sited ethnographic fieldwork approach. In this section, I introduce and describe this approach before moving on to present the fieldwork and data collection process in terms of entering the field, the choice of participants and the data collected. Multi-sited ethnographic fieldwork was conducted in four sequences, two in Norway and two in the Philippines, from April 2017 to April 2019. In this retrospective presentation, the handling of the methods appears more linear than what was the case during the actual fieldwork and the subsequent analysis. It is worth mentioning that the fieldwork sessions in the two different countries mutually informed and built on each other. For the sake of clarity, I have chosen to separate the fieldwork into different parts in the following section based on chronological order and geographical location. After presenting the fieldwork and the data collection, I describe the analysis of the data before I conclude this section by reflecting upon my own positionality as a researcher and ethical implications of my fieldwork.

4.1. Multi-sited fieldwork/ethnography

As I embarked on this project, I was interested in a range of different issues related to Filipino nurse migration to Norway. Although my main interest was to explore the experiences of individual nurses, many of my questions were also linked in one way or another to more structural factors. It therefore became clear that in order to analyse the individual experiences of the nurses, I had to include family ties and social networks as well as policies in Norway and the Philippines.

Even though the topic of this dissertation concerns state institutions and has implications for the process of incorporation and integration into the Norwegian society, I have tried to avoid methodological nationalism. By taking the nation state and its boundaries for granted, methodological nationalism runs the risk of reproducing these boundaries (Wimmer & Schiller, 2003). Transnationalism, on the other hand, 'problematizes notions of space that assume physical, social and political spaces to perfectly overlap onto one geographical area' (Mazzucato, 2008, p. 70) and take migrants' simultaneous embeddedness in multiple societies into account (Levitt et al., 2017). While

nation states affect migrants and influence the way they move and organize themselves, there are also flows that transcend nation states (Mazzucato, 2008). Transnational migration studies thus focus on the nature and impact of economic, religious, political and social relationships that embed people in two or more societies. These ties are maintained over time and across generations (Glick Schiller, 2003). In line with this, I used a transnational approach to explore the lives of the nurses and their families and to capture how their lives stretch across space and time.

The way transnationalism acknowledges that individual migrants are members of 'a larger whole that extends beyond geographical boundaries' has methodological consequences (Mazzucato, 2008, p. 71). The rise of transnationalism in migration studies has triggered a greater interest in multi-sited ethnographic work (Vives, 2012) which studies migrants' home communities and their country of residence jointly (Mazzucato, 2008), and the methodology has become popular for research on mobile populations (Baldassar et al., 2007). In this dissertation, ethnography is used to describe a 'family of methods involving direct and sustained social contact with agents, and of richly writing up the encounter, respecting, recording, representing at least partly *in its own terms*, the irreducibility of human experience' (Willis & Trondman, 2000, p. 5). I also lean on Fitzgerald (2006, p. 2), who advocates for ethnography 'to include methods of intensive interviewing as well as participant observations'.

While traditional ethnographic research focuses on one site, multi-sited ethnography focuses on objects of study, which are 'mobile and multiply sited' (Marcus 1995, p. 102). Multi-sitedness is concerned with the study of social phenomena that can only be fully evident by following people, associations, constellations, and relationships through time and space (Mosuela, 2020). Sites are connected through relationships that exist between as well as within them (Hannerz, 2003), and these social ties continue to exist even during international migration (Faist, 1997). This dissertation pursues these relationships, which stretch across time and space.

The purpose of visiting multiple localities is to follow the relationships that link these sites together, whether for economic, social, political or other purposes. The approach is considered particularly appropriate for the study of networks as it enables us 'to study the field as a network of localities which are linked to each other through various types of flows' (Horst, 2009, p. 120). In this approach, the place is conceptually de-emphasized in favour of an emphasis on processes (Wilding, 2007).

One important note to be made regarding multi-sited ethnography is that it does not simply imply physical movement between sites but, more significantly, an analytical tracking of the research object across time and space. At the core of multi-sited research lies the strategy of following connections, associations and relationships (Marcus, 1995). A multi-sited approach is important to understand the roles of different locations and phases in the lives of migrants and their families. The decision to apply

a multi-sited approach in this study was inspired by Punch (2012, p. 1013) who states that ‘to fully grasp the complexities of migrant processes, it is important to understand social, cultural and economic contexts at both the sender and the destination communities’. The sensitivity toward both time and space made this approach attractive and suited to my study.

One of the criticisms of multi-sited fieldwork is that it creates a methodological tension with a trade-off between scope and depth (Hage, 2005). Horst (2009, p. 129) argues, however, that the purpose of multi-sited fieldwork is not ‘a “full”, located, understanding of “culture” but rather one which targets transnational networks and flows’. Because the approach extends and diversifies, it has the potential to enrich the articulation of lived experiences (McCallum, 2020).

4.2 Entering the field and recruitment of research participants

Gaining access to a research field is a systematic and practical matter that draws on intra- and interpersonal resources and strategies (Hammersley & Atkinson, 2007). The sampling of participants in Norway was based on the principal of snowball sampling (Bryman, 2004). I started with a few people who subsequently assisted my research by putting me in contact with more respondents (Kristensen & Ravn, 2015).

During the first round of fieldwork in Norway, I spent a significant amount of time getting familiar with the field and recruiting nurses for interviews. My first entry into the Filipino community in Norway was through a few Filipino acquaintances living in Norway. After telling them about my research project and that I was looking to recruit Filipino nurses living in Norway for interviews, they contacted friends in the Filipino community who held nursing degrees from the Philippines. In this study, I define a Filipino nurse as a person who completed nursing education in the Philippines and is recognized as a nurse by Filipino authorities. Due to the authorization regulations in Norway, he or she might not be recognized as a nurse by Norwegian authorities. I therefore decided to base my categorization on the nurses’ educational background in the country where they got their nursing degree.

A second entry point was through arenas in Oslo where Filipinos gather frequently. These were primarily Filipino evangelical churches, but I also visited a few other settings to recruit participants and to get a feeling of the social arenas in which Filipino migrant nurses socialize. Through connections in the Filipino community, I was invited to attend several Filipino services. My previous exposure to evangelical churches in the Philippines most likely made it easier for me to participate in these situations as I was familiar with the context. After the services, I was introduced to members of the

congregation who had been educated as nurses in the Philippines. I was given the opportunity to present myself and my research project and ask whether they would be interested in sharing their own experiences with me at a later stage. While the main purpose of visiting the churches was to recruit research participants, it was also an important arena for observations, and these visits illuminated important aspects of the Filipino community. I also inquired if the participants knew others I could talk to, in Norway as well as in the Philippines. During or after the interviews, I asked the nurses if they would feel comfortable letting me visit and talk to their families still residing in the Philippines.

It became evident at an early stage that the field I was entering was marked by old conflicts and factions. To my knowledge there is only one major recruitment agency focusing on Filipino nurses operating Norway. In addition to recruiting nurses, this agency also employs numerous Filipino nurses, mainly in home-based care and as personal assistants. My attempts to get in touch with nurses recruited or employed by this agency were not successful, however, and it is unfortunate that none of the newly arrived nurses working for this company is part of this research project. During the interviews with the Filipino nurses in Norway, I would often ask if they knew any newly arrived nurses with whom they could connect me. In all the interviews where the respondent knew of a newly arrived nurse who was affiliated with the abovementioned company, they would either reject my proposal directly or avoid following up the issue. However, their unwillingness to participate is an important finding in itself.

In this project, I chose to recruit participants through different initial contact points in order to avoid recruiting from a narrow circle of like-minded people (Valentine, 2005). The aim was to have a relatively heterogenous group in terms of gender, age, length of stay in Norway, family situation, authorization status and so forth and to opt for variety in terms of experiences. It should be noted that the recruitment process was at times frustrating and time-consuming. Relying on the response and interest of others and their referrals of other relevant participants made this phase unpredictable and required persistence and numerous follow-up calls and messages (Kristensen & Ravn, 2015). In this phase I was inspired by, and relied on, the advice given by one of my acquaintances who provided invaluable support to this project: 'You just need to be a bit persistent like a teenager pursuing a lover'.

The project includes interviews in Norway and in the Philippines. In Norway, I interviewed 20 participants who were educated as nurses in the Philippines, including nurses who were authorized and working as nurses in Norway and nurses who were authorized as health care workers. I interviewed ten women, two men and one transgender who were authorized as nurses in Norway, and six women and one man were authorized as health care workers. I also interviewed one female nurse

who was on an au-pair contract in Norway and three female head nurses, one Filipino and two Norwegians.

During fieldwork in the Philippines, I interviewed a total of 13 nurses. One female and one male nurse had returned to the Philippines from Norway, six women and three men were working as nurses in the Philippines, one female nurse was working as a clinical instructor and three women and one man was currently working in call centres. During the trips to the Philippines, I also visited the families of four of the nurses and health care workers I had interviewed in Norway. I visited two hospitals, two nursing homes and four nursing colleges and conducted semi-structured interviews with five nursing students, four female and one male.

4.3 First round of interviews

During the first phase, I conducted eight semi-structured interviews with Filipino nurses working in Norway as nurses or health care workers. The remaining interviews in Norway took place during the second round of fieldwork in Norway. In order to ensure that the nurses who accepted the invitation to take part in the interviews felt at ease with the situation, and to make the process as convenient as possible for the participants, I asked them to suggest a time and location for the interviews. The idea behind this was that participants who are given a choice regarding location may feel more empowered in their interaction with the researcher (Elwood & Martin, 2000). My informants in Norway were to a large extent working shifts, and the interviews were therefore scheduled to fit their work schedule. Most of the interviews were conducted in coffee shops or in the nurses' workplaces, while only one nurse invited me to her home. Interview locations give the researcher an opportunity to make observations that stretch beyond the information that can be derived from the interview content alone (Elwood & Martin, 2000), and conducting the interviews in the participants homes would have allowed me to make observations related to other aspects of their everyday life. While my access to their homes was limited, it is interesting to note that the majority of the nurses suggested Espresso House as their preferred location. Espresso House is a Swedish coffee shop chain that resembles Starbucks, an American coffee shop chain that is found in shopping malls and trendy neighbourhoods in the Philippines. One advantage of meeting in a 'neutral' location like a coffee shop is that it can potentially reduce the power imbalance that is often inherent in an interview setting.

The interviews were conducted in Norwegian, English or a mix of the two languages, depending on each nurse's preference. While I have some basic knowledge and understanding of Tagalog/Filipino, it is unfortunately not sufficient to conduct an interview. However, the nurses working in Norway use

Norwegian as their work language, and English is the language of instruction in the nursing schools in the Philippines and an official language of the country.

The interviews lasted from 30 minutes up to three hours. I started each interview with a brief description of the project and informed the participant that the data would be anonymized and not shared with anyone outside the project and that they had the right to withdraw at any time and have their data deleted. Along with the oral information about the study, the participants were also given an informed consent form in English. I also asked if I could record the interview, which almost all of them agreed to. A few of the nurses did not feel comfortable being recorded, and their interviews were later written out based on extensive notes. The recorded interviews were transcribed verbatim by me.

Prior to the interviews, I developed an interview guide focusing on migration decisions and experiences, work and life in Norway and their experience of living a transnational life. The interview guide served the purpose of ensuring that the interviews included the main topics of inquiry but was not used to direct them. During the interviews I focused on having an open approach and to follow the flow of the interview. I also stressed to the participants that I was interested in their personal stories and experiences. Due to the wide variety of participants in this study, several interview guides were developed and adapted to fit the various settings. As an example, I have attached the interview guide that was developed prior to the interviews with nurses and health care workers in Norway. Rather than including pre-formulated questions, the guide rather served as a checklist to ensure that all the interviews included the main themes.

In the context of fieldwork, interviews serve as a tool to find out 'what we do not and cannot know otherwise' (Hockey & Forsey, 2013, p. 71). The in-depth interview method derives from a phenomenological perspective where the focus is on participants' experiences and their own reflections related to these experiences (Spradley, 1979). As Tjora (2019) argues, this methodology is well suited to research experiences. 'The qualitative research interview attempts to understand the world from the subjects' points of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanation' (Brinkmann & Kvale, 2015, p. 3).

4.4 Exploring the roots

One of the advantages of conducting multi-sited fieldwork in a stepwise manner is that it enables the researcher to build on the previous steps, both practically and intellectually (Horst, 2009). In my own

fieldwork, I built on the network I had in Norway to develop new connections in the Philippines. As Hannerz (2003) notes, the selection of sites is a gradual and cumulative process that builds on new insights and opportunities that develop throughout the research process.

In multi-sited fieldwork, the most common sampling approach has been unmatched sampling where people on both sides of the migration process have been included in the study with no direct links between them. Francisco-Menchavez (2020, p. 62) argues that in order to understand transnational life, a methodological approach that collects narratives at both ends of the migration spectrum is not sufficient, and she advocates for 'stitching together dynamic and circular relationships between transnational families *over time*'. In studies of transnational Filipino families, the samples of migrants and of families have often been disconnected (Asis et al., 2004; Parreñas, 2005), only exceptionally including migrants and family members residing in the country of origin within the same transnational families (Francisco-Menchavez, 2020). In this study, I have chosen to use a matched sample approach when approaching the family of the migrants. In this approach, it is the network of people who are linked to each other across national boundaries that are the unit of analysis. The advantage of a matched sample is that it gives us better information about the inner workings of transnational flows because it links migrants' actions and experiences with community members in the country of origin (Mazzucato, 2008).

During the interviews with the Filipino nurses in Norway, I had discussed the possibilities of visiting family members who were residing in the Philippines. Several of the nurses agreed to talk to their parents and siblings about my request. The migrant nurses in Norway thus acted as mediators in the recruitment of their families in the Philippines. I have chosen to refer to these contacts as mediators rather than gatekeepers to reflect how they used '[their] formal or informal position and relationships to facilitate contact between a researcher and potential informants' (Kristensen & Ravn, 2015, p. 725). Another advantage of opting for a matched samples design was that I could sense that the participants in both Norway and the Philippines were appreciative of the trouble I was going to in order to understand migrants' lives in both countries (Vives, 2012, p. 71). For various reasons, I was only able to meet with three families during my first visit to the Philippines. Due to the security situation in the southern part of the country, I decided to exclude the families residing in Mindanao. There were also a few nurses who were reluctant to introduce me to their families.

I also relied on my contacts in Norway to put me in touch with nurses who were working in the Philippines but aspired to migrate overseas. Through them, I was put in touch with nurses who had returned from Norway after being unable to secure work or a residence permit. I also met with nurses

who were working as nurses in hospitals in the Philippines and were either in the process of processing the papers for overseas migration or desired to move in the (near) future.

During this first visit I was also interested to gain a better understanding of the structures in the Philippines related to the nursing and migration field. I was fortunate to be given access to one of the leading nursing schools in the country and thereby have the chance to talk to nursing students (a total of five students) about their future prospects, as well as to faculty members educating nurses who often leave the country after earning a degree.

While my initial plan was to include expert interviews with representatives of government agencies managing the large emigration flow from the Philippines, I was not able to get access to the various government agencies. It became clear that in order to do so, I would need high-ranking contacts. However, through the introduction of a nursing scholar, I was able to meet the main nursing association in the country. During this trip, I also met with a representative from the Norwegian Embassy in the Philippines to discuss issues related to the visa process of Filipino citizens.

Based on contacts I had established in the Philippines prior to this project, I was also invited to visit a hospital and two nursing homes. While one of the nursing homes was run by a charity and provided care for abandoned elderly, the other was a private nursing home providing high-end care to elderly members of well-off families. Visiting these facilities allowed me to observe aspects of the working lives of nurses in the Philippines and to get a clearer picture of the reality in the often-overcrowded hospitals that suffer from limited material resources.

Due to family obligations in Norway, I was only able to spend three weeks in the Philippines at that time. Determined to return to the Philippines at a later stage, I started to prepare for a second round of fieldwork to complement and follow up on unresolved matters.

4.5 'Hanging out' in the workplace

Upon my return to Norway, I set out to conduct fieldwork in a health care institution where several nurses educated in the Philippines were employed to get a clearer picture of migrant nurses' work-related experiences. In order to get access to a nursing home where I could conduct fieldwork, I sent an email to all nursing homes located in Oslo, a total of 46 public and privately owned, with an invitation to take part in the research project. Only two nursing homes, both publicly owned, responded positively. The remaining nursing homes turned down the invitation due to lack of capacity or the fact that they had few or no nurses educated in the Philippines working there. Based on the

replies, I chose the nursing home where the head of the institution showed a genuine interest in my project.

I spent a total of four weeks in May 2018 in a nursing home in Oslo. During this time, I would 'hang out' in the nursing home and observe the daily routines of the nurses and the interaction between the nurses, the health care workers, their superiors, the residents and their relatives. I also arranged interviews with the nurses with a nursing degree from the Philippines as well as with the head nurses in the wards where the nurses were employed. I interviewed two nurses and four health care workers as well as two head nurses.

Access is not only about formal clearance and physical presence. The process of getting permission to conduct fieldwork in a nursing home highlighted the ethical considerations involved in gaining access to a field site, as well as the importance of communicating clearly about the purpose of the research project what participation would involve while negotiating access (Hammersley & Atkinson, 2007). After getting permission from the head of the institution, I soon realized that there were a few misunderstandings among the staff about the purpose of my fieldwork. After I had spent a few days in the institution, the nurses started to question why I was focusing on Filipino nurses and whether I was evaluating their work. I consequently had to invest time and energy to explain that this was by no means an evaluation and that I was there to learn from them. This illustrates the importance of gaining the trust and confidence of the participants, and it was only after I had built sufficient trust that I would get access to the experiences of the nurses and health care workers who were working in the nursing home and thereby to their relationships in the workplace.

During this second round of fieldwork in Norway, I also interviewed four nurses working in other institutions as well as a nurse who was about to end her two-year au-pair contract. I was also fortunate to meet with representatives from the Embassy of the Philippines in Norway to discuss the situation of Filipino nurses in Norway.

4.6 Returning to the Philippines

As I returned to the Philippines for the second and final round of fieldwork, one of the purposes was to meet with nurses who were staying put in the Philippines, at least for the time being. Once again, I relied on my growing network in Norway and the Philippines. Through a representative from the Filipino community in Norway, I was introduced to a nurse who was making her final arrangements to migrate as a skilled nurse. While the migration of nurses had been the initial focus of this project, over

the course of the project I became increasingly interested to learn more about those who, for various reasons, had decided to stay in the Philippines. The business process outsourcing industry (BPO), often referred to as the call centre industry, has flourished in the Philippines in the last few years and employs a significant number of nursing professionals. One of my friends in the Philippines, who was working in a call centre in Metro Manila, told me that several of her former and current colleagues were trained as nurses and that she would be happy to approach some of them and ask if they would be willing to meet with me. I met a total of four nurses who were working or had been working in a call centre in Metro Manila.

I also wanted to explore other areas of the Philippines, as there are significant differences between the capital region and other parts of the country. Through a Filipino nurse in Norway who has recruited many nurses from her home province, I was put in touch with a retired dean at one of the nursing colleges in the region. She was helpful and introduced me to several nursing colleges in the area as well as the largest hospital. She offered to drive me around, showed me places that I would not have explored on my own and even invited me to several gatherings including a reunion lunch with her classmates from nursing college sponsored by a visiting migrant nurse. I was also invited to a family gathering on the occasion of the visit of her relatives, including nurses who had migrated to the United States several decades ago. My stay in this province gave me a picture of the history of nurse migration in the Philippines as well as its current status. I conducted interviews with the deans and faculty members in three different nursing colleges and five nurses working in a government hospital in the region. I was also shown the premises of the hospital and the nursing colleges and met with nursing students.

While my contact in the region was an immense help and support during my fieldwork, working with her showed that gatekeepers are not neutral. My contact had strong connections to a powerful recruiter, and I could clearly sense that some of the respondents were reluctant to speak openly about certain issues and that at times they were trying to restrict my access to information. It took a lot of effort to gain their trust, and even as I left the province, I felt that I had only accessed a small amount of information related to the recruitment of nurses from this region.

Before wrapping up the fieldwork in the Philippines, I was fortunate enough to secure meetings with the Professional Regulatory Board of nurses as well as the chair of the Commission on Higher Education Technical Committee on Nursing Education (CHED-TCNE). These meetings provided insight into the development of nursing education and the nursing profession in the Philippines as well as the topic of nurse migration.

Despite the great benefits of nurse migration in terms of remittances and the large amounts of foreign currency that is channelled back to the country annually, there are voices within the Philippines that are critical of the 'export of labour' from the country. Once again, through the introduction of one of my contacts in Norway, I was able to meet with one of the organizations that works to defend the rights and welfare of overseas workers and is critical of the Philippine government's labour export policy programme. This meeting illustrated that the large emigration has another darker side than what is communicated in the official narrative and policy.

4.7 Secondary data

The PhD project was an independent part of a larger research project titled Migration for Welfare: Nurses within Three Regimes of Immigration and Integration into the Norwegian Welfare State (WELLMIG), funded by The Research Council of Norway. The overall project studied the different pathways of Polish, Swedish and Filipino nurses into the Norwegian labour market and society by examining the impact of 'regimes of mobility' on migrants' lives. One of the advantages of being part of a larger research project was that I was able to draw on data collected by colleagues in the project, especially quantitative data and key informant interviews with relevant government agencies in Norway.

As part of the project, statistical data from the Statistics Norway was collected and analysed. While the PhD project followed a purely qualitative research design, I drew on quantitative data analysed by other researchers in the project to get a picture of the numerical situation related to Filipino nurses in Norway. I also drew on key informant interviews with representatives from The Norwegian Directorate of Immigration (UDI), Directorate of Health (HDir), the Norwegian Nurses' Union (NSF) and the Norwegian Union of Municipal and General Employees (Fagforbundet).

4.8 Analysis

The experiences of many of the Filipino nurses that I spoke with were multi-sited and could not have been understood to the same extent without my first-hand knowledge of these contexts. Knowledge of both the context in the Philippines and in Norway was crucial for me to understand and analyse my data (Horst, 2009). According to Eastmond (2007, p. 252), in order to understand peoples' stories, 'we

must relate them to the social and political contexts that have shaped and continue shaping the circumstances of their lives and which engage their commitments’.

The data analysis for this dissertation was an ongoing process throughout the research project; the initial analysis that took place during the fieldwork phase allowed me to adapt the fieldwork process and sometimes altered the direction of the project. As noted by Basit (2003, p. 144), ‘the analysis of qualitative data continues throughout the research and is not a sperate self-contained phase’. After completing a rather extensive period of fieldwork, I had collected data from numerous geographic locations as well as a range of different actors. Having conducted and transcribed all the interviews and the fieldwork notes myself, I had the advantage of having a thorough knowledge of the data before starting the actual coding process (Braun & Clarke, 2006). While I was transcribing the interviews and organizing the field notes, I noted down themes as well as ideas for articles, which I followed up more closely in the coding stage.

My approach to analysis has been guided by thematic analysis (Braun & Clarke, 2006). An advantage of applying thematic analysis is the flexibility it offers. In thematic analysis, a theme ‘captures something important about the data in relation to the research question, and represents some level of *patterned* response or meaning within a dataset’ (Braun & Clarke, 2006, p. 10). While themes can be identified either through a deductive or an inductive approach, I mainly followed an inductive approach in my analysis. While the themes were strongly linked to the data itself, it is difficult, if not impossible, to completely get rid of one’s own theoretical and epistemological biases, and I do recognise that the analysis did not take place in a theoretical or epistemological vacuum.

Due to the complexity of the data material, I decided to separate the data into different data sets for a more thorough analysis and coding. For the purpose of analysis for the four articles presented in this dissertation, I came up with different data sets, each of which shed light on different aspects of the research questions presented at the beginning of this dissertation. It should be stressed, however, that despite having made this separation, I still consider all the data to mutually inform each other as part of a larger whole. For all the articles included in this dissertation, I have used a ‘contextualist’ thematic method which implies that I have sought to acknowledge both the way in which the nurses made meaning of their experiences and, at the same time, how the broader context affected those meanings (Braun and Clarke, 2006).

For the first article, for which we analysed the experiences of migrant nurses in Norway through the analytical lens of waiting, my two co-authors and I chose to pick only two interviews with Filipino nurses working in Norway to allow for a thorough and extensive analysis of these two narratives. These

narratives were chosen for their richness and the ways they shed light on different aspects of the concept of waiting.

The second article focuses on the experiences of the migrant nurses in terms of the valuation of their professional skills. For this article, the data set that I analysed consisted of interview data from nurses living and working in Norway, head nurses in the nursing home and relevant agencies in Norway, and field notes from the fieldwork in the nursing home.

The third article focuses on the exchange of care in transnational families. For this article I used the first data set but added data collected when visiting the migrant nurses' families in the Philippines.

The fourth article investigates the non-migration decisions of nurses in the Philippines. This article draws primarily on data from the fieldwork in the Philippines, particularly interviews with nurses who had decided to stay in the Philippines, as well as my own observations from nursing schools and hospitals.

In the first analysis phase, I read closely through all the data and coded the material using open coding. At this stage, I was mainly using empirically close codes, meaning that the codes were derived from the data itself rather than theories and research questions (Tjora, 2019). To illustrate this, I will briefly describe the coding process leading up to the second article on the agentic dimension of deskilling. During the first phase of analysis, I developed codes such as 'forgot theories and procedures', 'cannot practice my special skills' and 'wasting my skills', which consisted mainly of terms inherent in the data. For each of the codes developed, rather than picking shorter phrases and key words, I included relatively large quotations to ensure that the original meaning and the context of the quotes were not missed (Bryman, 2004). Due to the length of the quotes, some quotes were assigned more than one code. During this phase, there were a few times when I got some insight based on the data that I wanted to investigate further at a later stage and possibly turn into article topics. To keep track of these ideas, I wrote a few code memos (Emerson et al., 2011), two of which ended up as topics for articles in this dissertation.

After the first phase of open coding, I started to sort the codes into overarching themes and sub-themes. All the codes developed in the first coding stage described in the previous paragraph above, they expressed an 'underutilization of professional skills', which then became one of the sub-themes in the article. Considering this alongside other sub-themes such as 'struggles to get authorized', I identified deskilling as an overarching theme. After I had identified the overarching themes, I decided to pursue a few of them for further analysis. These themes were picked based on my own academic interests and the extent to which the theme contributed to 'the overall story' of my dissertation. Once I had identified and decided on the overarching themes that I wanted to pursue further, I went back

to the data material for a focused coding. In this phase, I focused on one theme at a time and carefully reread all the data extracts related to that specific theme. Given the scope of this dissertation, not all data were coded and analysed to the same extent. The themes chosen for the articles were prioritized, which leaves room for further work on existing data.

4.9 Positionality/critical reflexivity

As several scholars have stressed, scientific knowledge is socially produced and shaped by the 'socio-historical location' of the researcher (Hammersley & Atkinson, 2007, p. 15). The methods and methodologies applied by researchers are not a neutral medium that extracts objective data, as 'all knowledge production reflects the social positioning of the observer' (Amelina et al., 2012, p. 14). In the following, I account for my own positionality and reflect on its implications for this research project.

My first encounter with the Filipino language, culture and society was in the fall of 1999, when I spent 6 months in Metro Manila doing voluntary work in an informal settlement. Over the years, I have returned several times to the Philippines, for leisure as well as for business. Before embarking on my PhD project, I had visited the Philippines five times over the course of 15 years and spent approximately a total of one year in the country, mainly in Metro Manila. Although I am not able to hold a conversation in Tagalog, I found my familiarity with the language and culture to be an advantage for my study as it allowed me to include a few Tagalog terms and words in my interactions with the informants and often to be able to catch some basics of what was going on. My previous encounters with and long-term interest in the Philippines were positively received by my informants, and the way I see it, it facilitated my access to and interactions with my informants.

In the summer of 2016, I returned to Norway after several years of a privileged expat life in Vietnam, accompanied by my husband and our two young children. Although I had spent most of my childhood in Norway and returned to be closer to my family, life in Norway in many ways felt alien, stressful and cold compared to the life I was leaving behind in Vietnam. Not only did I have to get accustomed to life as a mother in Norway, but I also had to regain access to the Norwegian labour market. While resettling into Norwegian society was rather straightforward for me compared to the migrant nurses who participated in my study, my own experiences nonetheless shaped my interactions with the nurses and their families as well as the thematic areas that I chose to pursue. My own personal experience of bringing my family to an overseas destination, leaving my extended family behind, and

adapting to new cultures and environments while at the same time maintaining ties to my home country likely influenced the way I approached the topic of living and working in a different country.

As a white, female researcher travelling to the Philippines, I was conscious that the colour of my skin and my educational background could serve as markers of privilege. While these features neither could or should be ignored, it was important to be aware of how they might affect relationships and potentially filter the information. As noted by Griffiths (2017, p. 2), 'no geographer should travel South without careful deliberation of what it means to be a "privileged western researcher" in a postcolonial field'.

When I embarked on this project, I had no previous experience from the health care sector. I could sense that some of the participants were puzzled by the fact that I was not trained as a nurse. While I do acknowledge that there might have been certain aspects related to nursing as a profession that I did not fully grasp, this had the advantage of making the participants the experts, not only on their own stories but also when it came to their profession. Not being a medical professional might also have made it easier for me to ignore some of the more technical aspects related to their work and focus more on their lived experiences. Having said this, I tried to do justice to the professional as well as the personal experiences of the participants.

Just as the researcher enters the field with a set of expectations and an agenda, participants can also have their strategies and their agenda. While discussions of reflexivity and positionality tend to focus on the researcher's perspective, it should be recognized that the participants also act as strategic agents who might narrate their stories with a goal in mind. The research process can thus be seen to combine the researcher's need to get the story and the participant's intention to get the most out of the situation (Vives, 2012). As far as the participants in this study are concerned, they openly shared that they envisaged that their participation in this project might facilitate the migration and authorization procedure for their fellow Filipinos.

4.10 Ethical reflections

In this dissertation, I have followed the ethical norms and guidelines given by Norway's National Committee for Research Ethics in Social Sciences and the Humanities (NESH, 2016). The research has been granted ethical approval by the Norwegian Centre for Research Data (NSD).

The nature of qualitative research imposes a range of ethical challenges. Personal interactions, observations and participation in the research participants' lives lead to situations that might create

tension when considering the ethics of the research (van Liempt & Bilger, 2012). Ethical issues arise regularly in the field when researchers are guests in other people's private worlds. The rights to privacy, confidentiality and anonymity should be recognized and respected. Research participants should also be informed about the aim of the study, as well as the methods that will be applied (Ellen, 1984). It was important for me to ensure that the participants understood what they were participating in and that they had the chance to withdraw from the study at any point. I therefore developed an informed consent form in English that I presented to all the participants in my study along with oral information about the study.

One important value in research ethics is that the identity and the record of the individuals that participate in the research should be kept confidential. This calls for care when findings are published to ensure that individuals are not identifiable (Bryman, 2004). Full anonymization of qualitative data might be difficult and demands a balance between maximizing protection of the identity of the participants and maintaining the value and integrity of the data (Saunders et al., 2014). In the articles, I have aimed at full anonymization of the participants. In addition to using pseudonyms, I have also changed or left out their hometowns, places of work and other personal information that could easily make them recognizable. Even so, I admit that people closely tied to the various settings where the research was conducted might be able to recognize participants and places (Saunders et al., 2014). Doing fieldwork implies a level of public visibility, which could make it relatively easy to reconstruct the identities of the participants (Nespor, 2000).

Doing fieldwork in a nursing home where I combined participant observations and semi-structured interviews opened the door to challenges in relation to informed consent (Kvale, 2007). Prior to the fieldwork, I got approval from the head of the institution to conduct the research. I also signed a declaration of non-disclosure. Nonetheless, all workers and patients in the nursing home indirectly became part of my research, and as a researcher, I did not have the power to ensure that all participants at any given time were fully informed about my research. Being researched can create a feeling of being evaluated (Hammersley & Atkinson, 2007). To reduce the stress and burden on the nurses and health care workers with a background from the Philippines, I stressed that the most important aspect of my fieldwork in the nursing home was to get to know the nursing home as a workplace rather than focusing on the tasks performed specifically by the Filipino nurses. I also emphasized that I was there to learn and that my research was not an evaluation of the staff or the workplace.

Many people contributed their time, personal experiences and knowledge, which have been of vital importance for this study. None of the participants were compensated for the time they invested in

this research. I do, however, hope that my research will have implications that will benefit the informants in terms of more predictability in the authorization process for nurses educated outside of the EU/EEA.

5. Presentation of the articles

This section provides a summary of the four articles included in the dissertation. All four articles, in different ways, address the two overarching research questions:

1. How are the migration decisions, experiences and practices of Filipino nurses impacted by temporal constraints?
2. How can Filipino nurses' experiences of deskilling and waiting inform our notion of temporal constraints on labour agency?

Table 2: Overview of articles in dissertation

	Title	Author(s)	Research sub-question	Journal and status
1	Waiting: Migrant nurses in Norway	Taylor Vaughn, Marie Louise Seeberg, Aslaug Gotehus	How does an analytical concept of waiting contribute to understanding 'skilled migration'?	Published in <i>Time & Society</i>
2	Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector	Aslaug Gotehus	How do the nurses exert agency when they are faced with barriers to their access to nursing positions?	Published in <i>Geoforum</i>
3	'She's Like family': Transnational Filipino Families, Fictive kin and the Circulation of Care	Aslaug Gotehus	How do regimes of welfare and migration in the countries of origin and destination affect the circulation of care within transnational families? What role do kin-like relationships play in the provision of care in transnational families?	Submitted to an international peer-reviewed journal

4	'I chose to stay for a while': Aspirations and capabilities in the non-migration decision making of nurses in the Philippines	Aslaug Gotehus	Why do nurses who, in many ways, were 'trained for export' decide to stay put in the Philippines? How do the domestic labour market and family relations affect these decisions?	Submitted to an international peer-reviewed journal
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5.1 Article 1: Waiting: Migrant nurses in Norway

Vaughn, T., Seeberg, M.L. and Gotehus, A. (2020). Waiting: Migrant nurses in Norway. *Time & Society*, 29(1), 187-222. <https://doi.org/10.1177/0961463X19880145>

The idea of applying the analytical concept of waiting was initially introduced by one of my co-authors. During the process of writing this article, my attention was increasingly drawn to the temporal aspects of the decisions, experiences and practices of the nurses throughout the data material. In this article I have contributed with empirical data on the experiences of nurses educated in the Philippines, which are based on fieldwork from my PhD project, and the sections related to the findings and analysis of the Filipino case are mainly my own writing. During the writing process, however, we had several meetings where we discussed the application of waiting to our material and we collectively analysed the data using this theoretical concept. This article was indeed the result of collective work, and we all contributed to the various stages of its development even though the main responsibility of writing the different sections was divided among the authors. Being the third author, however, my contribution was less than that of the other two co-authors.

In this co-authored article, we use 'waiting' as an analytical lens to understand the experiences of nurses immigrating to Norway for work. While waiting is an aspect of transitions between life phases, and a universal part of life, the act of migration tends to prolong waiting. In this article, we compare the experiences of two groups of migrant nurses, namely nurses educated in Sweden and the Philippines respectively, who are subject to very different structural conditions. For the nurses educated in Sweden, the process of getting authorized as a nurse in Norway is straightforward and takes little time. The nurses educated in the Philippines, on the other hand, face major obstacles in the

process of getting authorized to work as a nurse in Norway. These obstacles slow down and sometimes even block their access to nursing positions.

In analysing the different kinds of waiting that the nurses experienced, we draw primarily on Rotter's (2016) three aspects of situational waiting: affective waiting, active waiting and productive waiting. These three aspects cover the anticipation of the awaited event, how we fill the waiting time and how waiting can be used productively to pave the way for a desired future. We also consider how situational waiting is never fully passive and highlight the agentic dimension of the migrants' experiences. The focus on a regulated profession such as nursing also brings to the forefront the politics of waiting. Through political, legal and bureaucratic procedures, the politics of waiting specifies who is to wait and for whom, what waiting entails, how to wait and how waiting is organized.

One important aspect of waiting that became increasingly visible through this analysis is that it is not limited to the initial process of settling in but may be an ongoing experience for migrants throughout their lives. Waiting is an aspect of how people perceive and experience the temporal dimension of their lives. While the experience of waiting arises at the intersection of politically imposed structures and the complexity of ordinary human lives, the overall argument of the article is that temporal experiences of waiting may be less determined by structural conditions than has been suggested by evidence so far. Despite major differences in regulations, motivations for taking up nursing and familial responsibilities, we find that there are similarities between the two groups in terms of the experience of waiting. The concept of waiting thus enabled our analysis to go beyond the structural differences and shed light on the commonalities of individual experiences and emotions.

5.2 Article 2: Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector

Gotehus, A. (2021). Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector. *Geoforum*, 126, 340-349. <https://doi.org/10.1016/j.geoforum.2021.08.012>

The second article examines how migrant nurses exercise agency in the face of deskilling. Taking nursing, which is often perceived to be a portable profession, as the starting point, the article shows how migrant Filipino nurses in Norway are actively working to change their circumstances and alter their position within the system. The lack of recognition of the nursing degree from the Philippines leads to downward professional mobility or deskilling as nurses are temporarily or permanently

channelled into less skilled positions as health care workers in Norway. Focusing on the acts that the nurses carry out to cope with and change their circumstances within rather strict and formalized professional regulations and migration regimes, I address how the nurses engage with their own deskilling process.

The article draws attention to individuals' everyday social practices, which are often invisible or neglected in studies of migration. Without discounting how structural constraints shape possibilities and actions, I argue that a stronger engagement with individual experiences is needed to fully give credit to the agentic dimension in nurse migration. In this article, I show how migrant nurses accept and engage in exploitative practices as strategies to improve their conditions and facilitate the migration process. While these practices may improve the conditions of the individual nurses who employ them, the nurses risk maintaining or inflicting structural barriers that will affect future nurse migrants.

The article has a temporal dimension. Bringing in changes that occur throughout the lifecycle, I argue that aspirations and priorities might change across time and space. Based on their experiences of what was possible to achieve as immigrant nurses, the nurses adjusted their aspirations accordingly. Even though its focus is on the agency of individual nurses, the article illuminates how the choices made by these migrant nurses were often the result of a combination of individual and family concerns and needs. Responsibilities to other family members sometimes delayed nurses' plans or altered their priorities.

5.3 Article 3: 'She's Like family': Transnational Filipino Families, Fictive Kin and the Circulation of Care

Submitted to an international peer-reviewed journal

The third article addresses the complexity of transnational caregiving and draws attention to how regimes of mobility and welfare affect care needs and capacity. Applying the care circulation framework, I take a multidirectional approach to care, paying attention to how migrants are simultaneously providers and receivers of care. In keeping with the increased focus on the effect of 'migration regimes' on the migration experiences, I also pay attention to the challenges caused by distance and national policies and their effect on the way care is provided within transnational families.

The care circulation literature has demonstrated how care provided within transnational families resembles the care provided in geographically proximate families. However, less attention has been directed to how different welfare regimes affect people's need and ability to receive and provide care. The roles of care givers and receivers are dynamic, and vary over life, family and migration cycles, and these temporal dimensions are important to explain the transnational circulation of care and how care needs and capacity fluctuate over time. Even so, I argue in this article that in order to fully grasp the relationship between care needs and capacity, we need to direct our attention to the differences in the welfare regimes in the countries of origin and destination. Filipino migrants in Norway find themselves in the intersection between the Norwegian welfare state, which has been described as a 'service welfare state', and the Philippine state, which offers few and limited social protection programmes. By including migration and welfare policies in its analysis of care circulation, this article shows how these structural factors affect care needs and capacity.

While the care circulation framework has challenged the normative idea of families as nuclear, less attention has been paid to care provided by migrant peer networks in the country of destination. In this article, I encourage a widening of the definition of family to include fictive as well as biological kin. The geographical separation of transnational families created a care deficit for the migrant nurses. Even though the welfare policies in Norway compensated and filled these gaps to some extent, the Filipino nurses in Norway relied on fellow Filipinos in Norway for practical and emotional support.

5.4 Article 4: 'I chose to stay for a while': Aspirations and capabilities in the non-migration decision making of nurses in the Philippines

Submitted to an international peer-reviewed journal

The focus of this paper is on nurses who grew up in a 'culture of migration' and who were trained in a profession and a system that is largely oriented towards overseas markets. Despite this, the nurses I interviewed had, for various reasons, decided to 'stay put' in the Philippines. While acknowledging the impact of the 'regimes of mobility' on the nurses' mobility, this article seeks to move beyond this discourse and explore the ongoing processes within the Philippines in terms of labour market development, family relations and individual considerations. By looking at individual nurses who have let go of their migration aspirations, this article nuances the discourse surrounding voluntary and involuntary non-migration and demonstrates how non-migration of skilled migrants is a complex and

multi-layered phenomenon. Theoretically, this article is inspired by the mobility turn in migration studies and draws on the aspiration-capability framework.

Issues of staying in migration literature has often been portrayed in negative terms, such as being stuck or staying behind. This article shows how staying is often an active decision which may at times require more agency than the act of migration. Obligations towards family members are often seen as a main driver behind the migration decision. This paper shows how family obligations may affect not only the aspiration to migrate but also the decision to stay. The article further highlights, in line with previous research, how the decision to stay should not be seen as a passive and natural situation but rather as an act that requires agency and must be (re)negotiated over time. For the nurses, who were trained in a profession largely geared towards overseas migration, the decision to stay did at times go against the expectations and desire of other family members and required that they had the capability to stay. Seeing the act of staying as an act of agency highlights not only the agentic dimension of spatial immobility but also its temporal dimension.

While migration-relevant policies in the desired country of immigration influence individuals' ability to migrate, the article shows how family relations and personal reasons may at times play a more important role in the lives of aspiring migrant nurses. Important events, as well as anticipated events, in the migrants' life cycles impacted on their decisions and aspirations. Faced with uncertainties in potential migration trajectories and not knowing how long it would take to become settled in a new country, some nurses decided to stay to avoid putting other life events on hold. The decision on whether to stay depended on where a person was in their individual and family life cycle. This highlights the temporal dimension of (non)migration aspirations and decisions.

The line between involuntary and voluntary non-migration may at times be blurred. In the process of letting go of their previous migration aspirations, the nurses actively sought out different career trajectories as a means of staying put. Navigating a precarious labour market for newly graduated nurses in the Philippines, looking beyond the health care sector for better paid jobs in the call centre industry afforded them socioeconomic mobility despite their geographical immobility. This article demonstrates the importance of including factors beyond the policy level when analysing the immobility of aspiring nurses.

In this article, I use the term non-migration 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 non-migration, I argue in this article that it has inadvertently concealed other forms of mobility, such as occupational and socioeconomic mobility. While migration is largely seen as a means to achieve socioeconomic mobility, for the nurses in this study, changes in the labour market in the

Philippines enabled socioeconomic mobility without having to leave the country. In line with this, I argue that there is a need for a deeper engagement with the role of domestic labour markets to grasp the complexity of nurse migration, as well as labour migration in general.

6. Concluding discussions

This dissertation set out to examine the decisions, experiences and practices of Filipino nurses through a sensitivity to temporality and individual agency. Attention has been directed towards the individual nurses, their families and networks, as well as the interaction between structural factors and individual aspirations and capabilities. Using nursing as an occupational case and placing individual nurses centre stage, my aim has been to empirically examine and theoretically understand the multi-dimensional process of skilled migration by exploring its social, spatial and temporal aspects. The dissertation has been guided by the following two research questions to gain empirical and theoretical insight into the process of skilled labour migration:

1. How are the migration decisions, experiences and practices of Filipino nurses impacted by temporal constraints?
2. How can Filipino nurses' experiences of deskilling and waiting inform our notion of temporal constraints on labour agency?

In this chapter, I draw on previous chapters, empirical data collected throughout the research process and the four articles to help answer these two research questions. The first section discusses the social, spatial and temporal aspects of skilled migration with a particular focus on temporal constraints. In the second section, I focus on the nurses' experiences of deskilling and waiting to shed light on the relationship between temporal constraints and the agency of migrant workers.

6.1 Fulfilling expectations and obligations while pursuing a nursing career

As this dissertation shows, migration is often a non-linear, multidirectional and open-ended process without a defined start or end (Robertson, 2021). The fieldwork on which this dissertation builds stretched across time and space to acknowledge that migration needs to be understood as a process across time rather than a single act of mobility in time (Robertson, 2015). The dissertation examines how, in this process, individual and family events and concerns are entangled with policies, regulations and labour markets in more than one country. While this study contributes to the vast literature on transnational migration, perhaps even more notably, it also contributes to the emerging field of temporality in migration studies. By applying a temporal approach to the study, I have attempted to

break down the often embedded assumptions of linearity in migration and acknowledge that time is a constitutive factor in the socio-political constructions and personal experiences of migration and (im)mobility (Cwerner, 2001; King & Della Puppa, 2021).

By putting individual migrant workers at the centre of my analysis, I was able not only to examine their professional lives but also to use their profession as a window to understand how people live and seek to live (Castree, 2007). Workers and their families cannot easily be analytically separated, and the decisions, experiences and practices of the nurses took on meaning within a wider social context of family responsibilities and obligations. The different stages in the migration cycle and the individual and family life cycles shape the lived experiences of the nurses. Analysing the migration experiences through a temporal lens enabled a dynamic understanding of migration. Transnational lives with inherent responsibilities and obligations towards family members in the country of origin may constrain migration trajectories and considerations in the place of work. When looking at the professional choices and paths of the nurses, there were at times conflicting interests between family expectations and obligations and maximizing their career. As discussed in articles 1, 2 and 3, these responsibilities may lead migrants to put their migration decisions and career plans on hold, or even block such plans permanently. In the case of migration, there is also an added dimension related to migration-relevant policies that may affect the decisions and experiences of labour migrants. Through a focus on experiences of waiting in article 1, I have showed how migration trajectories and experiences may take unexpected turns, just like 'ordinary' lives. Through the articles in this dissertation, I have shown how priorities and goals may change throughout the migration, life and family cycles. Migrants' and would-be migrants' decisions and priorities are, however, also often affected by structural factors such as migration-relevant policies, professional regulations and welfare services.

In article 4, the focus on non-migration decision making further adds to this discussion by showing how aspiring migrants often decided to stay put, at least temporarily, due to family-related concerns. Applying the concept of non-migration, I show how the process is not only about when and where to go, but also whether to go at all. Analysing the narratives through a non-migration lens also offered a better understanding of migration throughout the life course (Gruber, 2021) as the decision to stay was made neither passively nor once and for all but subject to ongoing negotiations on an individual as well as a family level. Furthermore, it should also be acknowledged that the decision to stay, especially in a context marked by a 'culture of migration' such as the Philippines, is an active choice, an act of individual agency (Stockdale et al., 2018).

Explaining only why and how people move provides a unidirectional understanding of the migration narrative (Setrana, 2021). The mobilities turn in migration studies has led to the recognition that most people are constantly on the move and that migration represents only one type of movement (Sheller & Urry, 2006). Furthermore, it also acknowledges that migration intentions may change over time (Gruber, 2021). By focusing on potential migrants in article 4, I analysed how migration aspirations may change due to changes in family situation, the labour market in the Philippines and societal expectations. By applying the concept of non-migration rather than (im)mobility, I have also addressed how spatial movement is just one of many possible forms of mobility.

While the findings from this study add to the existing literature on (care worker) migration, the geographical context of the study, namely the Norwegian welfare state, has shed light on how welfare regimes impact on migrant workers and their families (article 3). Relatively generous welfare services are offered to those with a residence permit, replacing some of the functions of the family in the Philippines. These services, as well as the right to family reunification, which rests on a narrow definition of family, require migrants to have a residence permit in Norway. The time spent securing a stable and paid position within the health care sector temporarily hampered the nurses' ability to secure care for their families, showing how the different stages in migration cycle require different strategies of care. It should also be noted that these services do not cover all aspects of life nor the care needs of aging parents in the Philippines, creating a care gap that the migrants seek to fill through remittances and support from networks of kin and fictive kin. It became clear that the different stages in the life cycle of family members affected the migrants' need to provide care. The care needs and capacity thus fluctuated according to the different stages of migration and life cycles. The study thus showed how the care needs and capacity are structured by both migration-relevant policies and formal care arrangements in the sending as well as the receiving country.

6.2 A temporary solution or getting stuck?

While migration is a future-oriented act (Coe, 2015), this dissertation has shown how the decisions and strategies that the nurses employed were shaped by past experiences, the present situation and the prospective future. Following Emirbayer and Mische's (1998, p. 972) description of agency as three-dimensional, separated into action that 'is more (or less) engaged with the past, more (or less) directed towards the future, and more (or less) responsive to present', agency can be theorized as a temporal phenomenon shaping the strategies that migrants and aspiring migrants develop at various stages of the migration cycle (Cojocar, 2020). Because the data collected stretched across space and time, all

three dimensions of actions are visible in the findings of this project. Through the methodological approach applied in this project, I have demonstrated the importance of including social relations and labour markets in more than one country to understand the actions of migrant nurses.

Throughout this dissertation, I have sought to highlight how temporality is the product of both everyday social and cultural practices and the structures and systems that these practices exist within and move between (Baas & Yeoh, 2019; Robertson, 2021). Following previous research on border management (Axelsson, 2017; Mezzandra & Neilson, 2013), this dissertation shows how the processes of crossing borders, accessing the labour market and settling in a new country are temporally determined by immigration policies and professional regulations. The structures within which the nurses operated had temporal implications as they often prolonged the process of moving along through the different phases in their life cycles. During these processes, which took time to complete, the nurses experienced several instances of waiting (article 1) and deskilling (article 2).

Analysing the experiences of migrant nurses through the analytical lens of 'waiting', this dissertation has demonstrated how waiting is never truly passive (article 1). Even though their trajectories were hampered by structural barriers, the nurses used the waiting time productively to actively improve their chances of getting authorized as nurses. Rather than protesting exploitative practices, the nurses often decided to take advantage of the situation to improve their position in the future. Seeing the migrants' decisions in a longer time perspective has enabled a deeper understanding of these decisions, as well as practices and strategies employed by the nurses, and also shed light on how and why migrant workers seem to accept 'delayed gratification': their lives are lived not only here and now but also there and then. The fact that the nurses had a long-term perspective may explain why they were willing to engage in and put up with exploitative work practices (article 2). Rather than protesting and challenging these structures, the nurses accepted and took part in these practices to achieve their long-term goal of settling, finding work and being able to remit back to their families in the Philippines. The uncertainty whether the strategies applied by the nurses would yield the desired results created periods of 'limbo'. While there is a degree of uncertainty in these strategies, the possibility and hope of a better future may help migrant nurses navigate and accept this uncertainty (Pine, 2014). In this process, some migrants may temporarily suspend their rights and accept exploitative working conditions to extend their work permits (Ho, 2021, p. 4).

There is however a fine balance between using the waiting time productively and deskilling. Due to professional regulations, the nurses had to take bridging programmes to be recognized as nurses in Norway. Such constraints led some nurses to enter into positions below their educational level to be able to remit back to their families and to secure residency in Norway. While their intention had been

for this to be a temporary solution as a step towards their professional goal of becoming a registered nurse, several of the nurses got 'stuck' at a professional level below their educational qualifications. A noticeable insight from this study is thus the possible connection between experiences of waiting and deskilling.

In article 2, I applied the concept of deskilling as an analytical tool to explore nurses' experiences in the Norwegian health care sector. Analysing these experiences through the lens of temporality, it became clear that the nurses were neither solely precarious nor solely privileged. Allen and Axelsson (2019, p. 120) describe the period when labour migrants are on the path to permanent status as 'suspended inclusion' with the time before a job and residence permit are secured creating a 'spatio-temporal waiting zone'. While the nurses in this study went through a phase which may be described as temporary and uncertain, the majority ended up in a permanent position where their skills were recognized and utilized (at least partly). Securing a permanent position would make it possible to secure permanent residency in Norway, access to welfare services, family reunification and the means to live a transnational lifestyle. This process was often long and characterized by insecurity (Baas & Yeoh, 2019), not least due to the migration infrastructure in Norway in terms of visa procedures and transitioning between different visa statuses.

The nurses' efforts to get authorized to work as nurses in Norway, and to have their professional qualifications recognized, could be described as future-oriented actions. Their narratives revealed how their actions were based on past experiences, the possibilities at hand in the present and the prospective future. The experience of constant changes in the administrative procedures related to nurse authorization in Norway narrated by the nurses in this study exemplify how structures and constraints are not static but subject to change and may thus be seen as a temporal construction (Emirbayer & Mische, 1998). In light of these changes, the nurses had to alter their strategies. The nurses in this study were actively engaging with and exerting agency within existing structures. In fact, another noticeable insight from this study is that migrant workers are not simply passive objects defined by constraining structures.

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PART II: Articles

Waiting: Migrant nurses in Norway

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Abstract

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

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lives, experiences, and reflections that it would otherwise have been easy to overlook or dismiss.

Keywords

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

Introduction: Waiting and nurse migration

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

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

One may differentiate between general migration studies and studies of 'skilled' migration, where health worker migration emerges as a subfield.

In the literature on health worker migration, including nurse migration, concepts such as brain drain, care drain, and de-skilling set the stage for analyses, emphasising labour dimensions of migration and highlighting the value of migrants in terms of human capital (cf. Beine et al., 2001). This generates knowledge on the global health workforce and labour market, implications for states and communities, and the careers of health work professionals (cf. Bach, 2008; Mullan, 2005; Zurn et al., 2004). To a lesser extent does it allow for insights into the experiences of people who migrate.

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

Our research looks into the experiences of nurses immigrating to Norway. A rich welfare state with an aging population, Norway has one of the highest coverages of nurses in the world (OECD, 2017; WHO, 2015), and a dire and growing need for more nurses to fill vacancies (By, 2018; Gautun and Øien, 2016; Roksvaag and Texmon, 2012). Still, Norway has no active policy of recruiting nurses from abroad. The country is heavily committed to the WHO code of ethical conduct, especially article 5.4: 'All Member States should strive to meet their health personnel needs with their own human resources' (Helsedirektoratet 2010). However, policy makers and bureaucrats² concede that nurses who come to Norway on their own initiative have the right to continue working in their profession in Norway (Helsedirektoratet, 2010). There is a tension between making it too easy and too difficult. The bureaucrats responsible for ensuring adequate recruitment of nurses and implementing the WHO code are under cross-pressure, while the premises of the code have been criticised for privileging migrant workers from richer countries, and thus risking 'playing into a racist agenda on immigration policy' (Mackintosh et al., 2006). Nurses coming to Norway for work are not necessarily aware of these tensions, but may feel their effects on the time it takes them to 'settle down' in Norway.

As we investigate the narrated experiences of nurses from Sweden and the Philippines who wish to work as nurses in Norway, we focus on *what kinds of waiting* our participants present to us when they talk about their

experiences (Hage, 2009a). We use the concept of waiting as our main analytical tool; the nurses themselves did not necessarily use this particular word.

Waiting as an analytical tool

From existential and situational waiting to migration and mobility

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

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

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

may make from essentially identical positions, and capacities, as agentive beings' (Dwyer, 2009: 23).

Discussing the waiting of asylum seekers in the UK, Rotter (2016: 82) identified three aspects of situational waiting: *Affective* waiting captures the desire or dread with which we anticipate the awaited event. *Active* waiting denotes what we do while we are waiting, filling the waiting time with activities or projects of different kinds. These can be focused on the present, giving meaning to everyday life, or on the future, directed towards a desired future. *Productive* waiting is using the time in a way that transforms it into a kind of capital, or into something that in retrospect turns out to have prepared or paved the way for the future.

Politics and poetics of waiting

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

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

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

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

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

Context and background

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

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

Immigration and nurse registration

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

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

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

Data from Statistics Norway show that in 2016, there were 1027 people from a Swedish background³ living and working as nurses in Norway. A similar number (1052) were counted as Swedish non-resident nurses: they worked as nurses in Norway, but did not live in Norway (Sandlie, unpublished). Most Swedish nurses beginning to work in Norway do so through contracts with recruitment agencies or temporary staffing agencies. Rather than seeing themselves as migrants, Swedish nurses often construe working in Norway while partly living in Sweden as ‘commuting’ or ‘travelling for work’. The same year, 1117 Filipino nurses were living and

working in Norway. There were no non-resident Filipino nurses working in Norway. Geographical distance certainly plays a big role here, but this also brings out the difference in commitment and effort needed for moving and working in Norway between nurses coming from the Philippines and Sweden (Sandlie, unpublished). Only 1% of fully registered Filipino nurses had been living in Norway for less than four years. This may be due to the long waiting periods for Filipino nurses to become registered nurses in Norway. It may also indicate a decreasing number of Filipino nurses coming to Norway, or fewer of them becoming registered as nurses; 80% of Filipinos working as nurses had been in Norway for eight years or more. Correspondingly, 9% of resident Swedish nurses had lived in Norway less than four years and 76% had lived in Norway for more than eight years (Sandlie, unpublished).

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

Data and methods

This article is based on qualitative fieldwork and in-depth interviews with four nurses carried out in Norway in 2017 and 2018. Regardless of the initial motivation for choosing nursing as a profession, all four nurses presented here were registered as nurses in their country of education, and they all entered Norway with a common goal of working as nurses. These four individuals are identified here with the pseudonyms Lilly, Frida, Daisy, and James. The material comes from two separate projects: Taylor's MA research and the WELLMIG project.⁴ For both projects, the requirements for participation were that the nurses be both citizens of and educated in either Sweden or the Philippines.

Exploring the role of different forms of waiting in nurses' lives implies a focus on the individual. We provide an in-depth look at the lives of a small

selection of nurses rather than an overview of many nurses' experiences. The individuals whose narratives and life stories are presented below were selected as they reveal different forms of waiting and different ways of dealing with waiting. Our selection of two Swedish and two Filipino nurses does not imply a comparison between the two groups but aims to facilitate an exploration of what two such differently positioned nationalities may have in common.

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

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

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

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

Two of the authors, Aslaug and Taylor, did the data collection that this article builds on. Taylor conducted participant observation and interviews with Lilly and Frida. The first interview with Lilly took place in a hospital, where she had worked for many years, and lasted for over two hours. Taylor and Lilly met three more times, once in Lilly's home and twice in Taylor's. The first interview with Frida took place over Skype and lasted for an hour and a half. It was not until a year after that interview that

Taylor met Frida in person. Frida was working in Norway over a holiday and invited Taylor to come and stay with her for a couple of nights. On this trip, Taylor observed how Frida prepared to work in a new place, the practicalities of her mobile lifestyle, and her interaction with colleagues in the workplace. All interactions with Lilly and Frida took place in the English language, supplemented with words in Norwegian, mainly words specific to the nursing profession.

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

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

What kinds of waiting: Four nurses and their stories

Lilly

Lilly always knew she wanted to help people, and in secondary school she chose the health and care track (Swedish: *Vård- och omsorgsprogrammet*). This enabled her to work as a nurse's aide⁵ in a nursing home, strengthening her desire to become a nurse. She entered nursing education in Sweden, and although studying nursing in the Swedish language at university level was challenging, she got through it and graduated on time. Upon graduating, she began working at a Swedish hospital, where she stayed for a few

years. Although she liked the work, she felt something was missing. In her own words, Lilly started ‘feeling this panic attack’:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Before I moved to [Norwegian city], I had thought of moving, but I was like, 'How am I going to do this'? [...] So it was the practical part that was a bit

complicated. I was like, oh, but do I really want to move now? So I was postponing it all the time.

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

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

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

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

Followed by:

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

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

phase of her life in Norway, the structure of temporary work contracts allowed her to take the guesswork out of migration. She was able to move around to different places in Norway until she found one that fulfilled her existentially, even if she did not realize at the time what she was waiting for, or even that she was waiting.

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

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

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

Daisy

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

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

I had to come here [to Norway] or I would just have been stuck there [in the Philippines] without moving anywhere. Even if I became a nurse [in the Philippines], I don't think I would have been able to support my entire family given the situation with low wages there.

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

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

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

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

Before her first year in Norway had passed, she managed to pass the required language exam, gain temporary registration (Norwegian: *lisens*) as an auxiliary nurse, and get a position as an auxiliary nurse in a nursing

home. At this point, she applied for a change-over from her au pair visa to a work visa:

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

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

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

A year after they first met, they got married and Daisy subsequently applied for family reunification. At this stage, she had two parallel applications and, as her family reunification application was granted, she also received a positive decision on her work visa application. After two years of waiting, she was now asked to choose one of the two visas. She decided to accept the family reunification visa, which she felt gave her more security in terms of legal residency in Norway. However, her journey towards being recognised as a nurse in Norway was not over.

Now that her residence permit was secured, Daisy again took up working as an auxiliary nurse in the nursing home. Although employed as a

registered auxiliary nurse, Daisy told us that she was in fact performing the tasks of a nurse:

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

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

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

Within a year from receiving her family reunification visa, she was granted her Norwegian nurse registration. She was very proud of the achievement. She also felt that being a registered nurse gave her a new and unexpected sense of confidence and respect from her colleagues. While she was still working as an auxiliary nurse, some of her colleagues would try to boss her around. As a registered nurse, she experienced recognition:

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

became a nurse – it depends how you work together with your colleagues of course. But when I became a nurse, I became tougher.

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

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

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

James

From the beginning of our conversation, James made it clear that helping his family financially was a major aspect of his life, and the reason he decided to become a nurse. He first studied engineering, but soon realized that he did not like it. His family then suggested that he study nursing instead, since this would enable him to find a job abroad and help the family financially. James’ dream was to move to the United States, and he applied to be registered there from the Philippines as soon as he graduated with his nursing degree. Planning to apply for work in the US, he took the required English exam and started preparing for the US nursing exam, National Council Licensure Examination (NCLEX). However, due to the declining US visa opportunities for nurses from the Philippines at the

time (Jurado and Pacquiao, 2015: 16), this plan did not work out. Instead, James found himself working as a nurse in a hospital in the Philippines.

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

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

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

So he helped me financially, everything. He processed everything. And I had a student visa at that time. [...] I had a one year permit to study the Norwegian language. Plus, I had 20 hours to work per week. That was allowed. [...] And then I studied the Norwegian language for about a month, for the entire month of May, and then, it was summer. So the school was over and I didn't have a choice but to find a job.

Making it to Norway was a huge step forward for James, but due to Norwegian regulations, his waiting to work abroad as a nurse was not over. Through the help of his friend, he had already applied for and

received registration as an auxiliary nurse prior to his arrival in Norway. Arriving in Norway just before the end of the academic year, James had to put his Norwegian language studies on hold and extend his time spent waiting for a paid nursing position in Norway. Rather than passively waiting for his language studies to resume, he decided to use his waiting time *actively* and found a position at a nursing home where he could practice his Norwegian language skills and some of his nursing skills as well as earning money. During the summer, he was able to get a language practice internship for two weeks at the nursing home, and since they lacked personnel to work for the summer, he got a temporary position there as an on-call auxiliary nurse. After passing the Norwegian language test later the same year, James started working full-time as an auxiliary nurse at the same nursing home. What started out as a form of *active waiting* then turned into *productive waiting* as working in the nursing home led to a full-time position and helped James pass the language test, bringing him a step closer to becoming a registered nurse in Norway.

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

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

James' main reason for training to be a nurse was that it would enable him to earn money abroad to send back to his family in the Philippines. Once he started working as an auxiliary nurse, he was able to do that. While Lilly and Daisy practiced *self-imposed waiting* for the sake of their young children, James practiced *self-imposed waiting* for the sake of his dependant family members in the Philippines, including his parents. In James' case, he described it as a mere act of forgetfulness. Although he did not pursue his nursing registration for some time, it was still at the back of his mind. The period of self-imposed waiting also included an aspect of *productive waiting* as he was constantly monitoring any possible changes in the regulations and was ready to act once he found out that these were about to change. Even though the position as an auxiliary nurse enabled him to provide for his family, he was not satisfied working in a position that did not match his professional background. He was prolonging the period of time

he spent working beneath his education level and in a more stressful environment:

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

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

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

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

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

have a choice but to work here, even if you miss your family. So you don't have a choice.

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

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

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

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

While still waiting to meet the right person for a stable relationship, he took the opportunity to work closer to a 120% position, as he also added extra shifts at another nursing home. In addition to buying his own place and settling permanently in Norway, his priorities at the time of our research were mainly to provide financially for his now retired parents in the Philippines.

Frida

Like, but also quite unlike Lilly, Daisy, and James, Frida's description of her situation before beginning to work in Norway and her reflections on

her migration decision elucidate a sense of existential immobility. In Sweden, her life seemed to be moving backwards:

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

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

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

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

In Frida's case, the *affective* aspect of waiting for a nursing position in Sweden led her to experience the feeling of *existential immobility* she described in the above citations. As an educated woman in her late 20s, Frida felt that she should be establishing her career, getting married, and having children, but she no longer found herself on that path. Unemployed and living with her parents, she viewed her situation as a step backwards. Had she found a job as a nurse in the town she lived in with her boyfriend, Frida did not think she would have left him or have thought about working in Norway. This shows how influential the crisis of existential mobility was on Frida's migration decision and supports Hage's (2005: 471, our emphasis) claim that '[m]igratory physical mobility is *only* contemplated when people experience a crisis in their sense of existential mobility'.

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

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

She later said:

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

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

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

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

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

Encouraged by her friend, Frida decided to go through a staffing agency to find work in Norway. She was placed in a nursing home, where she

worked for over a year. At the time when her contract with the agency was ending, the agency was banned from the city she had been living and working in.⁶ Frida then took up direct employment with the nursing home, but soon got tired of working there. She considered working in Sweden again, but also applied for a permanent position at a hospital in Norway, which she got. While working at the hospital, Frida met her next boyfriend and they eventually moved in together. Reflecting on these decisions, Frida explained:

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

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

After a couple of years of living in Norway, Frida and her Norwegian boyfriend decided to move to a country outside of Europe together.⁷ This experience showed her how difficult it could be to become a registered nurse abroad:

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

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

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

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

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

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

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

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

However, as she explained, becoming a nurse was not a bad decision and her experiences as a nurse arguably helped her accomplish her goal of

becoming a doctor. Frida's grades initially hindered her from getting into medical school in Sweden, so her success getting into medical school in Oslo may, to some extent, have been aided by her experience as a nurse. Furthermore, since she continued working as a nurse while attending medical school, Frida was able to apply what she learned in school during her job, while also financing her studies. In this light, her initial career as a nurse can be seen as an extended period of *productive waiting* in the pursuit of her ultimate goal of becoming a medical doctor.

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

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

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

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

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

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

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

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

Concluding discussion

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

us to grasp Lilly's narrative, in which migration is a goal in itself, rather than a vehicle for obtaining existential mobility in a new location.

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

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

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

Rotter's (2016) concepts of active, affective, and productive waiting offered a method for going deeper into the waiting experiences of the nurses. Our material differed from Rotter's not only in the kind of migration process studied, but also in the delimitation of the waiting periods studied. Rotter analysed waiting in the asylum process, while we have explored the lives of nurses in relation to their careers in migration, which includes multiple and often overlapping periods of waiting. This is

waiting that occurs in life cycles, straight lines, twists and spirals, and other messy narratives. We still found the concepts of active, affective, and productive waiting to be useful and applicable.

Rotter's (2016: 95) finding that her participants engaged in multiple activities 'to realise their desired futures', resonates with James, Daisy, and Frida's experiences waiting for registration. All three nurses held non-nursing positions, participated in courses, and worked on their language skills while waiting for registration, all of which constitute active waiting. Daisy viewed performing nursing duties while earning the salary of an auxiliary nurse as a stepping stone on her path to registration. The confidence she gained in her nursing skills can be seen as a transformation of her waiting time into a valuable resource (Rotter, 2016). The same can be said for James' language internship turned full-time position while waiting for his language courses to begin again. Frida, on the other hand, did not find her time waiting for registration as productive. Instead, we suggest that her entire experience of being a nurse was an asset in helping her fulfil her goal of becoming a medical doctor. Lilly also waited for years in Sweden until she could travel the world, while in the meantime obtaining the education that would help her accomplish that goal. Once again, although crucially dependent on the power and opportunities available (Rotter, 2016), they all experienced prolonged periods of waiting which they transformed into a 'capital' (Rotter, 2016: 82) that had enabled them to reach their goals in the longer term.

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

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

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

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Notes

1. The term 'skilled migrant' is unfortunate in constructing people whose migration is not regulated through 'skilled worker visas' or 'specialist visas' as 'unskilled'. However, it is at present the dominant term and one that informs policies.
2. In-person interview with an anonymous bureaucrat, conducted by Taylor in February 2018.
3. 'Country background' is defined by Statistics Norway as the country of birth for three generations (the specific individual's, their parent's or their grandparent's). For people born outside of Norway, this is (with few exceptions) one's own country of birth. For people born in Norway, this is the parent's country of birth. In cases where each of the parents have a different country of birth, the mother's birthplace is used.
4. Migration for welfare: Nurses within three regimes of immigration and integration in the Norwegian welfare state (WELLMIG).

5. Nurse's aide (Swedish: *undersköterska*) is an unregulated professional title in Sweden.
6. Recruitment agencies' breaking of labour and other regulations is a recurring problem in the Norwegian health sector (Berge et al., 2011; Knutsen et al., 2019).
7. Not named here for reasons of anonymity.

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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 *resistance* 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 worker² 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 nurses³ 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

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).

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

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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Part III: Appendices

Appendix 1: Informed consent form

Invitation to take part in the research project
WELLMIG Migration for welfare:
Nurses within three regimes of immigration and integration
into the Norwegian welfare state

About WELLMIG

This research project invites nurses from Sweden, Poland, and the Philippines who seek to work or who are working in Norway to take part in our study. Looking into the situation for nurses working in Norway, we study their ways from their countries of origin into Norwegian working life and society. We explore how immigration, health sector, and integration policies interplay, and how they affect nurses' choices and experiences. The research is conducted in cooperation between NOVA-HiOA, Adam Mickiewicz University, Georgetown University, and the Peace Research Institute Oslo (PRIO), and is funded by the Research Council of Norway.

What happens if I consent to take part?

In order to learn about the experiences of nurses and their families we will conduct fieldwork which includes participant observation (sometimes described as "hanging around with people") as well as research interviews with migrant nurses and their families. You could be involved just through an interview, if you like. We are interested in your experiences from deciding to go to work in Norway, via gaining visas, authorisation and other permissions, to finding work and housing as well as living as a family either together or apart. We will take notes from the participant observation and during the interviews, and would like to record some of the interviews when that is convenient.

What do we do with the information you give us?

All personal information will be treated confidentially. Only the WELLMIG researchers will have access to the information, which will be saved and stored securely. We will not need to keep your full name for research purposes but will keep your contact information separately and locked away as long as we need to be able to contact you about the research. We will use the information about your experiences in our publications but will not publish your name or other easily recognizable information about you in order to protect your anonymity. The project is due to finish by the end of 2020. At that point, any remaining personal information about you will be removed from our files so that any remaining information is fully anonymous.

Voluntary participation

It is of course wholly up to you if you would like to take part in this research and contribute to the research knowledge about nurse migration to Norway. Should you change your mind at a later point, this is not a problem, you need not give us any explanation and it will have no consequences for you. Should you want to withdraw, we will delete all the personal information you have given us.

Please feel free to contact me, or my supervisor Marie Louise Seeberg, for any further information.

Aslaug Gotehus, PhD student

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Marie Louise Seeberg, Project leader

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The Personal Ombudsman for Research, NSD (Norwegian Centre for Research Data AS) has been notified about the project and has recommended it.

Consent to take part

I have been informed about this study, and would like to take part:

(Signed by project participant, date)

Appendix 2: Interview guide Filipino nurses in Norway

INTERVIEW GUIDE

PERSONAL INFORMATION

Name, age, place of birth, family situation

MIGRATION TO NORWAY

When, why, prior knowledge, expectations, experiences, any other destinations prior to Norway

IMMIGRATION AND AUTHORIZATION

How obtain permits, how accessed information, challenges, who supported you

EDUCATION AND CAREER

When graduated, from where, why nurse, prior jobs, current position (workplace, duration, contract, working hours, salary, other employers, colleagues, patients and their families) career progress, future prospects, advice to other nurses considering moving

LIFE IN NORWAY

Housing, leisure time, Norwegian friends, Filipino community

How would life have been if you had not moved

Any regrets about the move, education etc.

FAMILY LIFE

Division of responsibilities, how is family life now as compared before, how does it compare to friends in Norway and in the Philippines

TRANSNATIONAL TIES

Name those who are important to you and in which situation you would reach out to them, obligations towards others, contact with friends and family in the Phil and other countries, visits to the Philippines (frequency and experiences), expectations from friends and family

