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Bodies of work: skilling at the bottom of the global nursing care chain

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ABSTRACT

In the midst of a growing global market for migrant care work, there is a need to investigate not only how such labour is consumed but how 'ideal' care workers are also produced. This paper investigates how schools within migrant-sending countries produce nurse labour through *body work* or the testing and honing of hospital procedures on patients' bodies. Focusing on the case of the Philippines, this paper shows how the education of nurses for export creates a paradoxical impact on care work within local healthcare institutions. Aspiring nurse migrants provide much-needed manpower to understaffed public hospitals yet, treat poor patients as docile bodies to enhance their skills for future foreign employers. This practice creates an inherent inequality in the actual skilling of aspiring nurse migrants, where the poorest bodies allow nurse migrants to provide better care to more privileged bodies in wealthier nations.

KEYWORDS

Global care chain; body work; care work; nursing; labour migration; Philippines

Wealthy nations have increasingly turned to foreign nurse recruitment as the fastest way to address growing manpower needs within local health institutions (Brush & Berger, 2002; Masselink & Jones, 2014; Walton-Roberts, 2012). While the nursing profession has had a long history of emigration, the last fifty years has seen the emergence of a booming recruitment industry that facilitates the placement of migrant nurses across the world (Acacio, 2011; Aiken, 2007). Such movement revitalized a long-running debate as to how the emigration of nurses affects their countries of origin, many of which are poorer nations also struggling with widespread health inequalities. Yet, existing studies on nurse migration have tended to follow a general narrative of brain drain, where nursing skill and care are merely resources lost by some countries and later gained by others (Connell & Buchan, 2011; Delucas, 2014; Kalipeni, Semu, & Mbilizi, 2012). While important, such work downplays the large number of migrant-sending countries that now use emigration as an economic strategy, deliberately training workers for overseas markets in order to maximize their future monetary remittances (Ortiga, 2017; Cabanda, 2015). Empirical research on how such strategies feed into the migrant labour market have largely focused on the disciplining and construction of 'ideal' low wage migrants such as domestic workers (Chang, 2018; Liang, 2011). Fewer studies investigate how migrant-sending states also encourage the production of certain skilled professions for 'export'. Such practices underline the need to unpack common notions of skill, not only as a type of human capital, but also a process through which future migrant workers are produced.

In this paper, we investigate how the skilling of migrant nurse labour entails the constant practice of *body work* or the direct handling, assessing and manipulating of bodies as the objects of one's labour (Twigg, Wolkowitz, Cohen, & Nettleton, 2011, p. 173). Focusing on the case of nursing

education in the Philippines, we argue that while hands-on practice is a necessary part of training most care workers, Filipino nursing students and educators construct such body work as a means of developing desirable skills for future employers overseas. Filipino patients' bodies allow aspiring migrants to not only become better nurses, but also enhance what Anna Guevarra (2010, p. 11) calls their 'added export value'. Guevarra described this export value as a gendered and racialised image that manpower recruitment agencies construct in marketing Filipinas' unique ability to provide better care than workers from other nations. In this paper, we extend her concept to the context of nursing education, where such labour power is not only discursively created, but built through direct interactions with patients' bodies. In doing so, this paper contributes to current discussions of globalization and migrant care labour in two ways.

First, this paper brings into focus the role of bodies as integral to the production of nursing skill for a global industry of care provision. While a number of scholars emphasize bodies as the objects of paid labour (Diamond, 1992; Kang, 2010; Twigg, 2000; Wolkowitz, 2002), these studies are mostly situated in the workplace and not spaces of training or education (see for exception Wainwright, Marandet, & Rizvi, 2011). Migration studies are also concentrated on the experiences of nurse migrants themselves: their negotiations with racial and gendered stereotypes, their roles as mothers and family breadwinners, and their professional struggles in foreign contexts (Alonso-Garbayo & Maben, 2009; George, 2005; Lo & Nguyen, 2018; Pyle, 2006; Showers, 2015). Nicola Yeates (2009, 2012) global nursing care chain (GNCC) does recognize how institutions in migrant-sending countries also produce nurse labour, supplying care workers to wealthier, more privileged patients higher up the chain. However, most research continues to portray nursing schools mainly as commercial entities that profit from nurses' migration aspirations (Kingma, 2006; Masselink & Lee, 2010). The few studies that do examine nursing education focus on Philippine nursing curriculum and school policies (Ortiga, 2014; Choy, 2003). To date, none have looked closely at clinical fieldwork, where students spend up to 24 h a week rotating through different healthcare settings in order to gain practical nursing experience (Papp, Markkanen, & von Bonsdorf, 2003). This paper identifies with the call for deeper investigations of how body work is embedded in an 'international division of reproductive labour' (Parrenas, 2001; Twigg et al., 2011, p. 181). We do so through qualitative interviews with nursing educators and students, as well as participant observations in public and private hospital settings.

Second, we argue that recognizing the body work in skilling future migrant nurses reveals inequalities in the nursing care chain otherwise hidden in the brain drain narrative. This paper discusses how the large number of aspiring nurse migrants creates a paradoxical impact on migrant-sending countries, beyond the simplistic loss of human capital. On one hand, the influx of nursing students provides overburdened hospital staff with an extra source of care labour, thus improving bedside care for the poorest patients in the Philippine healthcare system. On the other hand, poor patients in public settings are also expected to serve as bodies for nursing students to enhance their overseas employability, bodies that are sick enough to develop clinical knowledge, yet also uncomplaining and passive recipients of novice skills and practice procedures. As such, while the academic literature frames global nurse migration as a phenomenon that creates health inequalities due to the loss of skilled labour, we argue that there is an invisible inequality within the process of skilling itself.

Educating the ideal migrant nurse: bodies and clinical fieldwork

Encompassing a wide range of professions, studies on body work reveal how social institutions, state agencies, and employers assign different meanings to particular bodies, thus shaping how workers go

about their daily tasks.[1] Among body workers, nurses have been popular subjects of study, given their regular handling, diagnosis, and monitoring of patients' bodies (Gimlin, 2007; McDowell, 2009). Despite the integral role of body work in nursing, such labour often has an ambiguous status among nurses. In an effort to enhance the profession's status, nursing leaders have promoted nurses' technical skills over the more feminized image of bedside care (Apesoa-Varano, 2007; Brannon, 1994). In places like the US, institutional hierarchies organize staff promotions so that nurses move away from the 'dirty work' of direct interaction with patients' bodies towards the 'clean work' of operating high-tech medical machines (Sandelowski, 2000; Twigg, 2000, p. 390).

In contrast, body work is considered an important and coveted experience for students training to become professional nurses. While the duration and degree of patient interaction varies across countries, most professional nursing associations require clinical exposure before students can be fully licensed as registered nurses (Brown et al., 2011). As such, the lack of hospitals willing to accommodate nursing students is often a serious problem in many developed nations like the US. Even when hospitals agree to receive nursing students, patients within these institutions are often averse to having inexperienced nursing students care for them (Budgen & Gamroth, 2008). The shortage of both teaching hospitals and willing patients exacerbates local nurse labour shortages and forces school administrators to use alternatives such as mannequins or paid actors (Brown et al., 2011). The lack of bodies for nurse education also reinforces the reliance on foreign nurses, most of whom come from nations where such problems are relatively non-existent. Later sections will discuss how, in the case of Philippine nursing schools, hours devoted to clinical fieldwork actually increased through the years – a change that is often rationalized as an advantage for Filipino nurse migrants overseas.

As a whole, the literature on healthcare professions tends to ignore how students and educators make meaning of body work and construct patients' bodies as objects of their professional development. An exception is the work of Becker, Geer, Hughes, and Strauss (1961, p. 46), on what they called the 'student culture' of medical school. Their classic ethnography, *Boys In White*, argued that despite being immersed in the hospital setting, medical students 'act as students act', prioritizing experiences that will contribute to their own learning, impress their professors, and help them pass their courses. This student culture shaped how educators and students care for their patients, and how much effort they put in treating their illnesses.

In this paper, we apply the concept of student culture to the Philippines' export-oriented nurse education, where students' needs are closely intertwined with the desire to ensure one's future emigration. We argue that in the process of skilling oneself for the global nursing care chain, nursing students also 'act as students act', seeking the experience and knowledge that will help them learn new things, practice their skills, and fulfil the requirements to certify their training. Yet, a key difference is that within Philippine nursing schools, student priorities and behaviours are driven to not only becoming professional nurses, but also employable future migrants. As such, they regard clinical fieldwork as a means to develop their added export value (Guevarra, 2010), obtaining the 'hands-on experience' that they believe will give them an advantage over migrant nurses from other countries.

We acknowledge that students can hold multiple identities in the course of their training. In Wainwright et al. (2011) study on women learning to do care work, they described how students learn to suppress certain identities and enhance others as they move from classroom to the practicum setting. We do not discount that nursing students may go through the same process as they travel between lecture theatres, community health centres, and hospital wards. However, in this paper, we align with Becker and his colleagues' argument that underlying these different spaces

is a student culture that determines what bodies, cases, and behaviours will lead to a successful graduation. We argue that this nursing student culture and the massive influx of aspiring nurse-migrants into public hospitals complicates the effects of nurse emigration on local health-care delivery.

Methods

This paper stems from a collaborative project between the first author, a sociologist who studies migration and education, and the second author, a registered nurse and former clinical instructor at a private university in Metro Manila. Findings in this paper are based on 74 qualitative interviews with nursing educators and students and participant observation at one private and two public hospitals.

The first author began this study as part of a larger project investigating how Philippine higher education institutions attempt to educate migrant workers for 'export'. She recruited interviewees by first sending formal invitation letters to private school associations in the Philippines. Administrators who agreed to take part in the study connected her to the deans of nursing programmes, who then referred her to faculty and students. She also asked interviewees to refer her to other faculty and students in their networks. In total, the first author interviewed 53 nursing educators and 21 nursing students from 20 higher education institutions in the Philippines. Interviews were conducted between 2013 and 2016. With the exception of four nurse educators, all interviewees were working and studying within private, for-profit institutions in the Philippines.[2] The sample was also predominantly female, which we expected given that nursing has long been a feminized profession (see Table 1).

Initially, interview questions focused on how nursing students and educators perceived the need to make themselves 'employable' to foreign employers. The first author found that for both groups, an essential part of becoming an employable nurse was clinical experience within the Philippines' ill-equipped, understaffed public hospitals. In fact, many of the interviewees preferred doing their clinical rotations in public hospitals as compared to the better-funded private hospitals that catered to wealthier Filipinos. As a migration scholar, the first author found this puzzling, given her assumption that aspiring migrants would want to be trained in settings similar to the first world hospitals where they hoped to work.

These contradictions prompted the first author to reach out to the second author, who was then working as a clinical instructor while pursuing her doctorate degree in Nursing. The second author had also worked as an ICU nurse at one of the Philippines' most expensive private hospitals, and had personal experience in leading students through both public and private settings. She extended the first author's interviews by observing clinical rotations at one private hospital and two public hospitals in 2015 and 2016. The second author gained access to these clinical rotations through the university where she also worked as an instructor. While she had joined these rotations as an observer, there were many times when she found herself 'helping out' students and even the staff nurses at the wards. Her experience reflected the blurry boundaries between being a research and participant,

Table 1. Gender of nurse educators and nursing student interviewees.

Gender	Nurse educators	Nursing students	Total
Female	44	14	58
Male	9	7	16
Total	53	21	74

especially in studies of body work, where there is close contact among individuals in a research setting (see Wainwright, Marandet, & Rizvi, 2017).

We saw both the interviews and participant observation as an exploration of what it meant to have a large number of aspiring nurse migrants 'learning' within public hospitals – many of which serve the poorest sectors of Philippine society. In particular, we paid special attention to the behaviours of nursing students and educators towards their patients, and how they assigned value to their experiences in these hospital settings. We also reflected on how the second author's observations connected to the first author's interviews with students and educators trying to maximize their employability for overseas work.

Skilling at the bottom of the care chain

The Philippines' emergence as a top source of nurse labour has been well studied in the migration literature. While historically rooted in colonial ties with the US, Filipino nurses now move on a global scale, with state agencies actively involved in the marketing of nurse labour to more than 50 countries worldwide (Acacio, 2011; Cabanda, 2015).[3] It is undeniable that the movement of Filipino nurses has worsened manpower shortages within Philippine health institutions, even prompting the closure of rural hospitals and health centres unable to serve its many patients (Kanchanachitra et al., 2011; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007; Marcus, Quimson, & Short, 2014). However, migration is not the only reason for the severe manpower shortages within Philippine hospitals. Pubic health workers encounter poor job benefits, heavy workloads, and low wages. These conditions make it difficult for hospitals to retain nurses, and such problems are worsened by an inadequate state budget to hire more nurses (Perrin, Hagopian, Sales, & Huang, 2007). Mirielle Kingma (2007) argues that such situations create an unlikely paradox where countries with the highest rates of outmigration also have the highest rates of nurse unemployment.

Ironically, the exodus of staff nurses from Philippine hospitals often coincides with a massive influx of students into Philippine nursing schools. In the early 2000s, foreign nurse recruitment to the US sparked an unprecedented demand for nursing degrees and the rapid proliferation of nursing programmes in both private and public institutions across the country (Ortiga, 2018; Masselink & Lee, 2010). The Philippine Commission on Higher Education (CHED) estimated that at the height of 'demand' for nursing degrees in 2006, nursing schools had close to 450,000 students, a figure ten times the number of nursing students a decade earlier.[4] Eager to update nursing curriculum in line with 'global' standards, nursing leaders implemented new curriculum changes along with the expansion of nursing education (Ortiga, 2014). The most significant of these changes was a sharp increase in clinical fieldwork or 'Related Learning Experiences' (RLE). Before 2007, nursing schools followed a curriculum where students only entered clinical fieldwork in their third year of college. A new policy moved the RLE to the second semester of students' sophomore year, emphasizing a need for deeper practical experience beyond the classroom. At this time, nursing students went through 1709 h of clinical fieldwork for their entire four years of nursing education. Scheduling practices varied by school, but in most cases, students spent 3 days of the week (24 h) in communities or hospitals. Clinical fieldwork followed the same schedule as regular nursing shifts (8 h total) and students shadowed staff nurses throughout their work. In 2017, CHED introduced a new policy, where schools were required to provide up to 120 more hours of clinical fieldwork before students are allowed to graduate (CHED, 2017). Nursing educators emphasized that increasing hands-on experience makes Filipino nurses more skilful, and more competent professionals in both local and foreign hospitals.[5]

Given that government policy dictates a maximum of 12 students per instructor for every clinical fieldwork visit, Philippine universities struggled to comply with the need for more clinical exposure. At the height of demand for nursing degrees, nurse educators travelled to other provinces, looking for public hospitals to accommodate the thousands of nursing students that school owners had taken in. The following sections discuss how this pursuit of body work experience affected the healthcare settings that serve as venues for aspiring migrants' skilling process.

Supplementing bedside care

While periods of high nurse migration did lead to a departure of staff nurses from Philippine health institutions, the impact on public hospital settings was more complicated than a plain deficit of nursing care. As noted in an earlier section, public hospitals in the Philippines have long been severely undermanned, with staff nurses handling as many as 40 patients in one shift. In many ways, the popularity of nursing degrees provided these hospitals with an influx of students in need of clinical fieldwork, and their presence supplemented the limited care that staff nurses could provide.

On paper, nursing students were advised to simply observe procedures, administer medication, and monitor vital signs. Yet, with 8 h to spend on one or two patients and staff nurses busy with other matters, students often had the freedom to do work that staff nurses did not consider urgent for the patients' overall health. Darlene, a nursing student who graduated in 2012, recalled encountering an elderly patient who had a large lump surgically removed from her breast. The patient told Darlene that the wound had not been cleaned since the operation because the staff nurses did not have the time. Meanwhile, the gauze had already turned a dark brown colour and was starting to emit a strong smell. Against her instructor's advice to 'just check on blood pressure', Darlene volunteered to clean the wound for the woman. She recalled,

> I realized, 'I can clean that!' I told her husband to buy the Betadine right away, *habang nandito pa ako* (while I'm still here). When I removed the gauze, the smell was so bad, no one wanted to help me, not even my own clinical instructor! The woman's husband ended up being my assistant. They didn't have enough money to buy more gauze so I just covered the wound with a sanitary napkin. At least it was clean and absorbent. I told the husband, 'You can do this yourself. Just buy clean gloves. I know a brand that is cheap.' They were really happy. I felt so proud, like a real nurse!

Darlene's story shows how, in some ways, the large number of aspiring nurse migrants actually improved bedside care for Filipino patients – especially those without the means to enter private hospitals and health facilities. The nursing students we observed would definitely be considered 'less skilled' compared to the staff nurses on duty, thereby reinforcing Yeates (2009) point on how export-oriented education does not fill the gap left by the emigration of experienced nurses. Yet, we argue that the large number of nursing students does provide a source of care labour that contributes to hospital patients' overall comfort and hospital experience. Ideas of care and skill are often used interchangeably in the nursing profession, where one's experience as a nurse requires not only technical knowledge but an ability to care for patients' physical and emotional needs (Amrith, 2010; Apesoa-Varano, 2007). In this sense, students like Darlene provided much needed supplementary care, even if they did not necessarily have the same level of skill as more senior staff nurses.

It is also important to note that while hospitals in first world nations divide care labour among different levels of nursing staff, such hierarchy is relatively non-existent in Philippine hospitals where nurses are expected to do everything. As such, the nursing students we interviewed shared how their work at public hospital wards involved turning immobile patients to avoid bedsores,

cleaning wounds, feeding patients through nasogastric tubes, and even explaining medical procedures to patients who were afraid to ask their doctors. They also took over non-clinical tasks such as changing bed sheets and bedpans – work that seemed menial at first, but actually freed the staff nurse's time to attend to their other responsibilities. The presence of nursing students also benefited patients' family members, who take on small tasks of feeding and monitoring patients when staff nurses are overwhelmed with work. With nursing students happy to watch over patients, family members had more time to rest, run errands, or check in on children left at home.

Clinical instructors also served as extra manpower in hospital wards, despite official guidelines that limited their roles to organizing and facilitating their students' exposure. As licensed nurses, these instructors could do more than their students and provided much-needed aid when staff nurses struggled to finish tasks on time. For example, during an observation at the pediatric ward of a large public hospital, the second author found herself unexpectedly 'working' when an inundated staff nurse asked her to help administer medications to patients. From the second author's field notes,

> The staff nurse allows me to administer an antibiotic to a 12 year old girl through an intravenous tube. This is a painful process. Her mother was watching so I said, 'I'm sorry but this will be a little painful. I'll inject the medicine slowly.' I injected the needle to the port and the girl grimaced in pain. I stopped injecting the medicine and rubbed her arm before administering the medicine again. The mom said, 'We've been here so long, this is the only time someone bothered to rub her arm like that. The nurses here are always in a hurry.'

The second author's experience indicated that patients appreciated the extra care that came with doing clinical procedures gently and the extra touch in response to bodily discomforts. Sadly, such care is often lacking in the Philippines' overburdened healthcare settings, even without nurse migration. We do not mean to say that staff nurses are blind to such needs. In the course of her fieldwork, the second author admired staff nurses' ability to serve so many patients with so little resources. While the second author was focused on administering the antibiotic to her patient, the staff nurse rushed to collect medicine from patients and keep track of those who were not able to purchase their own. In Philippine government hospitals, nurses only administer medication to patients who can buy the prescribed drugs for themselves. The second author observed how the staff nurse would gather extra medicine from infants who did not need the full dosage (e.g. penicillin) and administer it to those who were not able to buy their required dosage for the day.

These types of situations demonstrate why certain care tasks are set aside when staff nurses juggle more pressing concerns (such as ensuring all sick patients have their medication). It was then unsurprising that staff nurses saw the presence of nursing students as a welcome relief, a chance to delegate some of their work to individuals eager to make use of the experience. While the presence of student nurses did not solve the inadequacies of the Philippines' public healthcare system, they did improve individual patients' hospital experience, providing some comfort, reassurance, and extra bedside care, however fleeting and temporary.

Nursing students also appreciated the sense of fulfilment and affective rewards of serving public hospital patients. As argued by Milliann Kang (2010), caring for bodies also requires workers to care about people, and the nursing students we interviewed sympathized with the destitute patients where they did their clinical fieldwork. Students knew that their clinical instructors were watching their interactions with patients, and as such, they enacted the emotional labour of always being courteous, caring, and gentle with all of their patients. However, nursing students noted that such work was easier in public hospitals, where people were always grateful and deferential, even to students who were not yet registered nurses.[6] In contrast, student interviewees complained about how wealthier

patients in private institutions treated them like household helpers – asking them to turn up the air conditioner, fetch water, or adjust hospital room curtains.

However, this sense of fulfilment was not the only reason why they valued clinical fieldwork in these settings. As noted by Becker and his colleagues, while student cultures encouraged perspectives that allow individuals to perform as good students, they did not always translate to more empathetic patient care. We found similar trends in terms of how Filipino nursing students and educators valued the different patients they encountered in their clinical fieldwork.

Bodies of work

In line with the medical students in *Boys In White*, nursing students in our study expressed the same desire to experience clinical 'cases' where they would learn things beyond the book knowledge they encountered in the classroom (Becker et al., 1961). At the same time, they sought opportunities to check off case experiences that were required by various regulatory bodies that controlled access to work in hospitals overseas. Nurse educators echoed the same sentiments, expressing the value of particular clinical settings in terms of the learning opportunities it brought to students.

So what benefits did nursing students see in the Philippines' struggling public health institutions? In this section, we discuss two types of bodies that both nursing students and educators sought for in enhancing their overseas employability: sick bodies to improve their clinical knowledge and passive, compliant bodies to practice clinical skills independently.

Sick bodies for the 'clinical eye'

In *Boys In White*, Becker et al. (1961) discuss how students determined the importance of a patient's case based on their familiarity with the patient's illness. Patients with real anxieties but imagined illnesses were the most 'useless', while those with commonly encountered diseases were not interesting enough.[7] The Filipino nursing students in our study regarded their patients in similar ways. Eager to become 'real nurses', they sought to gain exposure to a wide range of illnesses. Interviewees talked excitedly about coming across diseases at the 'worst stage' – often a serious problem among poorer patients who will only see a doctor when they can no longer bear their condition. In contrast, they complained about being assigned to hospitals where there were few cases to learn from. As explained by Dana, a nursing student who graduated in 2013, 'I was so unlucky one time because I was assigned to a ward where almost everyone had dengue fever. I feel like I just wasted my time, monitoring vital signs for eight hours'.

Both nursing students and educators labelled public hospitals as the best places for exposure to different cases, while community health centres and private tertiary hospitals were the worst. In the latter, high medical fees meant that most patients were wealthier Filipinos who also had a limited range of sicknesses. Iyra, a nursing instructor at a large private university, explained,

> In government hospitals, there are just so many patients. And of course, because most of them are poor, you really get to see all sorts of sicknesses and diseases. In private hospitals, rich patients have themselves confined for having diarrhea!

Meanwhile, community health centres located in rural communities catered to poorer village families, but primarily served a public health function. In such settings, nurses did the work of maintaining village health records, administering vaccines, and filling out referrals to doctors. Most patients they encountered had chronic illnesses like hypertension, which students considered

'boring'. They complained that patients with more 'interesting diseases' went straight to the provincial hospital. For some interviewees, the repetitive nature of community nursing affected their ability to assess patients' illnesses, an important part of developing a 'clinical eye' for identifying symptoms.

At the same time, nursing students were well aware that the cases they encountered had an impact on their future mobility, depending on their desired destination countries. Board examinations – both in the Philippines and in places like the US – require test-takers to have handled a number of cases that show their mastery of specific procedures like the delivering a baby and assisting in a surgery. In this sense, Philippine public hospitals provided an abundance of bodies for nursing students to fulfil their academic and career development needs. One instructor joked, '[In public hospitals], sometimes you get assigned to one bed with two patients, it's like two for the price of one!'

Passive bodies for 'hands-on' practice

Beyond exposure to 'interesting' cases, nursing students also sought opportunities for what they called 'hands-on practice'. Classes in the university did allow students to practice certain nursing skills within the classroom, either among themselves or using mannequins in skills laboratories. However, students felt that nothing compared to having to repeat the same skill to real patients in the ward. They believed that practical experience was a quality that set Filipino nurses apart, and students drew from anecdotes of relatives and friends working overseas in reinforcing this need to develop their skills. As shared by Celine, a nursing student who graduated in 2014,

> I asked my friends who went abroad, I have one friend who went to Saudi and she said that they really like Filipino nurses there. She said that in her hospital, the chief nurse doesn't even know how to insert an IV. They end up having to call the Filipino nurses. One shot, and it's in! You can really see that Filipino nurses are very good at taking care of patients.

Again, both educators and students saw public hospital settings as the best places to obtain this added export value, given that patients were not only sicker, but also unable to pay for their treatment. As charity cases, poor patients were unlikely to complain about their treatment or advocate for better care. For nursing students and educators, these patients were the perfect bodies for novice nurses who needed to practice their skills. Previous studies have shown how hospital procedures allow health workers to establish power over patients' bodies, whether it be in the positioning of patients in preoperative procedures (Moreira, 2004), or through the humbling experience of being naked in order for strangers to administer care (Twigg, 2000). In the case of Philippine public hospitals, both staff nurses and nurse educators used patients' charity ward status to demand compliance and submissiveness. The second author saw how such treatment of patients was especially apparent for procedures that were considered more invasive. The excerpt below is taken from observations at the OB ward of a large public hospital. Here, the clinical instructor had allowed one female student to conduct an internal exam (IE), a procedure where a nurse inserts two fingers into a pregnant woman's vagina to measure how much her cervix has dilated.

> The patient is obviously in pain but does not complain. She does not question why a student will be performing the IE. Because this is the first time the students will be doing this procedure, the instructor performs it first while explaining the steps. After, she helps the student do the procedure. The patient grimaces but does not complain. Not even when the instructor tells the student to move her two fingers apart to 'measure' how much the cervix has dilated. Then, they do the IE *one more time* (emphasis added). After the procedure, the students cluster together to talk about the 'experience'.

> While on break, I asked the instructor if they do this often. She said it depends on the staff nurse. 'Eh how about the patient?' I asked. No one really asks the patient. Some people might complain that it hurts but because they're not paying patients, the nurse will scold them. When someone cries or shouts, the staff nurse will say, 'Do you want me to move you to a pay ward? *Bawal maarte dito*! (No fussiness allowed here).'

The second author's field notes show how patients' perspectives are often set aside in the interest of providing learning opportunities for students. As individuals seeking to enhance their own skills, nursing students are also more concerned about their 'hands on' exposure than the danger of making a patient uncomfortable or anxious. In many ways, the chance to practice a skill on their own is seen as an ideal outcome of clinical fieldwork. Becker and his colleagues describe similar perspectives among medical students, where students value the freedom to do things to patients independently. I found similar themes in my interviews with nursing students as well. As stated by Jay, a student who graduated in 2010,

> You have to learn so many things in class and then at the end of the day, all they have me do is take blood pressure? I feel like I'm just wasting my brain. They'll teach something and you can't apply what you've learned because the hospital won't allow you to do it. So the instructor does everything and all you can do is watch.

In this respect, nursing students saw clinical fieldwork at private hospitals as a disadvantage, given that wealthier Filipino patients were more likely to advocate for their own needs and were less open to being treated by students. Agnes, a nursing instructor, summarized this difference as such,

> In private hospitals, of course patients paid a huge amount of money to get treated. They don't want nursing students to touch them! No students in the delivery room. One time, I even saw a patient put a sign on her door, 'No students allowed to enter!' Eh in public hospitals, they welcome people to take care of them. *Masaya na sila na pinansin sila ng staff* (They're so happy just to get the staff's attention). You can do anything you want, get blood sugar, suction, anything.

Of course, class differences between poor and wealthy patients need not be limited to migrant-sending countries. Even within the US, poor patients often lack the social capital and knowledge to advocate for their own interests within government hospitals (Shim, 2010). The medical students in *Boys In White* also made a distinction between 'private' and 'charity' patients, with the latter seen as more desirable in allowing opportunities for independent practice (Becker et al., 1961, p. 331). What distinguishes the Philippine case is that poorer bodies make up the majority of patients in public institutions. This sheer availability of passive bodies for nursing education serves the interests of nursing school owners who profit from the demand for nursing degrees, as well as the aspiring migrants hoping to develop their added export value as skilled nurses with hands-on experience.

Conclusion

As the global market for care work continues to expand, there is a need to investigate not only how such labour is consumed but how 'ideal' care workers are also produced. Existing studies have pointed out how state agencies and private recruitment companies use gendered and racialized stereotypes in conjuring an image of Filipinos' superior ability to care. This paper draws from the literature on body work to highlight how this image is not only discursively created, but reinforced through the manipulation of and interaction with patients' bodies. Philippine nursing schools rely on the availability and compliance of poor Filipino patients willing to serve as bodies for practice. Meanwhile, Filipino nursing students use these bodies in developing their own added export value

(Guevarra, 2010), constructing such 'hands-on' interactions as experiences that make Filipinos better nurses than those from other nations.

We argue that this process leads to paradoxical outcomes in Philippine public health settings. Our findings show how the large presence of nursing students supplements the limited bedside care for patients in undermanned public hospitals. Yet, at the same time, the same patients must serve as bodies compliant to the trials and errors of nursing students still honing their skills for dream jobs overseas. Such nuance is completely absent in our understanding of how institutions within migrant-sending countries produce workers for a global market of nurse labour. Carol Wolkowitz (2006) argued that recognizing body work requires researchers to reflect deeply on which bodies receive the most scholarly attention and which are often neglected in our understanding of social phenomenon. In the global migration of nurses, existing studies have mainly focused on the bodies of nurses themselves: their movement across national borders, the toll that managerial health regimes take on their well-being, and the emotional and physical labour of caring for strangers. Fewer studies look closely at how the patients within migrant-sending countries are incorporated into the global nursing care chain, beyond the popular image of left-behind bodies suffering from the emigration of nursing staff.

In the current literature, nurse migration exacerbates global health inequalities as patients in wealthier nations receive a surplus of care due to the recruitment of skilled nurses from developing nations (Pyle, 2006; Yeates, 2009, 2010). We agree that the loss of skill is a serious issue that negatively impacts healthcare delivery within developing nations. Yet, we argue that there is also an inherent inequality in the actual *skilling* of aspiring migrant nurses, where the poorest bodies allow them to provide better care to more privileged bodies higher up the chain. In many ways, the case of Philippine nurse education serves as a reminder of how qualitative investigations of body work can help illuminate broader social structures and inequalities. Future studies can also investigate the perspectives of patients within migrant-sending countries, and how they view the care provided by aspiring nurse migrants.

To date, body work continues to be a growing segment in the global labour market, reinforcing the continued reliance on migrant workers to treat, assist, pamper, and babysit bodies in first-world societies. As such, this paper echoes the need for studies that provide a broader view of connections between body workers and their recipients, beyond the confines of the workplace (Wolkowitz, 2002, p. 505). We believe that doing so allows social scientists to better understand the inequalities that emerge from global issues such as international migration and the migrant labour commodity chain.

Notes

1. Interest in body work has led to different strands of research. One focuses on the labour of working on one's own appearance; another investigates the management of one's own body and feelings in the workplace; and a growing field looks at the embodied experience of different social groups. In this paper, we focus specifically on the paid labour of working on others' bodies. Gimlin (2007) provides a comprehensive review of these different studies.
2. The first author also sent invitation letters to public university organizations but did not get a response. When it came to the question of preparing students for overseas work, instructors from public institutions were not very different from the private school counterparts. In all, Author 1 conducted interviews in schools in Metro Manila, Rizal, Laguna, Cebu, Palawan, and Cagayan de Oro.
3. Catherine Ceniza Choy (2003) provides a detailed discussion of the history of nursing education in the Philippines.
4. Previous studies have discussed the expansion and contraction of Philippine nursing programmes in line with perceived overseas opportunities. (see Ortiga, 2018).

5. Clinical exposure during one's nursing education is different from the work experience required after graduation, where the duration and setting for nursing experience varied depending on aspiring migrants' desired destination countries. Most nursing graduates needed to obtain at least two years of hospital experience in order to qualify for jobs in the US, Canada, and Australia. Beginning 2009, different government programmes have attempted to bring nursing graduates to the provinces by offering contractual positions in rural health centres. However, many nursing graduates did not see this experience as an ideal for leaving the country. The first author discussed these issues in previous work (see Ortiga, 2018).
6. There were some interclass tensions in public hospital wards as well. Nursing students and instructors (many of whom may be middle class or lower middle class) were sometimes critical of charity ward patients who had no money for medicine and treatment, but owned 'impractical' things like new cell phones or branded sneakers. Such critiques do reveal the uneasy relations that Filipino healthcare workers negotiate in public hospitals, yet they also reflect the broader moral politics of Philippine society. Wataru Kusaka's (2017) work provides a rich analysis of this issue.
7. Janet Taylor's (2014) work raises the question of whether the pursuit of such 'useful' cases discussed in Boys In White remains relevant in medical education today, given an increasing move towards the use of 'standardized patients' to simulate illnesses and symptoms for medical students. In this paper, we argue that this still holds true for nursing students in the Philippines.

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