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9. Filipino nurses as enablers of the future welfare state: the global commodity chains of producing racialized care labour for ageing Finland

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INTRODUCTION

> *The imagery of the high-resolution advert is collated by merging separate photographs in one. They capture young health care professionals working in clinical hospital spaces. In one image, a slightly darker skinned male, a Filipino perhaps, looks at the camera with a stethoscope loosely hanging around his shoulders. A doctor perhaps. Below, another picture: an older man sitting in the wheelchair. A blonde nurse stands behind him and listens, together with the patient, as a young Asian female doctor explains some papers to both. In the third image, a fit, grey-haired Asian man lies in bed. A female nurse, Asian as well, sits by the bed, keeping him company. A thin monitor placed in front of them hints that the room is in a clinical, high-tech environment.*

This vignette describes a recruitment advert, aimed at young Filipino registered nurses. A Filipino recruitment company had created the ad on behalf of a Finnish company in 2013, seeking to recruit nurses for Finnish eldercare. Whilst the advert's imagery represented health professionals in a hospital environment, the textual content revealed the nature of the job. It said:

FINLAND, NURSING ASSISTANT

- *Registered nurse*
- *Male/Female, 22–25 years old*
- *Work experience: 1–5 years in a hospital, elderly care or as private nurse*
- *Good English skills (at least IELTS with overall band score of 7)*

Please send your resume to xxx.yyy@xxx.ph

For many young un- or under-employed registered nurses in the Philippines, the advert looked tempting: a promise of a better future. Yet, the advert was also misleading in crucial ways. Namely, although aimed at university-educated *registered* nurses with *excellent English* skills, the advertisement failed to be explicit in that the job in question was about *basic eldercare in Finnish-speaking* eldercare homes. In spite of the imagery of the advert, the nursing assistant positions advertised are about the lowest category of institutional care work in Finland, formed to support the basic care work of nurses in care homes for the elderly and the disabled. There are no formal qualifications, nor is a license required. It is not a job where one holds a stethoscope, or utilizes clinical skills. Nursing assistants bathe their elderly clients. They provide incontinence care; assist in toileting; clean rooms; organize laundry; serve meals; feed those who can no longer consume food without help (TE-palvelut 2013). All these tasks are vital for good care. Yet, they are not the primary tasks of university-educated registered nurses, whom the recruitment company seek to recruit.

Furthermore, the advert did not reveal that getting the job requires the applicants to pass an intensive, several month-long Finnish language course in the Philippines, which then might – or might not – lead to their deployment in Finland (Sakilayan-Latvala 2015; Vaittinen 2017; Vartiainen 2019). All this would have been impossible to know without knowledge of the policies and practices shaping the recruitment routes to Finland. In this chapter, we elaborate those routes, policies, and practices, with empirical detail. Understanding these processes is important, not only for the young nurses in the Philippines, who still today may come across similar adverts, but also to the policy-makers in Finland, who in the post-COVID world are, yet again, calling for increased labour migration for the sustenance of the welfare state (Luukka 2021; Pirilä 2021). The chapter contributes to this book by examining the position of migrants not only as the targets of restrictive immigration policies, but also as enablers of the future welfare state: as carers of ageing citizens and future

workforce. Thereby, the chapter illuminates how the national project of the Finnish welfare state subtly relies on the extraction of resources from poorer, racialized states, when seeking to ensure the welfare of its citizenry (cf. Keskinen et al. 2009). Finally, the chapter calls for the Finnish state to take responsibility in treating these enablers of welfare and their home countries ethically, instead of allowing the present, racialized practices of deskilling to continue in the recruitment processes. Simultaneously, our analysis contributes to scholarship on post- or neocolonial education (e.g. Crossley and Tikly 2006), with a specific reference to nursing (Masselink and Lee 2010; Ortiga 2014). We provide an analysis of how education and health systems of source and destination countries entangle transnationally in processes of migration. These policy fields are still easily understood through the frames of the national welfare state only. Yet, in the age of global capitalism, their thorough understanding requires a frame that is global and transnational.

Due to the ageing demographics of post-industrial countries, nursing has turned into a growing export industry in the Philippines (e.g. Lorenzo et al. 2007) and many other countries in the so-called Global South (e.g. Walton-Roberts 2015; 2021). In these countries, nurses are educated not only, or even mainly, for the domestic health system. Instead, they are trained to become 'globally competitive' professionals, ready to serve health systems across the world. Research shows however that, in many countries, foreign qualifications are generally less valued, particularly for racialized immigrants coming from outside the so-called 'West'. This has been referred to as deskilling (Cuban 2013), and devaluation of immigrants' human capital (Salmonsson & Mella 2013). The deskilling is prevalent in health care professions, also in the Nordic welfare states, where more menial basic care has become a 'migrant's job', with white 'natives' responsible for the clinical, higher skilled work. Such ethnic segmentation in nursing professions goes beyond labour migration and recruitment, as migrants in general are perceived as particularly suitable for care work (Dahle & Seeberg 2013; Wrede et al. 2020).

In Finland, the same trend exists, and is "fed by a perception that migrant workers are an answer to the problems of the Finnish welfare state, that is, the care deficit caused by ageing population and worsening dependency ratio" (Näre 2013, p. 72). In international nurse recruitment, Finland is of course a small player globally, and it continues to be also a source country, with Finnish nurses migrating to countries such as Sweden, Norway, and the UK (Juuti 2020). Furthermore, there are also other migrant nurses than Filipinos in Finland. Nurses have been recruited from within the EU, from Bulgaria, Estonia, and Spain. As elaborated later in this chapter, for these recruits, the routes to the Finnish professional qualifications have been smoother than for the Filipinos, due to their EU citizenship and, in the case of Estonians, because of linguistic, geographical, and cultural proximity (Vartiainen 2019, p. 67).

Furthermore, individual nurses migrate to Finland from various countries every year, also from outside the EU: for other reasons than work – or for work, but without the involvement of the recruitment business. Some arguments in this chapter apply also to these other non-EU nurses working in Finland (see also Nieminen 2011). However, we focus on the case of Filipinos (see also Cleland Silva 2016; Vaittinen 2017; Vartiainen 2019; Näre & Cleland Silva 2020), because this is the only non-EU source country where Finnish recruitment companies operate, and which the companies often market as a solution to the Finnish care and labour deficits.

Examining the production networks of the 'globally competitive Filipino nurse' in the Philippines, we first describe the 'manufacturing' of Filipino nurses as export commodities. We then trace, through detailed empirical analysis, how the *value* of the nurse's human capital decreases when being transformed from a highly skilled, exportable health professional in the source country into an importable nursing assistant at the receiving end. We show how commodified skills are accumulated in the nurses' bodies as human capital, in order to make them globally employable. We then demonstrate how this human capital is system(at)ically devalued, as the nurses move to Finland, through the racialized space(s) of the transnational labour markets.

It must be underlined that, although the recruitment practices are often justified with reference to the ageing nation, Finland, as a state, has no active role in the recruitment. Quite the opposite. As we have shown elsewhere (Vartiainen et al. 2016, p. 44; Vaittinen 2017, pp. 113–15), the Finnish state has left the recruitment practices largely unregulated. It does not register or otherwise supervise the recruitment companies, with the responsible ministries sometimes oblivious of the Finland-bound recruitment operations taking place in the Philippines. In this chapter, we want to underline that the state would be morally responsible to ensure that the recruitment practices are ethical. From the perspective of global ethics, however, the present devaluation of the nurses' professional skills in the recruitment practices is highly unethical. According to the World Health Organization (WHO), it is estimated that, by 2030, there is a need to create 40 million new social and health care jobs globally, and that at least 18 million health and social care workers need to be deployed in low- and middle-income (LMIC) countries (World Health Organization 2016, p. 12). In our case study, a global pool of health professionals from an LMIC country (the Philippines) is utilized to secure lower skilled care labour for a rich welfare state (Finland), without helping the source country to ensure adequate social and health care resources for its population. This grossly undermines the WHO global strategy on human resources for health (World Health Organization 2016, p. 12). The deskilling also devalues the investments that individual nurses have made in higher education. In what follows, we provide empirical detail on the scale of these investments and how

they become devalued. In conclusion, we list the policy actions the state should take to make the processes more ethical.

As for methodology, the chapter draws on data collected for four separate but partially overlapping research projects conducted in Finland (2011–14) and in the Philippines (February–March 2012, June 2014, and November 2014).[1] This chapter has emerged from our sporadic collaboration and discussions during our research and its aftermath. Altogether, our data consists of 22 interviews with Filipino nurses in Finland; 25 interviews with Filipino nurses in the Philippines; 21 interviews with stakeholders, officials or other key informants in Finland; and 18 interviews with state officials or other stakeholders in the Philippines. In addition, the analysis is informed by policy documents, media sources, email correspondence with stakeholders, and ethnographic observations. Analytically, we have utilized these data to construct the typical educational and migrant trajectories (cf. Vaittinen 2014) of Finland-bound Filipino nurses, as they move through the nursing schools in the Philippines, via the recruitment paths, to enter the Finnish labour markets. While some of the recruitment practices may have changed since the end of our respective projects, the Finnish jurisdictional and policy environment in which the recruitment takes place has not. Hence, our conclusions on the need for a better state governance of these processes are still valid. Indeed, with COVID-19 reinvigorating the calls for international nurse recruitment in Finland, the recommendations are as topical as ever.

THE PHILIPPINE NURSING INDUSTRY

The Philippines is known as one of the world's central labour reserves. Ten per cent of the population of 100 million presently lives abroad (Commission on Filipinos Overseas n.d.), and around half a million new contracts are registered by the Philippine Overseas Employment Administration (POEA n.d.) annually. The working age population's desire and necessity to migrate for work is not a naturally occurring phenomenon, however, but heavily shaped by the country's (post)colonial history. In nursing, the US Empire during the colonial era gradually shaped the Philippines into an "empire of care" (Choy

[1] (1) Vaittinen's (2017) PhD thesis on the entanglements of Filipino nurse migration with ageing Finland (also Vaittinen 2014; 2015); (2) Sakilayan-Latvala's (2015) second MA Thesis on the narratives of potential nurse recruits in the Philippines and recruited Filipino nurses in Finland; (3) Vartiainen's (2019) PhD thesis on intercultural learning and mutual acculturation processes of multicultural health care work communities; and (4) Vartiainen's work for TRANS-SPACE, a project examining the emergence of transnational educational spaces in social and health care work (Vartiainen-Ora 2018; Vartiainen et al. 2016).

2003). Later on, Ferdinand Marcos' aggressive labour exportation policies, particularly his 1974 Labour Code, left the country with a state machinery specifically designed for the governance of labour emigration (Guevarra 2010). While Marcos' labour exportation policies were designed as a temporary solution to domestic unemployment and external debts, the emigration of the working-age population has, over the decades, turned into a *sine qua non* of the Philippine economy. The economy relies on domestic consumption driven by remittances, which annually make approximately 10 per cent of GDP. In 2020, the remittances added up to over 29.9 billion US dollars (Bangko Sentral ng Pilipinas n.d.). With high external sovereign debt, and domestic unemployment soaring, the country remains heavily dependent on labour emigration.

For an individual migrant, the present economic realities combined with a "culture of migration" (Choy 2003, p. 4) often mean a necessity to leave for a better future. Migration offers a stepping stone to a decent salary, and often also for better working conditions. The main selling point for nursing education for instance has always been *the promise* imbued in a nursing degree: the possibility of being deployed overseas, at relatively good pay, even when the migration process involves deskilling. For instance, at the time that our data were collected, a registered nurse working in a hospital in the Philippines earned about 150–250 euros per month (Interview, Nurse Tessa, February 25, 2012, MS-L). As a comparison, the basic salary of a nursing assistant in Finland was 1,100 euros (net).

Given its population's willingness to migrate, the government of the Philippines no longer needs to explicitly export labour. Rather, the policy is to *facilitate* the emigration of those who wish to leave (e.g. Guevarra 2010). However, even though the government would not acknowledge the export of nurses, the national policies would still recognize the duty of the Philippines to respond to the global 'demand' of health personnel. This has, over the years, had repercussions for the Philippine educational system as a whole (Ortiga 2014). The Philippine nurse reserve is highly responsive and vulnerable to the fluctuations of transnational labour markets in human resources for health. Thus, while it has been estimated that half of all newly licenced nurses in the Philippines emigrated between 1998 and 2008 (Schultz & Rijks 2014), and that, by early 2000s, 85 per cent of nurses educated in the Philippines at all times worked overseas (Lorenzo et al. 2007), there are temporary ebbs and flows in the annual figures. Such fluctuations are produced by the actual variations in the global demand for nurses, as well as by the predictions of and responses to that demand in the source country. For instance, the Philippine nursing boom that showed in our data (collected in 2011–14) began in the early 2000s as a response to an *anticipated* increase in the global demand, caused by the ageing demographics in wealthy destination countries. Many participants in our research projects started their nursing studies because of this

boom: at the time that they were to go to college, nursing seemed like the most cost-effective bet for overseas work, which is why their families asked them to take up nursing. For very few participants, if any, nursing was a vocation: rather, it was a ticket to overseas salaries. In our interviews (conducted for four separate research projects by three different researchers), the narrative of the increased global demand 'especially in America' was a recurrent factor, often expressed in almost literally the same words. This implies that, in addition to describing the actual state of the global nursing markets in the early 2000s, the interlocutors also reiterated a narrative that circulated in the Philippines at the time: a narrative of global nurse demand, 'especially in America'. Yet, our interlocutors ended up in Finland.

In the early 2000s, there were also actual signs of growth in the 'global demand'. Two major Western destination countries, the USA and UK, relaxed their immigration controls for nurses. Consequently, in the Philippines the number of nursing programmes in colleges proliferated quickly, from 170 in 1999 to 470 in 2005. Similarly, within a few years' time-span, the enrolments to bachelor's programmes in registered nursing grew from 50,000 new enrolments in 2001 to over 400,000 in 2005 (Lorenzo et al. 2007). Since 2008, however, the circumstances have changed with the global recession. Many of our informants had only just passed their professional licensure exams, some having overseas contracts set for emigration when the economic crisis suddenly closed the gates to many destination countries, changing their plans drastically (see also Vaittinen 2014, pp. 197–8). The Philippine government responded by closing down nursing programmes, particularly those of poor quality. In 2013, for instance, 281 colleges out of 491 were forced to close their nursing courses due to consistently poor performance in the Nursing Licensure Examinations (Cueto 2013).

Nevertheless, the early 2000s' nursing boom and its sudden end had created a situation where the domestic supply of nurses gravely exceeded demand, with over 250,000 registered nurses in the Philippines unemployed or working outside the health care sector (Interview, Prof. F.M. Lorenzo, November 14, 2014, PV). Consequently, throughout the 2010 decade, there was a docile reserve of unemployed young nurses in the Philippines, available for the global labour markets to utilize. Judged by the actions of the Philippine nation state, and its governance of education and health system policies, the situation had been caused by failed estimates on the 'global demand' of nurses on the one hand, and by mismanaged educational policies, on the other. In the latter, the privatized and commodified higher education system played a big role, also as a beneficiary of the transnational recruitment processes.

THE PRODUCTION OF THE FILIPINO NURSE AS A GLOBALLY COMPETITIVE COMMODITY

The ethical questions of international nurse recruitment are often discussed in terms of interstate ethics, where one state allegedly produces nurses for the benefit of another state. In the *transnational* Philippine nursing industry, this perspective is too narrow. Whilst the state always has some role in the structures and funding of education, the narrow interstate perspective obscures the fact that higher education is often paid for by students and their families. The question is thus not simply about *states* in the so called Global South, or the majority world, producing skilled labour for the utilization of the states in the richer North. Rather, it is about individual families in the South, producing labour for the utilization of different private for-profit actors in the source *and* destination countries, as well as public sector employers in the destination states.[2]

A focus on state–state relations of production thus simplifies the production process of exportable labour, which involves a wide variety of actors making profit from the education, skills, mobility, and labour of the migrant. To produce commodities, investments are necessary. When the commodity is skilled labour, the investors are often the labourers themselves, investing time, money and work into learning sellable skills. Like 'entrepreneurs of themselves' (Foucault 2008, p. 226), the labourers of global capitalism accumulate skills and personal characteristics – human capital – in their very own embodiment, so as to capitalize upon themselves when selling their labour in the markets. These neoliberal relations of production are not simply about the exchange of money for work, but a process of entrepreneurship where accumulating value in one's very own being is the purpose of education. It involves risks, since the education commodified within the self may or may not pay off.

In the postcolonial context of the Philippines, such risk-taking is perceived as a route to a better life (e.g. Guevarra 2010). The migrant is 'an investor […], an entrepreneur of himself [*sic*] who incurs expenses by investing to obtain some kind of improvement' (Foucault 2008, p. 230). In the production of the 'globally competitive Filipino nurse', the investors are, primarily, the nurses themselves, and their families paying for their education. Estimating the size of these investments becomes possible when the production of the exportable/

[2] Here, it is worth noting that the Filipino nurse recruitment to Finland is largely operated by private for-profit care providers, who sell care services to the Finnish public sector, while making profit from tax-funded eldercare. As shown in Vaittinen (2017), for these companies, the transnational nurse recruitment is a complex method of capital accumulation, supported by deskilling and labour docility.

importable nurse is analysed in terms of commodity chains, or production networks, which in turn can be traced by following the educational trajectories of the migrant-nurses-to-be. This reveals how, in the commodified networks of education, the accumulation of human capital by/in the nurse is a profitable business for a variety of actors, who can capitalize on the nurses' risk-taking far before the nurses themselves.

Analysing the political economies of the global nursing care chains, Nicola Yeates (2009) applies the global commodity chain theory and its production networks approach to the study of global nursing labour. In this approach, "global commodity chains are analysed across three dimensions – inputs/outputs, territoriality and governance" (Yeates 2009, p. 44). When looking at the production of exportable labour by means of commodified education, particularly the structure of inputs/outputs is relevant:

> The structure of inputs/outputs refers to the various *processing stages* ("nodes") involved in the production of a finished commodity. Each "node" represents a specific production process […] linked together in a sequence (chain) *in which each stage adds value to its predecessor*. (p. 44, emphasis added)

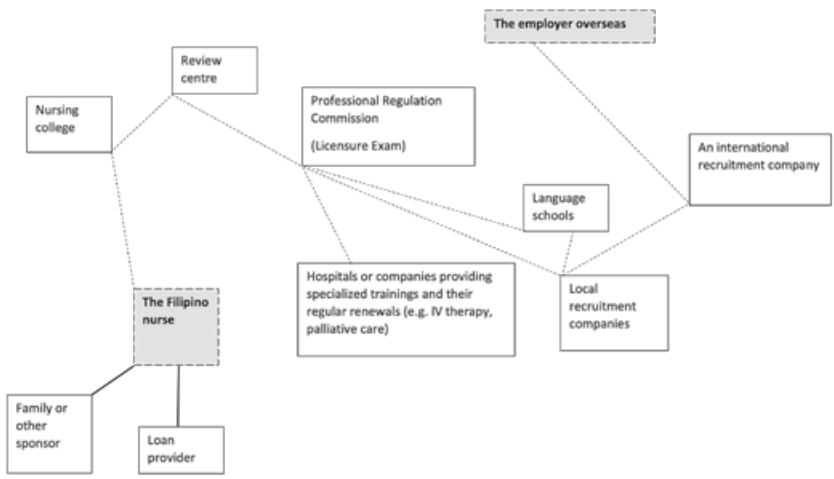

Figure 9.1 *A typical production network in the Philippine nursing industry*

Figure 9.1 applies this perspective to enumerate a typical network of producing a Filipino nurse to the global markets, from college (i.e. excluding prior education and upbringing) to the nurse's deployment overseas. Two points in particular are to be noted. First, in the commodity chain where 'Filipino

nurses' are manufactured, the 'production nodes' consist of a wide variety of actors. The nursing colleges are central nodes, while the other actors have specialized roles in making the nurse employable in the global market. The loan providers and the family in turn, continue to feed finances into the operation of the entire chain. Secondly, each of these 'nodes' not only adds value to the thus produced export commodity – the 'globally competitive Filipino nurse' – but also *extracts profit* from the embodied process where the nurses accumulate human capital within their mobile selves.

Thus, when moving from one 'production node' to another, the nurses themselves, while gaining skills that are capitalizable on the global labour markets, also make further financial investments. The other actors in the chain make profit from the investments, while the nurses will often be able to capitalize on the skills only at the end of the production process, i.e. once they are 'final products' working overseas. Many nursing colleges in the Philippines are private market actors, making profit from the business of producing nurses for international demand. This also explains the rapid increase in the number of nursing colleges in the early 2000s, when universities set up new nursing programmes in order to participate in the expanding global market. The colleges profit from the tuition fees that families pay with loans or savings, or by the sponsorship of a relative working overseas. The same applies to the review centres (where nurses prepare for their licensure exams), to the potential fees of the recruitment businesses, to the interests paid to loan providers, to the fees paid to government agencies (e.g. document authentication, certifications), and to a whole network of NGOs that exist to provide Pre-departure Orientation Seminars (PDOS), which are compulsory for Overseas Filipino Workers (OFWs) prior to the emigration.

To elaborate, gaining the university degree in registered nursing is only the beginning of the process of becoming a 'Filipino nurse'. In order to work overseas, the nurse must meet a long list of other requirements, too. One is the Philippine Nursing Licensure Examination, administered by the Professional Regulatory Commission (PRC). Depending on the destination country, the nurses must also pass other training and examinations, both professional and language-related. This is where hospitals, recruitment firms and licensure examination review centres come in, having their own specific niches in the nursing migration business. A licensure examination review centre, for instance, not only offers support when the nurses revise for their licensure exams, but many cater also to the international licensure examinations (i.e. NCLEX and CGFNS) as well as language examinations (TOEFL, IELTS) required for international deployment. All the actors, while promising 'immediate hiring' and reproducing the discourse of 'global demand', continue to propagate the idea that becoming a nurse is the direct pathway for a (better) life overseas (see Guevarra 2010).

THE INVESTMENTS

The nursing degree in the Philippines is a four-year programme, and there are major differences in the tuition fees between public and private colleges and universities. The price of tuition depends on the institution's locality (provincial, city, national capital region), ranking, public reputation, as well as performance in licensure examinations. For example, a private university could charge up to 12,000 euros for the tuition per year, while a public university charges approximately 800 euros (see Edukasyon.ph n.d.). These figures still exclude living and other school-related expenses. Although scholarships and grants are available, especially in state-funded universities, nursing education remains a demanding financial investment for the whole (extended) family. Figure 9.2 presents the costs and payoffs of becoming a 'globally competitive Filipino nurse'.

Not everyone is recruited to work overseas, however. To get recruited from amongst the over two hundred thousand un- or under-employed registered nurses is a tough competition. Lavina, for instance, migrated to Finland with a student visa in 2011, to do a two and a half year degree in Finnish practical nursing. By then, she had invested 60,000 pesos (approximately 1,200 euros) in her education, study materials, and living costs for each academic year of her four-year college degree, adding up to 240,000 PHP (4,800 euros) in total. Lavina had chosen the university together with her mother, in a search for 'one of the best producers of nurses'. A brother working overseas used to remit money for the tuition fees and living costs. After taking her licensure exams, Lavina had taken a course on intravenous (IV) therapy. The course took only three days to complete, but cost her 3,000 pesos (60 euros). This corresponds to almost a week's salary for a newly graduated nurse – but then, Lavina never had a paid job in the Philippines. After getting her licensure, she had volunteered at two public hospitals – three months at the first and a little less at the second. In many respects, she had been lucky to volunteer *for free*; until 2011, private hospitals used to charge newly graduated registered nurses for the opportunity to volunteer.[3] Many paid, since getting the work experience was – and still is – pivotal for accumulating experience, i.e. human capital, which is a requirement for overseas deployment.

In order to move to Finland, Lavina recalled that the family took a loan of 500,000 pesos (approximately 10,000 euros) from a cooperative, to cover the living expenses for the two and a half years' full-time education. The interest was high, however, adding 300,000 pesos (6,000 euros) to the loan over five

[3] This is not characteristic of the Philippine nursing industry only (see e.g. Walton-Roberts 2015, p. 377).

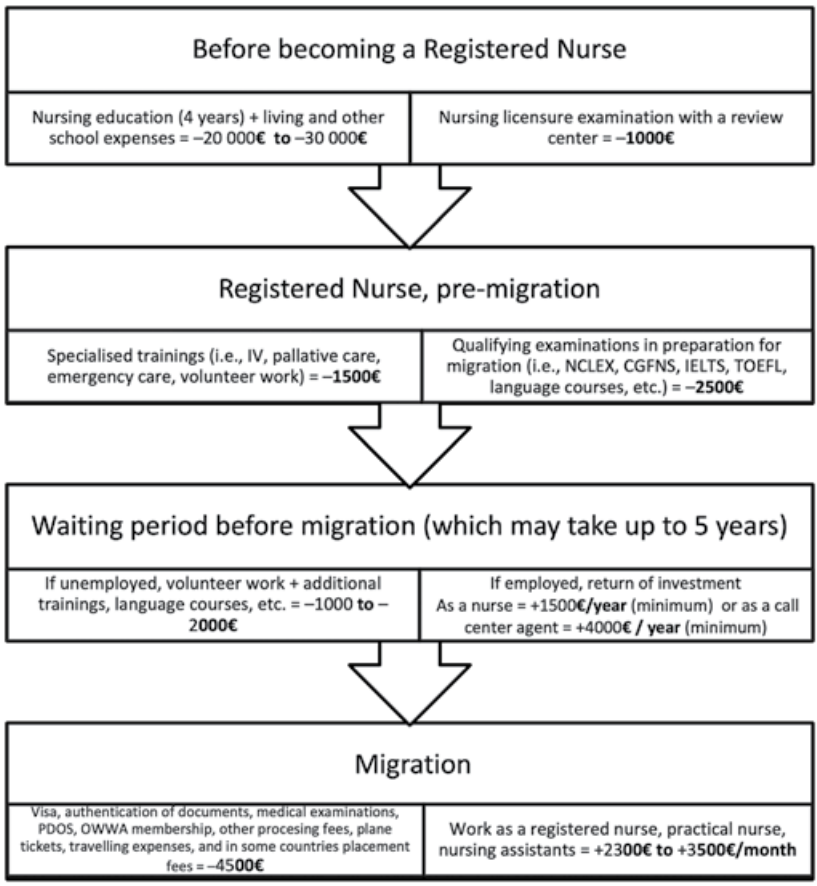

Figure 9.2 *The costs and payoffs of becoming a 'globally competitive Filipino nurse' (EUR)*

years. This, of course, was but another investment in becoming a 'globally competitive nurse', while making oneself profitable to some 'node' in the production network, in this case the cooperative. At the time when Lavina moved to Finland to study, the Finnish degree training was free of charge also for non-EU students. Nevertheless, altogether her investments, until being employed as a practical nurse in Finland, added up to over one million pesos (approx. 21,800 euros), plus the costs of pre-college education that we have not discussed. Lavina received her *first ever* pay cheque in Finland, when working as a cleaner during her first summer break from her school, in an eldercare

home where she had interned earlier (for free) as part of her vocational training. During the second year of the diploma programme, she also managed to secure shifts as a care worker, and after graduation she worked as a practical nurse full time (Interview, Nurse Lavina, September 28, 2012, TV).

Lavina's story exemplifies not only the investments the nurses and their families make in the commodified education in the source country, but also the long wait until the investments start to pay off. This is but one example, and more research is required for a thorough examination of the money flows and stakeholders involved. It is notable, however, that the chain of investments begins with the commodified higher education in the source country, which does not eventually pay off even upon arrival at the destination country.

THE NURSES' TRANSITION FROM EXPORT TO IMPORT COMMODITIES

The global demand for nurses continues to play a significant role in the Philippine nursing education policy and practice. The colleges have adjusted their curricula according to the needs of foreign employers, also in the previous curriculum reform in 2015–18 (Ortiga 2014; Interview, Professional Regulation Commission of the Philippines Board of Nursing, November 12, 2014, PV). The universities advertise their degree programmes as meeting the basic requirements of popular destinations such as Canada, Saudi Arabia and the USA. Often, the training to qualify overseas begins the moment the nurses start their studies: the examples given by the lecturers tend to apply to the destination countries rather than the Philippines, and clinical instructors often have overseas work experience (Interview, Nurse Elena, November 28, 2011, MS-L). The transition from an exportable nurse produced in the Philippines to the (de)skilled professional importable elsewhere does not happen automatically, however. Here, the transnational recruiters, who under the Philippine law are required to collaborate with a domestic agency accredited by the POEA, play a pivotal role. Whereas the nursing colleges operate as central 'production nodes' in the making of the Filipino nurse *exportable*, the recruitment business is central in turning the nurse *importable*. Through different assessment practices they 'filter' the 'ideal migrant' for the employers' purposes, while simultaneously constructing the migrant's embodied skills as employable (cf. Findlay et al. 2013). Hence, operating as 'migration mediators' (Sporton 2013), the recruiters provide a space of transition: the dash in the process of export–import. In this space, the nurses' skills and human capital start to be evaluated anew, in relation to the immigration policies and labour market requirements of the countries of destination.

The typical path of a Filipino nurse to Finland takes place through Finnish recruitment agencies who, operating with local partner agencies in the

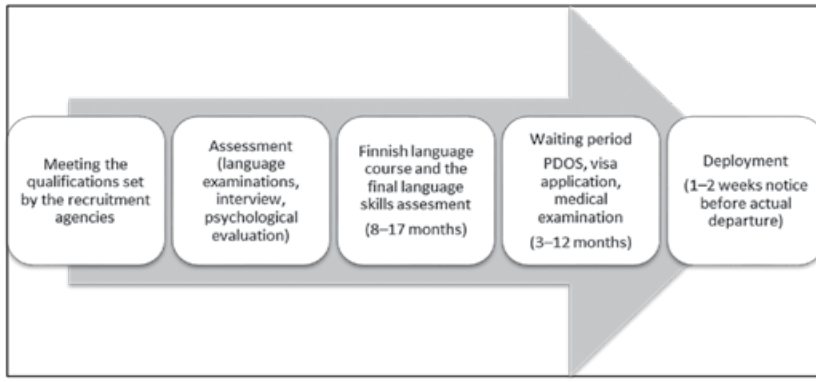

Figure 9.3 *A typical trajectory of Filipino nurses' export–import transition to the Finnish labour markets*

Philippines, import nursing assistants for the needs of Finnish eldercare providers (Figure 9.3). Here, the state of Finland is not actively involved, and also the clients of the recruitment companies in Finland are often not public actors, but international companies that make profit from tax-money by selling care services to the Finnish municipalities (see Vaittinen 2017; Vartiainen 2019). At the time of our research, the recruitment process – the transition from exportable to importable skills – typically took about a year, sometimes more. The process began with up to one thousand aspiring applicants responding to an advert like the one described at the beginning of the chapter. Of these, only 20–50 nurses were chosen for the pre-deployment language training. After meeting the qualifications set by the recruiters, the nurses were assessed for their competencies and aptitude for learning the Finnish language. The latter is crucial, as Finnish is a difficult language to learn, and a certain level of proficiency is required for health care professions. This is how one interviewee described the process:

> After the orientation we had our initial exam. Out of 1,000 orientees just 600 took the exam. Then they got 200 who passed the initial exam. Then we proceeded to the initial interview. After passing the initial interview with our teachers and the owner of the agency they chose one hundred from that two hundred who passed the initial interview who will proceed to the second interview with doctor X. Then after the second interview we had again the final exam. (…) *They really wanted to see our dedication and hard work* … (Interview, Nurse 05, November 4, 2014, PV, emphasis added)

Once selected, the nurses attended an intensive, several month-long language course. At the end of the course, their Finnish language skills were

re-evaluated, and those who met the level required were selected for deployment. Assisted by the recruiters, the selected nurses then applied for visas to the Finland/Schengen area, while complying with other requirements for their future deployment, as mandated by *both* the Philippine and Finnish governments. For instance, the PDOS is mandatory for getting an exit visa to leave the Philippines as a recruited overseas worker. The processing of documents does not necessarily take long (2–3 months). However, as the final deployment is dependent on the labour demands of the recruiters' clients, we followed cases where the nurses had to wait over half a year more before their actual deployment. Some were not even employed as nursing assistants but care home cleaners, with the possibility of advancing to nursing assistants at a later date.

It is notable that this whole transition process from export to import 'commodity' usually requires the nurses' full attention. Some of our research participants had resigned from their full-time jobs (often not in nursing), to ensure they would eventually be one of the selected few. The nurses do not pay for the language course and the recruitment process, but their investment in the transition comes in the form of time: the newly graduated, licenced registered nurses spend from one to two years learning the Finnish language, while making themselves *potentially* employable as nursing assistants in Finnish eldercare. In the following section, we elaborate the complex EU and nationally specific structures that lead to the devaluation of Filipino registered nurses' globally competitive education in Finland.

NURSING ASSISTANTS TO IMPORT – WHY NOT REGISTERED NURSES?

Finland's history of nurse *im*migration is very short (Weber & Frenzel 2014), and Europe in general is not a traditional destination for Filipino workforce, excluding Ireland and the United Kingdom (Battistella & Asis 2014; Schultz & Rijks 2014). However, the ageing demographics in Europe, as well as the tightening of markets in other Western destinations, have led the Philippines to show growing interest in the EU. Simultaneously, European nurse recruiters have started to operate internationally. Finland, as was elaborated in the introduction, does not have state-led recruitment programmes, but a small number of Finnish private recruitment companies have been active in the Philippines since 2008.

In Finland, there are presently three groups of Filipino nurses: (1) those who have migrated due to *family reasons* such as marriage, and have found their own routes of qualification to the professional labour markets; (2) the *internationally recruited nurses who migrate with a worker's visa*, and whose migration and employment processes are assisted by the recruitment businesses; (3) nurses, such as Lavina, who have *entered the country with a student visa*, and

the national labour markets through a Finnish degree programme. The status of these three groups in the Finnish labour markets varies, as their access to Finnish professional qualifications vary. Lacking the assistance of the recruitment companies, those coming due to family reasons, or as students, need to make their own way in achieving a Finnish working life. These routes are heterogeneous, often requiring further education, i.e. taking additional modules or entire degrees at a Finnish educational institution (Vartiainen 2019).

As nurses qualified outside the EU, salaried apprenticeship-based qualification routes are not always an option for Filipinos – sometimes not even in practical nursing, and never in registered nursing. The Bologna Process aims at ensuring that academic degree and quality assurance standards are comparable and easily transferable across the EU (Baumann & Blythe 2008). The European Qualifications Framework (EQF) makes the educational credentials comparable, and non-EU countries utilize this tool as well when revamping their educational systems to mirror the Bologna Process. Also, the goal of the Philippines is to ensure that educational standards will in the future correspond to the EQF (Ortiga 2014). As of yet, however, they do not, meaning that the Philippine nursing education is deemed to be of lower quality. In Finland, for instance, other source countries of nurse recruitment over recent years have included Bulgaria, Estonia and Spain (Mustonen 2012; Raunio 2013). Thanks to the Bologna Process, Bulgarian, Estonian and Spanish nurses can enter the Finnish labour markets as registered nurses in line with the EQF. Simultaneously, as further elaborated below, non-EU citizens cannot, by law, enter the Finnish labour market as registered nurses (Council Directive 2005/36/EC; Laki ammattipätevyyden tunnustamisesta 1384/2015; Interview, K. Virtanen, May 6, 2014, TV), which is one of the reasons why Filipino nurses are recruited to Finland as nursing assistants. Another reason is that the private for-profit care homes that are the main clients of the Finnish recruiters have less demand for registered nurses than nursing assistants and practical nurses (Vaittinen 2017; Vartiainen 2019).

Finnish nursing is hierarchically divided into two licenced professions, registered and practical nursing. The former requires a bachelor's degree from a University of Applied Sciences, whereas the latter requires a degree from a secondary level (vocational) school. Both the professions are licenced under the supervision of the National Supervisory Authority for Welfare and Health (Valvira), which maintains the Central Register of Healthcare Professionals (Terhikki). The nursing assistant in turn is a recently formed low-paid vocational category for the care of the elderly and the disabled, as described in the introduction, and it is not a licenced health profession. Yet, when imported to Finland as eldercare workforce, Filipino registered nurses are systematically deskilled as nursing assistants.

Unlike many destination countries (e.g. the USA, Canada), Finland has no licensure examination for nurses. Instead, for non-EU citizens, there are two possible paths to having professional qualifications in nursing recognized (Interview, K. Virtanen, May 6, 2014, January 23, 2015, TV; Email, January 23, 2015, PV). First, they may apply to a bachelor's programme in nursing at a Finnish University of Applied Sciences, to complete the full degree. After passing the entrance exam, the educational institution may, at its own discretion, recognize parts of the previous studies and/or work experience gained abroad. Here, the college assesses which particular credits and work experience are comparable to the Finnish degree. In this path, the foreign qualifications are recognized as part of a Finnish nursing degree programme, and the licence to practise is received only after finishing the entire programme. This power handed over to autonomous educational institutions has led to heterogeneous practices in the recognition of qualifications (Nieminen 2011).

The second route to licensure in Finland begins with submitting an application directly to the National Supervisory Authority, Valvira, which requests the assessment of comparability from a University of Applied Sciences accredited for this purpose. Based on the statement, Valvira decides which parts of the former degree and work experience can be recognized, and which *additional modules* the applicant needs to take. Upon completion of the additional studies, Valvira can issue a licence to practise. Unlike for EU citizens going through the EQF, the degree of a non-EU nurse must be comparable to the Finnish equivalent *one to one* (Laki ammattipätevyyden tunnustamisesta 1384/2015). Nursing degrees being nationally specific, this is a sheer impossibility: in practice, for non-EU nurses, some additional studies or (unpaid) periods of apprenticeship are always required (Interview, K. Virtanen, May 6, 2014, TV).

The non-EU nurses are, in other words, in many ways in an unequal position compared to their European peers. Paradoxically, the law focuses on the citizenship of the applicant, rather than the origin of the qualifications (i.e. Filipino nurses with Spanish qualifications would be treated differently from their Spanish classmates). Simultaneously, qualifications from outside the EU are considered lower than the standards set in the EQF, by default. Thus, non-EU nurses are discriminated against in terms of *both* their non-EU *citizenship* and their non-EU *skills*. To further complicate the situation, when the 'globally competitive Filipino nurse' migrates to Finland for work, two separate legislative regimes intersect in the migrant trajectory: one that governs qualifications and the entry to the professional nursing labour markets, and another that governs immigration. At this intersection emerges a racialized structure, where deskilling is unavoidable (cf. Könönen 2018). First, gaining the licensure as a professional registered nurse requires additional studies in Finland, that is, one has to enter Finnish territory in order to complete the qualification process. To do so, one needs a visa to the Schengen area, and

to get a worker's visa, one needs a job. According to the Finnish Alien's Act, the worker's visa is profession-specific, that is, a person employed as a nursing assistant enters the country as a nursing assistant, a practical nurse as a practical nurse and so on, being entitled to work only in the profession(s) enumerated in the visa. Simultaneously, as elaborated above, it remains *impossible to enter the country as a registered nurse* – to get in to the country, the nurses cannot but accept the deskilling of their qualifications. It is here that the recruitment companies come in, capable of providing entry to both the country *and* to the national labour markets, albeit in a considerably lower professional category than the migrants' professional skills: as nursing assistants.

Entering as nursing assistants, the recruits are often provided an apprentice-based route to become *practical nurses*. Unlike in registered nursing, apprenticeship-based qualification routes are available in practical nursing, meaning that it is possible to gain the qualifications whilst working in a paid job. When importing Filipino registered nurses as nursing assistants to Finland, the Finnish recruitment businesses utilize such ambiguities in the law. In practice, the Filipinos also often do practical nurses' work before gaining the official qualifications. Namely, it is possible to be employed in practical nurses' tasks without the licence – one is just then not eligible to use the professional title and, consequently, can be paid less.

At the time that the last one of our four research projects finished in 2019, there were two Finnish recruitment agencies exporting/importing nurses to Finland. The first started in 2008, and had recruited approximately 300 nurses by 2019, mostly as practical nurses (Vartiainen 2019). Another agency started in 2012. They had recruited 150 nurses at the time when our data collection finished (2014), but new batches of nurses have been deployed since at regular intervals. Based on recent news (Pirilä 2021), both the agencies are still active, and new actors are entering the field. At present, in both companies, nurses start their work as nursing assistants, with a possibility to qualify as practical nurses through the combination of salaried apprenticeship and theoretical studies online. They gain qualifications as professional practical nurses after approximately two years of working and studying at the same time (Vartiainen et al. 2018). A central element in all recruiters' services is the pre-migration language training provided in the Philippines, and the question of language skills does require some further attention.

THE POWER OF LANGUAGE SKILLS

Language skills form a challenge in international nurse recruitment, even when all parties speak 'the same' language (Buchan 2006), as Filipinos in the UK. Language is also identified as the strongest barrier of adaptation for migrants in Finnish health care professions. In Vartiainen's interviews with employers

or co-workers, for instance, the professional nursing skills of Filipino nurse recruits were rarely suspected as being inadequate. However, the poor level of Finnish language skills was often considered as a hindrance in taking full responsibility for professional tasks (Vartiainen 2019). Having a direct impact on patient safety, the lack of language skills is seen as an acceptable reason for non-EU nurses to start working as nursing assistants or practical nurses. The determination of adequate language skills is not an objective practice, however, but imbued with racialized hierarchies. Virtanen (2011), for instance, has shown that, in the Finnish media discussions of Filipino nurses' language skills, the foreign nurse is represented as individually responsible for the duty to learn. She argues that the foreign nurses' language skills are represented dichotomously, as either existing or non-existing. This can be problematic, to the extent that language in health care professions is not merely an "instrument of communication in a semantic sense, but [also] a symbol of the right kind of competence" (Dahle & Seeberg 2013, p. 83). Consequently, if speaking *broken language* corresponds to *not speaking the language* corresponds to *professional incompetence*, the discussion on language skills risks reproducing racialized hierarchies within the profession (Dahle & Seeberg 2013; see also Olakivi 2013).

Many of our Filipino informants did point to language as the main obstacle to excelling in their work in Finland. While finding the process of deskilling into practical nurses or nursing assistants humiliating – a clear signal that the hard-earned human capital is not appreciated – they acknowledged that, in the day-to-day work, their language skills remained inadequate for a long time. For some, this led to conflicts in the workplace when their lack of language skills made working difficult, and colleagues with better language skills had to take over their tasks. Others faced complaints from the relatives of their elderly clients, due to their allegedly inadequate language skills. Yet, many also regarded the language training provided to them in Finland as inadequate, feeling they were left alone with the duty to learn the language, especially when simultaneously having to invest time in (re)learning the skills required for Finnish practical nurses' qualifications. Paradoxically, thus, the lack of language skills in the working environment hindered the nurses from demonstrating their skills effectively, which in turn made professional deskilling justifiable. Simultaneously, the teaching of professional skills that the nurses already possessed took time from effective language training and learning. In other words, gaining 'adequate' language skills was slowed down by the structural necessity to (re)learn one's profession. Such situations are easily reproduced in the institutionally discriminating structures, where migrants' skills are a priori suspected, rather than appreciated (Näre 2013).

TOWARDS THE REVALUATION OF THE 'FILIPINO NURSE' IN THE EXPORT–IMPORT PROCESS

In this chapter, we have shown how the 'Filipino nurse' is first produced as exportable in the commodified higher education system in the Philippines, then transformed importable to the Finnish welfare state in the recruitment processes, and finally deskilled as a non-EU nurse when entering Finland. It is clear that, in the export–import process, Filipino family investments in the commodified education – while eventually profitable financially – lose some of their value in terms of human capital. In Finland, Filipino registered nurses are not considered as 'globally competitive' professionals; their education is not transferable even to the vocational degree required for licenced practical nursing. Nevertheless, being recruited to Finland under these terms remains economically viable. At the time of our research, many of the 250,000 registered nurses un- or under-employed in the Philippines did not have even this option.

In the Philippine nursing industry, the competition to get recruited remains tough, allowing recruitment companies to train nurses for reserve, without commitments to hire. Natalia, for instance, describes her migration process in terms of an endless struggle, with a long wait, a difficult language to learn and a lack of transparency in the recruitment procedures. Yet, the struggle itself made her all the more determined to learn the language and migrate to Finland, for *any* job. Unfortunately, even after receiving her Schengen visa, and having processed all the required documents, she ended up on the recruitment firm's 'reserve list'. Relying on the information given by the recruitment firm, she was left with no choice but to wait. After three years since the beginning of the recruitment process (see Figure 9.3), the company informed her that they had decided not to deploy her. Natalia describes her position:

> I told them that if you had, if you had told me, *if you had told us that we have nothing to hope for, to wait for, then we could, we could have stopped hoping*. They gave us false hopes; *they let us believe, to the extent that nothing happened in our lives because of what they did.* (Interview, Nurse Natalia, March 3, 2012, MS-L)

Natalia's story exemplifies the power relations imbued in the transnational recruitment business: however much one invests in one's skills, they turn capitalizable only after someone somewhere perceives them as worth 'purchasing'. This worth, as we have shown, is often not determined in relation to the actual skills, as the global racialized hierarchies between 'the west' and 'the rest' materialize throughout the export–import process. In the Philippines, where the nursing industry is driven by an overproduction of nurses and business interests, risk-taking in professional life is common if not necessary.

The brain and care drain of nurses from one country to another is not only about nation states trading in human resources for health. The chains of capital accumulation in nurse migration are much more complex. Yet, it is still the responsibility of states, at both ends of the migrant trajectory, to govern these processes, so the practices are ethical for the nurses as well as the health systems concerned. The transnational nursing industry can perhaps never be entirely ethical, since it is about a business where the commodities traded are human workforce in precarious global labour markets. Yet, many of the problems are structural – and structures *can* be changed for the better (see Siyam et al. 2013; World Health Organization 2016). First, there is a need for the receiving state – in this case Finland – *to take responsibility*, and monitor the practices of recruitment and training, to ensure that the competencies of the nurses are fully recognized. There is also a need for equally accessible bridging programmes and language training, for nurses from outside the EU to get their qualifications recognized in the appropriate educational level. Furthermore, there are significant differences in the implementation of the EU Directive concerning the recognition of non-EU qualifications. For instance, the Philippines–Germany bilateral agreement 'Triple Win', signed in 2013, specifies that Filipino registered nurses deployed to Germany may get their degrees recognized after one year's employment as nursing assistants (Weber & Frenzel 2014). Simultaneously, for Filipino nurses deployed in Finland it takes up to one and a half years to qualify as practical nurses, after which they may choose to continue to study further, to eventually qualify as registered nurses. The EU harmonization of educational policies should avoid such differential treatment of third-country health care professionals within the common labour market, as it further reproduces racialized hierarchies in Europe.

Finally, although we have mainly focused on the perspectives of migrant nurses, it is imperative to also consider the harms that the transnational nursing industry brings to the public health systems of the source country, and to the segments of the population that cannot, or will not, migrate for a 'better life' in 'the West'. Whether we like it or not, the welfare state is always a national project that seeks to keep certain, nationally defined, populations alive. This has often meant 'living off' other, racialized populations (Foucault 2004; Kelly 2015; Vaittinen 2017, p. 164; see also Keskinen et al. 2009). One could argue, as M.G.E. Kelly (2015) has done, that utilization of 'third world' nurse reserves as a solution to 'first world' care deficits is one instance of what he calls 'parasitism' of richer nations. Such criticism must be taken seriously in the Finnish welfare state now, when migration is portrayed as a solution to the labour and care deficits of the ageing nation. These questions are no longer

about domestic politics alone. In the era of global capitalism, purely national dilemmas do not exist, not even in a welfare state, if they ever did.[4]

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[4] A previous version of this chapter has been published in a limited number of printed copies of two PhD dissertations. For electronic versions of the same, see Vaittinen 2017; Vartiainen 2019.

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