12-2018

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Citation

ORTIGA, Yasmin Y..(2018). Professional problems: The burden of producing the 'Global' Filipino nurse. *Social Science and Medicine, 115*, 64-71.
Available at: https://ink.library.smu.edu.sg/soss_research/2748

Published in Social Science and Medicine,
Vol 115, December 2018, Pages 64–71
DOI 10.1016/j.socscimed.2014.06.012

Professional problems: The burden of producing the "global" Filipino nurse

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ARTICLE INFO

Article history:
Received 24 September 2013
Received in revised form
6 June 2014
Accepted 10 June 2014
Available online 11 June 2014

Keywords:
Philippines
Nursing education
Migration
Profession
Nurses
Global nursing care chain

ABSTRACT

This paper investigates the challenges faced by nursing schools within migrant-sending nations, where teachers and school administrators face the task of producing nurse labor, not only for domestic health needs but employers beyond national borders. I situate my research in the Philippines, one of the leading sources of migrant nurse labor in the world. Based on 58 interviews with nursing school instructors and administrators, conducted from 2010 to 2013, I argue that Philippine nursing schools are embedded within a global nursing care chain, where nations lower down the chain must supply nurse labor to wealthier countries higher up the chain. This paper shows how this process forces Filipino nurse educators to negotiate an overloaded curriculum, the influx of aspiring migrants into nursing programs, and erratic labor demand cycles overseas. These issues create problems in defining the professional knowledge needed by Filipino nurses; instilling professional values and standards; and maintaining proper job security. As such, these findings demonstrate how countries like the Philippines bear the burden of ensuring nurses' employability, where educational institutions constantly adjust curriculum and instruction for the benefit of employers within wealthier societies. My interviews reveal how such adjustments undermine the professional values and standards that define the nursing profession within the country. Such inequality is an outcome of nurse migration that current research has not fully explored.

As shifting demographics fuel the global demand for healthcare workers, developing countries have sought to "manage" the out-migration of local nurses to wealthy nations.[1] An increasingly common strategy is the practice of educating nurses for "export," where local schools implement curriculum and teaching practices that address the needs of both local and overseas employers (Buchan et al., 2005). This strategy supposedly turns nurse migration into an economic opportunity, where the increased outflow of health workers will lead to higher monetary remittances that contribute to local development.[2] However, few scholars have examined how educational institutions within migrant-sending countries actually train nurses for the global market. While some studies have shown how nurse migration leads to the commercialization of nursing schools within sending countries (Acacio, 2007; Connell, 2007; Masselink and Lee, 2010; Overland, 2005), there is still a lack of research on the challenges nurse educators face in preparing students for overseas work. This gap is a cause for concern given the negative impact of poor nurse education on migrant-sending and receiving countries (Hancock, 2008). Large numbers of aspiring migrants can inflate the demand for nursing programs, encouraging the proliferation of substandard schools. Meanwhile, the influx ill-prepared nurses can strain the training resources of hospitals in receiving countries. In this sense, the success of migrant nurses depends on their educational training, making schools an integral yet understudied aspect of the migration of health professionals.

This paper seeks to address this gap by examining the experiences of nurse educators working within poor nations that actively deploy and export nursing labor. Situated in the Philippines, this study demonstrates how teachers and school administrators attempt to produce "globally competitive" nurses, not only for domestic health institutions but employers beyond national borders. I then examine how this production process impacts Philippine nurse education, negatively affecting the status, autonomy, and professional values of nurse educators. Such problems are manifested in a

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[1] Scholars have defined migration "management" as the explicit regulation and facilitation of the migration process. A number of developing nations have moved towards this strategy, instead of attempting to prevent people from leaving.

[2] Migration scholars argue that training migrants for export is also common for other occupations, including blue collar jobs in construction and hotel service work (see Phillips, 2009; Rodriguez, 2010).

constantly changing curriculum and school policies, a student body that regards nursing as a steppingstone to migration, and fluctuating labor demand cycles overseas. I conclude by proposing an analysis of nurse migration beyond questions of employment. To date, most studies have focused on *where* nurse migrants obtain work and *who* fills the positions they leave behind. Rather, I call for a closer investigation on the impacts of pressures to ensure nurse migrants' *employability*, where the global demand for health workers shapes not only nurses' work but their training and education as well.

1. Making sense of nurse migration: from individual decisions to the global nursing care chain

Concerns of aging populations and the subsequent shortage of health workers have revived the brain drain debates of the 1970s, raising questions as to how the migration of health workers affect sending countries (Scheffler et al., 2008; Skeldon, 2008). As such, existing studies have investigated the "push" and "pull" factors that determine why health professionals leave their home countries: disillusionment with local healthcare systems, better salaries overseas, lack of career mobility within local hospitals, and the culture of migration within sending countries (Aiken et al., 2004; Akl et al., 2007; Alonso-Garbayo and Maben, 2009; Lorenzo et al., 2007). Other scholars highlight the role of colonization as a precursor to contemporary nurse migration, indicating how colonial education and labor policies that made it easier for former "subjects" to migrate to destinations like the US and UK (Brush, 2010; Choy, 2003; George 2005).

While these studies emphasize the external factors that shape nurses' migration decisions, a few scholars have analyzed the role of institutions in actively facilitating nurse migration to wealthy nations. A prominent framework is Nicola Yeates' (2009b) theory of the *global nursing care chain* (GNCC), where nations at the top of the chain draw nurse labor from countries located lower down the chain.[3] The GNCC emphasizes not only where nurse labor is consumed, but also how structures within developing nations produce nurses for export. Yeates draws parallels between nurse migration and the global manufacturing industry, where labor and production processes across national boundaries generate commodities for the market (see Hopkins and Wallerstein, 1986). Just as third world factories assemble goods for first world corporations, the GNCC emphasizes how institutions within sending countries produce *nurse labor* for foreign employers (Yeates, 2009b; 2010). The movement of professional nurses is not simply defined by individual migration decisions but a "migrant industrial complex," which includes institutions in both sending and receiving countries (Yeates, 2009a, p. 178). There is a growing literature examining a variety of institutions that facilitate nurse migration from the Philippines, including: recruitment agencies (Guevarra, 2010), government bodies (Choy, 2003; Yeates, 2012), and international organizations (Brush and Sochalski, 2007). However, in this paper, I focus specifically on nursing schools as an understudied aspect of the GNCC.

While the GNCC allows us to identify how educational institutions are embedded in the production of nurse labor for "export," its impact on sending countries focuses mainly on issues of healthcare delivery. Yeates (2012) argues that while producing nurses for export allows developing nations to replenish its supply of health professionals, the continuous departure of nurses for other countries limits the number of experienced nurses in local hospitals (see also Perrin et al., 2007). Such inequalities are undeniably important, yet they do not elucidate how nurse migration affects the *professional* education of nurses within sending countries. How does the massive outflow of nurse migrants shape the professional status, values and knowledge associated with becoming a nurse? In addressing this question, this paper draws from existing studies on professions and professional education.

2. Producing professionals: knowledge, autonomy, and values

While the role of educational institutions is a recent addition to the literature on nurse migration, social scientists have long been concerned with issues of professional training and socialization. Early studies on professions referred to higher education as a way of differentiating professionals from other types of workers. Academic credentials represented expert knowledge and values in line with professional standards, hence providing professionals with the autonomy to control their work (Abbott, 1988; Friedson, 1970, 1994). With increasing access to higher education and the commercialization of public institutions, recent research has focused more on the factors that undermine the status of professionals, changing the nature of their jobs. Studies have found that while professionals attempt to increase their autonomy through academic training, they must also negotiate different pressures and rigidities within the political and economic market (see Gorman and Sandefur, 2011). A prominent theory has been the *countervailing powers framework*, which locates professionals within "a field of institutional and cultural forces" where groups such as private companies, consumer organizations and state agencies seek to dominate others by pushing their own interests (Hafferty and Light, 1995; Light, 2010).

Among different professions, the health field has been a popular subject of study, with most research focusing on physicians and medical education (see Becker et al., 1961; Merton et al., 1957). Research on nurses focus mainly on the struggles of "professionalizing" the nursing field, given that patient care is mistakenly assumed to come naturally to women (Apesoa-Varano, 2007; Fox, 1989; Olesen and Whittaker, 1968; Reverby, 1987; Rich and Nugent, 2010). In the US, a major shift in the nursing profession was the development of the baccalaureate degree for nursing, moving nurse education from the hospital to the university. By requiring a 4-year degree, nurse leaders hoped to define nursing as an occupation that required expert knowledge and skills, differentiating registered nurses from other health workers such as nursing assistants (Brannon, 1994).

While the professions literature provides important insights into the nuances and challenges of producing professional workers, most of these studies are limited by a "nationalist disposition" (Fourcade, 2006, p. 148). Previous research tends to frame the challenges facing professions within national borders — limiting the field that surrounds professionals to a fixed geography. Few scholars have called for cross-national investigation, emphasizing the need to understand professional problems outside the US (see Hafferty and Light, 1995). Yet, such comparative studies still fall short of investigating the role of international bodies, global accreditation, and skilled migration. If professions establish authority by making claims to knowledge, it is important to understand how such "expertise" is taught and reproduced. In this sense, the nation-bound disposition of the professions literature limits our understanding of the possible inequalities surrounding nurse education, given that a growing proportion of nurses in developed nations obtained training in poorer countries like India and the

[3] The GNCC stems from the more general concept of the *global care chain*, where women's entry into the workforce and diminishing government support have led wealthy nations to outsource care responsibilities to migrant workers (Hochschild, 2000; Parrenas, 2002). However, one major difference is that original proponents of the global care chain based their framework on the experiences of domestic workers, where the capacity to provide "care" is not defined through formal training. Such assumptions do not apply to nurse professionals, who must obtain proper academic qualifications in order to practice patient care. Yeates (2012) provides a rich discussion of how the two frameworks relate to each other.

Philippines (Buchan and Sochalski, 2004; Reinhard et al., 2009). This paper embeds professional nursing education within the GNCC, investigating how the production of nurse professionals occurs in a transnational context, where professions face countervailing forces beyond national borders.

3. The Philippine "model": exporting nurse labor to the world

Originally regarded as a temporary solution to unemployment, the migration of Filipino workers has grown to become a vital part of the country's development policies (Asis, 2006; Tyner, 2009). Rodriguez defines this as the Philippine state's "labor brokerage" strategy, where institutional and discursive practices are employed with the end goal of generating "profit" from the remittances that migrants send to their families back home (2010, p.8). While Filipino migrant workers enter a wide range of professions, the Philippines has emerged as the leading supplier of migrant nurse labor (Guevarra, 2010; Yeates, 2009b), deploying nurses to more than 50 countries across the world.[4]

International policymakers and migration scholars attribute the success of this export strategy to the close ties between the government's migration policies and the Philippine higher education system (Masselink and Lee, 2010; Lowell and Gerova, 2004; Tan, 2009). This link is defined by the systematic practice of educating nurses in line with the needs of foreign employers, where public and private nursing schools alter teaching strategies and curriculum content to give their graduates an "edge" in the global market (Acacio, 2007). Although American colonizers introduced nursing education in the Philippines, the move towards producing nurses for foreign employers only began after independence in 1946 (Brush, 2010). Filipino parents encouraged their children to enter nursing programs, hoping to expand opportunities for migration after graduation. Meanwhile, privately owned colleges and universities sought to take advantage of this demand by establishing more nursing programs (Choy, 2003). Today, news of nursing shortages have continued to spark high enrollment in nursing programs, with parents hoping that their children will obtain lucrative overseas jobs and achieve social mobility (Jimenez-David, 2008).[5]

As a result, Philippine nursing schools have come to play the role of "migrant institutions," comparable to the recruitment agencies or government bodies that control "the material and ideological conditions of migration" (Masselink and Lee, 2010, p. 168). This approach has been deemed so effective that international policymakers praised the Philippines as a "model" worth emulating, with countries like China and India seeking to adopt the same strategies in deploying their nurses overseas (Brush and Sochalski, 2007). As such, the Philippines continues to serve as an important case study for scholars seeking to understand the implications of nurse migration for developing countries (Kingma, 2006).

4. Methodology

This paper is drawn from an ongoing study on how Philippine higher education institutions adjust to labor demands in destination countries. Data presented in this paper is drawn from 58 interviews with nurse educators, conducted from 2010 to 2013. I received ethical approval for this research through my university's Institutional Review Board. I recruited participants by sending out letters of invitation to different private school associations. Later in my research, interviewees also connected me to colleagues and friends teaching in other nursing schools. My final sample includes 34 clinical instructors, 14 deans, and 10 nursing school administrators. Thirty-six of my interviewees were less than 40 years old, having graduated from nursing in the 1990s and early 2000s. In asking interviewees about their previous work experience before teaching, none of them mentioned that they had worked overseas.

Interviewees come from 15 nursing schools located in the provinces of Laguna, Palawan, Misamis Oriental, and Manila. In the Philippines, a majority of higher education institutions are owned by corporations or family-run businesses. This trend is reflected in the types of institutions that participated in my study. Three of the schools I visited were public while 12 were private. Out of the 12 private schools, three were run by religious orders while the rest were run by corporations or families.

I began interviews at a time when nursing schools were experiencing a rapid decline of nursing students after unprecedented enrollment rates from 2003 to 2008. My interviewees attributed this downward trend to the financial crisis in the US and the oversupply of nursing graduates, which in turn, discouraged students from pursuing a nursing degree. In some ways, this provided me with easier access to schools, given that interviewees were not overwhelmed with teaching to talk to me about their work. Being a Filipina researcher helped me build rapport with my participants because I spoke *Tagalog* and had gone through the Philippine higher education system as an undergraduate. Yet, I found that being a doctoral student from an American university was a key factor in gaining the trust of school administrators. One administrator confided that competition among private institutions was very tight, and some "researchers" were simply "spies" sent by other schools. This experience made me realize how nursing education was essentially a competitive business in the Philippines. In order to maintain the confidentiality, I used pseudonyms to refer to my respondents and the institutions.

This paper utilizes the method of qualitative interviewing, where researchers seek to understand how research participants make meaning of their everyday experiences, focusing on individual perspectives rather than a collection of "facts" (Bogdan and Biklen 2007; Rubin and Rubin, 2012). Through this method, I investigated Filipino nurse educators perceived school policies and practices driven towards producing future migrant nurses. I began my interviews thinking that the biggest challenge facing Filipino nurse educators would be whether to convince their students to contribute their talents to the local health system. Yet, I found that nurse educators were mainly concerned about how the nurse migration affected the status and practice of professional nursing education *in the Philippines*. I then asked nurse educators how they defined their work, adjusted to the nursing boom of the early 2000s, and faced the current decline in demand. I also asked them about their professional identity and how this changed in light of nurse migration. I coded my interviews in terms of the common challenges associated with professional training: curriculum or knowledge, values, and status in Philippine society. Most interviews were audio-recorded and transcribed for analysis. I wrote down field notes for participants who asked not to be recorded. Interview length ranged from 45 min to 3 h. I sent early drafts of this manuscript to several participants to verify the themes I found in my analysis.

The strength of qualitative interviewing is that it allows Filipino nurse educators from a range of institutions to share their

[4] Statistics taken from the Philippine Overseas Employment Statistics (2010). The top ten destination countries for Filipino nurses include Saudi Arabia, the United States, Singapore, Taiwan, the United Arab Emirates, and Qatar.

[5] Nursing is not the only course that Filipino parents encourage their children to take in the hope of achieving social mobility. The Philippines' of labor migration makes overseas work an ideal and desired life goal, and parents often ask their children to pursue different types of degrees (e.g. seafaring, hotel services) in the hope of ensuring successful emigration. Recent work by Asis and Batistella (2013) on youth, employment and migration provide a deeper discussion of this phenomenon.

perspectives and experiences in training students to be globally competitive nurse migrants. Findings in this paper provide a rich description of the impact of nurse emigration, beyond statistics and national figures. Yet, like all forms of qualitative research, this study is based on a limited sample of nurse educators in the Philippines. Further research is needed to determine the extent of such effects on nursing education in other migrant-sending countries.

5. Professional problems: educating nurses for export

This section discusses the challenges that nurse educators face in training Filipino nurses for the global market. I analyze how the outflow of nurses from the Philippines impacts three important aspects of professional nurse education: their definition of expert knowledge, the professional socialization of nursing students, and the autonomy and status of nurse educators.

5.1. Defining "expert knowledge" for the globally competitive nurse

With the growing number of professional schools and the increased mobility of skilled workers, developed countries have implemented stricter measures for evaluating the quality of potential migrants. International agreements such as the Bologna Process standardized academic requirements for professions across countries, compelling aspiring migrants to obtain particular credentials and training to obtain employment (Davies, 2008; Öhlen et al., 2011). As such, The Philippine Commission on Higher Education (CHED) formed "technical panels" to ensure that Filipino nursing graduates adhered to such standards, even if local hospitals did not require them. Composed of nurse educators, health industry representatives, and professional organizations like the Philippine Nursing Association (PNA), these technical panels determined required courses, the number of hours for clinical exposure, and required competencies for graduation. Two of the nursing school deans I interviewed admitted that in pursuit of a "globally competitive" curriculum, foreign hospital policies shaped local nursing curriculum. As part of CHED's technical panels, these two deans visited hospitals in popular destination countries such as the US and Saudi Arabia, noting the procedures and skills Filipino nursing students could learn back home. Helen, a dean from a Catholic university, explained this practice as a response to increasing competition from other countries that export nurse labor. She shares,

> I served in a committee for three years and we had to benchmark our standards. That is why we were able to come up with policies in order to be at par with other countries. You have to be open for those modifications because the globalized market does not wait. They will get the competent ones who have been exposed to anything and everything. We are even now contemplating having to teach the students another language because there is now so much demand in the kingdom of Saudi.

With more than 25 years in nurse education, Helen insists that she had always stressed the need for excellence among her students. Yet, she also admitted that the "competition" had become "more intense" in the past 10 years. Most of the nurse educators in this study echoed Helen's observation, emphasizing the need to give Filipino nurses an edge over other nationalities. As shared by Flor, a dean in a privately owned nursing school, "We tried to revise and revise the curriculum in such a way that the competencies of our graduates are not limited to the Philippine healthcare system … *Any hospital, in any setting, anywhere in the world*. That's where our graduates are being sent."

However, other nurse educators were also concerned as to how the constant adherence to global standards affected their students. Already considered one of the heaviest majors for Filipino college students, the nursing curriculum has continued to require more and more courses. Individual schools introduced extra electives to give their students more specialized skills, including "Nursing Informatics" and "Nursing Transcription." Administrators also tailored language electives to countries that were known to recruit Filipino nurses, and students were encouraged to take classes in Japanese, Arabic, and German. In some cases, nursing students took on a double workload, learning "high-tech" electronic charting for the fully automated hospitals in the US, while still filling out manual charts for underfunded government hospitals in the Philippines. Some of my interviewees justified this trend as a need to increase graduates' employability, making them "flexible" to different standards, practices and national healthcare requirements. Others like Fred, a nursing school administrator, felt that such "global" priorities created an "impossible workload" for students. He shared having to look up samples of curricula from nursing schools in the US and being puzzled at the extra number of classes his students have to take. As he described below,

> … I had this [sample curriculum] from UC Berkley – it had at least 15 to 20% less courses! [The CHED technical committee] said we need these courses … that we have to be at par with global standards. But I was saying, "What I have is a curriculum from a school that is the destination of our nursing students. How can you say we are not keeping up with these standards?"

Fred's statement reflects an unintended consequence of producing nurse labor for foreign employers. Wanting to ensure that Filipino nurses can work for a diversity of clients, CHED technical panels created an overburdened curriculum that tries to address the requirements of different destination countries. Educational institutions must then translate this curriculum into classroom instruction that will produce globally employable nursing professionals.

A number of my interviewees also felt that the focus on global standards undermined the tacit knowledge needed to effectively practice nursing in Philippine hospitals. Nurse educators expressed wanting their students to be resourceful and quick on their feet, given the lack of proper facilities in many local hospitals. Yet, as schools became more focused on producing nurses for export, the nurse educators in my study faced the dilemma of teaching students how to practice "first world" nursing in a "third world" context. As shared by Mara, a clinical instructor at a private university,

> In provincial hospitals, not all patients [have money] so it affects the (pause) exposure of the students. One of the competencies [we need to teach] is [how] to administer medication. You cannot teach them that if the patient cannot buy medicine! That's why we bring some stock with us. We also bring our own gloves, syringes, towels, basins …

A few of the nursing schools I visited have attempted to address this issue by pouring funds into "virtual" laboratories simulating the kinds of procedures that students are expected to perform when they work overseas. However, most schools simply make do with limited resources. Jocelyn, a clinical instructor at a private college, shared that she tells her students to "remember what is in the text book" regardless of how they actually do procedures in the

provincial hospital. The obvious gaps between hospitals in the Philippines and other developed countries then become a disincentive for nursing students to work hard during their clinical rotations. Esther, a clinical instructor in a private university, complained that many students regard their duties in local hospitals as a temporary inconvenience, an experience to be endured before they move on to "real" hospitals in the U.S. or Canada. She shared that many of her students often compete for internship positions in the few "tertiary level" hospitals in the country, seeking institutions that provide the closest experience to hospitals in wealthy nations.

5.2. Teaching professional values to aspiring migrants

While the prospect of migration increased the demand for nursing education in the Philippines, the nurse educators in my study questioned their students' motivations for pursuing the profession. Many of my interviewees entered nursing in the 1980s and early 1990s, when overseas demand for health professionals was at a low point. They were then shocked to witness the massive rise in nursing enrollment that occurred in the early 2000s, when news of nursing shortages in the US encouraged young Filipinos to pursue nursing degrees. As shared by Jocelyn who entered nursing in 1997,

> J: When I look back at my college years, especially when I started training as a nurse, [I remember] people would ask me what course I was taking and when I said "Nursing," they would tell me to quit and take another course!
>
> Y: It wasn't popular?
>
> J: It wasn't popular at that time because the demand was so low. A lot of my friends and classmates took different courses. But then, when we graduated, it was also the time when the demand rose. When people heard that we were graduating as nurses, they would say, "Oh! You're so fortunate! Soon you'll be earning dollars and euros!"

While the Philippines had experienced high demand for nursing degrees during the 1970s (Choy, 2003), the most recent nursing boom had also seen an unprecedented number of nursing schools (from 182 in 2000 to 462 in 2005), most of which were established by family-owned corporations with little experience in nursing education. Interviewees shared that many of the schools they worked in adopted policies to accept and retain as many students as possible. This practice was to maximize the profit from tuition fees, either through "open admissions" or simply the lax implementation of academic standards (Uy, 2008).

While the influx of students made nurse education extremely lucrative, it posed several challenges for educators hoping to instill professional values in their students. Most of my interviewees defined their professional identity in line with the "Nightingale ethic," where nursing is a calling that requires individuals to be vocational, altruistic, and inherently caring (Theodosius, 2008). Aware of how the nursing profession served as an effective means to leave the country, my interviewees questioned whether their students would be able to embody this ideal of service. As stated by Grace, the dean of a privately-owned college,

> [I tell my students]: "It's not bad that you want to upgrade your status in life, but the dedication needs to be there. You always have to look at your patients as your clients, not just your sources of income." You know, most of [my students], they only entered nursing because the people who support their studies want them to become a nurse. I mean, you know how much nursing picked up and how wealthy the nurses are abroad, in the U.S.

Like Grace, other nurse educators complained about how nursing had become the "mother's choice," the "auntie's choice," or the "sponsor's choice." They explained that most of their students were being put through school by well-meaning relatives working abroad. The expectation was that students would eventually migrate overseas, and help support their parents and younger siblings. The nurse educators in this study agreed that a nursing degree could serve as a means for social mobility, however they also felt that students should not be forced into the profession if they were not committed to its ideals. Karen, a clinical instructor at a Christian university complained,

> K: The parents want them to be a nurse … They are forced to take it because somebody is encouraging them. In fact, in class, I once asked, "Who among you here really wanted to be a nurse? Who had nursing as their first choice?" No one raised their hand!
>
> Y: No one?
>
> K: They said it was their second choice, or their parents' choice or the auntie's choice. When I ask, "What was your first choice?" [the students say,] "Not nursing."

Nurse educators also believed that in order to embody the nursing profession, students needed to adopt attitudes and behaviors seen as essential to nurses' work and responsibilities – punctuality, cleanliness, simplicity, and the desire to interact with people. However, the massive number of students made it difficult for nurse educators to ensure that such professional attributes were properly taught. Throughout my interviews, nurse educators had countless stories of students who did not like talking to their patients, did not like the sight of blood, or were terrified to make mistakes in the hospital. Many of my interviewees shared that they were often too overwhelmed to work closely with such students. Some admitted that they didn't even bother trying to remember all of their students' names.

Professional organizations like the PNA have publicly denounced such practices, warning that profit-oriented strategies like open admissions were endangering the profession. However, government agencies tasked with regulating schools often had little power to actually enforce sanctions (Tan, 2009). Nurse educators within profit-oriented institutions were then left to choose between wanting to uphold the standards of the profession and adhering to the business goals of their employers. Often, nursing deans wield different levels of influence over the way their programs are run. Helen was able to convince the Jesuit priests who ran her university to enforce a "cap" of 1500 nursing students for the entire college. She believed that this was the "maximum" number the faculty could accommodate without compromising quality. On the other hand, Ida, a dean at one of the biggest private universities I visited, could do nothing when school owners enforced an "open enrollment" policy that led to 6000 nursing students in 2004, with more than 40 sections per year level. Teresa, a clinical instructor in the same university recounted how she was warned not to "terrorize" students so they don't drop out of the program and move to another school. She ended up passing students who would have otherwise failed her classes. Both Ida and Teresa shared that as their enrollment numbers grew, they stopped going to PNA meetings because they were embarrassed by their school's performance, and their lack of power to change questionable school policies.

Nurse educators admitted that the huge number of nursing students also affected the professional standards of teaching within the university. With CHED guidelines requiring a 1:12 teacher-student ratio, nursing schools began aggressive recruitment of more clinical instructors, even if not all of these instructors had the experience or qualifications for nursing education. As stated by Ida, "[The school owners] bought more equipment, gave us a new building. The only problem was the teachers. We had to hire all these new faculty members. So this affected the quality of education. To put it bluntly, *kahit sino na mukhang nurse, kinukuha na naming teacher!* (we hired anyone who looked like a nurse!)" Given that the nursing boom often coincides with an outflow of experienced nurses, it is unlikely that schools are able to hire the best instructors for their students. Therefore, while nurse educators felt they had produced "qualified" nurses in terms of academic credentials, they worried about whether their graduates have truly learned the values and ideals of the nursing profession.

5.3. Adjusting to fluctuations in labor demand

Philippine nurse migration has often been studied as a "mature" system, having had a long history of sending nurse labor to different parts of the world (Choy, 2003; Guevarra, 2010). However, few studies have really looked into the cyclical nature of such migration flows. While the high demand for nurses overseas challenged the instructors' capacity to provide quality education, the decline of this demand also led to disastrous results. After the financial crisis of 2008, developed nations cut back the recruitment of migrant nurses, drastically affecting the employment prospects of thousands of nursing graduates and many more nursing students (see International Centre of Nurse Migration, 2012). The massive number of nursing schools had also taken its toll on the Philippine labor market, leading to a problem where there were too many new graduates seeking hospital jobs (Ligan, 2009; Nunez, 2009). As a result, the status associated with the nursing degree had plummeted from being extremely high to extremely low. The nursing boom had promoted the image of the wealthy migrant nurse, earning dollars overseas. The drop in the number of overseas nursing jobs conjured a different image – nursing graduates "volunteering" in local hospitals or "wasting" their expensive degrees by working in call centers and restaurants. Perhaps turning the brain drain narrative on its head, the Philippines' Health Secretary Enrique Ona released a statement warning high school graduates to "stay out of nursing" because local health institutions could no longer absorb new graduates (Cimatu, 2011). As news of more unemployed nurses hit the mainstream media, fewer students chose to enroll in nursing and many nurse educators were left with barely enough students to teach.

The implications for nurse educators varied. For some of my interviewees, the drop in demand brought a sense of relief. Gina, a dean at another private university, recalled that in 2006, she was handling 16,000 nursing students, almost 60% of the entire university's population. At the time of our interview, Gina was looking forward to a "more manageable" cohort of 800 students. She quotes her daughter by calling the decline a "blessing," sharing that the college had long been fighting for smaller class sizes,

> Somebody told [my daughter] recently, "Oh, your mom is the dean already. Too bad [the university] doesn't have many students anymore." I came at a time when nursing was at a decline and this person was referring to the salary, and how it might not be as big as the time when we had many students. My daughter said, "Maybe it's a blessing that she came in when the enrollment is going down. Now, she is able to do what she wants to do."

Nursing instructors also admitted that while their salaries have dipped with declining enrollment rates, they now have more time to teach their students and "follow-up" on their skills. Katrina, a clinical instructor at a private university explained that the smaller number of students allowed her to focus on students, and monitor their progress. She explained,

> Because there are also fewer clinical instructors, I know who I am endorsing my students to. I can tell the instructor that this student is weak in charting. That student is weak in remembering concepts. *Dati, hindi ko na nga alam kung sino ang mga instructor!* [Before, I didn't even know who were the other instructors in the college!] We were almost 300 [instructors]! I knew them by face but I couldn't remember their names, or even what classes they taught!"

Katrina's statement is ironic, indicating that the quality of nursing education is actually better when nursing was an unpopular choice among college students. This issue indicates that the Philippines' status as a top exporter of nurse labor can have problematic effects on the practice and status of nurse education.

However, most of my interviewees regarded the declining labor demands with a sense of dread, given that their job security depended on the number of students in the program. Dropping enrollment rates then forced school owners to contract their nursing programs, firing clinical instructors and staff members. Albert, the president of a family-owned university, fired more than 200 faculty members in the College of Nursing. The number of nursing students in his school had dropped steadily since 2008 and there was not enough teaching load to distribute to faculty. At the time of our interview, Albert worried that disgruntled employees would challenge him in court, creating more problems for the school. The actual task of firing instructors was a bigger burden for nursing school deans, who regard many of the departing faculty as colleagues and friends. As explained by Helen:

> When the [nursing] demand was so high, wow, I tell you, the turnover was so high … I would have seven, ten, twelve faculty members who would go in one semester. The processing of their visas was so fast! Now I say: "Lord, thank you. Now that there is a recession in the U.S., I won't have that problem." But now, the problem is because there are less [opportunities] outside, there are less students. We are experiencing difficulty in trimming down our staff. Who will go first and who will stay?

Helen's statement shows how Filipino nurse educators are dependent on foreign labor demand, having to make difficult institutional adjustments whether the global demand for nursing is at a high or a low. Such global changes place Philippine nurse education in an unstable position, undermining the development of the profession within the country.

6. Conclusion

This paper discusses the implications of nurse migration for Philippine nursing education, where educators work to produce professionals who are highly mobile and employable overseas. While international policymakers have regarded export-oriented education as an apt response to the exodus of nurses from developing countries (see Brush and Sochalski, 2004), I argue that this process also undermines nursing education and professionalization, creating a serious burden for nurse educators within developing nations. My research shows that Philippine nursing schools are deeply embedded in the GNCC, and the needs of foreign

employers play a significant role in school policy and practice. In order to sustain the Philippines' status as the top source of nurse labor in the world, nurse educators must face an overloaded curriculum, the influx of aspiring migrants into nursing programs, and erratic labor demand cycles overseas. These issues make it difficult for nurse educators to define the knowledge needed by Filipino nurses in local practice; instill professional values and standards; and maintain proper job security.

More broadly, this paper also suggests an alternative way of understanding how the massive emigration of health professionals affects migrant-sending countries, in particular, those found in the Global South. First, this paper challenges the nation-bound disposition of studies on nurses' professional education. To date, transnational research has remained limited in studies of professional work and occupations. Hafferty and Light's (1995) countervailing powers framework identifies the pressures faced by health professionals from local institutions like private hospitals and consumer groups. Yet, it does not completely recognize how forces beyond national borders can influence and shape professional autonomy and status among local groups. The case of Philippine nursing education highlights how the countervailing powers affecting professional education can be situated within a transnational field, where global labor trends and foreign demands heavily influence the work of professional schools.

Second, this paper shifts scholarly interest in nurse migration from questions of employment to employability. In understanding how nurse emigration affects the Philippines, this paper moves beyond the work of nurses in local hospitals and investigates the struggles faced by nurse educators who train aspiring students for overseas work. Existing studies have shown how wealthy nations benefit the most from the GNCC, while sending countries bear the highest risks and social costs of migration. Yet, these arguments tend to focus on employment issues, pointing out how wealthy nations continue to absorb more experienced nurses, even as schools produce new graduates for poorer countries (Skeldon, 2008; Yeates, 2010). In this paper, I emphasize how sending countries like the Philippines also bear the heavy burden of ensuring nurses' employability, where educational institutions constantly adjust curriculum and instruction according to the needs of foreign employers. My interviews show how such adjustments undermine the professional values and standards that define the nursing profession within the country. As in the manufacturing of products for export, the education of nurses for the foreign market is also heavily dependent on employment in receiving countries. The case of the Philippines provides an important reminder of how sending countries are most at risk when labor demands fluctuate, leaving local governments to cope with an oversupply of nurse labor. Recognizing the struggles within professional schools then provides a different view of how source countries are disadvantaged by the global migration of nurses. These issues are an aspect of the migration of health professionals that the current literature has yet to fully explore.

Acknowledgments

I would like to thank Prema Kurien, Andrew London and Cecilia Green for reading early versions of this manuscript.

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