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Competing policies within the sending state: Labour export and the provision of primary healthcare in the Philippines

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Abstract

In framing nations as places that either send or receive migrants, there is a danger in defining migrant-sending nations as monolithic entities driven by a single mandate of exporting labour to a global economy. Using the concept of viscosity, we argue that sending states comprise multiple state agencies with varying interests, which can either impede, slow, or facilitate labour emigration. We demonstrate our argument by examining the Philippines' nurse retention policies against the backdrop of the country's labour export policies. While these retention policies led to an influx of Filipino nurses to rural health centres, these nurses considered such mobility a means to wait out the lack of opportunities for nurses overseas. Thus, inadvertently serving the interests of the Philippines' labour-exporting regime. We argue that a nuanced view of sending states advances our understanding of how migrant-sending nations balance emigration policies with other government interests beyond labour export.

INTRODUCTION

The Philippines is well-known as one of the top suppliers of migrant labour. Scholars have attributed the country's labour-export success to state institutions that ease the flow of workers to the international labour market (Acacio, 2008; Rodriguez, 2010; Tyner, 2009). These agencies include the Philippine Overseas Employment Administration (POEA) and the Overseas Workers Welfare Association (both under the Department of Labour and Employment [DOLE]), the Commission on Filipinos Overseas, and the Department of Foreign Affairs (DFA).

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However, migration research has placed an overemphasis on these specific departments, often depicting the sending state as driven by a single mandate of facilitating outmigration (Rodriguez, 2010; Tyner, 2009). While important, such work tends to overlook the conflicts and contradictions that exist within national governments. Public administration scholars have long documented the problems that emerge from the lack of coordination among state agencies, as different mandates and interests can undermine broader state goals (see Christensen & Laegreid, 2007; Voorn et al., 2019). Studies of immigration policy have also noted how institutions within one state can have conflicting views of immigrants, with some pushing to allow the entry of new arrivals while others seek to keep them out (Boswell, 2007; Natter, 2018). In contrast, research on emigration regimes have tended to present the labour-exporting state as a unitary body, where the entire government is mainly focused on producing ideal workers for a global market and maximising the remittances these migrants will eventually send home. Such views tend to flatten the process of how migrant-sending countries develop emigration policies and how these directives can affect people's migration trajectories. In a recent special issue, Natter and Thiollet (2022) argue that such lack of nuance often stems from a misconception that policies within migrant-sending states actually have little impact on emigration outflows.

Our paper pushes against this belief by demonstrating how competing policies *within* a migrant-sending state can shape the outmigration of skilled workers to jobs overseas. With nurse emigration as the backdrop, we illustrate how Philippine state agencies enact programmes to retain healthcare workers even as other departments actively push for their emigration overseas. Specifically, we analyse policies and programmes from the Philippine Department of Health (DOH) that aim to retain and redistribute nurse labour to local healthcare institutions, especially rural health units (RHUs). How are state agencies for rural nurse deployment entangled with the existing labour export agencies? How do such entanglements of sending state agencies shape aspiring Filipino nurse migrants' emigration-related mobilities?

Our paper aims to show how conflicting departmental goals within the Philippine state conditions outmigration through the lens of *viscosity in mobilities*. According to Doherty (2015: 254), viscosity “[refers] to the degree of resistance or enabling offered by structures to mobility projects” (i.e., emigration for overseas work). We argue that sending states consist of multiple government agencies with varying policies and programmes, which can contradict, reinforce, or complicate a nation's labour-exporting strategies. We first review the current literature on sending state regimes and how the concept of viscosity can be mobilised to inform our analysis. Next, we discuss how DOH's rural nurse deployment programmes shaped nurse labour export's viscosity. We then examine how aspiring nurse migrants experienced contradicting state policies that sought to retain their service in RHUs while also facilitating their eventual emigration. We conclude this paper by arguing for a more holistic understanding of how migrant-sending states balance emigration policies with other government interests other than labour export.

THE SENDING STATE AND THE CONCEPT OF VISCOSITY

Contemporary migration scholarship has increasingly emphasised the need to examine sending states as active entities that shape migration flows (Acacio, 2008; Cabanda, 2017a; Fitzgerald, 2009; Hollifield, 2004; Rodriguez, 2010). However, much of this literature conceptualises the sending state as mainly driven towards maximising the benefits that can be gained from overseas citizens. There is a burgeoning literature on sending state efforts to construct and reinforce nationalist ideals among diaspora citizens, exhorting them to invest in the origin country's development (Adamson, 2019; Gamlen, 2008). Meanwhile, others have discussed how states have sought to extract resources from overseas workers, generating the funds needed to finance state initiatives (Iskander, 2010; Milena & Cole, 2022).

In the case of large labour-exporting nations like the Philippines, scholars have approached the state as an institution mainly concerned with deploying its citizens to foreign employers (Acacio, 2008; Tyner, 2009). Specifically, Suzy Lee (2017) defines the Philippines as a *directing* sending state regime, where state policies and interventions actively

explore new or emerging migration channels while maximising existing migration channels. Lee argues that doing so allows sending states to have “control over the kinds of migration that occur [...] to protect the rate of migration and remittances against shifts in labour market conditions or immigration policy in any one destination country” (Lee, 2017: 1463). Meanwhile, Rodriguez (2010: 8) described Philippine state policies as “labour brokerage strategies”, or the institutional and discursive practices that aim to generate profit from Filipino migrants’ remittances.

More recent studies have highlighted the other interests of the Philippine state. For example, Rother (2022: 1608) argued that the Philippines has a “distinctive migration regime” that involves protecting its citizens abroad, even if this entails preventing workers from leaving the country (see Hwang, 2017). However, there seems to be a general belief that the state’s economic goals will trump any efforts at protection, making the drive for labour export the government’s main priority (Ruhs, 2013). Such emphasis on facilitating outmigration is obvious in the current literature on Philippine nurse emigration. To date, scholars have mostly focused on investigating how Filipino nurses are marketed to receiving country governments (Cabanda, 2020; Connell & Buchan, 2011) and trained for international labour market niches (Cabanda, 2017b).

While the idea of the labour brokerage state allows us to understand how state agencies can actively shape migration flows, it inadvertently depicts the sending state as a monolithic entity that only works towards exporting labour to a global economy. As Rother (2022) argues, migration issues go beyond one state department and can cut across different government units. While he had bolstered his argument by focusing on conflicts between the executive and legislative branches of the Philippine government, other studies have shown how even local government units can approach emigration in ways that go against broader national directives on how to regulate citizens leaving the country (see Iskander, 2010; Lu et al., 2013). In the case of nurse migration, sending states can also introduce “restrictive measures to delay the mobility” or a “combination” of restrictive and emigration-promotive measures (Cabanda, 2017a: 215). Such strategies are meant to “help contain the negative effects of medical ‘brain drain’ and ensure that an adequate supply of health professionals is present in the domestic health system” (224). As such, we underscore the need to look beyond how the government’s labour agency accommodates, facilitates, and directs migration flows in conceptualising the sending state. We argue for a more nuanced view of the sending state regime as one that comprises multiple agencies with varying interests, many of which can contradict, reinforce, or complicate a nation’s labour-exporting strategies. Acknowledging this diversity within sending state regimes may contribute to the current understanding of how the sending state can speed up, slow down, or block emigration.

The concept of *viscosity* (Doherty, 2015) offers an insightful perspective in making sense of how the setting or context of mobility projects may influence the performance of mobilities. Alongside agency, the concept of *viscosity* recognises the value of *structures* in mobility decisions. Doherty (2015: 250) defines these structures as “resilient relational orders and institutions that organise social life.” Such a view suggests that structural contexts are not rigid, immutable existences. Instead, through viscosity, these structures that shape mobilities are imagined as *fluids* with varying consistency or institutional substance. The metaphors of fluids illustrate how these structures may exert degrees of resistance to people’s mobility. For example, fewer institutional barriers can make the act of migration like “swimming in water” (i.e., low viscosity), while more impediments to mobility can make migration like “swimming through treacle” (i.e., high viscosity) (Doherty, 2015: 254). We follow Doherty’s (2015: 257) heuristic categorisation to determine degrees of viscosity. Low viscosity includes strategies of “welcoming, accommodating and proactive institutional settings” that facilitate mobility into or out of the setting. In contrast, high viscosity is characterised by “inflexible, unhelpful or obstructive practices” towards mobilities.

Examples of social institutions that shape degrees of viscosities are government agencies, schools, workplaces, etc. A preferred type or pace of mobility is normalised through the practices and systems espoused by these institutions (Doherty, 2015). As such, any changes in the strategies these institutions use to define norms in mobilities would also change the degree of viscosity. For instance, Doherty (2015) explained that schooling is predicated on students’ capacity to remain in place—suggesting that educational institutions have a default high viscosity as part of their institutional tactics. She finds this structure challenging for mobile families with school-age children.

Correspondingly, existing scholarship on the labour brokerage state have mostly depicted an image of a *less* viscous sending state, suggesting ease in the outmigration of labour—as if the workers are navigating their migration project in *water* and not through a *treacle*. In the case of the Philippines, this reduced viscosity is assumed to be rooted in a government regime that prioritises labour export. Similar to the more agentive concept of motility, Doherty (2015) and others (Merriman, 2016; Parsons & Lawreniuk, 2017) have mainly used viscosity to emphasise how structures may shape individual capabilities and experiences of mobilities. In this paper, however, we used viscosity to demonstrate (a) how policies from government institutions that aim to retain labour increase the viscosity of migrants' international mobility, thereby contradicting the government's labour brokerage strategies, and (b) how, in such a setting do aspiring migrants negotiate with the available career choices to fulfil their emigration goals. Additionally, to some extent, our paper also shows the potential of viscosity in imagining policy contradictions (cf. May et al., 2006).

CONTEXT

The Philippines has had a long history of exporting its nurses to foreign employers (Choy, 2003). However, the current deployment of Filipino nurses for foreign employers is a more recent phenomenon, with Philippine state institutions and private recruitment agencies playing a more active role in facilitating nurses' outmigration from the country (Acacio, 2011; Guevarra, 2010). In particular, scholars have documented how Philippine laws and policies now deliberately seek to enhance nurses' employability among overseas employers (Cabanda, 2017a) to facilitate nurses' outmigration. Cabanda (2020) also notes how Philippine government agencies have established bilateral agreements with multiple countries, pushing receiving states to recognise Philippine nursing credentials and develop a more organised system for recruiting migrant nurses. As such, while Western nations like the US are the most popular destinations, Filipino nurse migrants take on jobs in close to 200 destinations across the world (Amrith, 2021; Vilog & Ballesteros, 2015).

Recently, a growing number have also pointed out the struggles of the Philippines' labour export system. These problems became especially salient after 2008 when opportunities for Filipino nurses in the US and Europe declined after the global financial crisis (Acacio, 2011; International Centre on Nurse Migration [ICNM], 2012). Suddenly, thousands of Filipino nursing graduates found themselves caught in a *migration trap*, a phenomenon where aspiring migrants obtain specific credentials in the hope of working overseas but are unable to leave when labour demands or immigration requirements change (Ortiga, 2018a). Lacking public funds, Philippine hospitals could not offer permanent positions to the massive number of nursing graduates within the country, leaving many unemployed and unable to gain the clinical work experience needed for jobs in alternative destinations like Japan and Singapore. Since the 2010s, the Philippines has grappled with the unlikely problem of having an oversupply of unemployed nursing graduates in the country.

METHODS

We utilised two qualitative methods in this study. The first is a review of annual reports, internal newsletters, and press releases from the Department of Health (DOH) and the Human Resources for Health (HRH) Network. We focused on documents beginning from the 2000s to 2019. While these sources do not provide a complete picture of the public discourse and policy-making decisions surrounding nurse recruitment and retention, they represent the policies implemented by the government to encourage nurses to stay working in the Philippines—which, in many ways, contradicts the government's existing labour export-oriented policies.

Second, this paper draws from in-depth interviews with 30 Filipino nursing graduates who were working in the Philippines at the time of our interviews (see Table 1). We initially recruited participants through contacts we

had established in our previous research work and asked interviewees to refer us to other nurses who might be interested in the study (snowball sampling). Research participants' ages ranged from 22 to 35 years old. All our participants had passed the Philippine Nursing Board examinations and were licensed as registered nurses. While we did not directly ask nurses about their socioeconomic status, we could surmise that our interviewees were relatively privileged, given that nursing is one of the most expensive majors in Philippine universities (Ortiga, 2018b). However, it is important to note that none of our interviewees had graduated from the country's elite nursing schools. Instead, they attended lower-tier private institutions where fees were considerably cheaper. More than half of our interviewees also shared that their school expenses were *sponsored* by a relative overseas.

We conducted these interviews during different periods between 2015 and 2018. At the time of this study, all our interviewees were based in the Philippines.¹ None of them had been able to realise their initial goal of emigrating as professional nurses. All interviews were conducted in Tagalog and later translated into English. We asked questions about interviewees' motivations for pursuing a nursing degree, job search after graduation, and their experiences working in different health- and non-healthcare facilities. We use these interviews to understand how individual nurses experienced contradicting state policies that sought to facilitate their emigration while also retaining their service in Philippine health institutions.

RETAINING A NATIONAL HEALTH WORKFORCE: INCREASING MIGRATION VISCOSITIES

Despite the oversupply of unemployed nurses in the Philippines, there remain challenges in recruiting and retaining them for local healthcare delivery, particularly in underserved rural areas outside the country's urban

TABLE 1 Descriptive data of interview participants.

	<i>n</i>
Gender	
Male	6
Female	24
Year registered as a professional nurse	
2005	1
2006	-
2007	1
2008	5
2009	2
2010	2
2011	3
2012	7
2013	4
2014	1
2015	3
2016	1
Pursued nursing degree to work overseas	
Yes	26
No	4

centres (HRH2030 Philippines, 2019, 2020a). The World Health Organisation [WHO] (2010: 3) emphasised that “[a] shortage of qualified health workers in remote and rural areas impedes access to healthcare services for a significant percentage of the population, [and] slows progress towards [...] achieving health for all.” To address the growing challenges concerning the country's national health workforce, the DOH launched the *Human Resources for Health (HRH) Master Plan 2005–2030* in 2005 (Romualdez et al., 2011). The year after, the DOH convened the HRH Network to oversee the implementation of this Master Plan (Cuneta-Feliciano, 2008). The HRH Network comprises representatives from 18 government and non-government agencies concerned with healthcare, migration, and employment (HRH2030 Philippines, 2020b).² The three overarching strategies adopted by this Master Plan are based on WHO's (2006) working lifespan strategies, which include interventions on health workers' *entry*, *stay*, and *exit* into the health workforce. These three overarching strategies have also become the basis for the organisation of HRH Network's technical working groups (TWGs): the TWG on entry is concerned with policies and regulations on education and training for healthcare workers; the TWG on workforce focuses on issues relating to domestic labour and employment; while the TWG on exit covers issues on international ethical recruitment of Filipino health workers and labour agreements with destination countries (Cuneta-Feliciano, 2008).³ As the lead national health agency, the DOH maintains oversight of the outputs of the three TWGs (Cuneta-Feliciano, 2008; Romualdez et al., 2011).

While concerns over the massive emigration of Filipino nurses have been the impetus for creating the HRH Master Plan and HRH Network (Dimaya et al., 2012), we find it noteworthy to spotlight the acknowledgement that emigration is an expected career route of Filipino health workers. Hence, policies on ethical migration management of health workers are implemented alongside policies on health workforce retention. These two policy directions and the HRH Network membership seemed to reflect the conflicting priorities of the government in their treatment of the health (nursing) workforce. The very institutions (i.e., POEA and DOLE) that design and implement the country's labour export-oriented policies are also part of the network working to increase recruitment and retention of nurses in underserved areas. Such competing policies of the sending state resonate with the idea of viscosity that emphasises possibilities of changes in the character of the context of mobilities.

This section discusses the two seemingly contradicting policy directions the DOH took with the HRH Network to retain the local health workforce. Against the backdrop of the Philippines' well-established labour brokerage strategies, we demonstrate how increasing the migration viscosities—by pushing for international ethical recruitment of Filipino nurses and encouraging nurse recruitment in RHUs—unsettles the view of the Philippines as a sending-state concerned solely with exporting labour.

Pushing for ethical recruitment among migrant-receiving states

The international community has raised concerns over the massive emigration of nurses as an issue of migrant-receiving countries poaching nurses from migrant-sending countries (Nelson, 2004). In the Philippines, Former Secretary (Minister) of Health Jaime Galvez-Tan metaphorically described the seriousness of this condition: “Very soon, the Philippines will be bled dry of nurses [...] Sadly, this is no longer a ‘brain drain’ but, more appropriately, ‘brain haemorrhage’” (Nelson, 2004: 1744). Hence, among the first efforts made by the DOH and HRH Network was the adoption of the *WHO Global Code of Practice on the International Recruitment of Health Personnel*. This Code “[encouraged] bilateral labour agreements as a way to ensure that destination countries' recruitment does not produce or aggravate negative health or workforce outcomes in source countries” (Dayrit et al., 2018: 150). It is interesting to note that this WHO Code was developed and adopted by the Member States at the World Health Assembly in May 2010, during the term of Manuel Dayrit, Philippines' former Secretary of Health, who was then Director of the WHO's Department of Human Resources for Health (Cheng, 2009).

As part of the HRH Network, the DOH engaged in developing various bilateral and multilateral agreements that involved the export of skilled Filipino health workers (HRH2030 Philippines, 2019). The Philippines entered

into labour agreements with migrant-receiving countries to manage the impact of increased nurse migration (Romualdez et al., 2011) while ensuring the prospective economic benefits of sending Filipino nurses overseas (Lorenzo et al., 2007). Examples of the Philippines' bilateral agreements on health worker migration are with the UK, Norway, Japan, Spain, and Bahrain (Makulec, 2014). However, an analysis of the national health workforce status in the Philippines revealed that these bilateral agreements did not include an "agreed-upon number of health workers that will be recruited from the Philippines every year" (HRH2030 Philippines, 2019: 49). In other words, the number of health workers (i.e., mainly nurses) recruited for overseas work has remained dependent on the demand of the receiving countries, despite calls for sending states to ensure an adequate supply of health workforce in their local health facilities. The Philippines' ethical approach to the international recruitment of health workers has centred on regulating recruitment agencies—which prevented unregulated recruitment and outmigration of health workers (ILO, 2006).

This inability to limit the number of health workers that migrant-receiving countries can recruit is a passive response to the concerns over the large-scale emigration of skilled nurses. Such a response can be attributed to the increasing number of Filipino nurse graduates since the early 2000s. The 2005–2017 data from Commission on Higher Education showed "the dominance of nursing education in the market" over other health sciences because of its massive number of enrollees, graduates, and licensure exam passers from government and private higher education institutions (see HRH2030 Philippines, 2019: 19). Before 2010, with the massive supply of nurses in the Philippines, the loss of health workers in local health facilities may not have been given ample attention (see Lorenzo et al., 2007) since many nurse graduates and nurse licensure exam passers could immediately replace those nurses who left for overseas work. In our view, this call for ethical recruitment of Filipino health workers simply intensified the low migration viscosities provided by the existing labour-exporting regime. While much has been gained for international ethical recruitment of health workers, Connell and Buchan (2011) suggested that improving the local employment conditions is vital in enhancing health workforce retention. The next section demonstrates how the DOH and the HRH Network changed their strategy in the late 2000s and adopted a more active role in building the local health workforce. We argue that this change in strategy facilitates the increase in migration viscosities.

Encouraging nurse recruitment in rural health units

The 2010s became a turning point for the DOH and the HRH Network to reconsider their approach to retaining the national health workforce. At this time, nursing schools had overproduced a massive number of nursing graduates, most of whom aspired to work overseas. This was also a period when the demand for foreign nurses declined overseas (Ortiga, 2018a, 2018b). The DOH and HRH Network saw this as an opportunity to address the maldistribution of health workers by introducing rural deployment programmes for nurses. These deployment programmes had a twofold agenda: to provide employment for new nursing graduates and bring health workforce augmentation to understaffed rural health facilities of the country.

As the agency leading the HRH Network's technical working group on workforce retention (Cuneta-Feliciano, 2008), DOLE⁴ collaborated with the DOH and the Professional Regulation Commission (PRC) in launching Project NARS or the Nurses Assigned to Rural Service in 2009. The Project NARS was part of then-Philippine President Gloria Macapagal-Arroyo's Economic Resiliency Plan, which sought to address—among others—the ramifications of nurse unemployment (Aldaba & Hermoso, 2010; Dayrit et al., 2018) and improve the provision of healthcare to Filipinos, especially those in the underserved areas (DOH, 2009; DOLE, 2009). DOLE regional offices selected and recruited PRC-licensed nurse applicants and deployed these nurses to community health centres and hospitals for 6 months. These nurses underwent "on-the-job training" designed by the DOH. This training-cum-deployment programme helped *nurse trainees* to gain work experience and provide workforce augmentation to local health facilities (Dimaya et al., 2012). The second deployment of

Project NARS expanded nurse trainees' rotation to public schools, making them temporary school nurses (DOH, 2009). Perhaps, because unemployment is a labour issue, the DOLE initially took the lead in providing a stop-gap solution to nursing unemployment.

Drawing lessons from Project NARS, the DOH launched their rural nurse deployment programme in 2011, the *Registered Nurses for Health Enhancement and Local Service* or *RNHeals*—which, in many ways, can be considered a repackaging of Project NARS. Health officials regarded RNHeals as part of the DOH's effort to pursue the Philippines' health agenda of Universal Health Care (UHC) (WHO, 2013). The RNHeals programme is also structured as a learning opportunity for nursing graduates, offering a six-month rotation in hospitals and a six-month rotation in rural health units. State agencies argued that the programme would produce a cadre of community-oriented health professionals (DOH, 2012).

Despite the positive reception of Project NARS and RNHeals in easing nurse unemployment, these deployment programmes have also received a fair share of criticism. For instance, some scholars claimed that the six-month deployment period of Project NARS (and, by extension, the RNHeals) was inadequate in facilitating nurse trainees' retention in community health practice (Dimaya et al., 2012). Similarly, various nursing groups have also criticised RNHeals (and, by extension, Project NARS) as exploitative since the programme contracted licensed nurses as nurse trainees yet expected them to perform the responsibilities of a regular staff nurse (Philippine Daily Inquirer, 2012). Furthermore, the nurse trainees were only hired for a year and were prohibited from re-applying the succeeding year to allow other nurse applicants to join the programme. Both deployment programmes only offer temporary employment and are insufficient for honing nurses' competencies (Bernal, 2014).

Such criticism inspired the update of the HRH Masterplan 2005–2030 in 2013. While the previous Masterplan was concerned with addressing the impact of nurse emigration,⁵ the updated HRH Masterplan (2014–2030) emphasised meeting Filipinos' healthcare needs by improving HRH recruitment and retention of health professionals (HRH2030 Philippines, 2020a). In 2014, DOH launched the *Nurse Deployment Programme* or NDP, to replace RNHeals. The NDP aimed to support local health systems in achieving UHC. Under NDP, the DOH hired contractual nurses, renewable every 6 months following a satisfactory performance appraisal (HRH2030 Philippines, 2020a). The NDP nurses are deployed in community health centres all over the Philippines and receive a salary comparable to that of a regular DOH-hired staff nurse. Despite its attractive salary, the NDP still only offers temporary contractual work. Nonetheless, there is an increasing call and ongoing efforts to push for the regularisation of all contractual nurses in the government, including those under NDP (Philippine Daily Inquirer, 2020). The latest version of the HRH Masterplan (2020–2040) also emphasised the need to improve health worker recruitment and promote greater retention through the regularisation of health professionals, among others (HRH2030 Philippines, 2020b).

Through the lens of viscosity, the rural deployment programmes of the DOH and the HRH Network show how not all agencies within the sending state are driven towards the export of migrant labour. Even as particular state institutions actively marketed and facilitated nurse emigration to foreign employers, others developed programmes focused on achieving the opposite outcomes. When overseas opportunities for foreign nurses declined, the DOH and HRH Network created rural deployment programmes that sought to divert or further decelerate nurses' departure from the Philippines. In this sense, agencies within the labour-exporting state tried to increase the viscosity of nurse emigration. Following our discussion of the policies and programmes adopted by DOH with the HRH Network to retain the local health workforce, we discuss in the succeeding section how aspiring Filipino nurse migrants negotiate competing policies from these two state agencies.

NEGOTIATING COMPETING POLICIES VIS-À-VIS AVAILABLE WORK OPPORTUNITIES: PERSPECTIVES FROM ASPIRING NURSE MIGRANTS

In many ways, DOH's efforts to redistribute nurses to rural areas positively impacted local healthcare provision (see Ortiga & Macabasag, 2021a, 2021b). In our interviews with aspiring nurse migrants, we found that many had

spent considerable time extending healthcare provision in far-flung, hard-to-reach areas of the Philippines. Our interviewees saw their time in these places as meaningful and valued the experience of helping these communities. For instance, one interviewee, Karlene, a registered nurse since 2012, explained the importance of her role as a community health nurse assigned in an island municipality in Occidental Mindoro. Aside from providing basic primary care to patients in *barangay* (i.e., community) health outposts, Karlene also served as the community's bridge to the rural health physician who could not be physically present daily with the patients.

When we're [nurses] in the community, we send a text message to our rural health physician whenever we encounter cases requiring decisions from a medical doctor. For instance, we ask our physician about the medications we can give based on the clinical symptoms of our patients. We are not allowed to provide a prescription. But since our physician cannot always visit the community with us, what we do is bring the prescription pad that already bears the signature of our rural health physician. And then, we write the prescriptions ourselves. We always inform our community physician whenever we give medications on her behalf.

Besides providing primary care, our interviewees also managed to implement various DOH public health programmes within their respective municipalities. A significant part of their manager role was to complete the paperwork for the assigned public health programme. For instance, Adelyn, a registered nurse since 2011, monitors the day-to-day implementation of at least three public health programmes: school-based immunisations, family planning, and the community-based treatment of tuberculosis patients. With the help of midwives and other volunteer community health workers, Adelyn can focus on accomplishing all the paper forms and report for the public health programmes she manages. Adelyn believes that she performs in the community as a nurse under NDP. She said, "it's so unlikely that the DOH will discontinue the NDP because, without nurses like us, the delivery of health services in the community will be *fractured*."

Health policy scholars have highlighted stories similar to Karlene and Adelyn's experiences in justifying the value of DOH's rural deployment programmes (i.e., RNHeals and NDP). According to Panelo et al. (2020), the DOH's rural deployment programmes successfully augmented local health workforce needs—which, in effect, helped improve the delivery of primary healthcare services in the rural areas of the Philippines. As of 2019, the HRH2030 Philippines (2020b: 8) reported that "98% (79 out of 81) of the Philippine provinces had adequate number of nurses".

However, nurses' entry into these rural deployment programmes did not necessarily mean they had given up their migration aspirations. While interviewees considered the prospect of staying as community health nurses, they still found the uncertainty and temporariness of their employment status worrisome.⁶ As such, some interviewees did not completely abandon the idea of working overseas in the future just in case DOH's funding for the NDP ceases or when destination countries started again to recruit foreign nurses. This is particularly true for Yeng, a registered nurse since 2015. After working for 2 years as part of NDP, Yeng decided to leave in 2018 and applied for a hospital job where she could get enough clinical experience. Angelique, a registered nurse since 2012, shared Yeng's concerns and explained that while hospital jobs were often poorly paid, "those with hospital experience have more chance to get an overseas nursing work than those who don't have clinical experience." In this sense, the work experiences that nurses had gained from joining the rural deployment programmes would not make them more attractive applicants to overseas employers (GMA News Online, 2009). As such, while working in rural areas gave nurses like Yeng and Angelique a sense of fulfilment, they mainly saw these jobs as a valuable means of saving enough money for future career moves out of the country: moving to a hospital to get the appropriate clinical experience or processing documents for overseas work applications.⁷ Peter, a registered nurse since 2013, admitted that his salary as part of NDP allowed him to save money to pay for expensive exams like the IELTS and NCLEX-RN.⁸

Yeng, Angelique, and Peter's stories show that the DOH's rural deployment programme did not fulfil its intended goal of retaining Filipino nurses within the country. In channelling nurses towards rural health units, the

deployment programme was not helpful for aspiring migrants who needed hospital experience to leave the country. While the programme was not an explicit obstruction to emigration, it steered nurses towards career pathways that could be seen as more locally oriented. However, the DOH still lacked the funds to offer long-term stability, making the rural deployment programme reliant on temporary employment contracts. As such, aspiring nurse migrants only entered rural deployment programmes to avoid the precarious working conditions in hospitals (Ortiga & Macabasag, 2021b). Instead of facilitating retention in the community health setting, these programmes gave aspiring nurse migrants a place to either earn money for emigration requirements or wait out the lack of work opportunities abroad. Given that these programmes only offered short-term contracts, aspiring nurse migrants saw their work in communities as temporary. It appears that the viscosity provided by rural deployment programmes of the DOH and HRH Network was not strong enough to make the aspiring nurse migrants stay in the country. Even with policies meant to increase the viscosity of the sending state regime, aspiring nurse migrants use these programmes to push forward with their emigration plans. In that sense, the rural deployment programme was more of a means to channel unemployed nurses to areas that can provide jobs. Instead of supporting health worker retention efforts (see HRH2030 Philippines, 2020b), the rural deployment programme paradoxically reinforced the state's labour export interests.

CONCLUSION

While research on state bureaucracies have long emphasised the contradictory policies that can exist within a nation's government, migration studies have tended to treat the sending state as a monolithic entity, mainly driven towards exporting labour to the global economy. In this paper, we discuss how conflicting interests among different state institutions shape the viscosity of migrant workers' mobility. In the case of nurse migration, the DOH and HRH Network had implemented policies geared towards retaining a *national* health workforce. On paper, these policies contradict the interests of labour export agencies (i.e., DOLE and POEA) concerned primarily with maximising the economic benefits of labour migration. Our findings show how sending states do not only condition labour migration by actively brokering workers to foreign employers or directing existing or emerging labour migration channels. Instead, our paper reveals how departments within the sending state can also implement policies that attempt to retain workers within the country, prioritising other interests beyond accumulating monetary remittances. In the Philippine case, health agencies were quick to support international campaigns for the ethical recruitment of health workers. The DOH also launched different rural deployment programmes to help retain the national health workforce in the country, particularly in underserved areas.

Through the lens of viscosity, we argue that the change in policy directions on local health workforce retention demonstrates the fluid-like characteristic of the sending state. Such a view emphasises that the role of sending state in labour emigration "is not a fixed quality, but rather is socially constructed and can be re-calibrated in response to the politics and priorities of the times" (see Doherty, 2015: 255). In other words, the change in the emigration viscosities is relative to the priorities or current situation of the migrant-exporting nation. As shown in this article, the increasing migration viscosities coincided with the change in how DOH and HRH Network facilitate the retention of the health workforce in rural areas. This change in viscosities intensified when demand for nurses overseas dropped, and the Philippines was confronted with overproduction and unemployment of aspiring nurse migrants. The case of aspiring nurse migrants highlighted how the changes in emigration viscosities might shape one's understanding and experiences of mobilities.

However, we also emphasise that using binaries to depict a sending state agency as one that either *enables* or *restricts* labour emigration may limit the way we understand how these particular government agencies could influence the sending state in shaping labour migration. In the case of the DOH and the HRH Network, the nurses' rural deployment both restricted and supported prospects for labour emigration. The rural deployment programmes

successfully attracted nurses to work in RHUs. However, these nurses also consider their work in rural setting a temporary stop while they wait out for their lack of capacity to accomplish requirements for overseas employment and the lack of overseas nursing work opportunities. Nurses' conflicting views of the value of the rural deployment programmes can be attributed to seemingly contradicting strategies supported by the HRH Network. While the broader goal of the HRH Network appears coherent—i.e., to strengthen the national health workforce—the DOH and POEA have taken divergent policy directions. The use of viscosity reveals which state agencies have more influence on workers' mobility in a particular instance.

A more nuanced understanding of the sending state has become even more apparent as the COVID-19 pandemic disrupted international labour mobility. We write this article at a time the Philippine healthcare system continues to struggle with the impact of COVID-19. To ensure an adequate supply of health workers, the Philippines increased nurse migration viscosities by restricting the labour emigration of Filipino nurse migrants (POEA, 2020). However, Philippine health agencies still struggled to ensure nurses with local employment that provided a stable and decent wage (Chia & Tolentino, 2021; Ortiga et al., 2022). Similar to the case of rural nurse deployment, such persistent uncertainty in local nursing opportunities will continue to lower the viscosity of nurse emigration, despite the Philippine government's efforts to retain health workers. In many ways, this echoes the longstanding call for the need to improve nurses' local working conditions, including giving nurses secure and regular employment. We believe this is a priority that the Philippine government should consider in addition to its economic priorities.

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CONFLICT OF INTEREST STATEMENT

The authors declare no competing interests.

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DATA AVAILABILITY STATEMENT

Due to ethical concerns, supporting data cannot be made openly available. Further information about the data and conditions for access are available at the Singapore Management University-Institutional Review Board.

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ENDNOTES

- ¹ Two interviewees had been able to work overseas but not as registered nurses. One had gone to Japan as a caregiver before pursuing a nursing degree, while another had spent 2 years in Singapore as a nursing aide at home for elderly patients.
- ² Aside from government agencies, private sector organisations like the Philippine Nurses Association (PNA), Association of Deans Philippine Colleges of Nursing (ADPCN), and Public Services Labor Independent Confederation (PSLINK) are also member institutions of the HRH Network. These institutions advocate for the welfare of the health workers—in the case of PNA and ADPCN, nurses (HRH2030 Philippines, 2020b).
- ³ The TWG on *Workforce* is chaired by the DOLE and co-chaired by the DOH, while the TWG on *Exit* is chaired and co-chaired by DFA and POEA, respectively (Cuneta-Feliciano, 2008).

- ⁴ From the available online documents, it is unclear what particular DOLE's bureau or division is part of the HRH Network. However, based on the data sources used by HRH2030 Philippines' (2019) in their report on the situational analysis of the HRH Master Plan, we surmise that the particular division of DOLE involved in the HRH Network is the Bureau of Local Employment and the Institute for Labour Studies.
- ⁵ In a situational analysis conducted as part of the HRH Masterplan 2005–2030, Lorenzo (2008) identified *the increased migration of health professionals* as one of the health workforce issues that weakens the health system.
- ⁶ The permanent employment of nurses depends on the individual local government units (LGUs) following health system devolution. The LGUs with higher income can hire and regularise nurses. However, since most of the recipients of DOH's health workforce augmentation are under-resourced LGUs—which is also true in our interviewees—work regularisation in these areas is more unlikely.
- ⁷ The decision to continue pursuing their migration aspiration demonstrates aspiring nurse migrants' agency. As we have argued elsewhere, decisions to continue pursuing (or letting go of) migration aspirations involve taking stock of one's subjective view of future migrant selves and the current progress towards achieving their migration aspirations (Ortiga & Macabasag, 2021b). Unlike in our previous work, the nurses in this paper still consider overseas employment a worthy undertaking.
- ⁸ Approximately, the IELTS exam costs PHP 11,650 or USD 233 (British Council Philippines, n.d.). The NCLEX-RN exam, on the other hand, costs approximately PHP 10,350 or USD 200 (Kaplan Nursing, n.d.), excluding other fees like the payment for the evaluation of nursing credentials.

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